



### Twin Cities – Policy & Systems Change – Initiatives

Nearly **80 percent of your health** is determined by **where you live**, work and play – access to adequate housing, education, healthcare, healthy foods, safe outdoor spaces, and transportation – constitutes social determinants of health. Only 20 percent of your health is determined by genetics and clinical care. The AHA is working with community partners to create policies and systems' change that foster equitable health for all in our community.



#### 1. Reducing Youth Tobacco Use – Tobacco 21

AHA is working with coalition partners to pass local and county "T21" policies to raise the tobacco-use age to 21, including vaping and e-cigarettes, with the goal to establish a statewide law that would prevent nearly 30,000 Minnesota teenagers from ever starting tobacco use.

#### 2. Reducing Sugar – Sweetened Beverages in Youth Sports

AHA is working with local youth sports organizations to adopt formal policies that eliminate sugary drinks, including sports drinks, from events and practices with the "Water – the original sports drink" pledge. This builds on a broader campaign to educate the public on the impact of sugary drinks on overall health.



#### 3. Healthy Food at Work

While most large employers have wellness programs, many smaller employers don't have the resources. We aim to get smaller companies involved in our workplace wellness solutions. We are also working with local governments to ensure food and vending purchased with taxpayer dollars meets our "Healthy Food & Beverage Guidelines."

#### 4. Housing & Health Equity

Working with coalition partners to implement an Equity Scorecard analysis for new housing developments in the Twin Cities – making sure things like access to transportation, green space, schools, clean air etc. are taken into consideration – AHA continues to be a leading voice in making the connection between housing and health.



#### 5. Access to Care & Health Insurance Literacy

AHA is working to expand health literacy training so consumers understand key terms – Deductible, Premium, Co-pay & Co-insurance – so they can make informed choices. AHA is also working to ensure a sustainable funding source is maintained for MNcare and other programs so the most at-risk populations continue to have access to healthcare.

#### 6. Primary Prevention with At-Risk Populations

AHA is working with Federally Qualified Health Centers and other clinics in Minnesota to reduce the incidence of heart attacks and strokes by focusing on improving high blood pressure and high cholesterol rates, in those populations most at risk. Our tools help clinics track their progress toward meeting our evidence-based guidelines.



#### 7. Healthy Food Access – Eliminating Food Deserts

Nearly 350,000 Minnesotans face distance or income barriers to accessing healthy foods. AHA joined partners to establish the Good Food Access Fund within the MN Dept. of Agriculture in 2016. We are now pushing for legislation to establish a sustainable appropriation for the fund which provides grants and loans for local food access solutions.

#### 8. Telephone CPR

Over 80% of Minnesotans expect 9-1-1 dispatchers can coach them to perform CPR in an emergency but that is not a guarantee since Minnesota has no standard protocols for dispatcher-assisted telephone CPR (T-CPR). AHA is working to pass MN legislation so dispatchers are trained to provide T-CPR or transfer quickly to a center that can. Cardiac arrest survival rates are less than 10% but bystander hands-only CPR can triple the chance of survival.

