Minnesota ranks as one of the healthiest states in the nation, but mounting evidence shows that this great state of health is not shared by all – particularly American Indians, populations of color, foreign-born populations, and people with low incomes.

Health is more than not being sick. Health is a resource for everyday living. It’s the ability to realize hopes, satisfy needs, change or cope with life experiences, and participate fully in society. Health has physical, mental, social and spiritual dimensions. Achieving optimal health means attending to the important influences of health. This vision is bigger than our systems of public health and health care. All individuals, systems and institutions in the community share responsibility for – and reap the rewards of – optimal health.

Health is influenced by important factors such as the physical environment, health practices and coping skills, biology, health care service and the social and economic environment (the social conditions, or the social determinants of health) in which people live their daily lives. These influences of health are further described in the table below:

<table>
<thead>
<tr>
<th>Social and Economic Environment: Interactions with families, friends, co-workers and others that shape everyday experiences in neighborhoods, communities, and institutions (such as schools, the workplace, places of worship, government agencies, etc.). This means that individual and community socioeconomic factors; social norms, social support and community connectedness; employment and working conditions; living conditions; and culture, religion, and ethnicity shape health. The social and economic environment of a community is created by the individual and combined actions of its members and is unique because of social norms and cultural customs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Environment: The safety, quality and sustainability of the environment, which provides basic necessities such as food, water, air, and sunshine; materials for shelter, clothing and industry; and opportunities for recreation.</td>
</tr>
<tr>
<td>Biology: Genetic makeup, family history, and physical and mental health problems acquired during life (aging, diet, physical activity, smoking and drug use, stress, injury, and infections affect one’s biology over the lifecycle).</td>
</tr>
<tr>
<td>Health Care Services: Access to and quality of health services to promote health and prevent and treat disease and other threats to health.</td>
</tr>
</tbody>
</table>
Some examples of the ways that social conditions influence health include:

- People with higher income generally enjoy better health and live longer than people with a lower income.
- In communities where there is a greater gap in income between rich and poor (a higher degree of income inequality), the health of people in the middle and sometimes the upper income groups is worse than in those income groups that live in communities with a smaller income gap or have less income inequality.
- People are healthiest when they feel safe, supported and connected to and can trust others in their families, neighborhoods, workplaces, and communities.
- Workers are healthiest when they believe that their jobs are secure, when they feel that the work they do is important and valued, when the workplace is safe and there are ample opportunities for control over their work life, including decision-making, advancement and personal growth.
- Culture, religion and ethnicity have a broad influence on beliefs and practices related to health, illness and healing. This influence includes definitions of health and illness, beliefs about the causes of health and illness, decisions about whether or not to seek formal health care, and decisions about the type of health care provider to be sought.

Social and economic factors can influence decisions and behaviors that promote or threaten health, can offer a broad array of opportunities to improve health, and can have negative or positive health effects.

- Discrimination and racism play a crucial role in explaining health status and health disparities, through factors such as restricted employment and educational opportunities and mobility, limited access to and bias in medical care, limited access to safe recreation and healthful food, residential segregation, and chronic stress.
- People of color and American Indians do not experience worse health simply because they are more likely to have a low income. At every level of income, their health is worse than that of their white peers.
- High risk personal behaviors such as cigarette smoking, alcohol use, and physical inactivity are not the major cause of health disparities, explaining less than 20% of the difference in death rates across income groups.

Based on research into the social determinants of health, which you can find detailed in the report, *A Call to Action: Advancing Health for All through Social and Economic Change*, the following recommendations were made:

- Identify and advocate for healthy public policies.
- Build and fully utilize a representative and culturally competent workforce.
- Increase civic engagement and social capital.
- Re-orient funding.
- Strengthen assessment, evaluation and research.
Create opportunities for dialogue and action.

Focus coordinated commitment on priority strategies.

Take this work to the next stage.

For more information on this report and its recommendations, see the website for strategies resources at: www.health.state.mn.us/strategies/. Click on “Social Determinants”.

These recommendations are being incorporated into public health work at the state and local levels by effectively engaging community members in developing solutions to issues that affect them (see the section, “Community Engagement” within this Introduction). One example of this is the Eliminating Health Disparities Initiative (EHDI) Community Grants Program (see the section, “Eliminate Disparities” within this Introduction).

**Effective Strategies.** Examples of effective strategies for addressing social and economic determinants of health include:

**Address Issues of Unequal Access to Affordable, Nutritious Food.** Unequal access to food is a well-documented issue. Over the years, commercial pressures have led to the closure of supermarkets in many low-income areas. Often the most affordable fresh food is available only at large discount supermarkets located in suburban areas – often not easily accessible by public transportation. The lack of convenient access to affordable urban supermarkets have caused problems for many inner city communities, who are left with corner convenience stores that do not carry a large or varied stock.

People who cannot easily get to distant supermarkets are thus surviving on convenience store food, usually canned or processed, or fast food. Their diet suffers, and consequently their health. The overall effect is to increase the inequalities in health already suffered by disadvantaged communities. Examples of activities to address this issue include:

- Community groups grow fresh fruit or vegetables at public garden space or community centers then sell the produce at neighborhood farmers’ markets.
- Specially provided shuttles transport people to shopping centers and supermarkets at convenient times.

**Improve Community Environments that Promote Physical Activity, Mental Well-being and Quality of Life.** Unsafe, substandard living environments present many barriers for residents attempting to increase their activity levels. Fear of crime keeps many people indoors, as does lack of safe and pleasant parks and green spaces, or poorly maintained sidewalks. Many residents from low-income neighborhoods find it difficult, if not impossible, to afford memberships at fitness centers or to travel to cleaner, safer neighborhoods with good facilities. Some effective initiatives include:

- Increase feelings of community safety by tackling pockets of crime by developing working partnerships with local law enforcement, community planners, and residents.
- Community centers can offer free or low-cost fitness facilities, exercise classes, or outdoor recreation areas. Classes on diabetes management or parenting skills can be offered in conjunction with other health opportunities. Including young people
can help them develop healthy habits that may prevent the later onset of many chronic conditions, such as diabetes, and promote self-esteem.

**Provide Quality, Affordable Housing.** The impact of housing on health cannot be overemphasized. Enabling people to obtain a safe, secure place to live can have far reaching health implications, from the environmental effects contributing to the control of asthma to mental health and well-being. Some strategies include:

- Offer housing benefit workshops to link people with programs or other initiatives that can help them afford housing, and to help them navigate the application processes. Many processes needed to receive benefits are complex and require a high level of literacy, and are barriers to access.

- Foster relationships between community residents and housing developers to ensure housing meets the needs of the community, as well as future residents of the new housing.

**Develop and Promote Education, Literacy, and Employment Policies that Contribute to Employment Status.** Many barriers to employment exist, such as illiteracy or lack of education. Removing these barriers can open avenues of access to better housing, improved nutrition, leisure, and health care. Strategies to address these barriers include:

- Connect elderly residents in the community with opportunities to assist younger residents with improving their literacy skills. This has a two-pronged approach of addressing social isolation issues for the elderly, as well as offering the opportunity to learn to read to community members, which in turn can increase the community members’ ability to apply and qualify for jobs.

- Develop partnerships with local employers to implement innovative recruitment practices that are culturally sensitive or otherwise modified to be more accessible to marginalized populations. This could also involve strategies to improve working conditions for current employees, such as assisting in the development of workplace safety or stress management, or to alter workplace policies to make jobs more accessible. Policy development could include, for instance, job share opportunities for people with childcare issues, assistance with childcare facilities, or culturally sensitive leave and vacation policies.

These are just a few examples of a broad approach to thinking about how we can address the social determinants of health and tackle health disparities in Minnesota. Recognizing that health extends beyond indicators such as death, disease and disability is essential. Addressing factors such as mental and social well-being, quality of life, racism, isolation, income, employment and working conditions, education and others factors known to influence health can have important, sustainable effects.

**Health Impact Assessment.** Health Impact Assessment is an emerging approach to policy development and program planning designed to assure that current and future policies, programs, and/or organizational structures contribute to meeting public health improvement goals, or at least do not hamper achievement of those goals.
Since investments outside the health sector (e.g., in the areas of housing, transportation and economic development) have consequences for community health, the potential impact of social and economic policies on the health of Minnesotans should be an integral part of policy-making processes.

HIA is a structured method of assessing and identifying ways to improve the health consequences of policies and programs. It involves working in partnership with a range of agencies and the public to consult and draw together the available evidence on the benefits and drawbacks to health of a given policy or program. HIA is a process that can promote the development of healthy public policy, create dialogue between and among agencies and communities, and stress the role of assessment and evaluation.

**How HIA Works.** Ideally, HIA should be applied before a policy or program is implemented (prospectively), although it can be applied concurrently or retrospectively. It broadly comprises:

- **Screening.** Systematically deciding whether or not an HIA is worth doing. (The answer is probably 'no' if informed opinion and the available evidence suggests the health impacts are negligible or already well known).
- **Developing a plan.** Deciding which potential health effects in relation to a specific population and/or geographical area need investigation, which methods to use, what resources are needed and who needs to be involved.
- **Identifying and appraising the evidence using both qualitative and quantitative research.**
- **Decision making.** Recommending changes to a proposal to minimize harmful affects on health and maximize health gain.
- **Monitoring and evaluation.** Assessing the accuracy of predictions and ascertaining how the process can be improved.

HIA may be 'rapid' (carried out within days using minimal resources); 'intermediate' (more detailed over several weeks); or 'comprehensive' (an intensive investigation over a number of months). Experience of public health and community development and involvement may be needed, along with epidemiological and social science research skills.

**Where HIA Can Be Used.** So far most HIAs have been carried out on community revitalization or public transportation projects or proposals. However, HIA may be useful for a range of activities including: policy development and analysis, service provision, resource allocation, capital investment and community participation.

For more information please contact Lee Kingsbury, at (651) 296-9162, lee.kingsbury@health.state.mn.us. For more information see the website for strategies resources at: www.health.state.mn.us/strategies/. Click on the following search words for the following topics:

- For the information on the social determinants of health and for the report, *A Call to Action: Advancing Health for All Through Social and Economic Change*, click on “Social Determinants”.
For the tools for community engagement, click on “Community Engagement”.

For the Eliminating Health Disparities Initiative, click on “EHDI”.

For Health Impact Assessment information, click on “Health Impact”.

1 Source: Linda Sheridan (unpublished), from The Report of HIA on the Greater London Authority draft economic development strategy.