

## **MPHA Policy Forum #2- Why is THIS Public Health? Community Planning and Development**

**January 20, 2017**

### **Welcome-Lindsey Fabian**

Welcome, I am Lindsey, the President of MPHA. This morning is our second forum in the series, which will focus on community planning and development. If you'd like to do a volunteer activity with us we will be volunteering at Second Harvest on January 30<sup>th</sup>. Our moderator today is Ken Bence. The bios of Ken and the rest of our panelists is on the back of the agenda that is on each table. If you need one please let us know.

### **Moderator Remarks-Ken Bence**

Welcome. Today we will be explaining community planning and development in relation to public health. If you are using Twitter please use #MPHAForum. Feel free to share pictures and thoughts throughout the forum. Think about coming here today...you didn't have to come in carrying your own buckets of water or navigate livestock on the roads because we have developed structures and systems to help separate us from livestock and have developed water and sanitation systems. Some of today's key public health issues you can see relation to community planning as well. Where we decide to build roads, highways, and rail lines can have positive and negative impacts. Where we put libraries, bike paths, parks, stadiums has been thought out because people access and utilize things differently. When we view community development through a health lens we ask ourselves, who has access to services? This is a health equity issue. I am optimistic about the connection between public health and community development because our housing director is a brain surgeon! That was meant to be a little funny. Today, we will hear from our panelists, will have time for table discussions to discuss what we have heard as well as come up with questions for our panelists to answer.

### **Introduction of Panelists-Ken Bence**

Monica Bravo: Works with St Paul District 3 planning council, which also serves the West Side Community Organization. She works local in community grassroots organizing, where she works directly with those people who are impacted by systems of inequity. She is committed to the values of racial, social, and economic justice and applies a lens of equity in her work.

Rachel Callanan: She works with the American Heart Association in Minnesota and Wisconsin. She also leads the Minnesotans for Healthy Kids Coalition, which advocates for state policies to promote healthy eating and physical activity for Minnesota's children. She also has led state policy work on affordable housing and homelessness with Minnesota Housing Partnership and the Minnesota Coalition for Homeless.

Bob Streetar: Bob is the token male on the panel today. Bob works for the City of Oakdale as the Community Development Director and has worked in community development broadly for

23 years. He is also an adjunct instructor at the Humphrey School of Public Affairs and Mankato State University. Finally he is the owner of Streetar Consulting, which assists communities in economic development, housing, planning, and neighborhood revitalization and development.

Hally Turner: Hally is a planner with Washington county and former MPHA Student Achievement Award recipient. She really focuses on incorporating public health into policy making. As a transit planner, her work focuses on planning future transit projects and assessing transportation needs for individuals with disabilities and seniors in Washington County.

### **Opening Commentary: Monica, Rachel, Bob, Hally**

Monica Bravo: I am here with Westside Community Organization. Saint Paul has 17 planning districts and we are in District 3. We are located in a unique location. We are the only ones living right on the riverfront and we are isolated from the rest of the city because you have to cross over the river to get to us. We are also bordering Dakota County. We are often the forgotten county. When looking at this community through a health equity lens, this community hasn't had the support it needs and is a reason for many of the health disparities effect daily life of the residents there.

Rachel Callanan: I work with American Heart Association for 9 years, and unlike everyone else here, I do not have a public health background. However, public policy is public health. I have learned that every public policy decision has some health impact whether we talk about it or not. Many of you have talked about health in all policies and looking at our decisions through a health equity lens. This legislative session we are working on some important issues. One is transportation. Over the past years they have not been able to agree on one. We want to see bike paths and other active transportation is included, but the narrative continues to be road and bridge infrastructure so we have a lot of work to do. I also work with healthy food access. I am sure you have heard of food deserts and food swamps where low income people lack access to healthy food. This is prevalent in a lot of Minnesota communities. The market is failing many different communities. If there are not dollars there or people to spend them, then stores will not open in that community. New stores have opened in Bloomington and St. Louis Park, which is great, but that is not seen in rural Minnesota or other lower income communities. We were able to get a bill passed last year and got \$250,000 to help food access. This year we are going back and asking for \$10 million every year which will help build new grocery stores, help keep some open, strengthen corner stores and convenience stores, and other community driven solutions. I am inviting you to our day at the Capitol. We will be discussing statewide improvement program to defend SHIP and the good food access program.

Bob Streetar: Often times you live in a town and don't see community development like you can see fire department and police. The city of Oakdale has tried to incorporate public health into community development. Neighborhoods change over time and their needs change...how do we maintain these neighborhoods? We do this by looking at what things people need today that they didn't need when they moved there. We also try to build social capital...if people

living in neighborhood know each other, then they are likely to work together and city can be in a more supportive role. I am also working on research project to do cluster analyze to break down neighborhoods to look at SES to help with planning decisions. In economic development we have thousands of young people that don't have a job and so some are engaging with police department. We have a lot of people below poverty line. We have a policy in place that if a business comes to Oakdale and wants assistance from us, then you have to go to employment office and hire lower income people if they are qualified. In Oakdale we also spend time with our residents to learn about the problems they are having. We do this to help develop the comprehensive plan. We spend 8 or 9 months with institutions and individuals to understand the problems of Oakdale to develop plans. It take initiative from public health people to make an impact at local level.

Hally Turner: We are approaching 2020 and those health decisions were made 20 or 30 years ago which is why documents we are making now are so important because they impact our society for 2040. I work with transportation. Specifically working on a bus connecting Saint Paul to Woodbury, but the bus will be more like a light rail (pay before you get on board, comes every 10-15 minutes). People wanted sidewalks, ways to get to bus stop safely, Health impact assessment showed these are important as well as jobs and housing affordability. It seems like common sense that people in the community would want these things, but this assessment helped us see what was important to residents. Planning tools were a public health product because of cholera outbreak. Zoning is now 100 years old and began in New York City. They can seem boring, but they have a significant impact on health. We need more diverse voices when creating documents because right now there are only 4 voices sharing their thoughts.

### **Panelist Discussion**

#### ***1. Monica you mentioned you live in an isolated area....how do you take physical limitations into account when you are doing your planning?***

Thinking about what has happened 30,40, 50 years ago we can see how we ended up with some of the outcomes we have now. This was the little Ellis Island of Minnesota. Housing was shanty housing and deemed inhabitable by city and the residents were removed. The planning committee then at the time decided to put industrial park there. The high industrial use came up to tier 3 which was right up against residential housing. This would not be allowed today. People didn't think about the impact of this high industrial use so close to housing/residential areas. Now we try and go back and look at zoning through a health lens to bring it down to a level one to reduce the negative health impact on residents.

#### ***2. Rachel you talked health in all policies and policies related to public health. Are we on a good path?***

We have an amazing health commissioner who has elevated health in all policies. We need to be intentional about policies and ensure they won't have unintended negative effects on community members. For example, we created a policy that any new school that is to be built

needs to be a large school or big campus. This meant that it needs a lot of land to be built. Because of the large land needed to accommodate the big campus, schools are now being built far from communities because bigger areas of land are cheaper and more available. This policy created a problem because now kids are unable to walk or bike to school because of the far distance. Right now only 13% of kids walk or bike to school. The new majority in the Senate and Republican in the House these conversations are hard to have because they only make decisions based on their constituents and they are not low income or underserved. Therefore they don't understand the needs of these community members.

**3. Bob, you mentioned planning happens behind the scenes and how decisions take a long time. How can community members become engaged and ensure health is included?**

Comprehensive plan has to be evaluated every 10 years by law, but can be updated every year. There are documents to help you understand the technical terms used by planners. When we plan cities it is not a blank paper. There are limitations such as constraints like industrial areas. The real estate and role of capital drives decisions. Public health can help tweak things and improve them. My advice is to get some background on planning and ask to meet with elected official. Go to a council meeting and talk about public health...they would love to hear from you.

**4. Hally, you're coming from a county perspective. How do you look at planning from this level to bring all the areas together?**

That's tough as sometimes I don't think there is a lot of coming together some days. We as a county do not have jurisdiction over a lot of areas. So there are few opportunities to bring stakeholders together. One study is focusing on transportation, specifically transportation for people with disabilities and seniors. This was important to take to county level. Trying to understand existing conditions, work with transportation council. We try to be sensitive to local contexts and work together to understand different needs of different community members and stakeholders.

**5. Thinking about planning through a health equity lens and specifically access to things like hospitals, we are now trying to figure out ways to bring these services to the people instead of making the people come to them. How does this happen?**

Bob: Fire department gets more calls now about health related problems because people do not have transit. This is a wonderful public health issue and if you can solve this that would be great. Currently it costs thousands of tax payer dollars to handle these calls that come in every day to our fire department.

Hally: Technology will help a lot. I worked in criminal justice for a while and a big reason they were having youth go back into jail was because of lack of transportation. People were required to go to somewhere for treatment twice a week that would take 2 hours to get to by bus and it just wasn't possible for them, so they wouldn't go and then would be sent back to jail for a parole violation. Technology will help bypass some of these challenges.

Rachel: We keep coming back to transportation. Elected officials need to hear more from us about it. Also now people are looking to consolidate things again. In North Minneapolis they are building new grocery stores and will attach a health center to it. This will help with communities to bring things together after we spent so much time trying to separate these services.

Monica: Mobile health clinics are also helping. It is also great to see what they are doing in North Minneapolis and I think that will help this issue a lot as well.

**6. Monica, what three things can you suggest to help immigrants engage?**

I can think of two big things we can do in public health. One is to have public health staff mirror the people that they are helping. Secondly, would be for public health staff to really make an effort to actually go into the community you are working in to help.

**Table Discussion**

Time was given for discussion at each table what has been presented by panelists. Each table was also asked to come up with any questions for the panelists.

**Audience Questions:**

**1. The American's with Disabilities Act has impacted how we design streets and build buildings to ensure we can accommodate these people...are there any success stories?**

Bob: We adopt these regulations into our subdivisions. And a lot of cities incorporate these into their regulations.

Hally: I lived in the west side for a while. There was an individual in a wheel chair that had to go all the way to the end of the sidewalk just to get a wheelchair accessible curb just to wheel all the way back to bus stop. So we have the structures there but sometimes it is not done very well.

Monica: That individual was a 7 year old boy who was with his mom and they did not speak English. In the winter there was so much snow they couldn't get onto the sidewalk to had to go much farther to reach bus stop. It was fixed after one month, but do not know how long it was like that.

**2. How can we ensure that a diverse group of people become engaged in these decisions about public planning?**

Monica: Be intentional about engaging people who are most impacted by decisions. District planning commission is volunteer based. If you volunteer 2 hours a month to give your expertise that would be very helpful. It is open to everyone so we need to make sure we include diverse people. Ensure to invite people to be represented at the table.

Rachel: Food access has been centered on the metro, but we are going around the state to get voices from other areas. Ensure equity in decision making. We wanted 26 member committee to ensure it reflected the community members. Also we made sure that people applying for funds need to demonstrate that it is a community based solution.

Hally: Transportation is obligated at different steps to have open houses. If they are 6pm on a Tuesday then you can imagine you won't be inclusive of single moms or people working multiple jobs. So bring these required open house to people. Don't think you are doing a good job, know that you are.

### ***3. Public health tends to be supported by one political party...how can we get bipartisan support?***

Rachel: The bottom line is "all politics is personal." Legislators get it when it is coming up from their own community. They may not get it until an issue like mental health is personal which can happen with a story. An example, working to get funding for safe routes to school. Talked to an elected official and he was lukewarm to the policy. Then a report came out called too fat to fight that said ¼ of young people unfit to fight in military because of obesity. Took this report to elected officials and framed it as a national security issue. The representative had personal experience with this and that made him realize it was a problem. Also be careful of language and do not reinforce negative messages. Personal responsibility has been a big challenge in public health.

Monica: Come back to the core values...what are the core values we all have like human dignity and human rights. Need to think about these when discussing policies.

Hally: Bob makes an economic case for things to make a point. Health is also powerful to bring multiple parties to the table. Also be mindful of language.

Bob: Working at local level you know your elected officials. I have learned that when you talk if you start talking numbers people lose interest. When I talk to people about an issue I say that people need a choice. You have to frame it from values, not just the facts. You also need to tailor it to who you are talking to instead of just one general message.

### ***4. How do we communicate decisions out to people?***

Bob: We rarely have people coming to tell us they like our ideas. In Oakdale we get involved early at a personal level. We talk to the commissioner and tell the story because they are the ambassadors and live in the community. We go right into community and find out the problems by being proactive.

Monica: Identify who trusted stakeholders and trusted messengers to tell what is going on. Social media is also huge and is an innovative way to reach people in community.

### ***5. How do we identify these key trusted messengers?***

Monica: I would echo what Bob said and just go fearlessly into the community and talk with people who are living there and will be impacted by decisions.

***6. Rachel, what are things we can take when working with greater Minnesota?***

Rachel: Social media is a good way to get simple messages out broadly which is a key way. Another way is to physically go to rural Minnesota to hold meetings. MNDot has done a good job of doing this and we are trying to do this more. Also give opportunities for people to come to the Capitol. Like our lobby day on April 6<sup>th</sup> is a great opportunity because we train people on meeting with elected official, we set up legislative meetings to take some of the fear factor out which is a big barrier for some people. You are the exact person that they need to hear from and this training helps people get heard.

**Summary Remarks-Ken Bence**

This has been a great discussion and we can continue the conversations on Twitter using #MPHAForum. We have learned some key things today. We need to be engaged. Elected officials want to stay connected to constituents. It is easy to connect with them on social media, etc and they tally what their constituents are saying and where they stand on an issue. It is important to tailor a message to who you are talking to. Lobby days are also a good way to get involved and advocate for public health. Planning is essential for health equity concerns so that everyone can have opportunity to maximize their health. There were questions about the comprehensive plan...there are copies on the table. Every legal jurisdiction has to have one of these plans. Thank you panelists, and we hope you will all join us again in March for our next forum.

**Closing Remarks-Lindsey Fabian**

Thank planning committee, Jean, Leah and Angie who have planned all of these events. Today we talked about 2 of MPHAs policy priorities. We will talk about another one in March on the 24<sup>th</sup> where we will talk about gun violence and racism. We will be talking about climate change in May. Thank for Century college nursing students for coming today as well. Just a final announcement that on April 19<sup>th</sup> and 20<sup>th</sup> we will be having our conference on healthy equity. Thank you all for coming and we will hope to see you all again in March.