

Public Health Advisory Committee

May 11, 2016

Dear Council Members Reich (chair), Palmisano (vice-chair), Gordon, Yang, Glidden, and Bender:

The members of the Public Health Advisory Committee (PHAC) believe the initiatives in the Complete Streets Policy represent a common sense strategy and are critical to upholding our City's Values of equity, health, vitality, and safety. Furthermore, research and experiences in other cities demonstrate that such a policy actively contributes to the health and well-being of the city. In February and again in April, committee members were briefed on the Complete Streets policy. We submit this letter in support of the proposed policy and the resolutions presented by the Pedestrian and Bicycle Advisory Committees.

The PHAC is a citizen advisory committee for the City of Minneapolis and the Minneapolis Health Department. As an advisory committee on policy matters affecting the health of Minneapolis residents, we serve as liaisons between the City and our community in addressing health concerns. Twenty members represent each ward, the Mayor's office, Minneapolis Public Schools, the University of Minnesota-School of Public Health, Hennepin County Human Services and Public Health, with three members at large.

The Complete Streets policy reflects an extraordinary amount of work by the Department of Public Works that prioritizes the safety and accessibility of pedestrians, bicyclists, and transit users. In addition, the policy is likely to improve health and well-being, and lastly has the potential to impact social determinants of health. In support of a policy that re-prioritizes the function and flow of our roads and transit, the PHAC supports the need for more concrete policy language to address the structural determinants of health in designing Minneapolis streets.

Regarding equity

The PHAC strongly supports the resolutions from the Bicycle Advisory Committee and the Pedestrian Advisory Committee which both address language around community involvement. The Complete Streets Policy must include language that ensures transparent and equitable community engagement and that community involvement is a given—a must-do—not 'an option' to consider.

Additionally, the PHAC feels strongly that city communities affected by divestment need to be identified and prioritized using the framework of a Complete Streets Policy. This will ensure accountability to invest in those communities, now identified as top priorities, and reverse the structural policies that led to decreased access to walkable, bikeable, and mass transit options in those communities.

Regarding health and vitality

In Minneapolis, 8% of residents are 65 or older, 20% are 17 or younger, 17.5% of households don't have a vehicle, and 21.5% of households are at or below the poverty line. Nationally, the cost of transportation is 42% of income for the poorest 1/5 of Americans. This puts a strain on family budgets—especially families of

lower socioeconomic status. Investing in a transportation policy that prioritizes the needs of its residents in transit planning allows better access to healthcare, healthy foods and healthy choices. It also impacts health outcomes. People who use public transportation, bike, or walk to places are more likely to get adequate physical activity. Active transportation is associated with better fitness, reduced risk for cardiovascular disease, and lower rates of obesity and diabetes. Many Minneapolis communities with a history of divestment also have poorer health outcomes. This disparity doesn't fit with the City's values of health and vitality, and should be rectified; a Complete Streets Policy adopts such planning practices.

Regarding safety

Nationally, we see high rates of morbidity and mortality due to traffic accidents, rates of injury and fatality are higher among pedestrians and bicyclists. Compared to other cities nationally, Minneapolis is a very safe place to bike and walk, but pedestrians are especially overrepresented in traffic accident injuries and deaths. Efforts to incorporate more way-finding and pedestrian safety in particular areas of risk within the city's current transit system would enhance the proposed policy. The PHAC sees the need to re-prioritize the role of transit in our city which identifies pedestrians and bicyclists as a priority for transit and safety, and supports the Complete Streets Policy as a measure to engage city values of health, equity and safety for all of its residents.

We look forward to working together on efforts and policies which improve the quality of life for all people in Minneapolis now and into the future.

The City of Minneapolis - Public Health Advisory Committee

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| Harrison Kelner | Ward 3 |
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