Metro Healthy Comprehensive Plans Work Group Meeting
Friday, May 17, 2019
9:00 a.m. – 11:00 a.m.

Sign-in and light refreshments at 8:50 a.m.
Ridgedale Library, 12601 Ridgedale Dr. Minnetonka
2nd floor “Ladyslipper Room” (275)

Agenda

1. Welcome & meeting overview 9:00 a.m.

2. Topics and priorities recap and 2019 calendar 9:10 a.m.
   o A brief summary of the priorities identified for 2019 and schedule of meetings.

3. Talking about the Social Determinants of Health (SDOH) 9:20 a.m.
   o Take-aways from “A New Way to Talk about the Social Determinants of Health”
     (RWJ Foundation)
   o Discussion

4. Communities & Health 10:00 a.m.
   o Draft Healthy Communities Framework
   o Discussion

5. Reflection & Wrap-up 10:40 a.m.
   o Subcommittees – interest and volunteers
   o Partner Updates
Workgroup in 2019:
Moving into implementation
2019: Moving into implementation

- Email survey and assessment of City and county healthy community needs and priorities as plans move into implementation.
  - What are the priority implementation areas, projects and topics in your 2040 plan?
  - What are the opportunities for your community to address or strengthen the environment for health in these areas?
  - List topics where you could use information, skills or other assistance
2019 priorities

Workgroup meeting topics

1. Considering equity and the SDOH
2. Building health into evaluation & assessment tools
3. Framing: it’s about people and their health; Communicating success and impact (topics and tools)
4. Involving and engaging community
5. Creating vibrant places for people (topics and tools)

Other topics – building resilience & sustainability, working across silos, addressing funding
2019 priorities

Look for expertise in other organizations and partners:

• Food systems

• Active transportation
  (infrastructure, safety, connectivity)

• Making places & infrastructure more people-friendly

• Housing
2019 priorities

Potential Subcommittees

• Evaluation and measurable outcomes
• Supporting affordable, lifecycle housing
• Addressing and providing funding
2019 Meetings (tentative)

• July 12, Ridgedale Library
• September 13, (alternate Sept. 20)
• November 15
2019 Remaining Topics

1. Building health into evaluation
2. Framing and communicating: it’s about people and their health
3. Involving and engaging community
4. Creating vibrant places for people
5. Other topics – building resilience & sustainability, working across silos, addressing funding
Talking about the Social Determinants of Health
Talking about the SDOH

• “A New Way to Talk about the Social Determinants of Health,”

• Undertook an effort to describe the SDOH without a political overtone

“...while social determinants were well established in academic circles and have been the subject of considerable study, we quickly discovered that the concept didn’t work on the ground.”
Talking about the SDOH

- Traditional phrasing tested poorly
- Priming audiences about the connection with messages they already believe makes the concept more credible.
- Use one strong and compelling fact—a surprising point that arouses interest, attention and emotion—for maximum impact.

Health starts where we live, learn, work and play.
Talking about the SDOH

• Identify the problem, but offer potential solutions.

• Incorporate the role of personal responsibility.

• Mix traditionally conservative values with traditionally progressive values.

• Focus broadly on how social determinants affect all Americans (versus a specific ethnic group or socioeconomic class).

Health starts where we live, learn, work and play.
Six ways to talk about the SDOH

1. Health starts—long before illness—in our homes, schools and jobs.

2. All Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or ethnic background.

3. Your neighborhood or job shouldn’t be hazardous to your health.

4. Your opportunity for health starts long before you need medical care.

5. Health begins where we live, learn, work and play.

6. The opportunity for health begins in our families, neighborhoods, schools and jobs.
Language matters

• RWJF found that the terms that people use to describe health disparities can get in the way of others accepting the idea of social determinants of health and who they are most likely to affect.
Language matters

- People with more conservative views tend to have negative reactions to the goal of equal levels of health for everyone.

- People with a more liberal outlook may describe health inequities as injustice. Conservatives did not use this frame.

- Terms to avoid: any variation of equal, equality or equalizing; leveling the playing field, creating balance.
Facts about facts

• Less is always more

• Multiple pieces of information should advance, not repeat, your narrative

• Context is king

• Specific examples given matter
Facts about facts

• Don’t let numbers be forgettable (almost 25% vs 24.96%)

• If it’s a big number, break it down

• The value in a number is in its values

• Why might someone object?

• Overall messaging rules apply
Discussion

• What messages *have* or *have not* resonated in your community?

• How could this information be applied in your work? What might you do or frame differently? How?
Health starts in the places we live, work and play

• The US is a world leader in medical research and medical care. We should be the healthiest people in the world
  • Yet in some of the most important indicators, like longevity, we’re not even in the top 40 countries

• America’s health is not improving, and health inequities are growing
  • Even though we spend $3 trillion yearly with the goal of improving health.
  • That’s over $9,140 per person/per year!
Social determinants of health

- Around 80% of our health has a social or environmental component.

- Conditions in the places where people live, learn, work and play affect a wide range of health risks and health outcomes. These conditions are known as **social determinants of health** (SDOH).
Planning and health

• Many of these conditions are place-based, that is, they are affected by the **built and natural environments**.
Planning and health

• Or they are affected by the **social and economic environments**.
Planning and health

• Since the practice of community planning plays a significant role in shaping these environments

• Local planning can have real and significant impacts on increasing community health.
Planning and health

- Through shaping the **built environment** in particular, planners can:
  - Limit damaging environmental exposures
  - Promote healthy lifestyles
  - Influence socioeconomic circumstances and reduce health disparities, and
  - Can help shift behavioral patterns
Planning and health

• Planning can also play a role in reducing **health disparities**, which are differences in health that stem from the built and social environment.

• And increasing **health equity**, which results when everyone can achieve their full health potential, and avoidable differences in health are eliminated.

• Planning and designing communities with health in mind can lead to improved community health, wellness, and quality of life for all residents.
Planning and health

• A community’s **comprehensive plan** can be a powerful tool to shape growth and development

• and address many of the determinants of health
Building health and resilience

• How can local governments more equitably address people’s basic needs through policy, systems, the built environment, and public education?
  • Food
  • Water
  • Air
  • Shelter
  • Safety, security, and well-being
  • Social networks
  • Jobs
  • Education
A draft Healthy Community Framework

<table>
<thead>
<tr>
<th>Built Environment</th>
<th>Social Environment</th>
<th>Natural Environment</th>
<th>Economic Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DOMAINS</strong></td>
<td><strong>DOMAINS</strong></td>
<td><strong>DOMAINS</strong></td>
<td><strong>DOMAINS</strong></td>
</tr>
<tr>
<td>• Plan for quality affordable and healthy housing for all household sizes, incomes and life stages</td>
<td>• Provide access to affordable, healthy foods for all neighborhoods</td>
<td>• Provide accessible parks, recreation facilities, greenways and open space near all neighborhoods</td>
<td>• Expand economic opportunities for all residents</td>
</tr>
<tr>
<td>• Increase physical activity and support healthy lifestyles</td>
<td>• Increase personal and community safety and security</td>
<td>• Increase views and access to nature and greenery</td>
<td>• Reduce or eliminate disparities by race</td>
</tr>
<tr>
<td>• Increase safety of pedestrians, bicyclists and motorists</td>
<td>• Increase equitable access to health care, schools, public safety facilities, and opportunities to engage with arts, music and culture</td>
<td>• Provide and protect green infrastructure</td>
<td>• Provide for an equitable jobs/housing balance</td>
</tr>
<tr>
<td>• Provide mixed land-use patterns that are walkable and bikeable and support transit</td>
<td>• Provide robust and equitable social and civic engagement</td>
<td>• Reduce exposure to air pollutants, hazardous materials and nuisances</td>
<td>• Increase multi-modal transportation access to employment, education, services and other destinations</td>
</tr>
<tr>
<td>• Provide accessible public facilities and spaces</td>
<td>• Build social cohesion and connectedness in families, homes and communities</td>
<td>• Create climate resilient communities</td>
<td>• Increase community-based economic development and revitalization</td>
</tr>
<tr>
<td>• Provide complete streets and other infrastructure that serve multiple functions and addresses multiple community goals</td>
<td></td>
<td>• Protect and manage water resources, water supply and watersheds</td>
<td>• Plan for affordable and sustainable energy use</td>
</tr>
</tbody>
</table>
Table discussion

One Environment per table. (Opportunity to visit 2 tables)

1. Do all the domains in this environment apply to your community? Is there a domain that does NOT apply? Why not?

2. How does your plan address these domains? Are there gaps?

3. Which domains are you making the best progress on? What is most challenging?

4. What are your elected officials’ and resident’s expectations in these areas? What messages may be useful?