

Minnesota Health and Transportation:

PARTNERS FOR CHANGE



IN MINNESOTA, ENSURING ACCESS TO ACTIVE TRANSPORTATION OPTIONS for all residents, regardless of income or race/ethnicity, has been key to addressing the public health epidemic of obesity and related chronic diseases. The state's public health planning, policy and practice partnerships share a 20-year history of working to create and foster environments that support physical activity and advance health equity.

“The policies, systems and the environments in which we live should all work to make the healthy choices the easy choices for our residents. We have to ensure that people have the option to practice healthy behaviors like active living, healthy eating and tobacco-free lifestyles.”

—KELLY CORBIN,
PHYSICAL ACTIVITY COORDINATOR,
MINNESOTA DEPARTMENT OF HEALTH'S
OFFICE OF STATEWIDE HEALTH
IMPROVEMENT INITIATIVES

Many Minnesotans suffer from the negative health impacts of past transportation planning and decision-making, which can lead to more traffic and dangerous routes for walking and bicycling. It's a safety issue and a precursor to a more sedentary life, and the resulting air pollution from increased traffic can cause or worsen respiratory conditions like asthma. Also, low-income communities of color and Native American populations do not have the same options for healthy living as affluent white populations in Minnesota.

DATA DRIVEN DECISION-MAKING

In 1997, Minnesota's first *Populations of Color: Health Status Report* brought attention to some of the worst health disparities in the state. This report led to the creation of the Minnesota Department of Health's Office of Minority and Multicultural Health and such efforts as the Eliminating Health Disparities Initiative.

Recognizing that health is created where we live, work, learn and play, the Minnesota Legislature created the Statewide Health Improvement Partnership, or SHIP, to address the top three leading preventable causes of illness and death: tobacco use and exposure; poor diet; and lack of regular physical activity. SHIP uses evidence-based strategies, with a focus on policy, systems and environmental changes, to support healthy behaviors and create healthy communities.

MAKING THE CONNECTION: TRANSPORTATION AND HEALTH

Transportation decisions and policies impact health. To advance health equity and active living, the Minnesota Department of Transportation and the Minnesota Department of Health collaborate on a variety of projects. Their efforts exemplify the goals of the **Transportation and Health Tool** — an online resource that provides state and metropolitan areas with easy access to data and strategies to improve public health through transportation planning and policy. Released in 2015 by the Centers for Disease Control and Prevention and the US Department of Transportation, with support from the American Public Health Association, the tool can help other state and local jurisdictions emulate Minnesota’s successes. MNDOT and MDH have implemented strategies that align with several Transportation and Health Tool strategies, including:

- Integrate health and transportation planning.
- Conduct Health impact assessments.
- Encourage and promote safe bicycling and walking.
- Expand bicycle and pedestrian infrastructure.
- Support Safe Routes to School programs.
- Support Complete Streets.

Transportation and public health practitioners can use the tool to increase awareness of the transportation and health connections, form cross-sector collaboration and integrate health into transportation planning and policy decisions. By using the tool, applying a health equity lens, and looking to successful cross-sector collaboration efforts, public health and transportation practitioners can ultimately improve the health of all communities.

[www.transportation.gov/
transportation-health-tool](http://www.transportation.gov/transportation-health-tool)

“The policies, systems and the environments in which we live should all work to make the healthy choices the easy choices for our residents,” said Kelly Corbin, physical activity coordinator in the Minnesota Department of Health’s Office of Statewide Health Improvement Initiatives. “We have to ensure that people have the option to practice healthy behaviors like active living, healthy eating and tobacco-free lifestyles.”

As of 2016, SHIP spends \$17.5 million per year supporting grant funding to local community partners in all 87 counties and 10 tribal nations. As part of the SHIP process, local public health programs select recommended evidence-based policy interventions and built environmental improvements. One example is the Safe Routes to School program, which aligns with local priorities and the Minnesota Department of Transportation’s active transportation initiatives to address chronic disease.

“The Safe Routes program really brought health and transportation agencies together,” Corbin said. Almost one in 10 schools in Minnesota now have a Safe Routes to School plan. And with SHIP and MNDOT support, Safe Routes efforts are reaching more than 161,000 children through better planning, education and promotion of safe and convenient routes to school. It was clear that a partnership between health and transportation was the way forward.

COLLABORATING FOR SUCCESS

MNDOT has a decades-long history of engaging agency partners to develop and advance non-motorized transportation goals, policies, standards and education. The agency regularly invites other state agency and local representatives to participate in project and technical advisory committees. This helps MNDOT provide a balanced transportation system that includes walking and bicycling.

Working toward the same goal, in 2010 the Minnesota Department of Health convened the Healthy Minnesota Partnership with a cross-section of community partners to develop public health priorities and initiatives that improve health equity and eliminate health disparities. It produced the Healthy Minnesota 2020 Statewide Health Improvement Framework for creating the conditions that allow people to be healthy.

Beginning in 2013, the Minnesota Health Impact Assessment Coalition supplemented this work by advancing HIA capacity and understanding in Minnesota. It was so successful that it disbanded in 2017.

“The HIAs we conducted throughout the state offered even deeper insight into how we could partner early in the process, showed us new ways for MDH to support transportation efforts and help with community engagement,” Corbin said. “And they helped us see how, together, we can understand community needs and create bigger buy-in for projects to improve transportation and health equity.”

Having recognized their mutual goals and interests, MDH and MNDOT institutionalized their partnership with a formal memorandum of understanding in 2015.

“This helps us chart a course at the state level to incorporate each other’s goals into our day-to-day work to better meet the health and transportation needs of people in Minnesota,” said Amber Dallman, pedestrian, bicycle and transit planning supervisor at MNDOT.

REDOUBLING EFFORTS AT EQUITY

Despite the many efforts to reduce the gaps in adverse health outcomes across populations, in 2014 Minnesota was still struggling with devastating effects of health inequities throughout the state. To more deeply explore the causes and to devise better solutions, MDH developed an *Advancing Health Equity* report that it presented to the state legislature.

The strong relationship between MDH and MNDOT and the intensified focus on health equity benefitted the 2015-2016 Statewide Multimodal

Transportation Plan, called Minnesota GO. Updated every five years, the plan uses a Complete Streets approach — a strategy that emphasizes road projects that meet local needs, ensure safe travel and create stronger communities.

The Complete Streets approach has spread across the state, as many regions, counties and municipalities are working to realign transportation practices with health priorities. As part of *Minnesota GO*, MNDOT and MDH partnered to develop a framework to support walking statewide, called *Minnesota Walks*, and a Statewide Bicycle System Plan. These plans serve as a shared roadmap for making walking and bicycling safer and more convenient for all.

Released in 2016, *Minnesota Walks* is among the first statewide pedestrian planning frameworks in the country that recognizes health and walking as priorities in transportation planning. In recognition for comprehensive work done with partners to advance safe bicycling statewide, in 2017 Minnesota was named the second most bicycle-friendly state in the US by The League of American Bicyclists.

MOVING AHEAD

Through *Minnesota Walks*, MNDOT and MDH employed a new approach to community engagement not led by health or transportation before. A 25-member project advisory committee provided input and guidance for pedestrian environment improvements. And for six months, the project team and its partners gathered input on walking in communities across the state, engaging with over 6,000 people across Minnesota.

“Achieving equity by ensuring equal opportunity for healthy living is a shared value of transportation and public health



Minnesota Walks reminds us

there continue to be barriers to health equity for people of color and Native Americans, those in low-income urban and rural areas, older adults and people with disabilities in Minnesota. We need to better address how our transportation system affects environmental justice and equity.

— AMBER DALLMAN,
PEDESTRIAN, BICYCLE AND
TRANSIT PLANNING SUPERVISOR
AT MNDOT



The plan includes 19 strategies to build and maintain safe bicycling facilities for people of all ages and abilities, support regional and local bicycling needs, develop a connected network of state bicycle routes and increase the number of bicycle trips made across the state. MDH provided expertise by participating in the policy advisory committee for a MNDOT study that informed the plan. The study demonstrated the health impacts of active transportation, with a focus on bicycling.

officials,” said Ellen Pillsbury, MDH active transportation coordinator. “For that to happen, though, we needed to hear from a wide cross-section of the people who live in our state.”

The Minnesota Walks framework includes almost 100 strategies that mirror the Transportation and Health Tool and are intended to guide planning, decision-making and collaboration for government agencies, organizations, policymakers and public and private entities across Minnesota.

“It’s expansive so that state, regional and local communities can all find a strategy to meet their challenges,” Pillsbury said.

The framework also highlights the needs of priority populations.

“*Minnesota Walks* reminds us that there continue to be barriers to health equity for people of color and Native Americans, those in low-income urban and rural areas, older adults and people with disabilities in Minnesota,” Dallman said. “We need to better address how our transportation system affects environmental justice and equity.”

Through current research efforts, MNDOT has partnered with four of 11 tribes to identify local pedestrian safety solutions. Additionally, local public health practitioners are helping build support for safe pedestrian and bicycle infrastructure and traffic calming to improve health and transportation equity throughout Minnesota.

In addition to *Minnesota Walks*, MNDOT encourages active living through its Statewide Bicycle System Plan. The plan articulates MNDOT’s vision and goals for bicycle transportation, and it offers implementation strategies and performance measures to evaluate progress throughout Minnesota.

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MNDOT and MDH are committed to identifying shared priorities and collaborating to improve the lives of people throughout Minnesota. They continue to work together on a variety of initiatives, including training partners at the local level, institutionalizing bicycle and pedestrian monitoring and providing guidance for attracting more funding for active transportation projects. By working together and learning from one another, public health and transportation planning professionals can advance health equity among the communities they serve.

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