Disparities

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Health in All Policy Approach (HiAP): Our health is determined by where we live, work, learn, play and how we get there. Recognizing that the contributing problems and solutions to health exist beyond the conventional public health arena, upstream integration of health considerations is required. Early and authentic consideration of health effects into program, project, or policy decisions is the crux of prevention because it addresses health threats and benefits from the outset.

Short term Recommendation 1: Interagency, interdisciplinary, and intercultural collaboration on health.

Facilitate collaboration among diverse sectors (e.g., planning, housing, transportation, energy, education, environmental regulation, agriculture, business associations, labor organizations, health and public health) when making decisions likely to have a significant effect on health.

-National Prevention Council, National Prevention Strategy, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.

For example, the existing Children's Cabinet charged by Gov. Dayton and led by Com. Ehlinger could take on childhood obesity and health equity across several state agencies to coordinate resources and strategies that address the full continuum of contributing factors and solutions. Inherent in the process, diverse and meaningful community engagement would be vital. This would allow the state to leverage intellectual capital, financial resources, and community wisdom for co-benefits of
effectiveness, equity, and efficiency.

Short term Recommendation 2: Institutionalize the expectation and accountability for improving health equity among staff, grantees, contractors, community and agency partners, and population health strategies. Health equity initiatives should be funded and supported as core public health and prevention strategies. This can occur by enhancing targeted initiatives such as the Eliminating Health Disparities Initiative and by integrating health equity elements (criteria and strategies) into SHIP and other major initiatives. A multi-prong effort that is accessible, relevant, and adaptive to community needs can help bridge population health gaps.

Long term Recommendation 1: Establish criteria and routine practice of health and equity impact assessments for policy, systems, and environmental decisions, where identified as relevant and appropriate.

Include health criteria as a component of decision making (e.g., policy making, land use and transportation planning).

-National Prevention Council, National Prevention Strategy, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.

The magnitude and complexity of obesity, tobacco, and health inequities cannot be effectively addressed by public health alone. It is intertwined with our income, race, education, and place. The recent "Unequal Distribution of Health" report commissioned by Blue Cross and Blue Shield Foundation illuminates the disturbing and avoidable health inequities in our region. While there is no single solution, ensuring health initiatives are both culturally targeted and universally designed will mitigate health inequities. This can be done by applying health and equity as a lens and practice across the public domain. The challenge before us is to

create the optimal and default environmental conditions that promote healthy choices for all Minnesotans. By appropriately and precisely integrating health criteria across agency scopes, we prioritize prevention and mutually support other common good issues, such as the environment, economy, and education.

Long term Recommendation 2: Community competence and collective impact in prevention

"Partners play a variety of roles and, at their best, are trusted members of the communities and populations they serve. Opportunities for prevention increase when those working in housing, transportation, education, and other sectors incorporate health and wellness into their decision making."

-National Prevention Council, National Prevention Strategy, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.

Leverage and learn from diverse communities and organizations: Promoting and practicing community competence will enable public health to draw from community wisdom about health problems and solutions. By recognizing the need and opportunity for mutual capacity building, we can combine the best of science and authentic community experience. This implies that public health and medical staff will acquire cultural competence in outreach, language, communications, and interpersonal interactions. Moving ahead, public health will rely upon the knowledge, relationships, and abilities of farmers, engineers, planners, community organizers, students, and new Americans to maximize health far in advance.

Resources

- National Prevention Council, *National Prevention Strategy*, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.
- The Unequal Distribution of Health, Wilder Foundation, 2010
http://www.bcbsmnfoundation.org/objects/Publications/F9790_web%20-%20Wilder%20full%20report.pdf
- www.mncompletestreets.org
- www.preventionminnesota.com
- http://www.unnaturalcauses.org/
- Transportation Presecription by Convergence Partnership
http://www.convergencepartnership.org/atf/cf/%7B245a9b44-6ded-4abd-a392-ae583809e350%7D/TRANSPORTATIONRX.PDF

Supplemental Resources:

- Unequal Distribution of Health report by BCBS Foundation and Wilder Foundation
http://www.bcbsmnfoundation.org/objects/Publications/F9790_web%20-%20Wilder%20full%20report.pdf

Health in All Policy Report to Strategic Growth Council (California)
http://www.cdph.ca.gov/services/boards/phac/Documents/HiAPReportExecutiveSummary.pdf
Adelaide Statement on Health in All Policies. WHO, Government of South Australia, Adelaide 2010.
http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf

pages 14-15 of 137 page document of presentations to PPH

http://mn.gov/health-reform/images/WG-PPH-2012-05-14-PPH-Panel-omnibus-rev-REL.pdf