

# HEALTHY Comp Plans



## HEALTHY COMMUNITIES

November 2016

*This document represents best practices, not Dakota County policies.*

### VISION

*We support the health of all who live, work, study and play in our county.*

*We support active living and healthy food access for all.*

*We support authentic and inclusive community engagement.*

*We support safe, healthy, sustainable environments.*

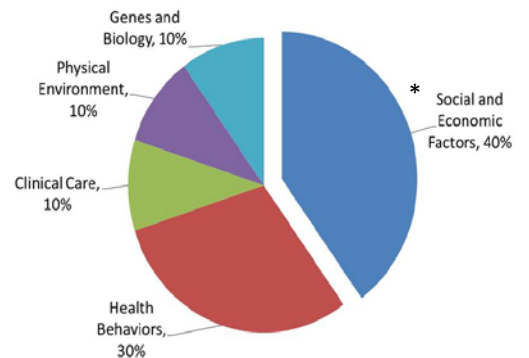
### COMMUNITIES AND HEALTH

The environment strongly influences the health of individuals. Similarly, the health and vitality of a community depends on that of its people. Planning and the built environment contribute to many of the problems and solutions to improving our health. Social determinants of health include income, education, employment, housing, transportation, stress levels, access to healthy food, safe places to be physically active, exposure to environmental hazards and availability of early learning opportunities. These conditions interact to increase or decrease risk for major diseases such as heart disease, stroke, diabetes and some forms of cancer. Approximately 60% of premature deaths can be attributed to factors that include our environment (e.g., the air we breathe), our ability to be physically active (e.g., whether a neighborhood has safe sidewalks), our access to grocery stores and health care services (e.g., whether goods and services are near or transit is available) and our socioeconomic status. Communities that increase opportunities for regular physical activity and access to healthy food and decrease tobacco use and exposure support health. A community's comprehensive plan can be a powerful tool in shaping many social determinants of health.

### HEALTHY COMMUNITIES AND EQUITY

Where you live matters to your health. Research has shown that access to good schools, healthcare, food and the ability to be active are all essential to good health. Populations at highest risk for chronic disease include older adults; people with low incomes, less education, poor diet, and limited access to healthy food; people of color; those who are physically inactive; and those who smoke or are exposed to secondhand smoke.

### Factors that determine health



\*Includes income, education, employment, housing, food access, transportation, etc.

Source: Tarlov AR. Public policy frameworks for improving population health. *Ann N Y Acad Sci* 1999; 896: 281-93

### SOCIAL DETERMINANTS OF HEALTH

Inter-related social and economic factors impact people's ability to thrive and be healthy and self-sufficient.

**THRIVING PEOPLE**

The social determinants of health builds a framework to align our work and partnerships.



In Minnesota overall, people of color have historically had lower incomes and education levels and fewer opportunities to achieve their optimal health and well-being. In addition to personal impact, these conditions have economic impact, costing millions of dollars in health care expenses, lost wages and productivity. Policies, systems and environmental changes can address health disparities like this, and improve the health and well-being of all. Community engagement affords people an opportunity to identify their needs, contribute to solutions and influence their environment. Authentically engaging community members, especially those from groups most impacted by disparities, in the decision-making process can contribute to better health and well-being.

## **SUPPORTING DATA**

### **Population – Older adults and people of color are increasing in the county.**

- In Dakota County, the fastest growing age group is 65 and older, which is projected to increase by 252% from 2010 to 2040. Dakota County's older population is expected to grow twice as fast as the statewide rate.
- In 2012, people of color made up an estimated 18% of the Dakota County population. Hispanics, Blacks and Asian/Pacific Islanders are the largest racial and ethnic groups in the county.
- Populations of color in Dakota County will increase by 74% from 2010 to 2030. The white population is projected to grow by 10% in the same period.
- In the 2014-2015 school year, 28% of Dakota County public and charter school students were students of color.

### **Chronic Disease – Chronic diseases are prevalent and preventable.**

- Healthy behaviors, such as eating nutritious foods, engaging in physical activity, and avoiding tobacco can prevent many chronic diseases and control their complications. Chronic diseases include heart disease, cancer, stroke, respiratory disease and diabetes; 62% of deaths in Dakota County residents are due to preventable chronic diseases.
- Obesity is related to chronic disease, especially diabetes. In 2013, 60% of adults and 18% of 9<sup>th</sup> graders in Dakota County were either overweight or obese.
- 21% of Dakota County adults have ever been told they have high blood pressure and 35% have ever been told they have high cholesterol.
- 9% of non-institutionalized county residents over age five have a disability.
- Poverty is increasing especially for children and people of color. In 2014, 8% of Dakota County residents lived below the poverty level. Poverty rates for children under 18 in Minnesota are twice as high for Asian children, three times as high for Latino children, four times as high for American Indian children and nearly five times as high for African American children as for White children.
- Low-income students are more likely to experience residential instability, as indicated by the frequency of changing schools, than their higher-income peers in every racial and ethnic category.
- American Indian, Latino and African American youth have the lowest rates of on-time high school graduation.
- 51% of renter households and 22.5% of homeowners spent 30% or more of their monthly household income on housing.
- Unemployment is highest among populations of color, American Indians and people who live in rural Minnesota.
- African Americans and Latinos in Minnesota have less than half the per-capita income of the white population.
- African Americans and American Indians are incarcerated at nine times the rate of White persons.

### **Healthy Eating – Adults and children are not eating the recommended daily amount of 5 fruits and vegetables.**

- Since the late 1970s, the prevalence of overweight and obesity in the United States has nearly doubled in adults and children, and more than tripled in adolescents. At the same time fewer people have adequate access to healthy food.
- Fewer than one-fourth of Dakota County students consumed fruits or vegetables five or more times per day in the previous week.

## Physical Activity – Adults and children are not meeting minimal physical activity recommendations.

- Physical inactivity is one of the most important risk factors for chronic disease in the United States. A study in 2000 estimated 400,000 deaths annually can be attributed to poor diet and physical inactivity.
- Regular physical activity helps reduce the risk of chronic diseases, such as heart disease, stroke, diabetes and certain cancers; helps control weight; strengthens bones, muscles and joints; prevents falls or helps reduce injuries from falls among older adults; and relieves anxiety and depression.
- People who live in communities that support active living are more likely to engage in physical activities as part of their daily routine, such as walking or biking for transportation.
- More than one in five adults does not engage in regular physical activity each week.
- Only one-fifth of Dakota County students in all grades met the recommended level of physical activity (60 minutes per day) in 2013.
- Few Dakota County residents walk or bike to work or school.

## Including Health in a Comprehensive Plan

Including health in a comprehensive plan is not new. All plans address resident health by separating incompatible land uses, creating a safe roadway network, establishing parks, and ensuring safe water and sanitary sewer systems. Today, approximately 60% of premature deaths are related to environmental factors such as the air we breathe, our ability to be physically active, and access to healthy foods, all of which are influenced to some degree by local comprehensive plans. An important next step is to review the current comprehensive plan with modern day health concerns in mind and take credit for what is already being done. A second step is intentionally updating the plan with the goal of creating a healthier community. There is no one way to include health in a comprehensive plan. Cities are encouraged to use an approach that works for their needs, such as:

- Reference health in the plan's vision, mission, engagement strategy and approach.
- Consider a **Health in All Policies** approach that takes into account the potential impact on the health of those who could be affected by decisions, especially those at higher risk for poor health and limited opportunities. For this approach, a city could include goals and policies related to health in all chapters of the comprehensive plan: the land use, transportation, housing, water resources, parks implementation and other, community specific, sections.
- Create new chapters that specifically address health. These sections could be broadly focused on community health, sustainability or resilience, or specific topics such as active living, healthy food access and equity.
- Address equity by including data about health disparities and recognizing the historical impact of policies and systems that have not been advantageous to all. The goal of the plan should strive to improve the conditions and lives of those with disproportionately poor health and little or no wealth. Comprehensive planning allows communities to reexamine development efforts with equity and health at the forefront.
- **Authentically engage community members** in the planning process to avoid spreading unintended consequences of development projects that put people and health at risk. Include the public and health professionals in defining priority health issues. Reach out to community members and offer multiple, convenient, and accessible ways for meaningful participation.
- Combine multiple strategies. For example, reference health related policies within the vision and all chapters of the comprehensive plan and create one or more health chapters. This approach builds ownership across different departments while also offering a more detailed section plan.

# RESOURCES

## Dakota County:

- Lil Leatham, Planner: [Lil.Leatham@co.dakota.mn.us](mailto:Lil.Leatham@co.dakota.mn.us)
- Mary Montagne, Public Health: [Mary.Montagne@co.dakota.mn.us](mailto:Mary.Montagne@co.dakota.mn.us)
- Jess Luce, Communities for a Lifetime: [Jess.Luce@co.dakota.mn.us](mailto:Jess.Luce@co.dakota.mn.us)
- [www.co.dakota.mn.us/Government/publiccommittees/CFL/Pages/default.aspx](http://www.co.dakota.mn.us/Government/publiccommittees/CFL/Pages/default.aspx)

## Blue Cross Blue Shield Center for Prevention:

- Nadja Berneche, Healthy Comp Plan Consultant: [nadja@terrasoma.com](mailto:nadja@terrasoma.com)
- Eric Weiss, AICP: [Eric.Weiss@bluecrossmn.com](mailto:Eric.Weiss@bluecrossmn.com)

## General:

- Homegrown South: <http://homegrowsouth.org/>
- Food Access Planning Guide (pp. 20-21): <http://mnfoodcharter.com/planningguide/>
- Design for Health: <http://designforhealth.net>
- APA Policy Guide on Planning: [https://planning-org-uploaded-media.s3.amazonaws.com/legacy\\_resources/research/publichealth/pdf/healthyplanningreport.pdf](https://planning-org-uploaded-media.s3.amazonaws.com/legacy_resources/research/publichealth/pdf/healthyplanningreport.pdf)
- Minnesota Department of Health:
- ChangeLab Solutions: <http://www.changelabsolutions.org/healthy-planning>
- Center for Disease Control and Prevention: <http://www.cdc.gov/healthyplaces/>

## Smoke Free:

- Live Smoke Free – Association for Non-Smokers MN (ANSR):  
<http://www.mnsmokefreehousing.org/>



## Dakota County Public Health Department

1 Mendota Road West  
West St. Paul MN 55118  
Phone: 651.554.6100

[www.dakotacounty.us](http://www.dakotacounty.us)

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