

HEALTH IMPACT IN 5 YEARS

Community Input Leads to a Layered Approach for Healthy Transit Options

Minnesota Department of Health Stories from Public Health Innovators

Introduction

The Centers for Disease Control and Prevention's (CDC) <u>Health Impact in 5 Years (HI-5)</u>¹ initiative highlights community-wide approaches that can improve the places where we live, learn, work, and play. Efforts to improve access to public transportation systems in Minnesota were underway before CDC developed the HI-5 initiative, but showcase components that may be needed to carry out one of the HI-5 evidence-based approaches: <u>the introduction or expansion of public transportation systems</u>.²

Encouraged by the success of their Statewide Health Improvement Partnership, the Minnesota Department of Health and the Minnesota Department of Transportation are continuing their partnership to plan more community transportation projects and create healthy public transit options across the state.

HI-5: Public Transportation System Introduction and Expansion²



The goal: Increase access to public transit—defined as buses, light rail, or subways—that are available to the public, run at scheduled times, and that may require a fare.



The strategy: Build or expand transportation systems to ensure people can reach everyday destinations—such as jobs, schools, healthy food outlets, and healthcare facilities—safely and reliably.



The health impact: Public transit is safer than private vehicles, improves air quality, provides opportunities for physical activity, and increases access to vital services.



The value: Providing high-quality transit services, including urban rail or "bus rapid transit" systems has the ability to produce per capita annual health benefits of \$355.

Problem

Minnesota faces many of the same transportationrelated challenges as other states, including the "last

> mile" problem. For a public transit system to be successful, people need a way to get to and from transit stops easily. Improving accommodations for biking and walking can be an easy and affordable way to increase access to public transit and help

reduce health- and transportation-related inequities. While Minnesota's statewide pedestrian planning framework, Minnesota Walks, has laid important groundwork for expanding access to public transit and increasing walking and overall physical activity levels in the state, many communities need tailored solutions to meet their biking, walking, and public transportation needs.

Building Strong Partnerships

The health and transportation departments in Minnesota had similar goals and ideas about how to increase biking, walking, and access to transit across the state. In 2008, Minnesota created the Statewide Health Improvement Partnership⁴ (SHIP) to fund community efforts to improve health. Active living efforts outlined in SHIP include the development of bike and pedestrian facilities, expanding access to public transit through land use and zoning, and implementing "Safe Routes to School" programs. Efforts to improve active transportation options are supported by a robust group of partners as part of a broader community endeavor to make the state healthier. Along with

the health and transportation departments, the Minnesota Department of Education, the Minnesota Department of Public Safety, local health departments, large health plans in the state, and advocacy groups, like the Bike Alliance of Minnesota and the American Heart Association, are all part of SHIP. Agencies that may not have considered making health a priority in their policy work a decade ago have now made it a focus, even in staffing. For example, the transportation department has hired staff with masters of public health (MPH) degrees, and consistently uses public health research and data to inform transportation decisions.

Overcoming Barriers

As the state health and transportation departments work together, they recognize that a lot of public transit decisions are made at the community level, with programs tailored to specific populations and locations. For example, while Minnesota is statistically one of the healthier states in the country, the state struggles with health inequity related to race, age, socioeconomic status, and rural residency. For example, there are significant health disparities between white people, people of color, and Native Americans. Minnesota's transportation and public health policies work to close these gaps by listening to community residents and implementing transportation options that provide more equitable access.

Minnesota is also geographically diverse.
All Minnesotans need transit options, but 80 of the state's 87 counties are rural and unable to support the same type of fixed-route mass transit system as the

more densely populated metropolitan areas. In some places, buses that run during peak hours might not be feasible or cost-effective to run at off-peak times, leaving people who take a bus to work without a way to get home after 6 p.m.

Other communities may not even be able to support a limited bus schedule on a regular basis and may need help developing an as-needed scheduling system for transit. To make the most of existing transit options, the state is looking to add multimodal solutions, tailored for each community. One community was able to enhance its current regional transit options by adding bike racks to the front of buses, enabling people to bike to and from transit stops or bike home if needed. The multimodal, layered approach includes access to buses and trains. It also encourages people to walk, bike, and use wheelchairs and other mobility devices.



Wadena County transit, Minnesota Department of Transportation

When we started this, public health wasn't thinking about being at the table with transit. That level of community engagement has been a learning process for everyone.

Kelly Corbin, Minnesota Department of Health

Making the Case

A focus of SHIP is the community planning process at the state, district, and local levels. SHIP works with communities all across Minnesota to make healthy choices possible through locallydriven solutions. The transportation department is assisting communities with planning transitoriented development to meet the needs of bicyclists, pedestrians, and drivers alike. They focus on development that is vertical in nature (carefully planned, higher density, with mixed-use areas) rather than sprawling (spreading over a large area with low population density and without careful planning).⁷

For many Minnesota communities, the best approach involves multiple modes of transit with specific solutions that are generated at the local level. For example, rural communities that are divided by highways may need help planning safer routes for pedestrians and bicyclists. Sidewalks and bike lanes can also lay the groundwork to connect more people to bus and light rail stops. Comprehensive

plans look at land use, population density, and the distances between the places people want to go. Communities that receive state or federal funding are also being asked to ensure that their planning efforts use evidence-based strategies, and SHIP communities specifically are asked to choose strategies that are based on the latest science.

To build enthusiasm for multimodal transit and awareness related to health inequities, the health department held a series of workshops around the state with county planners and engineers. Evaluations from these workshops showed that participants have learned more about the effects that access to transportation can have on health, economics, education and community livability. The health and transportation departments have also made the case for including public health professionals in transportation planning and decision-making at the state, regional, and local levels.

Creating a Win-Win by Engaging Community Members

The health and transportation departments know it is important to work with many diverse groups to create statewide pedestrian and biking plans tailored to local needs. Instead of asking interested citizens to attend transit meetings at city hall, they are meeting people at community events, even arranging for childcare whenever possible to make attendance easier.

Officials have been using social media, online surveys, focus groups, and interviews to learn about barriers residents face and how to overcome them. The health and transportation departments have developed a successful three-step process that includes sending a survey in advance, hosting a meeting to discuss the feedback, and using this information to create a community plan. This approach has reduced the length of meetings and helped keep discussion civil and focused.

Focusing on community engagement allows the health and transportation departments to understand concerns about inequity in different areas. Rural communities with limited transportation options do not want to be left behind, and cities want to ensure that better transportation options for poorer neighborhoods do not lead to gentrification that could push out vulnerable populations. It will be important for new transit options to consider the needs of seniors, the poor, and people of color, and help reduce health disparities between whites and people of color and Native Americans in Minnesota. Listening to residents and multi-sector partners in communities across the state is helping the groups identify tailored and equitable solutions.

The Impact

People who are physically active generally live longer and have a lower risk for heart disease, stroke, type 2 diabetes, depression, some cancers, and obesity⁹ and adults in neighborhoods with sidewalks are 15%



more likely to get the recommended amount of physical activity. 10 Recent evaluations have shown increased enthusiasm for and understanding of the impact that multimodal transportation can have on health, economics, education, access, and creating more livable communities.

All 87 counties in the state of Minnesota are working on active living or "Safe Routes to School" programs, and altogether, more than 50 municipalities in the State have adopted policy changes such as "Complete Streets" policies that will help to make sure safe biking and walking paths are part of all new roadway construction. Minnesota

has also seen positive economic impacts from creating environments that are more accessible for biking and walking. For example, bicycling-related manufacturers, wholesalers, and retailers in Minnesota produced an estimated \$780 million in economic activity in 2014, including 5,500 jobs.¹³

Minnesota Achievements in 2016:

- 215 communities across the state are working with SHIP grantees on active living strategies, reaching more than 2 million Minnesotans.
- 30 communities made a policy change, such as a Complete Streets ordinance.
- 42 communities made a systems change, such as coordinating winter trail maintenance.
- 24 communities made an environmental change, such as adding or enhancing crosswalks.
- 8 communities became certified as Bike- or Walk-Friendly, which are national programs that recognize towns and cities for meeting benchmarks for safe and convenient biking and walking.

Kelly Corbin, Minnesota Department of Health

Sustainability

Comprehensive planning has been a key to success in Minnesota, and future efforts in the state may encourage communities to have full bicycle and pedestrian plans in place before receiving transportation funding. SHIP funding of \$17.5 million per year enables health improvement efforts across the state related to active living, healthy eating, and tobacco-free living. The transportation department also employs seven staff and the health department employs three staff who support active transportation to ensure efforts are coordinated and resources are deployed to develop locally driven plans. To meet the needs of communities where public transit already exists, a "Safe Routes to

Transit" program was introduced to create walking and biking access to stations and stops.

When funding is limited, communities are forced to plan biking and walking routes around existing roadways, because concrete and right-of-way directions are already in place, and paint is the only infrastructure change needed. Minnesota will continue to focus on these easy-to-apply solutions for existing infrastructure. Nonprofit partners and the Minnesota state legislature have also identified funding for infrastructure and technical assistance such as train-the-trainer programs, crossing guard training, and active transportation demonstration projects.

About CDC's HI-5 (Health Impact in 5 Years) Initiative

HI-5 strategies can help you achieve healthy outcomes in your community in 5 years or less, providing good economic value for the investment. CDC reviewed the science to focus on 14 proven approaches that rose to the top as attainable wins for public health. The introduction or expansion of public transportation is just one of the 14 evidence-based interventions identified. CDC's HI-5 initiative can help you make decisions about what works and where to focus efforts to improve public health. To find out more about how your community can use the HI-5 initiative to improve the health of all people, visit the HI-5 website: www.cdc.gov/hi5.

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For more case examples of HI-5 approaches, please refer to www.cdc.gov/hi5

