Active Living Hennepin County

Fall Workshop
Friday, October 23, 2015
University Research and Outreach Center (UROC)
2001 Plymouth Avenue North, Minneapolis
9am to 3:30pm

Incorporating Health into your Comprehensive Plan

Meeting Minutes

1. Welcome and introductions by Commissioner Marion Greene, Hennepin County District 3
2. Presentation by Dr Ed Ehlinger, Commissioner, Minnesota Department of Health
   - Public health is about conditions
   - Community design, not medical care, forms the basis of health
   - Personal connections help move policies along
   - The clock was a key piece of technological change
   - “Pitch the commissioner” events around the state – residents and leaders pitch ideas to
     the commissioner while pitching horse shoes
   - We fund too much treatment and too little prevention
   - We need to invest in the public good – things everyone can benefit from – need to
     cooperate across the aisle on wise policy
   - Structural racism
     - education targets homeowners but only 21% of black people own homes.
     - Paid leave - giving 10 weeks reduces infant mortality 10% - giving paid leave to
       only certain jobs (and not lower wage jobs) could actually increase health
       disparities between whites and non whites.
   - We need to redefine the given to the intolerable
   - Racial and ethnic disparities in all diseases – just the tip of the iceberg
   - Disparities bring everyone down – not an urban/rural divide – we are in it together
   - Unless we do something different, health outcomes will continue to decline – need
     health in all policies (HIAP)
   - Equity doesn’t mean treating everyone equally – it means giving them what they need
     to succeed
   - We need to expand our understanding of what creates health – some members of the
     public think that people just aren’t working hard enough
   - Medical care is only 10% of health – health is community as a whole
• The focus should not be patient centered care, it should be community centered care. It is not about personal choice. We need to make the healthy choice the possible choice. We need to take responsibility to give people healthy choices.

• Health care takes a health care approach but what we need is a community approach. For example: When he was at Boynton, he wanted to hire another ER doc to deal with problems on nights and weekends but the student fees committee convinced him that what was really needed was a shuttle to help people get home safely from bars and parties. The Gopher Chauffer was born.

• Smoking bans and minimum wage increases only happened because the community organized and got involved.

• Organized communities have a bigger impact on the legislature than the Commissioner.

3. Steve Elkins, Metropolitan Council Member, District 5

• Comp planning should include an emphasis on non-motorized transport
• Emphasis on Transit Oriented Development (TOD) - break down planning silos - more integrated across systems. Themes of equity and sustainability.
• Thrive 2040 re-vamped grant criteria governing programs to encourage multi modal facilities. Many cities and counties automatically include bike and ped facilities these days.

• Equity explicitly mentioned in met council grants, despite opposition
• Bus shelter program- had previously farmed out to advertising companies who put them where they were best for advertising not based on need. New and improved bus shelters being placed where they were actually needed.
• Did outreach to biking community to identify bike corridors. Many cities already had plans. Identifying barriers and gaps has been key. Details will be fleshed out in this round of comp planning. Hennepin County & Three Rivers bike plan as exemplary.

• He set a goal to bike from home to all 7 counties in the metro area. Toughest was getting to Newport in Washington county. Discovered something new on each trip. Celebrated arrival with a beer. Combination of recreational and on street. Many agencies coming together to fill gaps.

• Cities working on Traffic Demand Management (TDM) plans. Eden Prairie TDM policy meant that at the new Optum campus he has a bike locker and other facilities that help him make the choice to bike to work. He lost 10 pounds.

• Bike ped injuries are higher in low income communities. We have not paid as much attention to ped safety in disadvantaged communities.

• MnDOT state aid design rules have been a big barrier. MnDOT Complete Streets policy helped allow road diet conversions. This year legislature mandated relaxation further to provide additional flexibility.

• Engineering committee has made great strides but used to accept as facts things that had no basis in fact. Eg:
  • 12 ft lane standard comes from Eisenhower admin bc you needed 12 ft lanes to move a battle tank.
  • Residential streets had to be 36 ft wide bc they adopted the highway standards of the 30s and 40s.
• Time to move to 2.0 version and start applying policies consistently.
Next big change in transportation policy plan (TPP) is the connection between land use and transit especially in transit corridors that are funded through CTIB (counties transit improvement board) – the transit corridors that are associated with a color such as the blue, green, and red lines.

Study in New York City discovered that there is above average levels of pedestrian traffic in areas with higher density, retail (active uses), windows on the street, street furniture. Make sidewalks more interesting. TPP has stronger encouragement for cities to pick these things up and include in station area planning.

Land owners don’t like existing uses to be non-conforming. Met Council is hoping to strengthen cities hands on that front. Cities can say met council made me do it. Comp plan can’t conflict with zoning laws and if it does, the comp plan trumps.

Bike/ped connections are key, especially to regional network. Transit corridors should emphasize opportunities for people walking and biking. Following through with identified bike routes is key. Don’t let neighborhood opposition prevent key corridors. Adopting as part of larger plan is key strategy.

Work together with adjoining communities to get you where you need to go.

Question: What other policies should we look at now that the state aid requirements have been softened? Answer: Steve is hard pressed to think what the next step would be.

4. Mitzi Baker, Director, Rochester/Olmsted County Planning Department

- Lots of organizations have embraced prevention and health in design
- Having doctors involved helps move the needle for all of us
- Military also has design standards
- Health as underlying piece of all that you’re considering – land use, transportation, fiscal impacts
- Rochester is a little different from Twin Cities suburbs because it can still grow outward
- Projected significant employment gap
- Want to be a place where people can come and want to live and stay
- Coordinated strategies between city and county
- Not exactly land limited but challenges with flood plains and hills
- Historically a narrow set of voices have been very influential in policy - change this by engaging with diverse groups across the county. Used outreach efforts from Destination Medical Center too. Conducted focus groups on transit service, bike and ped issues, etc
- Model and demonstration future scenarios that are different from the trend
- New emphasis on transit and transit centered development.
- Current transit supports am and pm peaks but not people who use it in other ways.
- Show the public we have choices and that we can decide where we go in the future. For example, alternative shows 2 super nodes with the possibility of higher level of transit such as BRT or LRT - testing ideas
- Have indicators in order to attempt to take some of the emotional reaction and think rationally
- Widening streets isn’t an option due to row so we have to think of other options.
- They talk about a 20 min neighborhood – within a 20 min walk, is there a mix of uses, places where you would choose to go.
• Run mode share analysis on the different trends scenarios. Helps to convey to the public that some scenarios are unacceptable (i.e. won’t allow to achieve city’s goals of sustainability, accessibility, etc) and that we need to do more.
• Note that the lists on the powerpoint are very preliminary.
• More nodes means more places with transit demand and also for better places for people to walk and bike to. More centers of activity. Helps with managing vehicular traffic.
• Even though they have a complete streets policy talking about those principles is very important as part of the comp plan conversation

5. Mary Marrow, Staff Attorney, Public Health Law Center & Eric Weiss, Health Improvement Project Manager, Blue Cross Blue Shield
  • Talk about health, public safety, and general welfare
  • A culmination of little decisions has led to the way people experience their communities
  • This round of comp planning should put the same emphasis on food as last time on physical activity
  • MN has direction and consistency from the government which is helpful. Kansas lacks leadership which it makes it way harder.
  • Planning serves a bigger purpose but the devil is in the details.
  • Plan as the foundation. Needs to provide structure and direction and also begin to address how it will be carried out in real life.
  • Statutes don’t call out food specifically but we need to figure out how these things fit in with statutory requirements. Its an opportunity to think outside of the box about community needs, demands and desires.
  • Comp planning impacts each step in the food system.
  • Check out Minnesota Food Charter online. 99 strategies to increase healthy food access.
  • Can do a standalone healthy food plan, similar to how some cities have done an active living plan.
  • Or could to an integrated plan. Seattle is a leader in this.
  • The advantage of integrated is that it becomes part of the system and is harder to eliminate if political tides turn. It is easier to delete one chapter than it is to delete all food references if it is fully, systemically, and thoughtfully integrated.
  • It can be as simple as adding words here and there.
  • Reimagine the language in comp plans. First the vision and direction and then the strategies and details later.
  • Minnesota Dept of Health is a great resource on comprehensive plans
  • Health data should be included in introduction and to help inform decisions
  • Have a sense of partnership
  • “Seeding the city” report from Change Lab has actual zoning and comp planning language
  • Planners are good about vision but also about connecting the dots specifically
  • They are working on model comp plan language that will be able to be easily be modified and used – stay tuned!

6. Ellen Pillsbury, Active Transportation Coordinator, Minnesota Department of Health
  • Strong rapport between Arrowhead Regional Development Commission (Ellen’s former employer) and SHIP (state health improvement program) grantees
• After MN food charter realized they didn’t even know anything about food access planning—where food came from or went—realized had lots of work to do
• Used as an opportunity to get more involved with public health
• Incorporated health into visioning session using health data
• Did community engagement using a food access survey
• Needed to learn a lot more about how to implement comp plan through zoning

7. Kurt Chatfield, Planning Supervisor, Dakota County
• How do we get to implementation strategies in our comp plan?
• Key strategy is prioritization of missing bike and ped sections
• They created pedestrian demand heat maps
• Did analysis for all roads including city roads in Dakota County
• Looked at greenways as transportation, recreation, and water quality opportunities.
• They have a high auto ownership rate so they need to lure people out of their cars. You need attractive corridors. They incorporated a greenway system into the city trail system. Was somewhat a connect the dot exercise.
• Partnerships and money were critical. $21 million in grant resources to build out the networks. Pursued outside funding.
• Permanent conservation easements on many farms. Wanting to keep agriculture system in-tact for environmental and food access reasons even though some are growing corn and soybeans

8. Mike Larson, Sector Representative, Metropolitan Council
• His position is to help connect you all with resources and staff at met council
• Online local planning handbook is great new resource
• Health is not a requirement but it is a comprehensive issue. He recommends integrating it throughout the plan.
• Good to use local planning handbook as a checklist
• Health matters to some stakeholders more than others. Figure out where health can be a real driver and where it fits more in the background.
• Be specific about support for community gardens to create a policy basis to build on
• Think about what motivates a community to do things that could have positive impacts on health. For example, sometimes economic development is a strong motivator.

9. Questions and discussion
• Cross disciplinary advisory team is recommended
• Tap into existing orgs
• Easier to get people involved when it is something tangible
• Planning and environmental commissions can be good partners
• Economic competitiveness and workforce issues are good drivers. Almost always resonates with electeds. Eg greenways make it a more attractive place to live work and have a business
• Parks and rec programming should be in tune with needs of community. This could be integrated into plans too. As part of visioning could include discussions of how parks and rec spaces could meet these needs.
• People are not sure if tobacco and smoking belong in the comp plan. Concern that it would get lost or wouldn't have the desired impact
  o It could possibly fit in parks and trails - air quality and smoke free environments.
  o Air quality and tobacco advocates would make a good committee member.
Policy or ordinance would need to follow the mention in the comp plan
- If it is an important issue in your city eg alcohol sales and revitalization then it should be part
PLANNING AND CREATING
THE CONDITIONS FOR GOOD HEALTH

ADVANCING HEALTH EQUITY AND OPTIMAL HEALTH FOR ALL

Edward P. Ehlinger, MD, MSPH
Commissioner
Minnesota Department of Health
October 23, 2015
October 23: Big Day in Biking History

- 1891: Mid-point of the first international 6-day bike race ended
- Occurred in Madison Square Garden
- The main event is now called the “madison.”
Kidical Mass
Lewis Mumford
born October 19, 1895

- US urban planner, historian. He analyzed the effects of urbanization and technology on human societies.

“The city is a fact in nature, like a cave, a run of mackerel or an ant-heap. But it is also a conscious work of art...Mind takes form in the city; and in turn, urban forms condition the mind.”
Lewis Mumford  
born October 19, 1895

- US urban planner, historian. He analyzed the effects of urbanization and technology on human societies.

“The clock, not the steam-engine, is the key-machine of the modern industrial age.”

“Community design, not medical care, is the key factor in creating health.”
October 23

- 1921 Green Bay Packers play 1st NFL game, 7-6 win over Minneapolis

- 1915 1st national horseshoe throwing championship (Kellerton, Iowa)
Prevention
Private programs and policies
Individual behaviors
Public programs and policies
Community
Individual Health
Treatment
Social Determinants
Life Expectancy at Birth – #2
Male life expectancy - #1
Female life expectancy - #2

- Hawaii: 81.48
- Minnesota: 80.85
- California: 80.37
- New York: 80.36
- Connecticut: 80.18
- Massachusetts: 80.10
- North Dakota: 80.10
- Utah: 80.08
- Colorado: 79.92
- Arizona: 79.92
- South Dakota: 79.85
- New Hampshire: 79.70
- Vermont: 79.70
- Florida: 79.70
MN Infant Mortality Rate Among the Best in the US
MN #1 in Health Care System Performance
Access, Quality, Cost, Outcomes

Exhibit 4. Overall State Health System Performance: Scorecard Ranking, 2014

Overall performance, 2014
- Top quartile (13 states)
- Second quartile (11 states + D.C.)
- Third quartile (14 states)
- Bottom quartile (12 states)

Source: Commonwealth Fund Scorecard on State Health System Performance, 2014.
How did the state achieve “The Good Life In Minnesota?”

- We invested in the “public good.”
- We cooperated
- We made some wise policy decisions
Minnesota!
Where the women are strong,
The men are good looking,
And all our health statistics
are above average –
Unless you are
a person of color or
an American Indian.
Advancing Health Equity

The opportunity to be healthy is not equally available everywhere or for everyone.
Ratio of non-Hispanic black and non-Hispanic white infant mortality rates,* by state — United States, 2006–2008

Source: National Vital Statistics System, NCHS, CDC
USA White and Black IMR: 1980-2011

White: 10.9
Black: 11.4

NCHS
The role of public health

“The landmarks of political, economic and social history are the moments when some condition passed from the category of the given into the category of the intolerable. I believe that the history of public health might well be written as a record of successive re-definings of the unacceptable.”

Geoffrey Vickers
Disparities in Birth Outcomes are the tip of the health disparities iceberg
## Disparities in Outcomes and Risk Factors

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Smoking (Percent of adult population)</strong></td>
<td>18.0</td>
<td>22.2</td>
<td>16.9</td>
</tr>
<tr>
<td><strong>Binge Drinking (Percent of adult population)</strong></td>
<td>21.8</td>
<td>19.4</td>
<td>15.9</td>
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<tr>
<td><strong>Drug Deaths (Deaths per 100,000 population)</strong></td>
<td>9.5</td>
<td>17.7</td>
<td>6.8</td>
</tr>
<tr>
<td><strong>Obesity (Percent of adult population)</strong></td>
<td>25.2</td>
<td>32.0</td>
<td>29.5</td>
</tr>
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<td><strong>Physical Inactivity (Percent of adult population)</strong></td>
<td>20.6</td>
<td>26.9</td>
<td>33.9</td>
</tr>
<tr>
<td><strong>High School Graduation (Percent of incoming ninth graders)</strong></td>
<td>92</td>
<td>66</td>
<td>70</td>
</tr>
<tr>
<td><strong>Chlamydia (Cases per 100,000 population)</strong></td>
<td>150</td>
<td>1450</td>
<td>364</td>
</tr>
<tr>
<td><strong>Diabetes (Percent of adult population)</strong></td>
<td>7.2</td>
<td>8.8</td>
<td>9.6</td>
</tr>
<tr>
<td><strong>Poor Mental Health Days (in last 30 days)</strong></td>
<td>2.8</td>
<td>3.8</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Poor Physical Health Days (in last 30 days)</strong></td>
<td>2.9</td>
<td>3.3</td>
<td>3.6</td>
</tr>
<tr>
<td><strong>Infant Mortality (deaths/1000 live births)</strong></td>
<td>4.4</td>
<td>9.0</td>
<td>5.3</td>
</tr>
<tr>
<td><strong>Cardiovascular Deaths (deaths/100,000 population)</strong></td>
<td>183.4</td>
<td>189.2</td>
<td>112.6</td>
</tr>
<tr>
<td><strong>Cancer Deaths (deaths/100,000 population)</strong></td>
<td>180.5</td>
<td>194.8</td>
<td>111.3</td>
</tr>
</tbody>
</table>
Disparities in health are the tip of the societal disparities iceberg.
Why addressing disparities is important
50 years of growing diversity

"We all do better when we all do better."
Paul Wellstone, MN Senator

Source: mncompass.org
Social Vulnerability Index Themes

Socioeconomic theme

Housing/Transportation Theme

Agency for Toxic Substances and Disease Registry
American Community Survey
Minnesota Is a Healthy State

State Health Ranking - Minnesota

Trend

MN Overall (1990-2014)

Overall rank

Year

Trends in MN Outcomes and Determinants

Deviations from the US Mean
What Would It Take To Assure the “Good Life” for All Minnesotans?
John Heisman
Born on October 23, 1869

- US football coach. He was one of the greatest innovators of football; legalized the forward pass; originated the center snap and count signals of the quarterback.

- *When in doubt, punt!*

"DON'T CUSS. DON'T ARGUE WITH THE OFFICIALS. AND DON'T LOSE THE GAME."  
—John Heisman
Health in All Policies with Health Equity as the Goal

- “The chief function of the city is to convert power into form, energy into culture, dead matter into the living symbols of art, biological reproduction into social creativity.”

  - Lewis Mumford
  - born October 1895
21\textsuperscript{st} Century Public Health Challenge

Advancing Health Equity and Optimal Health for All
Advancing health equity is not about averages
It’s about creating opportunities to be healthy

It’s about Community Design
Triple Aim of Health Equity

- Implement Health in All Policies
- Expand Understanding of Health
- Strengthen Community Capacity

Implement a Health in All Policies Approach With Health Equity as the Goal
Expand Our Understanding of What Creates Health
Strengthen the Capacity of Communities to Create Their Own Healthy Future
Expand our understanding of what creates health
Importance of telling the story of health

**Worldview** – shaped by individual, cultural, and community values, beliefs, and assumptions

**Public Narratives**

**Frames**

**Messages**

David Mann
What is the Dominant Worldview/Narrative About What Determines Health?

People would be healthy if they worked hard; made good choices about diet, physical activity, and substance use; and had good medical care.
Public Perceptions of Narratives on Why Children Struggle

- Parents not knowing how to parent correctly
- Living in a bad neighborhood (drugs, guns, gangs)
- Lack of hard work by the child
- Living in poverty
- Parents stressed about money
- Lack of high-quality day care
- Lack of good-paying jobs for some parents
- Living in segregated and poor neighborhoods
- People not willing to advocate for others' children
- Unequal treatment by schools, police, and justice systems by skin color
- Limited political support for all children have what they need to succeed
- Limited political support for poor families to move out of poverty
- Employers not being family friendly
- People not willing to pay more in taxes to make sure all children succeed

Color symbols: ColorBrewer2.org
Start with a broad definition of health

• “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” WHO 1948

• “Health is a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.”

Ottawa Charter for Health 1986
Expand the Understanding of What Creates Health

Determinants of Health

- Genes and Biology: 10%
- Physical Environment: 10%
- Clinical Care: 10%
- Health Behaviors: 30%
- Social and Economic Factors: 40%

Necessary conditions for health (WHO)

- Peace
- Shelter
- Education
- Food
- Income
- Stable eco-system
- Sustainable resources
- Mobility
- Health Care
- Social justice and equity


Health is Community

Complete Neighborhoods
Public Health
Famil Support (Adult & Child Care)
Healthy Food
Good Schools
Recreation & Open Spaces
Economic Opportunity
Universal Design (Accessibility)
Public Transit & Active Transportation
Healthcare
Fair Justice System
Quality Environment
Safe Public Spaces
Information Technology
Green & Sustainable Development
Affordable & Quality Housing
Community Oriented Media
Health

- Old English word root "hal" meaning
  - "health," "whole," "holy."
  - To be healthy is to be whole

- Our sense of wholeness is not just individual completeness but connection to others and to place

- Personal integrity and communal belonging (social connectedness) is the standard of quality of life.
Health Is Community

“...the community in the fullest sense is the smallest unit of health...to speak of the health of an isolated individual is a contradiction in terms.”

- Wendell Berry in Health is Membership

Healthcare should be community-centered not patient-centered.
Communities of Opportunity:

- Parks & trails
- Grocery stores
- Thriving small businesses and entrepreneurs
- Financial institutions
- Better performing schools
- Good transportation options and infrastructure
- Sufficient healthy housing
- Home ownership
- Social inclusion
- IT connectivity
- Strong local governance

Good Health Status

Poor Health Status

Contributes to health disparities:
- Diabetes
- Cancer
- Asthma
- Obesity
- Injury

Low-Opportunity Communities:

- Unsafe/limited parks
- Fast food restaurants
- Payday lenders
- Few small businesses
- Poor performing schools
- Increased pollution and contaminated drinking water
- Few transportation options
- Poor and limited housing stock
- Rental housing/foreclosure
- Social exclusion
- Limited IT connections
- Weak local governance
Life Expectancy in Twin Cities

Hennepin County

Minneapolis

Saint Paul

Ramsey County

3 miles could equal up to a 13-year life span difference
Asking the Right Questions About Assumptions Can Help Change the Narrative

- What values underlie the decision-making process?
- What is assumed to be true about the world and the role of the institution in the world?
- What standards of success are being applied at different decision points, and by whom?
Implement Health in All Policies Approach with Health Equity as a Goal

Determinants of Health and Health Inequities

Obesity Trends* Among U.S. Adults
BRFSS, 1985
(*BMI ≥30, or ~30 lbs. overweight for 5’4” person)
1865 Abbey Mills Pumping Station (the Cathedral of Sewage) was dedicate by Edward, Prince of Wales
Control of Cholera

- Joseph Bazalgette
- Board of Guardians
  - Responsible for public health, welfare, and sanitation

Memorial to Sir Joseph Bazalgette on Victoria Embankment
Cholera and the Broad Street Pump

John Snow – Father of Epidemiology

Broad Street Memorial Pump

Rev. Henry Whitehead
Healthy Living By Design

- Increased Physical Activity (Active Living)
- Access to Healthy Food
- Adequate Income & Stable Employment
- Traffic Safety
- Clean Air
- Clean Water
- Health Equity
### Communities of Opportunity

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### Low-Opportunity Communities

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Good Health Status

- Contributes to health disparities:
  - Diabetes
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  - Injury
Incorporate Healthy Community Design Features

- Adopt land use regulations that prioritize needs of pedestrians, bicyclists, and transit users.
- Support health-oriented transportation options
- Encourage high-density, multi-use neighborhoods.
- Improve connectivity with grid-like street patterns, greater intersection density, and limits to block size.
- Design streets to serve the needs of all transportation modes.
- Implement transit-oriented development.
- Expand green space.
- Incorporate communal gathering spaces into community design to strengthen social capital.
- Mitigate roadway noise.
- Locate residential and community facilities away from transportation-related emissions.
Each additional hour spent in a car per day is associated with a 6% increase in the likelihood of obesity. Each additional kilometer walked per day was associated with a 4.8% reduction in the likelihood of obesity.
MNDOT:
A transportation vision for generations

- Minnesota’s multimodal transportation system maximizes the health of people, the environment and our economy.
Transportation influences community and public health indicators

- Mobility - access
- Road safety
- Air pollution
- Storm water
- Heat islands
- Economic development
- Disaster evacuation
- Energy conservation
- Complete streets
- Safe routes to school
- Transportation to health care for: elderly, pregnant women, low income, disabled, rural
- Obesity/Asthma/Diabetes
- etc

...and that influence is growing!
Transportation Access & Equity

- Nearly 1/3 of people living in this country cannot access or afford to access basic needs
- Poorest 1/5 of US families pay 42% of their income to own and drive a car
- Low-income neighborhoods often lack safe place to walk, bike or play
Asking the right policy questions helps support a Health in All Policies approach

- What are the health implications of the policy/program?
- What are the health and equity outcomes?
- What outcomes do we want?
- Who is benefiting?
- Who is left out?
- Who should be targeted to benefit?
Strengthen the Capacity of Communities to Create Their Own Healthy Future

Healthy Public Policy & Public Work

Medical and Public Health Policy

By Strengthening...
- Democracy
- Mutual accountability
- Leaders and institutions
- Plurality
- Freedom
- Foresight and precaution
- The meaning of work
- Etc...

World of Providing...
- Health education
- Screening tests
- Disease management
- Pharmaceuticals
- Clinical services
- Physical and financial access
- Etc...

World of Transforming...
- Deprivation
- Dependency
- Violence
- Disconnection
- Environmental decay
- Stress
- Insecurity
- Etc...

Strengthen the Capacity of Communities to Create Their Own Healthy Future

Strengthening Community Capacity
Health in All Policies

- Information technology
- Recreation & Open Spaces
- Healthy Food
- Healthcare
- Economic Opportunity
- Quality Environment
- Public transit & Active transportation
- Quality & Affordable Housing
- Complete Neighborhoods
- Green & Sustainable Development
- Fair Justice System
- Safe Public Spaces
- SIM
- Payment models
- Coordinated care
- HIT & data accountable care
- Community partnerships
- Information technology
Obesity Climbed in U.S. and States Without *PSE; Held Constant in Minnesota

Data source: CDC Behavioral Risk Factor Surveillance System
* Refers to Policy, Systems and Environmental change supporting healthy behaviors
ON THE GREEN LINE

Top 5 stations (boardings):
Downtown East
Nicollet Mall
East Bank
Central
Snelling

1 million rides per month

20,000 theater seats within 1/2 mile of corridor at 20 venues

10 brew pubs near the Green Line

2,375 new and preserved long-term affordable housing units created, 2011-14

More than 13,000 new housing units created or planned since 2009

3.8 million commercial/industrial square feet

More than $3 billion – New construction, redevelopment, and expansions completed or planned along the Green Line.

Sources: Big Picture Project, Metropolitan Council
Asking the right policy questions helps strengthen community capacity to create their own healthy future

- **Who is at the decision-making table, and who is not?**
- **Who has the power at the table?**
- **How should the decision-making table be set, and who should set it?**
- **Who is being held accountable and to whom or what are they accountable?**
Public Policies – Community/Public Health – Medical Care

Essential in Advancing Health Equity and Optimal Health for All

Triple Aim of Health Equity
- Expand the understanding of what creates health
- Implement a Health in All Policies approach with health equity as the goal
- Strengthen the capacity of communities to create their own healthy future
“...the physician’s function is fast becoming social and preventive, rather than individual and curative...(do) not to forget that directly or indirectly, disease has been found to depend largely on unpropitious environment...a bad water supply, defective drainage, impure food, unfavorable occupational surroundings...(these) are matters for “social regulation,” and doctors have the duty to promote social conditions that conduce to physical well-being.”
The science and art of:

1. **Preventing** disease.
2. **Prolonging** life, and
3. **Promoting** health and efficiency through **organized community** effort for:
a. the sanitation of the environment,
b. the control of communicable infections,
c. the education of the individual in personal hygiene,
d. the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and
e. the development of the social machinery to insure everyone a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birthright of health and longevity.
“Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy.”

-Institute of Medicine (1988), Future of Public Health

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Reduce Vehicle Miles Traveled (VMT)

- Vehicle miles traveled tax, tolls, or congestion pricing in downtown areas.
- Implement parking pricing schemes.
- Reduce on and off street parking to encourage alternate forms of transportation.
- Create alternatives to single occupancy vehicle travel through the improvement of multimodal transportation options, including carpools, vanpools, public transportation, and active transportation—any self-propelled, human-powered mode of transportation.
Expand Public Transportation

- Pursue transit-oriented and mixed-use development projects near light rail or bus rapid transit projects.
- Increase connectivity among neighborhoods and communities for all transportation modes.
- Promote bicycling and walking to public transportation stations by providing sidewalks, bicycle lanes, and bicycle storage.
- Address safety hazards for pedestrians and bicyclists at transit stations, bus stops, and city car-share locations.
- Implement a coordinated fare and schedule system for existing transit.
- Encourage employee-sponsored transit passes for employment locations near transit stops.
Promote Active Transportation

- Encourage Safe Routes to School programs to enable children to walk and bike to school safely.
- Construct a connected network of multi-use trails.
- Accommodate all roadway users with comprehensive street design measures such as “complete streets,” including sidewalks, bicycle lanes, and share-the-road signs that provide safe and convenient travel for all users of the roadway.
- Separate motor-vehicle traffic from non-motorized traffic with physical barriers, such as the construction of bicycle boulevards.
- Prioritize infrastructure improvements near transit stops and public transportation stations.
Promote Active Transportation

- Provide safe and convenient bicycle and pedestrian connections to public parks and recreation areas.
- Promote safe roadway crossing through use of small block sizes, pedestrian refuge islands, and cross-walks.
- Provide streetscape amenities such as benches, landscaping, lighting, and public art.
- Encourage way-finding with signs, maps, and landscape cues to direct pedestrians and bicyclists to the most direct route.
- Encourage bicycle parking at workplaces and transit stops.
- Encourage the development of street-level shopping and restaurants along pedestrian and bicycle routes.
- Educate bicyclists and pedestrians on state and local laws, as well as on safe practices.
Improve Safety for All Users

- Implement traffic-calming measures.
- Reduce traffic speeds in neighborhoods.
- Account for pedestrian and bicycle vulnerabilities with streetscape design, placing an emphasis on increased visibility, route signage, and buffer zones.
- Improve the perceived safety of parks, neighborhoods, trails, and green space.
- Prevent crime at transit stops.
- Ensure adequate lighting on roadways, along trails, and in parks.
- Install emergency call boxes or cameras in parks.
- Ensure proper sight lines and increase “eyes on the street” to facilitate roadway surveillance.
Ensure Equitable Access to Transportation Networks

- Use Universal Design Principles
- Provide mixed-income, affordable housing.
- Install audible and visual pedestrian crossing signals.
- Encourage healthy food outlets in neighborhoods and provide transportation infrastructure to ensure access to healthy foods for all residents.
- Encourage brownfield redevelopment.
Initiate Health Impact Assessments

- HIAs are a multidisciplinary process within which a range of evidence about the health effects of a proposal is considered in a structured framework...based on a broad model of health which proposes that economic, political, social, psychological and environmental factors determine population health.
We are at a Transportation Crossroad

- Homes far from jobs
- Dependence on foreign oil
- Climate change
- Changing demographics
- Crumbling infrastructure
- Fluctuating gas prices
Time of great opportunity

- **Health is in the midst of transformational change**
  - Upstream prevention – integration of clinical care and public health
  - Social determinants of health
  - Health In All Policies

- **Transportation in midst of transformational change**
  - From a model that moves cars to a model that efficiently moves people through a safe, accessible, and affordable system for everyone.

- **Opportunity to reshape the transportation system to create the infrastructure we need which can also improve our health and improve quality of life.**
Quality of Life

- Recognizes and respects the importance, significance and context of place – not just as destinations, but also where people live, work, learn, play and access services
- Is accessible regardless of socio-economic status or individual ability
October 25, 1962
John Steinbeck awarded Nobel Prize in literature

“A journey is a person in itself; no two are alike. ... We find that after years of struggle that we do not take a trip; a trip takes us.”
Differing perspectives on transportation

- “Mass transportation is doomed to failure in North America because a person's car is the only place where he can be alone and think.”  
  
  Marshall McLuhan

- “I think the internal combustion engine will disappear from the streets of our cities in the next thirty years because transportation will be mass transportation, or probably electrical power.”  
  
  Gaylord Nelson
As for the men in power, they are so anxious to establish the myth of infallibility that they do their utmost to ignore truth.

“Literature is the art of discovering something extraordinary about ordinary people, and saying with ordinary words something extraordinary.”

“Reshaping life! ... life is the principle of self-renewal, it is constantly renewing and remaking and changing and transfiguring itself, it is infinitely beyond your or my obtuse theories about it.”

“No single man makes history. History cannot be seen, just as one cannot see grass growing. Wars and revolutions, kings and Robespierres, are history's organic agents, its yeast. But revolutions are made by fanatical men of action with one-track mind, geniuses in their ability to confine themselves to a limited field. They overturn the old order in a few hours or days, the whole upheaval takes a few weeks or at most years, but the fanatical spirit that inspired the upheavals is worshiped for decades thereafter, for centuries.”
1965 - 89th Congress

- Head Start
- Medicare and Medicaid
- Neighborhood health centers
- Food stamps
- The Voting Rights Act
- Job Corps
- VISTA
- Peace Corps
- School lunch program
- Older Americans Act
- Elementary & Higher Education Act
- Housing & Urban Development Act
- Vocational Rehabilitation Act
- The Freedom of Information Act
- Cigarette labeling and advertising act
- Public Works and Economic Development Act
- National Foundation on the Arts and the Humanities Act
- Immigration and Nationality Act
- Motor Vehicle Air Pollution Control Act, Highway Beautification Act,
- National Traffic and Motor Vehicle Safety Act
- National Historic Preservation Act,
- National Wildlife Refuge System Act,
- Department of Transportation Act,
- Etc.
Implement Health in All Policies Approach with Health Equity as a Goal

Determinants of Health and Health Inequities

Public Policies – Community/Public Health – Medical Care
Essential in Advancing Health Equity and Optimal Health for All

Triple Aim of Health Equity

- Expand the understanding of what creates health
- Implement a Health in All Policies approach with health equity as the goal
- Strengthen the capacity of communities to create their own healthy future
Life Expectancy is Influenced by a Triple Aim of Health Equity Approach

Claim: 25 of the 30 years of life gained in the 20th Century resulted from public health accomplishments

Life Expectancy at Birth, United States, 1900 - 1996
“American cities are like badger holes, ringed with trash--all of them--surrounded by piles of wrecked and rusting automobiles, and almost smothered in rubbish.”

John Steinbeck, Travels with Charley: In Search of America
Differing Perspectives on Cities

“It was a cruel city, but it was a lovely one; a savage city, yet it had such tenderness; a bitter, harsh, and violent catacomb of stone and steel...and yet it was so sweetly and so delicately pulsed, as full of warmth, of passion, and of love, as it was full of hate.”

Thomas Wolfe, The Web and the Rock
“If a family is an expression of continuity through biology, a city is an expression of continuity through will and imagination - through mental choices making artifice, not through physical reproduction.”

A. Bartlett Giamatti, Take Time for Paradise: Americans and Their Games
October 23, 1958
Boris Pasternak wins Nobel Prize for Literature

“Reshaping life! ... life is the principle of self-renewal, it is constantly renewing and remaking and changing and transfiguring itself, it is infinitely beyond your or my obtuse theories about it.”
Triple Aim of Healthcare

- Better care for individuals
- Lower per capita costs
- Better health for populations

Institute of Medicine
By itself, the Triple Aim of Healthcare could be detrimental to health and health equity

- **Individual health model – not a community health model**
  - Population health aim (collection of individuals)

- **What’s good for healthcare may not be what’s best for communities or advancing health equity**

- **Healthcare is made the benevolent dictator of health**
  - All of health is viewed through the lens of healthcare
  - Assumes healthcare is responsible for population health
  - Healthcare reinforces the narrative about what creates health
  - Healthcare dictates where health investments are made
Health In All Policies

- Health in All Policies (HIAP) is a collaborative approach that integrates and articulates health considerations into policy making and programming across sectors, and at all levels, to improve the health of all communities and people.
- HIAP requires public health practitioners to collaborate with other sectors to define and achieve mutually beneficial goals.
Place/Community influences health

Health Factors

Health Outcomes
Trend in Life Expectancy at Birth US and OECD Countries by Gender
Average Health Care Spending per Capita, 1970-2009
Adjusted for differences in cost of living

Source: OECD Health Data 2011 (June 2011)
Rankings of Infant Mortality

A new report ranks the United States 29th for infant mortality, tied with Slovakia and Poland. In 1960 the United States was ranked 12th.

1960
- Sweden
- Netherlands
- Norway
- Czech Republic
- Australia
- Finland
- Switzerland
- Denmark
- England, Wales
- New Zealand
- Belgium
- United States

Country rankings
--- Lowest mortality rate ---
- Singapore
- Hong Kong
- Japan
- Sweden
- Norway
- Finland
- Spain
- Czech Republic
- France
- Portugal
- Netherlands
- Germany
- Greece
- Italy
- Switzerland
- Belgium
- Denmark
- Israel
- Austria
- Ireland
- Scotland
- England, Wales
- Canada
- N. Ireland
- New Zealand
- Cuba
- Hungary
- United States

--- Highest mortality rate ---
- Bulgaria
- Hungary
- Poland
- Costa Rica
- Romania
- Portugal
- Chile
- Puerto Rico
- Chile
- Costa Rica
- Russian Federation
- Bulgaria
- Romania

Source:
Centers for Disease Control and Prevention

THE NEW YORK TIMES

Each 1 percent rise in income inequality is associated with a 4 percent increase in deaths among persons on the low end.
Policy Tools for Expanding Our Understanding of What Creates Health

- Indicators of what creates health included in Statewide Health Assessment
- Expanded group of partners in developing Statewide Health Improvement Plan
- Health Equity Report
- REL Data
- ACEs (adverse childhood experiences)
- Set of questions
Strategies for Health-Oriented Transportation
Projects and Policies

- Reduce Motor Vehicle Miles Traveled
- Expand Public Transportation
- Promote Active Transportation
- Improve Safety for All Users
- Ensure Equitable Access to Transportation Networks
Life expectancy by median household income group of ZIP codes, Twin Cities 1998-2002

Adults 18-64 reporting "fair" or "poor" health status by income, Minnesota 2011

Analyses were conducted by Wilder Research using 1998-2002 mortality data from the Minnesota Department of Health and data from the U.S. Census Bureau (population, median household income, and poverty rate by ZIP code)

Source: 2011 Behavioral Risk Factor Surveillance System
Paid Parental and Sick Leave Linked to Improvements in:

- Infant mortality
- Health of infants and mothers
- Breastfeeding
- Vaccinations
- Well child check-ups
- Maternal depression
- Occupational injuries
- Routine cancer screenings
- Emergency room usage
- Days lost due to illness
Disparities in Access to Paid Sick Leave


Access to Paid Sick Leave by Race and Ethnicity: Minnesota, 2012

Mothers' Access to Paid Leave by Education: U.S. 2006-2008

Source: U.S. Bureau of Labor Statistics

Source: Institute of Women's Policy Research

Source: U.S. Census
Policy and System Changes Related to Social Determinants of Health (selected)

- Minimum Wage
  - Corporation Contracting Policy
- Paid Leave
- Transportation Policy
- REL data
- Broadband connectivity
- E-Health Policies
- Ban the Box
- State Agency Policy Changes
- University Research/Training objectives
  - CIC (Big 10)/SHD Initiative
- Buffer strips
- Marriage Equity
State Innovation Model (SIM) Initiatives

Payment models
- Medicaid ACOs payment models based on quality, patient experience and cost performance measure

Coordinated care
- Practice facilitation support, learning collaboratives & funding for coordinated care transformation. Support to integrate new provider types

HIT & data
- Data analytics and HIT/HIE support to accelerate adoption and remove barriers to integrate care.

Accountable Care
- Within ACOs, integrate with long term care, behavioral health, public health and social services

Community Partnerships
- Community partnerships through Accountable Communities for Health that identify health and cost goals and strategies to meet goals
Policy Tool kit for HiAP with Health Equity as the Goal

- State-wide Health Improvement Plans including a HIAP type of goal
- White papers on the connection between health and key conditions for health
- State funders support HIAP or HIA’s
- Internal Policies alignment
- Community Governance Models
- Engagement of all cabinet members
- Accountable Communities for Health
- Set of questions
An Initiative to integrate health equity and healthy food access policy language into Comprehensive Planning.
PROJECT AREA

Carlton, Cook, Lake, St. Louis Community Health Board
In partnership with Aitkin, Itasca, Koochiching Community Health Services
Minnesota Food Charter
A roadmap to healthy, affordable, and safe food for all Minnesotans
THE OPPORTUNITY!

- Many communities were undertaking planning processes
- Expand Community engagement strategies
- Work Health data and social determinants into the planning process
- Learn current food access and planning best practices.
- Move beyond just active transportation towards health in all policies.
PROJECT GOALS

1. Community Comprehensive Plan Model encompassing health equity, food access and healthy eating language.

2. Influence Regional funders, i.e. IRRRB comprehensive plan program.

3. Increase awareness of the economic benefits of communities with health-related policy language.
PROJECT ACTIVITIES

1. 3 Pilot Comp plan processes

2. Healthy food access study - UM
   1. Household survey & analysis
   2. Final report

3. Evaluation
   1. Rural community “health and food access policy” checklist
PILOTED ACTIVITIES

1. Health incorporated into visioning session
   a) County Health data and built environment

2. Community Engagement Survey

3. Goals & Recommendations
FOOD ACCESS SURVEY

• 1,150 household surveys mailed
  • Tower, Breitung & Mtn Iron

• Questions asked about:
  • Demographics
  • Shopping
  • Transportation
  • Food Preparation & Storage
  • Other Food sources
  • Food Availability/Access
LESSONS LEARNED...so far

- Increased community engagement helps show the need to consider health.

- Need a system to incorporate health data & language into the process and document.

- Need local partnerships and a plan to engage around the food access survey and infusing health into the process.

- Zoning!
MDH Support
Built Environment Impact on Health
Resources

MDH - Comprehensive Plan

- http://www.health.state.mn.us/topics/places/plans.html
Thank you!

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LOCAL PLANNING HANDBOOK

Welcome to the Local Planning Handbook! The purpose of the Handbook is to help communities update their local comprehensive plans. The Handbook:

- Provides clear and specific direction on what the minimum requirements are and how to meet them.
- Provides tools, maps, and resources to make it easier to complete minimum requirements.
- Individualizes community information as much as possible.
- Connects communities with available resources, grants, and technical assistance.
- Helps communities understand the Council review process.
- Provides resources for value-added planning/planning beyond the minimum requirements.
- Highlights local planning efforts across the region.

Some of the new tools that you will find in the Local Planning Handbook include:

**Community Pages** – Each community has their own webpage full of checklists, maps, and resources specific to them.

**Individual Checklist of Minimum Requirements** – Every community is unique. Each community has different planning needs and requirements. Your checklist is specific to your community.

**Interactive Mapping Tools and Individual Maps** – Using the interactive mapping tool, you can customize maps for your planning efforts or download existing maps of your community to use in your plan. If you have GIS capabilities, shapefiles clipped to your community boundary are available for you to download.
PLAN ELEMENTS

We are an interconnected region. Our roads, jobs, natural resources, and residents cross community borders. We each have a responsibility to consider the interaction of land use and transportation, access to jobs and housing choices, and the effect we have on the environment and water resources. Comprehensive plans provide an opportunity to prepare for growth and strengthen connections throughout the region. These Plan Element pages identify minimum requirements, optional elements, and connect you to resources to help you complete and implement your comprehensive plan update.
TRANSPORTATION

The 2040 Transportation Policy Plan (2040 TPP) outlines the plans for regional facilities including principal arterial highways, metropolitan transit services and facilities, and the region’s aviation facilities that communities should reflect in updating your local comprehensive plan. It includes chapters on the characteristics of the existing transportation system, goals, objectives and strategies; transportation finance and the plans and policy direction for each mode. The appendices also provide important resources.

The 2040 Transportation Policy Plan describes two funding scenarios for the highway and transit improvements to the metropolitan transportation system:

- Current Revenue Scenario: This is the adopted metropolitan transportation system plan which includes affordable improvements. Local comprehensive plans will be reviewed for conformance with this “fiscally constrained” plan.

- Increased Revenue Scenario: This scenario includes regional projects that could be implemented if additional revenues are made available for transportation. While the local comprehensive plans can include these improvements, they must be described as unfunded and the uncertainty of their implementation clearly distinguished from the rest of the plan.

Transportation Plan

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Transportation Resources

- Plan Examples
- Fact Sheets
- Mapping
- FAQs
- Best Practices
- Forms & Templates
Transportation Plan

- TRANSPORTATION ANALYSIS ZONES
- ROADWAYS
- TRANSIT

**BICYCLING AND WALKING**

Bicycling and walking are important for local trips as well as making regional connections. The newly established Regional Bicycle Transportation Network (page 7-11) (RBTN) is an important component of the overall regional transportation system. It consists of prioritized alignments and corridors (where specific alignments are yet to be designated) that were developed and adopted into the 2040 Transportation Policy Plan (2040 TPP). The goal of the RBTN is to establish an integrated seamless network of on-street bikeways and off-road trails to improve conditions for bicycle transportation at the regional level and to encourage planning and implementation of future bikeways by cities, counties, parks agencies, and the state, to support the network vision.

**Minimum Requirements:**

- Describe and map the existing and planned on-road and off-road bicycle facilities in your community.
- Map and describe the RBTN within your community.
  - Show all Tier 1 and Tier 2 RBTN corridors and alignments.
  - Show the relationship of the RBTN to the local bicycle network of off-road trails and on-street bikeways including all existing and planned connections.
  - Include locations of regional employment clusters and activity center nodes (as shown on the RBTN map) and other local activity centers.
  - For Tier 1 and Tier 2 corridors on the RBTN, describe potential bicycle facility alignments that are proposed or planned within the established corridors.
- Analyze and address the need for local bicycle and pedestrian facility improvements to provide connections that remove major physical barriers (i.e., freeways, railroad corridors, rivers and streams) on the regional (RBTN) and local networks.
- Discuss pedestrian system needs in a manner that responds to your community designation (as described in Thrive MSP 2040) and addresses the needs of your community.
Health & comp planning

• Health is multi-dimensional….like comp planning
• Health is socio-economic
• Health is opportunity and choice
• Health considerations matter to some stakeholders more than others
Land Use

• Consider how land use patterns affect the feasibility or desirability of walking or biking
  – Distribution of land uses
  – Scale of land uses
  – Urban design considerations for land use

• Support for development in areas better for walking and biking

• Support for community gardens
Transportation

• Support for biking and walking
  – To transit
  – To nearby commercial uses and parks

• Complete streets policies

• Bicycle and pedestrian system planning

• Ensuring participation by residents who are most reliant on non-automobile uses
Parks and Trails

- Integrating local parks and trails with regional
- Consider active vs. passive recreation
- Consider changing needs of residents
- Work with adjoining communities to ensure connections
Housing

• Discuss how housing affordability and quality impacts health and well-being
Closing thoughts

• Local Planning Assistance can provide technical assistance, make referrals, and direct planners to resources
• The Local Planning Handbook can host or link to material that integrates health into planning issues
• Planners should think about what motivates a community to do things that could have positive impacts on health