Building Health Equity into Planning Practice

Integrating Public Health/Health Equity into Comprehensive Planning

Kelly Muellman

Active Living Hennepin County Partnership Group Meeting
March 17, 2014
Outline

• Why health in planning?
• Planning in Minnesota
• MDH comp plan study
• MDH Healthy Planning “Suite”
• CDC/APA Healthy Community Design Checklist Toolkit
Why health in planning?

Proportional Contributions Of Contributing Factors To Premature Death

- Genetic predisposition: 30%
- Behavioral patterns: 40%
- Social circumstances: 15%
- Environmental exposure: 5%
- Health care: 10%

Source: Braunstein S and Lavizzo-Mourey R. 2011
Planning in Minnesota

• Purpose: to promote health, safety and welfare

• Metropolitan Council/Comprehensive Plans
  – background section
  – land use section
  – housing plan
  – special resources section
  – transportation section
  – water resources section
  – parks and open space section
  – implementation section
MDH Review

- Reviewed “developed” community comp plans based on 11 regional and 12 local indicators
Report #1

- 11 health and climate change indicators
- 4 indicators met by over 75% of comp plans: mixed use, affordable housing, life-cycle housing and access to trails
- 4 indicators were met by less than 30% of the comp plans: complete streets, climate change, GHGs, and severe rain events

<table>
<thead>
<tr>
<th>Health Indicators</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Health Indicator #1: Support Mixed Use</td>
<td>43</td>
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<tr>
<td>Health Indicator #2: Affordable Housing</td>
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<td>Health Indicator #3: Life-Cycle Housing</td>
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<td>Health Indicator #4: Complete Streets</td>
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<td>Health Indicator #5: Transit Oriented Development</td>
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<td>Health Indicator #6: Pedestrian/Bike Safety</td>
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<td>Health Indicator #7: Park Needs</td>
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<td>Health Indicator #8: Access to Trails</td>
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<td>Health Indicator #9: Climate Change</td>
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<td>Health Indicator #10: Green House Gases</td>
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<td>Health Indicator #11: Severe Rain Events</td>
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</table>
Report #2

- 12 health and climate change indicators
- 3 indicators met by over 75% of comp plans: separating incompatible uses, tree canopy cover, and energy-efficient buildings
- 4 indicators met by less than 15% of comp plans: access to healthy foods, local food production, extreme heat events/urban heat island, and carbon reductions/neutrality

<table>
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<th>12 Local Health Indicators</th>
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<tr>
<td>#1. Energy-efficient buildings</td>
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<td>#2. Brownfield cleanup</td>
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<td>31</td>
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<td>#3. Separating incompatible land uses</td>
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<td>7</td>
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<tr>
<td>#4. Travel demand management (TDM) strategies</td>
<td>29</td>
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<tr>
<td>#5. Vegetated buffers along water bodies</td>
<td>29</td>
<td>23</td>
</tr>
<tr>
<td>#6. Maintenance and preservation of the community's tree canopy</td>
<td>40</td>
<td>12</td>
</tr>
<tr>
<td>#7. Views of greenery or vistas</td>
<td>29</td>
<td>23</td>
</tr>
<tr>
<td>#8. Crime prevention through environmental design (CPTED)</td>
<td>9</td>
<td>43</td>
</tr>
<tr>
<td>#9. Access to healthy food sources</td>
<td>8</td>
<td>44</td>
</tr>
<tr>
<td>#10. Local food production</td>
<td>7</td>
<td>45</td>
</tr>
<tr>
<td>#11. Extreme heat events/Urban heat island</td>
<td>5</td>
<td>47</td>
</tr>
<tr>
<td>#12. Carbon-neutralitity</td>
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</tbody>
</table>
Training and How-To Guide

Minnesota Healthy Planning
Training: Addressing Health in Comprehensive Plans

November 2012

The Minnesota Healthy Planning How-To Guide includes eight desired health goals to create a sustainable, healthy community and 20 built environment strategies for achieving those desired health goals. This How-To guide is a set of recommendations, not requirements. Not all strategies are applicable to every setting. The suggested planning practices and strategies to achieve the desired health goals and outcomes provide guidance for communities and planners, and should be adapted to fit each unique community.
Health, every step of the way

Step 1: Background data collection

Step 2: Visioning and goal setting

Step 3: Strategy development

Step 4: Implementation
Eight desired health goals:

1. Healthy housing for all household sizes and incomes
2. Access to affordable healthy foods
3. Reduced exposure to air pollutants, hazardous materials, and/or nuisances
4. Increased physical activity
5. Increased access to greenery
6. Increased safety of pedestrians, bicyclists and motorists
7. Increased personal safety and security
8. Climate resilient communities

20 planning strategies to achieve desired health goals
Example Strategy: Traditional neighborhood development (TND)

- TND mimics the compact development of older neighborhoods, characterized by mix of diverse land uses, moderately high densities, walkable street network and often civic or public spaces
  - Promote mixed land uses (zoning)
  - Encourage density (density/ FAR bonuses, up-zoning)
  - Support street network connectivity (policy statements, goals, bike/ped master plans)
  - Promote TND through PUD, TND overlay/zoning, etc.
TND & Health

• TND is a strategy to achieve multiple health goals, including:
  – Access to healthy foods
  – Increased physical activity
  – Increased safety of pedestrians, bicyclists, and motorists
  – Increased personal safety and security
**TND example: St. Paul**

- **St Paul Traditional Neighborhood (TN) districts**
  - **TN1** -- compact, pedestrian-oriented mixed-use areas of limited size, with a variety of residential, office and service uses that primarily serve neighborhood needs
  - **TN2** -- use in existing or potential pedestrian and transit nodes; pedestrian-oriented commercial and residential development, increase transit usage
  - **TN3** -- higher-density pedestrian- and transit-oriented mixed-use development
  - **TN4** – high-density, transit-supportive, pedestrian-friendly mixed-use development (developed for Central Corridor, fixed rail transit stops)
Healthy Places

The design of the places where we live, work and play affects our health by determining our access to healthy foods and health care services, our ability to be physically active, and the quality of the air we breathe and the water we drink.

MDH promotes the design of healthy places by:

- Incorporating health into Comprehensive Plans: Comp plans are a vision of how communities will look in the future, addressing healthy design at the start is the most effective and proactive approach.

http://www.health.state.mn.us/topics/places/
CDC/APA Healthy Community Design Checklist Toolkit

- Checklist
- PPT (customizable)
- How to create a Health Profile for your community
- Planning for health resources
CDC/APA Healthy Community Design Principles

• Mixed-land use: homes, shops, schools, and work are close together
• Public transit
• Pedestrian and bicycle-friendly
• Accessible and socially equitable community
• Housing for different incomes and different stages of life
• Green spaces and parks that are easy to walk to
• Safe public places for social interaction
• Fresh, healthy food outlets
Healthy Places

Healthy Community Design Checklist Toolkit

Introduction

This toolkit can help planners, public health professionals, and the general public include health in the community planning process. Developed in partnership between the American Planning Association’s Planning and Community Health Research Center and the Centers for Disease Control and Prevention’s Healthy Community Design Initiative, the toolkit is composed of four elements that work together to achieve this goal:

Healthy Community Design Checklist [PDF - 352 KB]

The Healthy Community Design Checklist is a handout for residents to use during public meetings or other gatherings where decisions are being made about land use. The checklist is a quick way to educate residents about healthy community design and to help them consider health during land use discussions. The checklist covers the following topics: Active Living, Food Choices, Transportation Choices, Public Safety, Social Cohesion, Social Equity, and Environmental Health.

Español (Spanish) [PDF - 559 KB]

Healthy Community Design PowerPoint Presentation [PPT - 8.5 MB]

The PowerPoint Presentation supports the checklist by explaining to residents how community design can affect health and how to use the checklist during land use discussions. For best results, give the presentation to introduce the checklist. The presentation is customizable and is most effective when it includes health data on the residents’ community. Sources of Health Data, below, allows you to customize the presentation.

http://www.cdc.gov/healthyplaces/toolkit/
Resources

- MDH Healthy Planning resources: [www.health.state.mn.us/topics/places/plans.html](http://www.health.state.mn.us/topics/places/plans.html)
- ChangeLab Solutions (formerly Public Health Law & Policy) – Healthy Planning [http://changelabsolutions.org/healthy-planning](http://changelabsolutions.org/healthy-planning)
Thank You!

MN Climate & Health Program Team:
Kristin Raab, Director, kristin.raab@state.mn.us, 651-201-4893
Kelly Muellman, Planner, kelly.muellman@state.mn.us, 651-201-5637
Brenda Hoppe, Epidemiologist, brenda.hoppe@state.mn.us, 651-201-4908
Linden Weiswerda, Planner, linden.weiswerda@state.mn.us, 651-201-4924
Dan Symonik, Supervisor

Acknowledgements
This work was supported by cooperative agreement 5UE1EH000738 from the Centers for Disease Control and Prevention (CDC)
STATION AREA PLANNING

- Planning 11 stations in three phases
- Phase 1:
  - 2 stations in Minneapolis
    - Van White Blvd.
    - Penn Ave
  - 2 station alternatives in Golden Valley/Mpls
    - Plymouth Ave & Golden Valley Road
Health Impact Assessment Identified: Stark Inequities

Unemployment

Educational Attainment

Health Outcomes: life expectancy, stress, rates of cancer incidence, and traffic fatalities

Wider Set of Forces: Economics, Social Policies, Politics, and our Built Environment
Health equity

- Results when everyone can achieve their full health potential and avoidable differences in health are eliminated.

- Station area plans should advance community health and health equity.
PURPOSE OF THE PROJECT

1. Increase the engagement of low-income people and historic communities of color and immigrant/refugee populations

2. Ensure that station area plans support healthy and equitable communities

3. Act as a model for Hennepin County to proactively integrate community engagement and health equity principles into future projects.
ENGAGEMENT APPROACH

Cohort

Geography

Culture
COMMUNITY BASED ORGANIZATIONS

- Northside Residents Redevelopment Council (NRRC)
- Harrison Neighborhood Association (HNA)
- Heritage Park Neighborhood Association (HPNA)
- CLUES
- CAPI
- Lao Assistance Center of MN (LACM)
- Redeemer Center for Life (RCFL)
- Masjid An-Nur (MAN)
<table>
<thead>
<tr>
<th>CHANGE</th>
<th>OUTCOME</th>
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<tbody>
<tr>
<td>Policy</td>
<td>• Amended Comprehensive Plan</td>
</tr>
<tr>
<td></td>
<td>• Local Municipality Incorporate Changes</td>
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<tr>
<td></td>
<td>• Rezoning of Station Area</td>
</tr>
<tr>
<td></td>
<td>• Recommend Ordinance and other Policy Changes</td>
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<tr>
<td>System</td>
<td>• Strengthened Community Engagement practice and application of Equity Principles</td>
</tr>
<tr>
<td></td>
<td>• Improved Circulation and Access</td>
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<tr>
<td></td>
<td>• Improved Transit Connectivity</td>
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<tr>
<td>Environmental</td>
<td>• Change of land uses</td>
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<td></td>
<td>• Enhanced Parks &amp; Open Spaces</td>
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<td></td>
<td>• Infrastructure improvements for bike and walkability</td>
</tr>
<tr>
<td></td>
<td>• Housing Recommendations</td>
</tr>
</tbody>
</table>
Public Health

“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
Factors that determine health

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

Layers of influence on health

Source: Dahlgren and Whitehead, 1991
What does “health equity” mean?

• Health equity means achieving the conditions in which all people have the opportunity to realize their health potential — the highest level of health possible for that person — without limits imposed by structural inequities.
Structural inequities

• Structures or systems of society — such as finance, housing, transportation, education, social opportunities, etc. — that are structured in such a way that they benefit one population unfairly (whether intended or not).
Health inequity

• A health disparity based in inequitable, socially-determined circumstances. Because health inequities are socially-determined, change is possible.
Equity in health outcomes requires:

• Access to economic, educational and political opportunity.

• The capacity to make decisions and effect change for ourselves, our families and our communities.

• Social and environmental safety in the places we live, learn, work, worship and play.

• Culturally-competent and appropriate services when the need arises.
What needs to be done

• Achieving health equity and eliminating health disparities requires valuing everyone and making intentional, consistent efforts to address avoidable systematic inequalities, historical and contemporary injustices.
Health Equity Report

• Summarize data on disparities and health inequities
• Identify policies, processes and systems
• Recommendations for MDH
• Identify best practices
• Recommendations for data to document and monitor and evaluate – accountability
Seven AHE Recommendations

- Adopt a “health in all policies” approach
- Change MDH grant making
- Strengthen data collection and analysis
Seven AHE Recommendations

- Continue efforts that work
- Provide statewide leadership
- Strengthen community relationships
- Make health equity an emphasis
Next Steps

• Establish the Minnesota Center for Health Equity

• Convene and coordinate a cabinet-level health equity and health in all policies effort

• Begin the process of implementing the recommendations
“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

Melanie Peterson-Hickey, Ph.D.
Minnesota Center for Health Statistics
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882
Melanie.peterson-hickey@state.mn.us

http://www.health.state.mn.us/divs/chs/healthequity/
Upstream Health Equity

ALHC
March 17, 2014

Vayong Moua, MPA
Senior Advocacy and Health Equity Principal
Center for Prevention, Blue Cross and Blue Shield of MN
“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

— Martin Luther King Jr.
August 1994
Blue Cross and the State of MN file a historic lawsuit against tobacco manufacturers

January 1998
Tobacco trial begins

May 1998
Blue Cross announces landmark settlement with the tobacco industry

November 2001
Blue Cross files plan to use tobacco settlement proceeds to reduce tobacco use and improve health

January 2006
Blue Cross launches Prevention Minnesota, a statewide initiative to improve the health of all Minnesotans

May 2010
MN Complete Streets legislation signed

June 2010
Nice Ride MN launches in Minneapolis

September 2005
Court approves end of related lawsuit

July 2002
Class action lawsuit filed against Blue Cross; plan put on hold

October 2007
Freedom to Breathe law goes into effect

Spring 2013
Working to pass a significant increase in the tobacco tax

Funding 13 new Health Equity in Prevention contracts

'94 '98 '01 '02 '05 '06 '07 '10 '12

'10

June 2010
Nice Ride MN launches in Minneapolis

'12

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'12

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'10
Childhood obesity. Don’t take it lightly.

Food Stamps can help. Call 1-888-328-3483 to see if you qualify.

my kinda shoppin' spree

Dollar 1 Menu
WE ARE IN THE BUSINESS OF...

> **Creating** healthy communities

> **Changing** norms, attitudes and behaviors through public awareness initiatives

> **Reducing** health inequities

> **Advocating** for policy changes

> **Evaluating** and continually improving our work
The Center for Prevention at Blue Cross and Blue Shield of Minnesota invests in igniting a statewide movement for community health improvement to:

- **SMOKING RATES**
- **HEALTHY EATING**
- **PHYSICAL ACTIVITY**
- **OBESITY RATES**

**ENGAGE COMMUNITY**
- Implement community health improvement initiatives
- Build demand for change
- Evaluate and improve practice
- Advance health equity
- Connect and share strategies
- Develop leadership and capacity
- Reshape social norms

**A POWERFUL STATEWIDE MOVEMENT**
- All communities have policies, systems and environments that support health
- All Minnesotans have the opportunity to make healthy choices

**IMPROVE HEALTH BEHAVIORS, ESPECIALLY WHERE DISPARITIES EXIST**
- Reduce health care costs
- Improve the health of all
  - Cancer
  - Heart disease

Blue Cross is a leader in helping individuals live longer, healthier lives by transforming communities to make the healthy choice the easy choice for all Minnesotans.
Ramona and friends
We need policy, environmental and systems change!
Policy Behind the Environment

Healthy Community Zoning
Comprehensive Plan
Complete Streets Ordinance

Public transit bike rack
Business incentives
Advertising ban
Lighting
Fines for littering
Business improvement district
Active Living: The Stairway Speech

Active Living = Integration of physical activity into daily life

Land use and zoning policies that support walkable, bikeable, and active communities

Ex. Complete Streets, open/green space access, Safe Routes to School, etc.

Physical Connectivity = Social Connectivity = Health for All
Inverse Correlation: Obesity & Active Transportation

*Provided by National Complete Streets: Pucher Study, 2009
Health in All Policies (HiAP)

Recommendations from National Prevention Council, US Surgeon General

• Facilitate collaboration among diverse sectors (e.g., planning, housing, transportation, energy, education, environmental regulation, agriculture, business associations, labor organizations, health and public health) when making decisions likely to have a significant effect on health.

• Include health criteria as a component of decision making (e.g., policy making, land use and transportation planning).

• Conduct comprehensive community health needs assessments and develop state and community health improvement plans.
Health Equity in All Policies

- Health Impact Assessments: Healthy Corridor for All
- Seattle King County Equity Ordinance
- Eagan’s Healthy Living Resolution
- EXECUTIVE ORDER S-04-10
About \( \frac{1}{3} \) of Americans Do Not Drive

This includes:

>21% of Americans over 65.

>All children under 16.

>Many low income Americans who cannot afford automobiles.

>Community members who choose not to or cannot drive

Dan Burden, pedbikeimages.org
Solutions for Most Vulnerable = Solutions for All
Hennepin County’s Leadership

> Thrive 2040
> MDH’s Advancing Health Equity Report
> **Hennepin County’s HEAL, CS, and tobacco leadership**
> HIA practice and policy
> Food Charter
Health Equity and Transportation

The Transportation prescription

“For too long now, our transportation decision making has failed to address the impacts that our infrastructure network has on public health and equity.”

- Congressman James Oberstar
Minneapolis Health Department

Vision
Health, equity, and well-being for all people in their communities

Mission
To promote health equity in Minneapolis and meet the unique needs of our urban population by providing leadership and fostering partnerships.

The Way We Work
• We build on our urban community’s cultural diversity, wisdom, strengths, and resilience.
• We support individual health within the context of families and communities across the lifespan.
• To achieve health equity, we invest in the social and physical environments of our residents.
• We bring people and resources together to achieve our common health goals.
• We use sound research and promising strategies inform our activities and decisions.
• We promote health as the interconnection of physical, mental, social, and spiritual well-being.
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Physical activity, obesity and chronic disease in North Minneapolis

% of Camden and Near North residents who report...

- Meeting the Healthy People 2010 guidelines for physical activity: 38% (Minneapolis overall), 28% (North Minneapolis)
- Biking to a destination at least 1 day during an average week: 32% (Minneapolis overall), 18% (North Minneapolis)
- Being obese: 30% (Minneapolis overall), 19% (North Minneapolis)
- Having diabetes: 5% (Minneapolis overall), 8% (North Minneapolis)
- Having hypertension: 15% (Minneapolis overall), 22% (North Minneapolis)

Source: 2010 SHAPE survey
Concentrating Biking and Walking Resources in North Minneapolis

“Statistics show northside residents develop diabetes at about twice the national average. That won’t be me.”

bike.walk.move
bikewalkmove.org
Planning a Greenway in North Minneapolis

Image developed by Community Design Group, funded by Bike Walk Twin Cities/Transit for Livable Communities, and provided courtesy of Twin Cities Greenways.

Funding for this project is provided in part by the Center for Prevention at Blue Cross and Blue Shield of Minnesota.
Above the Falls
Health Impact Assessment
Physical Activity

Obesity & Stress

Employment

premature death, chronic disease, depression

Health Impact: Predictions

Cleaner air

Asthma

Riverfront buffer zone

Water Pollution

Access to parks

Health Disparities