



12. Community Health

Chapter Highlights

- Edina strives for a high standard of health overall, although specific concerns and racial and economic disparities exist that need to be addressed.
- Understanding of health concerns is limited by the lack of community-specific data.
- Changing demographics and aging in the community will continue to change health outcomes and needs.
- Public health is impacted by a range of social and environmental factors that require a multi-faceted approach across all of the city.
- Health in all policies provides an approach to comprehensively address health concerns across the full city government, in cooperation with partners.

Introduction

Public health is the art, practice and science of protecting and improving the health of the population. Public health is about what makes us healthy, what makes us sick, and what we can do together about it. When we think about health, what often comes to mind is the individual and ways he or she can stay healthy. Public health shifts the focus to the population – from me to all of us.

Research suggests that around 80% of health outcomes are influenced by the environment and by human behavior. As a result, comprehensive planning can have a significant impact on the factors that contribute to health, by shaping the environment and helping to positively impact behavior in ways that lead to healthier communities and people.

There are a number of principles underlying public health:

- Public health is about **prevention**. This means intervening early and keeping people from getting sick or injured.
- Public health is about **populations**. This means focusing on groups of people rather than single individuals.
- Public health is about **overall wellness**. This means the broadest possible view of what makes and keeps us healthy including our mental health, everyday health choices, and our surroundings – not just health care services.

Definitions

Chronic disease: A disease that is permanent, causes disability, is caused by a nonreversible pathological alteration, and/or requires a long period of supervision, observation or care.

Behavioral risk factors: Behaviors that cause or contribute to accidents, injuries, disease, and death during youth and adolescence as well as significant morbidity and mortality in later life.

Environmental hazards: Situations or materials that pose a threat to human health and safety in the built or natural environment.

Health disparity: When a health outcome is seen to a greater or lesser extent between specific population groups.

Health equity: Achieving the conditions in which all people can realize the highest level of health possible, without limits from structural inequities.

Morbidity: Illness or lack of health caused by disease, disability, or injury.

Mortality: A measure of the incidence of deaths in a population.

Social determinants: Structural factors and conditions in which people are born, grow, live, work and age, that impact health.



- Public health is about **local needs**. This means identifying what a community needs to improve health and assuring effective action which uses local assets to solve unique challenges.

The mission of the Edina Public Health Division is to protect the health and promote the general well-being and welfare of the city’s residents, and to prevent disease and illness in the community. Accomplishing this mission involves a range of programs and initiatives, run directly by the City and through its public partners. This chapter provides a policy framework for continued progress on the division’s mission and goals.

However, the vision for a healthy community in Edina is bigger than just the charge to one division. This chapter also outlines a “health in all policies” approach, wherein health is systematically addressed and included in policies throughout the plan. Addressing health and wellness is essential to ensuring a sustainable community, and to maintaining the high quality of life enjoyed by Edina’s residents.

Background

The city has long had a Public Health Department, and the promotion of public health is a core value which is promulgated through numerous regulations and initiatives – both directly through the city and in partnership with others.

The City of Edina is designated as a Community Health Board (CHB) by Minnesota Statute 145A. A CHB is the legal governing authority for local public health in Minnesota, and community health boards work with the Minnesota Department of Health (MDH) to promote the public's health. The City Council acts as the CHB governing body and is responsible for fulfilling the statutory duties of a CHB, which are to:

1. Assure an adequate local public health infrastructure by maintaining the basic foundational capacities of a well-functioning public health system that include:
 - Data analysis and utilization
 - Health planning
 - Partnership development and community mobilization
 - Policy development, analysis and decision support
 - Communication
 - Public health research, evaluation and quality improvement

Example: Assess health priorities with community input; develop community health improvement plans to address identified needs and monitor progress.

2. Promote healthy communities and healthy behavior through activities that improve health in a population, such as:
 - Investing in healthy families
 - Engaging communities to change policies, systems or environments to promote positive health or prevent adverse health
 - Providing information and education about healthy communities or population health status
 - Addressing issues of health equity, health disparities, and the social determinants of health



Example: Minimize tobacco use and exposure among residents through policy change such as raising the purchasing age to 21 years (“Tobacco 21 Ordinance”).

3. Prevent the spread of communicable disease by preventing diseases that are caused by infectious agents through:

- Detecting acute infectious diseases
- Ensuring the reporting of infectious diseases
- Preventing the transmission of infectious diseases
- Implementing control measures during infectious disease outbreaks

Example: Monitor immunization levels and perform outreach to high-risk groups; run immunization clinics; investigate outbreaks and conduct contact interviews with exposed individuals.

4. Protect against environmental health hazards by addressing aspects of the environment that pose risks to human health, such as:

- Monitoring air and water quality
- Developing policies and programs to reduce exposure to environmental health risks and promote healthy environments
- Identifying and mitigating environmental risks such as food and waterborne diseases, radiation, occupational health hazards, and public health nuisances

Example: Conduct restaurant and swimming pool inspections, respond to reports of unsanitary and uninhabitable housing conditions, and inspect indoor air quality of parking garages in multi-unit dwellings.

5. Prepare and respond to emergencies by engaging in activities that prepare public health departments to respond to events and incidents and assist communities in recovery, such as:

- Providing leadership for public health preparedness activities within a community
- Developing, exercising and periodically reviewing response plans for public health threats
- Developing and maintaining a system of public health workforce readiness, deployment and response

Example: Share resources with Bloomington and Richfield for Public Health Emergency Preparedness activities; hold events simulating natural disasters or mass dispensing of medication in response to an outbreak or other threat. See Community Services and Facilities chapter for more information on emergency preparedness measures.

6. Assure health services by engaging in activities such as:

- Assessing the availability of health-related services and health care providers in local communities
- Identifying gaps and barriers in services



- Convening community partners to improve community health systems
- Providing services identified as priorities by the local assessment and planning process

Example: The City's annual agreement with Edina Public Schools to provide funding for chemical dependency services.

Current Conditions

Municipal Structures

The Edina Community Health Commission (CHC) is comprised of volunteer residents serving in an advisory capacity to the Edina CHB (City Council). A representative of the CHB is appointed annually to represent the City on the State Community Health Services Advisory Committee (SCHSAC). A CHC member has filled the SCHSAC seat in recent years.

The Health Division of the Edina Police Department provides Environmental Public Health services to residents, such as regulation of food, pool, lodging, body art, and massage establishments, housing and code enforcement inspections, noise complaint response, and public health nuisance investigations.

Additional Public Health services such as health education and promotion, communicable disease prevention programs, public health nursing services, home health visits, maternal and child health services, health assessments and public health emergency preparedness are provided to Edina residents through a contract with Bloomington Public Health.

Population Health Status

It is difficult to assess the health status of Edina residents at the population level. This is in large part due to a lack of Edina-specific health data. Where data are available (often because it can be aggregated by zip code following statewide data collection), there are frequently limitations to what can be inferred, in part related to data privacy concerns regarding the sharing of health information for individuals. Some examples providing key, albeit imperfect, information about Edina residents are below:

Incidence of Chronic Disease.

According to the Minnesota Department of Health, Edina has low rates of hospitalization from both chronic obstructive pulmonary disease (COPD) as well as asthma when compared to neighboring suburbs. While COPD predominantly affects the elderly, asthma hospitalization is a greater risk for pediatric populations, especially those living below federal poverty levels. In an effort to maintain strong respiratory health at all ages by preventing tobacco use, exposure and addiction, in 2017 the City passed an ordinance limiting tobacco sales to those over age 21.

Youth Health

The Minnesota Student Survey is another rich data source. The survey is administered every three years of middle school and high school grades with voluntary participation. Data are available at the school district level, including Edina School District. More information about the survey and recent results can be found in a resource section at the end of the chapter Consistent



with other health data, Edina students typically are above statewide averages in terms of their well-being.

Reflecting broader regional and state trends, there has been a consistent reported decline over the past ten years in many of the risky and negative behaviors tracked among students. There are a few notable exceptions:

- Recent data show a possible upward trend in alcohol/tobacco use among 9th grade girls. It also confirms the uptick of e-cigarette consumption. Rates are still below state averages for the same time period.
- There has been a reported increase in online bullying, counter to a trend of declining physical bullying.
- There has been a substantial increase in the number of students reporting that they have been treated for a mental health, emotional, or behavioral problem, particularly among girls.

Adult Health

Another source of information that can help to triangulate current health conditions in Edina is the Adult Survey of the Health of All Populations and the Environment (SHAPE). In Hennepin County, SHAPE has been administered every four years since 1998, surveying randomly chosen adults about their health. In this survey, Edina is grouped with Richfield and Fort Snelling in the category of South Suburbs – Inner Ring. While it captures some overall health perceptions and specific conditions such as overweight, asthma, diabetes and hypertension, it is very difficult to evaluate where Edina sits relative to other communities in this area. Overall, the survey suggests that the majority of people in the area think their health is excellent or very good (over 65%), and that the highest reported health concerns are being overweight (33%) or having high cholesterol (32%). It is unknown if these aggregate numbers represent Edina.

The City of Edina 2017 Quality of Life Survey asked a few questions of residents related to health, summarized below:

- 92% thought health and wellness opportunities in Edina are “excellent” or “good.”
- 86% thought the City’s public health services were “excellent” or “good.”
- 4% had been in contact with the health department during the course of the year.
- 75% thought fitness opportunities (including exercise classes and paths or trails, etc.) are “excellent” or “good.”
- 1500 surveys were sent out with 477 respondents for a 34% response rate to the 2017 Quality of Life Survey.

In terms of understanding baseline health status and trends over time, it would be highly beneficial if Edina were able to build on these sort of satisfaction-driven questions as well as collect baseline city-specific data relevant to disease prevalence, mental health needs, environmental exposures, or other metrics.

Health Care Resources

In addition to the community health services provided through the Health Department, there are private health services and facilities serving Edina.



Generally speaking, the Edina area has excellent access to health care facilities, as well as health education and wellness programs. In addition to a level two trauma center within the City, there are numerous smaller specialty clinics, medical offices, dental services, and ambulatory surgical centers serving Edina. Most are located in and around the Greater Southdale area. At the regional level, other major medical centers provide access to specialty care as needed.

Edina: A Community of Learning. Edina has a prized education system of high-quality public schools. The Community Health chapter of the Comprehensive Plan recognizes the importance of extending the benefits of education to the entire community, and to people at all stages of life.

Public education about health is a core component of the Public Health Division's role, including:

- Conducting and sharing research and analysis to support policy and program development
- Providing information and education about healthy communities or population health status
- Tracking public health indicators in Edina, and working to expand the amount and quality of data available
- Working with Edina Public Schools on public health partnerships

Trends, Challenges and Opportunities

Many factors combine to affect the health of individuals and communities. At the time this plan was developed, the following factors were emerging or priority issues to be addressed over the next ten years:

Health, Economic, and Racial Disparities

Disparities exist across many factors in the city including health, economics, and race. Structural inequities occur when structures or systems of society—such as finance, housing, transportation, education, social opportunities, etc.—are designed in such a way that they benefit one population unfairly (whether intended or not). One example of a disparity in Edina is that from 2012-2016 there were lower than average rates of health insurance coverage among certain groups including non-US citizens (83.1%), people with less than a high school education (80.0%), and individuals of color (89.6% for Black or African American; 81.5% for Alaska Native or American Indian; 74.4% for Hispanic or Latino) despite fairly high health insurance rates in the city overall (97.4%).

Premature death, defined as dying before age 65, is used to identify largely preventable causes of death impacting our community. On average from 2013-2015, 10% of white individuals died before 65 compared to 31% of individuals of color living in Edina. Blacks in Edina are especially disparate with 42% of premature deaths. Additionally, according to 9th grade responses in the 2016 Minnesota Student Survey, 64% and 44% of Hispanic and Black students respectively respond to enrollment in Free and Reduced Lunch program compared to just 3% of white students in Edina. See the resource section at the end of the chapter for further illustrations of racial and income disparities in Edina.



Transportation & Mobility

Transportation is an integral component of an individual's health, from utilizing transportation to access healthy foods and healthcare, to walking and biking for exercise as well as travel. The City will consider the health benefits of an active transportation system when development and road construction projects are designed and constructed. Adequate transit access is another part of a transportation system that supports healthy living. While a 'circulator' for seniors debuted in 2018, it will be important to build upon and track success with that investment.

Access to Healthy Foods

While Edina has an array of healthy food resources, it has fewer community food service programs than both Bloomington and Richfield, according to a 2013 Community Food Assessment. See the resource section at the end of the chapter for a map of Edina Community Food Asset Locations and additional information from the assessment. It will be important to assess whether the food service programs provided are adequate to meet existing and future community needs.

Aging Population

The aging population will require adjustments in many areas, from expansion of care facilities to adding senior-focused recreational opportunities. According to the 2012-2016 American Community Survey, disability rates are higher for seniors in Edina. 60% of those aged 65 and older are disabled (two-thirds of those are over age 75). This includes hearing, vision, cognitive, ambulatory and self-care difficulties. Providing a full spectrum of community services to support aging in place will be critical.

Mental Health and Social Connectedness

There is an increasing need for mental health services for all ages in the city, from elementary and middle school children to seniors. Social connectedness contributes to improved mental and physical health in people of all ages. In older adults, social conditions like loneliness and isolation have a significant negative impact on long-term health and wellbeing. As Edina continues to age and the number of adults living alone continues to increase, strategies to address social isolation will become important to improve community health.

According to the 2014 SHAPE survey, nearly 25% of the population in Hennepin County had been diagnosed with depression and another more than 20% with anxiety. The numbers were slightly higher in the south suburbs (which would include Edina) than the county at large. While it is not possible to tease out Edina specifically given the survey design, these are staggering numbers that indicate the need for mental health support in our community and surrounding areas. As noted in the Youth Health section, the Minnesota Student Survey indicates that mental health concerns are surfacing among the younger generation as well.

Addiction and opioid abuse/overdose are growing issues across the state, as well, including in Hennepin County. Municipal activities such as first responder training with naloxone (an opioid antagonist used to reverse overdose) are important, as are sufficient community resources to address mental health needs, treatment, and prevention.

Housing

Safe and affordable housing is one of the most basic and powerful social determinants of health. Quality housing improves the health of vulnerable populations and is a cornerstone of a strong and healthy community. The City will continuously evaluate housing policies and regulations to provide safe and affordable housing for residents of all ages, cultural backgrounds, and social demographics. This might include enhanced efforts to address the large proportion of homes that register elevated radon levels.



The City will also look at ways to support sustainable housing. Homelessness disparities were pronounced among black 9th graders in Edina (14% compared to 5% among white students) as measured in the 2016 Minnesota Student Survey. Additional information on affordable housing in Edina is provided in the Housing Chapter.

Recommendations

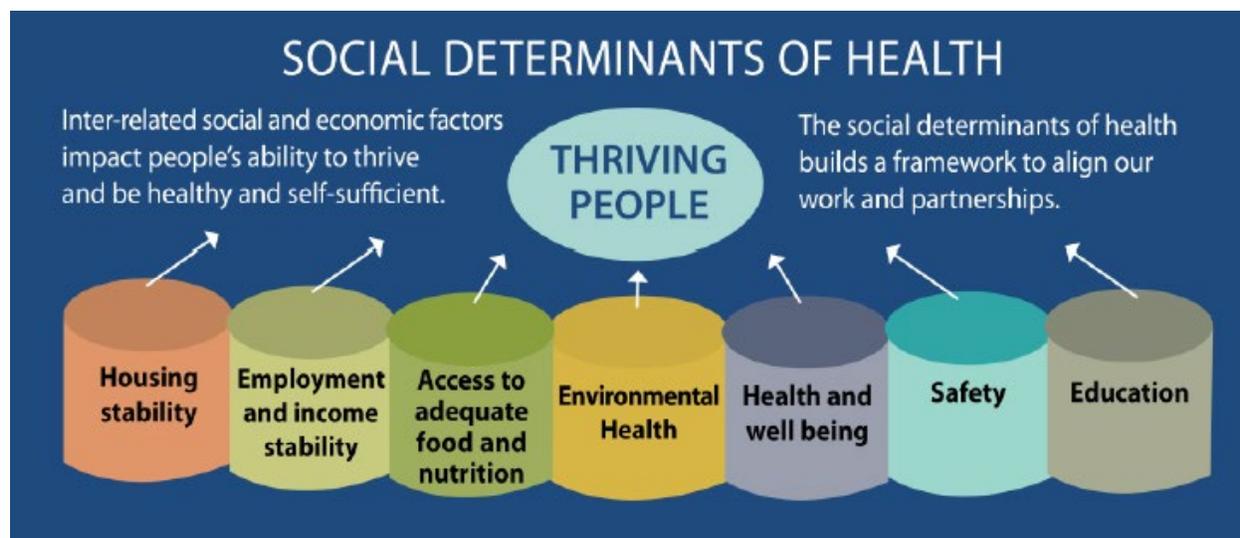
To effectively address the trends and challenges identified above, it is recommended that Edina commit to the following actions:

Enhance Data Collection

Collection of quality health-related data, especially at the city level, is becoming increasingly difficult and expensive. Traditional survey methods like mail or landline telephone use are typically answered by only certain demographics which results in poor quality data that does not represent the community as a whole. The City will research and invest in collection methods for quality, city-specific health data to better inform local decisions. The City will study best practices, including around privacy protections, and work to design a comprehensive public health survey that can be used consistently from year to year with flexibility to ask detailed questions about emerging trends.

Address Social Determinants of Health

Health is a critical aspect of planning. In fact, a community's plan for housing, transportation, land use, parks, and economic development encompasses the largest factors that determine one's health. "Social determinants of health" are structural factors and conditions in which people are born, grow, live, work and age. Most premature deaths are connected to these determinants, like air and water quality or access to physical activity and healthy food. Since the practice of community planning plays a significant role in shaping the built environment, local planning can have real and significant impacts on community health. The comprehensive plan is a tool to strategically increase health and reduce health disparities for all.



Source: Checklist: Comprehensive Planning for a Healthy Community, Metro Healthy Comprehensive Planning Workshop

Use a Health in All Policies Approach

“Health in All Policies” is a collaborative approach to improve health by incorporating health considerations into decision-making across all policy areas. A Health in All Policies approach will be embedded in decision-making across all policy areas within the city. Questions to be addressed while pursuing this strategy include:

- a. Does it empower those that live and work in Edina to support their physical, mental and social well-being?
- b. How does this decision affect social determinants of health?
- c. How will this decision reduce health disparities and improve health equity?
 - i. **Health Disparity** – When a health outcome is seen to a greater or lesser extent between populations, there is a health disparity. Populations may be defined by race, ethnicity, gender, sexual orientation, age, disability, socioeconomic status, or location.
 - ii. **Health Equity** – Achieving the conditions in which all people have the opportunity to realize their health potential – the highest level of health possible for that person- without limits imposed by structural inequities.

Data Collection

Goal: Improve the quality and availability of city-specific public health data in Edina to inform policy development and monitor impacts.

1. Research and invest in collection methods for quality, city-specific health data to better inform local decisions.
2. Study best practices, including around privacy protections, and work to design a comprehensive public health survey that can be used consistently from year to year with flexibility to ask detailed questions about emerging trends.
3. Work with public and private sector partners on joint data collection and data sharing initiatives, particularly when providing community-specific results.



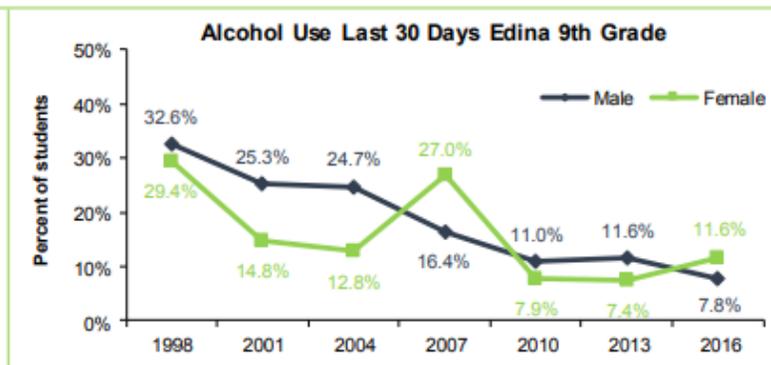
Additional Resources

The Minnesota Student Survey (MSS) is administered every three years. Previous surveys have been administered to 6th, 9th and 12th graders across the state. In 2013, and most recently 2016, the survey was given to 5th, 8th, 9th and 11th graders. Student participation is voluntary. Ninth-grade data is used to monitor trends because these students historically have a high response rate and have been surveyed consistently across all years. Survey results provide information about youth assets and risk behaviors. Data can be used as a tool for initiating & continuing conversations about youth health.

Note: Sample size may vary between questions due to non-responses.

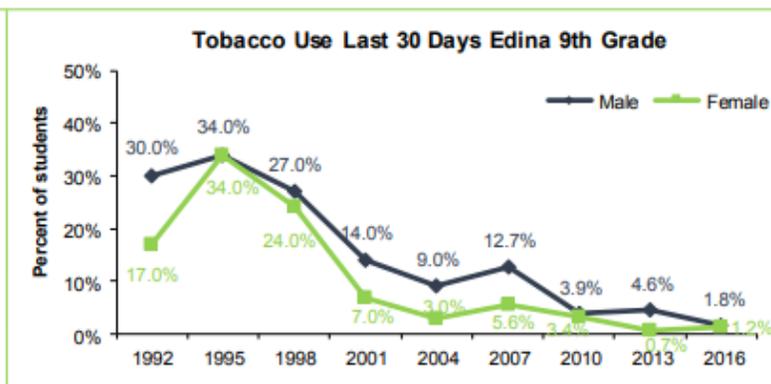
ALCOHOL USE

Among 9th grade males, alcohol use is at its lowest point since 1998. Consumption rates for males have steadily been dropping with an all-time low of 8% in 2016. Rates for females have increased from 7% in 2013 to 12% in 2016.



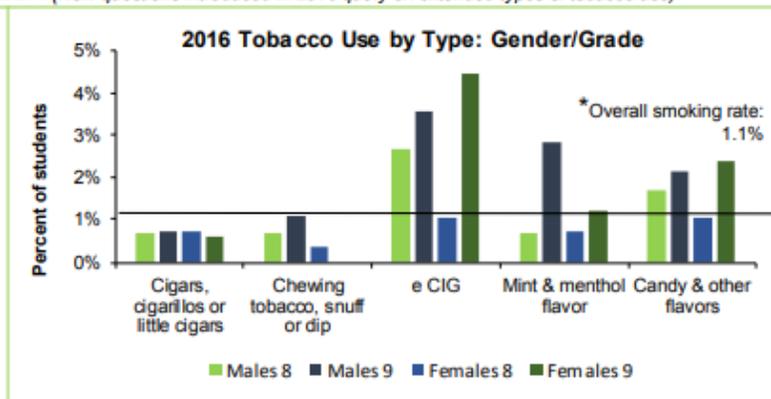
TOBACCO USE

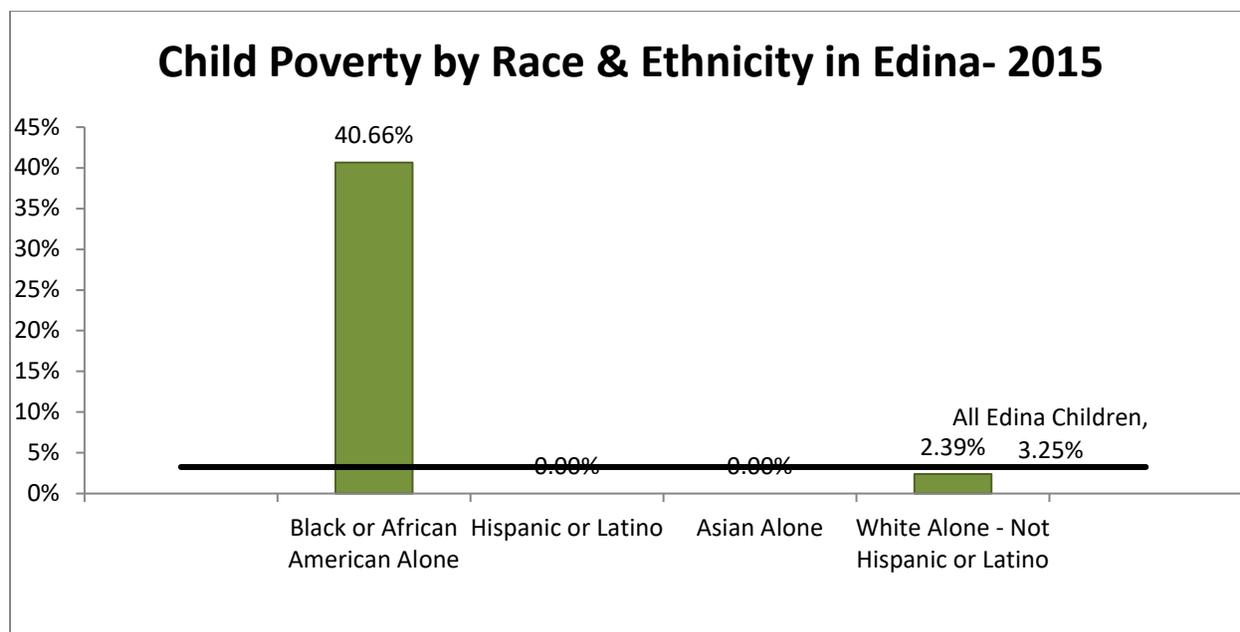
The trend for cigarette use has been declining since the survey began. Since 2013, rates have gone up for females and down for males. Less than 2% of both male and female 9th graders in Edina currently report smoking any tobacco within the last 30 days.



TOBACCO USE BY TYPE AND GENDER (New questions introduced in 2016 query on extended types of tobacco use)

E-cigarettes and flavored tobacco are used more than standard tobacco products among 8th and 9th graders. In 2016, the survey did not include 11th graders nor question 5th graders about smoking.





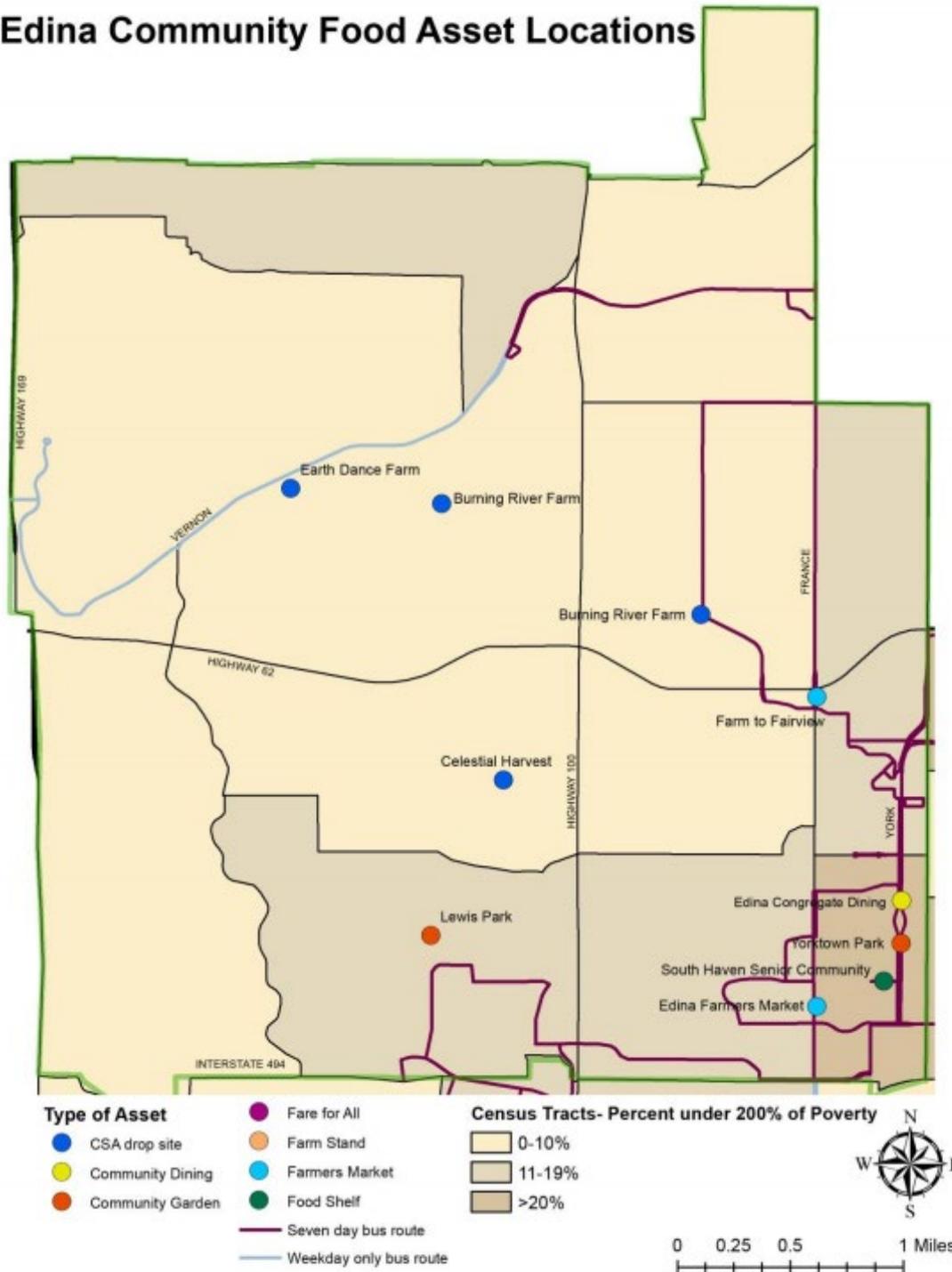
There are 15 grocery stores in Edina, including six supermarkets, six convenience/limited grocery stores, and three small grocery stores. Three of these stores accept WIC and 12 accept SNAP/EBT. There are no ethnic markets in the city. The City of Edina piloted a community garden in summer 2013, which offers garden plots to city residents at a nominal fee, and an Edible Playground Garden that is open to families of registered playground program participants.

Edina also has two farmers markets. The City-run market has 32 vendors including those selling locally grown produce and an extensive variety of other locally produced foods product such as breads and specialty bakery goods, candies, jams and other items. The Edina Farmers Market began accepting SNAP/EBT at the beginning of its 2013 market season but does not accept WIC. In 2013, Fairview Southdale Hospital opened the Farm to Fairview Farmers Market with four vendors who sell a variety of locally grown produce. The Farm to Fairview market does not accept EBT or WIC. Edina has one privately owned farm stand open seven days a week during the summer growing season. There are four CSA farm drop sites in Edina, only one of which is located near low-income dense residential areas and a bus line.

Given the substantially smaller number of low-income residents in Edina, there are fewer community food service programs within city limits. There is one community dining site located in a housing complex that serves senior residents. There are four meal delivery and four grocery delivery services. There are two mobile food shelf drop sites located at apartment buildings within city limits, but these services are limited to residents only. There are no Fare For All drop sites in Edina. Healthy, low-cost or free food options in Edina are limited, which presents challenges for low-income and senior residents with mobility issues and fixed incomes.



Edina Community Food Asset Locations



Prepared by City of Bloomington Public Health and GIS Staff
 Data Sources; 2006-2010 American Community Survey Five-Year Estimates (census tracts) and Metro Transit (bus routes)