

## **Minnesota Public Health Association Resolution: Promoting a Health In All Policies (HiAP) Framework to guide policymaking**

**WHEREAS**, Health in All Policies is a systemic and sustained approach to taking into account the impacts of public policies on health determinants and health systems across sectors, at the levels the decisions are made, in political, legislative and administrative processes, in order to realize health-related rights and to improve accountability for population health and health equity. <sup>1</sup> and

**WHEREAS**, the American Public Health Association has adopted a policy of Promoting Health Impact Assessment to Achieve Health in All Policies<sup>2</sup> and collaborated with multiple partners to produce *Health in All Policies: A Guide for State and Local Governments*; <sup>3</sup> and

**WHEREAS**, the Institute of Medicine recommended that federal, state, and local decision-makers adopt a Health in All Policies approach; <sup>4</sup> and

**WHEREAS**, Health in All Policies is reflected in both the National Prevention Strategy<sup>5</sup> work across seventeen Federal departments, agencies and offices, and the Healthy People 2020<sup>6</sup> approach to social determinants of health; and

**WHEREAS**, the National Association of County & City Health Officials<sup>7</sup> and the Association of State and Territorial Health Officials<sup>8</sup> all published materials describing, guiding and supporting Health in All Policies approach and;

**WHEREAS**, the California Health in All Policies Task Force<sup>9</sup> and the Texas Health in All Policies Project<sup>10</sup> have established websites including resources such as reports, presentations, meeting agendas and minutes describing decisions taken and examples of HiAP in action; and

**WHEREAS**, Health in All Policies has been promoted,<sup>11</sup> and practiced more extensively in other parts of the world<sup>12, 13</sup> with promising results in improving health<sup>14</sup> and

**WHEREAS**, the Healthy Minnesota Partnership is a statewide partnership group looking to enlist multi-sector leadership to implement a statewide health improvement framework, and Healthy Minnesota 2020 is a guide for creating and improving health throughout the state of Minnesota<sup>15</sup>; and

**WHEREAS**, “Healthy Communities”<sup>16</sup> is just one example of this type of Health in All Policies partnership between the Federal Reserve Bank of Minneapolis, Wilder Research, the Blue Cross Blue Shield of Minnesota Foundation, and the Robert Wood Johnson Foundation; and

**WHEREAS**, a call for a Health in All Policies approach with short and long-term recommendations was included as testimony for the Prevention and Health Promotion Work Group as part of the Governor’s Health Care Reform Task Force<sup>17</sup> and;

**WHEREAS**, Public Health responsibilities in support of a Health in All Policies approach include:

- understanding the political agendas and administrative imperatives of other sectors;
- building the knowledge and evidence base of policy options and strategies;
- assessing comparative health consequences of options within the policy development process;
- creating regular platforms for dialogue and problem solving with other sectors;
- evaluating the effectiveness of intersectoral work and integrated policy-making;
- building capacity through better mechanisms, resources, agency support and skilled and dedicated staff; and

- working with other arms of government to achieve their goals<sup>18</sup>; and

**WHEREAS**, tactics to implement Health in All Policies include: clear mandates for intersectoral collaboration, mediation across interests, accountability and transparency, stakeholder participation, and practical projects to build partnerships and trust. Ultimately, health sectors must learn to work in partnership with other sectors and jointly explore opportunities for collaboration and innovation.<sup>19</sup>

**THEREFORE**, be it resolved that the Minnesota Public Health Association:

1. Supports reaching out to diverse partners and communities to advance a shared view of health that crosses all levels and sectors of society to address the origins and the distribution of the social determinants of health .
2. Supports the efforts of global, national, state, local and community partners in learning about, sharing ideas, reaching agreement, and applying tools, concepts and principles from a Health in All Policy framework to improve population health.

### References

1. Consultation on the drafts of the “Health in All Policies Framework for Country Action” and the Conference Statement of 8th Global Conference on Health Promotion. May 8, 2013.  
[http://www.healthpromotion2013.org/images/8th\\_GCHP\\_Draft\\_Statement\\_web\\_consultation.pdf](http://www.healthpromotion2013.org/images/8th_GCHP_Draft_Statement_web_consultation.pdf)
2. American Public Health Association. October 30, 2012. Policy statement #201210- *Promoting Health Impact Assessment to Achieve Health in All Policies*  
<http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1444>
3. Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). *Health in All Policies: A Guide for State and Local Governments*. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute.
4. IOM (Institute of Medicine). 2011. *For the Public’s Health: Revitalizing Law and Policy to Meet New Challenges*. Washington, DC: The National Academies Press.  
[http://www.nap.edu/catalog.php?record\\_id=13093](http://www.nap.edu/catalog.php?record_id=13093)
5. The National Prevention and Health Promotion Strategy. June 2011. *The National Prevention Strategy: America’s Plan for Better Health and Wellness*.  
<http://www.healthcare.gov/prevention/nphpphc/strategy/report.html>
6. Secretary’s Advisory Committee on Health Promotion and Disease Prevention Objectives for 2020. July 26, 2010. *Healthy People 2020: An Opportunity to Address the Societal Determinants of Health in the United States*. <http://healthypeople.gov/2020/topics/objectives/2020/overview.aspx?topicid=39>
7. National Association of County & City Health Officials. *Health in All Policies (HiAP): Frequently Asked Questions*. <http://www.naccho.org/topics/environmental/HiAP/upload/HiAP-FAQs-Finals-12.pdf>
8. Association of State and Territorial Health Officials. *Health in All Policies: Strategies to Promote Innovative Leadership*. <http://www.astho.org/Programs/Prevention/Implementing-the-National-Prevention-Strategy/HiAP-Toolkit/>
9. California Health in All Policies Task Force. December 3, 2012. *Health in All Policies Task Force Report to the Strategic Growth Council*.  
[http://sgc.ca.gov/hiap/docs/publications/HiAP\\_Task\\_Force\\_Report.pdf](http://sgc.ca.gov/hiap/docs/publications/HiAP_Task_Force_Report.pdf)
10. Texas Health in All Policies Project 2013\_ <http://www.texashealthinstitute.org/texas-health-in-all-policies-project-t-hiapp.html>
11. Ståhl, T., Wismar, M., Ollila, E., Lahtinen, E. & Leppo, K. (Eds.). (2006). *Health in All Policies: Prospects and potentials*. Finland: Ministry of Social Affairs and Health, Finland, & European

Observatory on Health Systems and Policies.

[http://www.euro.who.int/\\_data/assets/pdf\\_file/0003/109146/E89260.pdf](http://www.euro.who.int/_data/assets/pdf_file/0003/109146/E89260.pdf)

12. Elizabeth Harris and Ben Harris-Roxas. July 2010. *Health in All Policies: a pathway for thinking about our broader societal goals*. Health in All Policies – Adelaide 2010 International Meeting. Public Health Bulletin. Volume 7, Number 2, pp. 43-46. <http://hiaconnect.edu.au/wp-content/uploads/2012/11/Harris-E-2010-HiAP-A-Pathway-for-Thinking-About-Societal-Goals.pdf>
13. Leppo, K., Ollila, E., Peña, S., Wismar, M., & Cook, S. (Eds.) Ministry of Social Affairs and Health, Finland, May 2013. *Health in All Policies: Seizing opportunities, implementing policies*. [http://www.euro.who.int/\\_data/assets/pdf\\_file/0007/188809/Health-in-All-Policies-final.pdf](http://www.euro.who.int/_data/assets/pdf_file/0007/188809/Health-in-All-Policies-final.pdf)
14. Tapani Melkas. *Health in all policies as a priority in Finnish health policy: A case study on national health policy development*. Scand J Public Health March 2013 41: 3-28. [http://sjp.sagepub.com/content/41/11\\_suppl.toc](http://sjp.sagepub.com/content/41/11_suppl.toc)
15. Healthy Minnesota Partnership. *Healthy Minnesota 2020: Statewide Health Improvement Framework* <http://www.health.state.mn.us/healthymnpartnership/>
16. The Federal Reserve Bank of Minneapolis, Wilder Research, Blue Cross Blue Shield of Minnesota Foundation and The Robert Wood Johnson Foundation. *Healthy Communities: Exploring the Intersection of Community Development and Health*. [http://www.minneapolisfed.org/community\\_education/mnhealthycommunities/index.cfm](http://www.minneapolisfed.org/community_education/mnhealthycommunities/index.cfm)
17. Vayong Moua. Disparities Handout and testimony for the Prevention and Public Health Panel Presentations to the Governor's Task Force on Health Reform. May 14, 2012. <http://mn.gov/health-reform/images/WG-PPH-2012-05-14-PPH-Panel-omnibus-rev-REL.pdf>
18. 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](http://www.who.int/social_determinants/hiap_statement_who_sa_final.pdf)
19. Human Impact Partners. *Health In All Policies: An Upstream Approach To Advance Health And Equity*. <http://www.humanimpact.org/component/jdownloads/finish/20/182/0>