

Equitable and Supportive Systems

HEALTH EQUITY

Young people and their families need safe communities and environments, shelter, education, healthy food, a livable income, and social justice to be healthy and thrive. Yet these opportunities aren't equally available to everyone, and disparities are clear and persistent in different populations. The systems for providing these elements are often fragmented. A more coherent, integrated approach to fostering health and well-being would benefit all young people.

In Minnesota, health disparities define our adolescent health challenges. The Partnership recognizes the role that structural racism and bias play in these disparities. We embrace the challenge of eliminating personal and structural bias through systems reform while honoring the strengths and assets young people bring to our collective efforts.





Health Equity

Every young person in Minnesota deserves to have the opportunity to thrive.

The resources, experiences, and opportunities we provide to young people must be consistent regardless of:

- Their race, ethnicity, culture, or faith
- The place they live
- The economic status and health of their family
- Their sexual orientation or gender identity
- Their placement in, or experience with, a justice, foster care, or health care system
- Their immigration status

Research continues to document how these factors impact the health and success of young people. Disparities in Minnesota are among some of the highest in the country. The goal of this recommendation is to recognize the impact of structural racism and bias and to expand partnerships – in both systems and communities. Action steps propose adopting a health in all policy lens, changes to our systems that eliminate bias, reforms our work, and diversify our professional community. Health

in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.



Action Steps

- Intentionally recognize and address populations who are marginalized when planning any youth-focused program or policy.
- Support and promote the unique strengths, assets, and social capital of every community.
- Adopt a Health in All Policy perspective, which incorporates health considerations into decision making across sectors and policy areas affecting young people.
- Recognize and address both individual bias and racism as well as structural bias and racism in public health (and all) systems.
- Ensure staff, decision makers and leadership reflect and represent populations served.
- Ensure that basic needs and social environmental factors that negatively impact the health of young people (shelter, food security, safety, education, livable wages, and transportation) are met and promote protective factors that lead to positive health outcomes.
- Use trauma-informed care strategies to provide effective care and support when working with young people and their families.

For examples of Health Equity resources, visit [The Minnesota Partnership for Adolescent and Young Adult website \(www.health.mn.gov/people/adolescent/youth/partnership.html\)](http://www.health.mn.gov/people/adolescent/youth/partnership.html).

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