



JOURNAL

A Public Policy Monthly from the Citizens League

**Citizens
League**
Common ground. Common good.

Volume 25 • Issue 5
June 2008
www.citizensleague.org



Good governance, not just good government

Creating new roles for citizen participation in the governing process can help rebuild our civic infrastructure

by Stacy Becker

In honor of Minnesota's 150th anniversary of statehood this May, the Citizens League set out in 2006 to discover a better, more effective means of addressing Minnesota's problems—of governing for the common good. Since then, through its Minnesota Anniversary Project (MAP 150), the Citizens League has touched literally thousands of Minnesotans. As a result, we are now seeing a path to a more invigorated and healthy problem-solving climate, and new opportunities for civic innovation and entrepreneurship.

Over the next several months, the Minnesota Journal will feature some of the findings and lessons we learned from MAP 150. With the official anniversary celebration now behind us, we begin our look back this month by sharing the preliminary results of an opinion poll zeroing in on why some of our problem-solving conventions aren't working so well. View the full, most up-to-date results, at www.map150.org

From the “boss” to “civil service” to “civic stewardship”: evidence of a new way

In the twentieth century, management of our public systems relied upon a “boss” system of political spoils. Deemed as corrupt and unfair, that system was later replaced with a new class a professional civil service. But as modern life has grown more complex, we have witnessed the seemingly inexorable rise of more and more complicated public “systems,” from health care to education to taxes. As government grows more

complex, governing becomes more difficult. It takes greater expertise and esoteric knowledge to manage these public systems, making them harder for the average citizen to understand and influence, which has given rise to special interest groups to press their case. The upshot is a calcified system that is almost impervious to change except through protracted and divisive political battles and programmatic tinkering. Real transformation seems impossible.

Our current lack of progress on important issues suggests that we are once again at a turning point in the governance of the systems that define our common success.

Early results from a Citizens League survey show that Minnesotans and public officials do not see eye-to-eye on how well our current problem-solving methods work. The survey responses also help to pinpoint the sources of frustration felt by both sides regarding conventional citizen involvement practices. A general synopsis of our findings follows here, with specific survey results detailed in the accompanying graphs.

- Public officials design public processes to gain trust, but those processes are not working.
- Citizens tend to disagree with public officials on whether current processes offer enough opportunity for citizen input.
- Citizens have less faith than public officials that their input will be used.
- Public officials think the decision-making rules are far clearer than citizens do.

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Building a League of Citizens

Scenes from Policy and a Pint:
The Mortgage Meltdown, the first event in the
Policy and a Pint Election Year Series.



Kara McGuire, personal finance columnist from the Star Tribune, and Steve Seel discuss how the mortgage crisis is affecting Minnesotans. Richard Todd from the Federal Reserve also spoke at the event.



Policy goes down better with a nice tasty ale.

Policy Updates

Citizens League policy positions advanced during the 2008 legislative session:

- Funding and policy language to support the Urban Partnership Agreement
- Higher thresholds for property tax refunds
- No use of the fiscal disparities pool to fund Mall of America expansion
- Health care reform based on the Health Care Transformation Task Force
- Funding for a "value capture" study to fund transportation

Check out the Policy Blog (www.citizensleague.org/blogs/policy) for more information about our positions and the relevant legislation.

The members of the **Water Policy Study Committee** will be announced in June and the committee begins meeting in July. Follow the work of the committee and look for information about upcoming related events online at www.citizensleague.org.

At its June meeting, the Citizens League Board of Directors approved the **Immigration and Higher Education Study Committee** report. To learn more about the recommendations of the study committee, join us at the Immigrant Community Roundtable June 27 or watch our website.

Get Engaged

Immigrant Community Roundtable (June 27)

Learn about the results of the Immigration and Higher Education Study Committee and help find ways to advance our recommendations.

Policy and a Pint Election Year Series

- July 10:** The Minnesota-China Connection
September 2: Youth and Politics
November 4: Election Night Policy and a Pint

The Policy and a Pint 2008 Election Year Series is presented by the Citizens League and 89.3 The Current and is sponsored by Best Buy.

Regional Policy Conference (September 23)

The Citizens League is organizing the fourth annual Regional Policy Conference. Join us as we reframe the discussion of what makes a region.

Please note: A previous issue of the Minnesota Journal listed the date of the Regional Policy Conference incorrectly. September 23 is the correct date.

Citizens League Annual Meeting (October 23)

Hold the date for the Citizens League Annual meeting!

"I Am Minnesota's Future" Video Contest Winners

Congratulations to the winners of the "I Am Minnesota's Future" video contest: Nathan Huber (individual entry) and the Polar Producers (group entry). The contest, sponsored by Best Buy, asked young people to create short videos answering the question: "What kind of state do you want to live in when you're an adult, and what do you think ought to be done to make sure that happens?" Submissions included videos on topics ranging from global warming to immigration, youth violence to technology. Find out more about the winners and check out all the videos on www.studentsspeakout.org.

Remembering Martha Rugh Platt

Martha Rugh Platt, who, with her husband, was among the first Citizens League members, passed away in March. She was an active citizen throughout her life. She worked with many organizations, including the League of Women Voters, Women Against Military Madness, Waite House Neighborhood and the Minnesota International Center. The staff of the Citizens League offers our condolences to Martha's family and loved ones; she will be greatly missed.

Around the Office

This spring, the Citizens League said goodbye to interns Tim Schuster and Jody Tallbear and project coordinator Brian Bell. All are off on exciting new adventures:

- Brian graduated from the University of Minnesota and was hired as the Civic Education Manager by the Minnesota State Bar Association.
- Tim is spending the summer in Uganda and will return to Minnesota in the fall to attend Bethel Seminary and serve as Student Ministries Director for City Church.
- Jody will be clerking for Hennepin County Attorney Mike Freeman and entering into her final year of law school at Hamline University.

Introducing four new interns: Jim Horan (Water Policy Study Committee Intern), Rebecca McDonald (Poverty Project Intern), Fiorella Ormeno (Regional Policy Intern) and Cat Wood (Membership and Engagement Intern). Check out their bios and drop them a line to say hello at www.citizensleague.org/who/staff.

The Citizens League is expanding. In addition to our new interns, the Citizens League will be hiring a Development and Membership Manager in the next several months. To accommodate our growing staff, we're expanding our office space. Over the summer, the policy staff will move across the hall to our new "policy lab."

The Citizens League is profoundly grateful to the following corporations for their generous operating support* during the past year.

* \$20,000 or greater



New members, recruiters, and volunteers

New & Rejoining Members

Christopher Carlton
Adam Chelseth
Nancy Christensen
Lydia Crawford
Phil Duran
Bonnie Esposito
Abby Parta Grossman
Gayle Kvenvold
Lonni McCauley
Susan Meyers
Elizabeth Reyer
Jen Schaal
Emily Seiber
David Simon & Keira Driansky
Erin Strong

Friends of the St. Paul Public Library
Hubbard Broadcasting, Inc.
Lindquist & Vennum
Metropolitan Area Agency on Aging
MINCEP Epilepsy Care
Minneapolis Public Housing Authority
Park Nicollet Health Services
Saint Paul Area Chamber of Commerce
Saint Paul City Council
Washington County Administration
Wellington Management, Inc.
Winthrop & Weinstine

Recruiters

Lee Anderson
Kathy Mock
Erin Sapp
Nena Street

Volunteer

Sheila Graham
Cal Clark

Firms and Organizations

Bituminous Roadways
Comcast
CommonBond Communities
Culligan Water Conditioning Company
Designs for Learning
Education Minnesota



Always among us but never at the table

Can civic policy-making offer a new, more sustainable way to address poverty?

by Sean Kershaw

Poverty is as old as humanity, and it is not going away. This is a statistical fact (the number of people living below the poverty line increased 30 percent in Minnesota in the past eight years) and a prediction: Despite our best efforts, it will be practically impossible to eliminate poverty in the future. In a rapidly changing global economy we all face increasing economic uncertainty, even in a state as wealthy and successful as Minnesota.

This isn't great news—but there is worse news. The problem is not just that poverty exists, but that it clearly persists as something other than a temporary condition for too many Minnesotans. Our efforts to address long-term poverty at the policy level haven't worked; it seems that "poor" is as much a description the quality of our policy work as it is a financial condition for 9 percent of Minnesotans.

We can and must do more to relieve poverty. This summer, as the Citizens League begins to look at policy issues related to poverty in Minnesota, we have an excellent opportunity to demonstrate how our new civic principles and civic guidelines can produce a better policy process with more relevant, strategic, and effective policy recommendations, and a better outcome for all of us.

Policy isolation

Poverty persists despite a wealth of research into its causes, consequences, and potential policy solutions. It persists despite its obvious economic consequences: In addition to the personal costs, the opportunity costs of poverty in Minnesota (e.g. reduced economic productivity) are undoubtedly staggering.

Our failure to adequately address long-term poverty, I believe, stems in part from our isolation: the actual and symbolic distance between policy makers and the poor.

I'm certain that research would show that the social, cultural, and economic isolation for people in poverty only exacerbates their condition. If you can't identify with the middle class mainstream, or believe

But when we isolate policy-making on poverty from the people it impacts, we come up with solutions that don't work.

that a middle class life is an economic possibility for you or your family, it is harder to exercise behaviors like delayed gratification that will help to get you out of poverty.

Isolation is also a problem for policy makers—including the Citizens League. Most policy processes are based on a model of isolation. We don't involve people in poverty as meaningful stakeholders in the process of framing issues, developing recommendations, or advancing strategies. As a result, we have failed to turn mountains of knowledge and research into effective action on this issue.

When we create policies on poverty apart from those who are affected by those policies, or give them only token involvement, we miss the opportunity to imagine how our destinies intertwine. The face-to-face relationship building that occurs when people impacted by a problem help to define and address that problem is actually a hopeful process: it demonstrates democracy's transformative power. I watched it happen in our work on mental health, and it was part of the reason this work was politically successful.

We talk about "the poor" mostly as anecdotes, not people with the capacity to help address their own economic situation. But when we isolate policy-making on poverty from the people it impacts, we come up with solutions that don't work, waste resources, or aren't politically viable.

For example, when we talk about health disparities based on income, we fail to imagine how the emotional stress of poverty, combined with insufficient access

to medical services, leads to horrible health outcomes. When we talk about poverty and education disparities, we inadvertently blame low-income people without realizing the ways that schools might not be welcoming places for these parents or fit the educational needs of their children. As nonprofit advocates, we rally at the capitol for government to "end poverty," but in doing we often increase political polarization in the process.

Implications for the Citizens League

It is coincidental that the Citizens League's offices are located in a building owned by the Saint Paul Public Housing Authority. My first job out of college was with a public housing authority in Omaha, Neb., where I had to confront my own fears and misconceptions about people in poverty. As I worked on policies to address crime and job creation, I had daily, face-to-face interactions with the people impacted by these policies. My fear and ignorance were replaced by better understanding and real relationships, and our policy work was better for it.

As the Citizens League approaches a policy issue like poverty, we have to build alliances and partnerships with groups and with people whose experience is closer to the bone. That is why our past associations with groups like Marnita's Table, and our future associations through the Minnesota Active Citizenship Initiative with groups like the Dar Al-Hijrah Civic Center, are potentially so important.

Addressing poverty and its causes is complex and difficult work. The isolation of policymakers from people living in poverty only increases the challenge. But if we involve all sectors and stakeholders in the discussion, I am convinced we can produce outcomes that are not just smarter and more sustainable, but that embody the democratic ideals we say we stand for in Minnesota. ●

Sean Kershaw is the Executive Director of the Citizens League. He can be reached at skershaw@citizensleague.org. You can comment on this Viewpoint at www.citizensleague.org/blogs/sean



How the idea of ‘chartering’ schools came about

What role did the Citizens League play?

by Ted Kolderie

In the spring of 1988, a Citizens League committee began developing a program for chartering schools. Twenty years later that idea has become law in 40 states and the District of Columbia. The chartered sector of public education has grown from a single school in Saint Paul to more than 4,000 schools nationally, serving more than 1 million students. It is a preferred framework as major districts across America now move increasingly to create schools new.

How this happened is an important story, interesting both as education policy and as a process of system change—a citizen organization working effectively for the

grew out of long-range thinking about a more equitable and competitive public sector contained in “Issues of the ’80s,” a report from a committee chaired by David Graven.

But changes in system architecture did not change the schools. More and more the question was, “How do we get more good schools and more diverse schools for kids to choose among?”

By the mid-1980s the state was beginning to move. In 1985, Gov. Rudy Perpich proposed inter-district (public-sector) open enrollment—actually, before an audience assembled by the Citizens League in downtown Minneapolis. This came into law only in 1987–88. But in 1985, the Legislature

teachers might get “charters” to start small schools within schools. It was an idea he had picked up from an educator in Massachusetts, Ray Budde. The proposal became part of the national discussion about “restructuring” triggered by the 1983 report, “A Nation at Risk.” Shanker’s proposal appealed to the Citizens League also in terms of its 1987 report on cooperatively managed schools. So the committee got his text and began discussing the idea.

By September the outlines of a proposal for a Minnesota chartering program had begun to emerge. That year the Minneapolis Foundation devoted its Itasca Seminar (actually held at Gull Lake) to K-12 education. The seminar program was developed at the foundation by Virginia Greenman, who had been auditing the Citizens League committee meetings. At Itasca Shanker repeated his chartering proposal. Sy Fliegel followed, describing the new and charter-like schools created in East Harlem in New York City.

I offered Shanker a ride back to the Twin Cities airport. He accepted. We talked most of the way about the Citizens League committee and its development of his idea: Might a new school be set up outside an existing school building?

Back at Gull Lake that evening, several attendees began discussing ways to realize Shanker’s idea. The group included Joe Nathan, a Citizens League member who had presented to the committee, and Ember Reichgott, a DFL state senator. That began the process that led to legislation.

The Citizens League committee finished its work a few weeks later. In November 1988 the board approved the report “Chartered Schools = Choices for Educators + Quality for All Students,” which was released in December.

Citizens League President Peter Vanderpoel, staff and others met with Sen. Reichgott. During the 1989 session she got the program into the Senate omnibus bill, only to have the House resist in conference committee. She tried again in 1990 but got the same result. But at end of the conference committee DFL House member Becky Kelso told Reichgott: “If you’d like to try that charter idea again next year, I’d like to help you.”

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This introduced a new idea that was embodied later in chartering: that some entity other than a local district might start and run a public school, might offer public education.

common good in a field long dominated by experts and interest groups. Let me try to catch the essentials of it. As with most things, the explanation requires going back to beginning.

Traditionally, improving education had meant expanding access and increasing financing. The Citizens League helped with some of the latter, most famously in the re-equalization of Minnesota K-12 finance in 1971. But by the 1980s, there was a growing sense that the system and the schools needed to change.

The Citizens League had begun thinking about school choice in the 1970s. A 1979 report recommended paying for low-income students to attend other schools, public and nonpublic. In 1982, a Citizens League committee chaired by Carol Trusz gave a more general endorsement to parental choice. They proposed moving decisions about spending and instruction increasingly to schools and talked generally about creating new schools. That interest

did enact the Post-Secondary Enrollment Option, allowing juniors and seniors to enroll in college, earning credit simultaneously toward high school and college graduation. This introduced a new idea that was embodied later in chartering: that some entity other than a local district might start and run a public school, might offer public education. In 1987, another Citizens League committee proposed “cooperatively managed schools” that would offer larger professional roles for teachers.

In the fall 1987, the board programmed a study of school structure in the metropolitan area. John Rollwagen, a Citizens League member for years (and by then CEO of Cray Research), agreed to chair the committee. Jody Hauer staffed it. Work began in February 1988.

About April, reading his column in the Sunday *New York Times*, we learned that Albert Shanker, president of the American Federation of Teachers, had suggested in a speech to the National Press Club that

Charter Schools

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An improved bill was introduced in 1991 reflecting contributions from a task force chaired by Gov. Perpich's new commissioner of education, Tom Nelson (today superintendent in South Washington County). Again, going into the conference committee, the program was included only in the Senate bill. And, as before, the K-12 associations opposed it. As the session was ending, the Senate chair announced: "We've got five votes in the Senate and two and a half in the House." The swing vote in the House was Rep. Ken Nelson. He asked for a set of amendments: cap the program at eight schools and make districts the only sponsors. Reluctantly, Reichgott agreed. On the House floor a motion to return the entire K-12 bill to conference over this issue lost by three votes. Some days later, after Senate approval, Gov. Arne Carlson signed the bill.

The legislation did not create a single school. It was purely enabling legislation. It was up to teachers and others to create schools. Joe Nathan, by then head of the Center for School Change at the University of Minnesota's Humphrey Institute, took

states acted, including Colorado, Wisconsin, and Massachusetts. Joe Nathan and others from Minnesota were on the road, talking about our chartering program and commenting on bills drafted in other states.

By the early 1990s the Citizens League had become less active in chartering. After a few years on the Citizens League staff, Vanderpoel had retired. Curt Johnson, executive director when chartering was launched, had become Gov. Carlson's chief of staff. Others continued the work with the Legislature, which session by session expanded and improved the program, removing the cap, adding additional sponsors, and improving the financing.

In 1994, Congress acted to provide start-up assistance to new chartered schools based on legislation originally introduced in 1991 by long-time Citizens League member U.S. Sen. Dave Durenberger. Durenberger's lead staff member on this issue, Jon Schroeder, had been a Citizens League research associate from 1972-77. Beginning with \$1.6 million in its first year, the federal charter program now annually provides about \$200 million



Schools, KIPP schools for African-American middle-schoolers, innovative schools like High-Tech High and Green Dot in California. Everywhere chartering was growing, changing, and continuously showing new and unexpected variations in the sponsoring and the design of schools.

In 1994, Gov. Carlson nominated the program for one of the "Innovations in American Government" awards given annually by the Ford Foundation and Harvard University's Kennedy School of Government. The proposal did not advance. Carlson was again rejected the next year.

But by 1999, with so many states involved in chartering and with the program so prominent in the education-policy discussion across the nation, Minnesota was being urged: "Please, apply again!"

A third application was submitted, and in 2000 the Minnesota Legislature's chartering law won one of the \$100,000 awards as an important innovation in American government. At a ceremony in the Capitol rotunda, Gov. Jesse Ventura handed plaques to Commissioner Alice Seagren, to Senator Ember Reichgott-Junge, and to John Rollwagen. That award hangs today in the Citizens League office in Saint Paul. ●

Ted Kolderie was Executive Director of the Citizens League from 1967 to 1980.

By the late 1990s chartering in some form was in most states, creating an "open sector" in public education that was coming to be used more and more by those trying to create new-model schools.

the lead in assembling teachers and others to talk about this. Gradually, proposals began to appear; schools began to appear.

Word of the Minnesota legislation began to get around the country. In California, Eric Premack, a Minneapolis native and an intern with the Citizens League in 1986-87, was working for the California Legislature in 1992. He began spreading the word there. That spring, when I was in California, Eric arranged meetings with key people. State Sen. Gary Hart authored a bill and got it through on the last night of the session.

California's action put the idea of chartering schools into play nationally. In 1993, six

in start up grants for charter schools, a cumulative total of about \$1.9 billion over the last 14 years.

In Minnesota, after leaving the Durenberger office and joining Education Evolving, Schroeder organized, and until 2004 ran, the Charter Friends National Network. He was a founding board member of its successor, the National Alliance for Public Charter Schools, and continues to chair its policy committee.

By the late 1990s chartering in some form was in most states, creating an "open sector" in public education that was coming to be used more and more by those trying to create new-model schools: Edison



Winners lose and losers win

We need to take a more meaningful look at the impact of fiscal disparities

by Bob DeBoer

Fiscal Disparities is the common name for the Twin Cities and Iron Range regional tax-base sharing pools that are unique to Minnesota. In these two regions, 40 percent of the growth in commercial-industrial (C/I) tax base is placed into a regional pool and then redistributed according to the tax-base wealth of communities in the region.

In the interests of knowledge and transparency, the Citizens League has annually calculated and published the change in tax base that result from fiscal disparities for every community in the Twin Cities metropolitan area and, more recently, for the communities that take part in the Iron Range tax-base sharing pool. In previous years I would have published the 2008 data in the Minnesota Journal by now. This year, however, we have decided to instead discuss a long-term view of fiscal disparities and how best to evaluate its effectiveness.

First, we must ask: what information is important to know in order to evaluate the effects of fiscal disparities? Can effectiveness be determined by examining who contributes the most and who gains the most from the regional tax-base sharing pool? I believe its performance is something much more difficult to evaluate.

The goal of fiscal disparities

In my view, the goal of regional tax-base sharing should be to help build a regional economy that can compete successfully with other regions in a global economy. Unfortunately, we have no good way to measure the effectiveness of fiscal disparities in helping to achieve this goal. We do know that the Twin Cities regional economy has been relatively healthy while fiscal disparities has been in place, and that a great deal of growth has occurred.

While the goal of regional growth might not have been as evident in 1969 when the Citizens League study committee report "Breaking the Tyranny of the Local Property Tax" was published, the goals outlined for regional tax-base sharing then continue to support regional competitiveness today:

- Reducing the disparity in tax-base wealth across communities so that all communities can provide adequate levels of infrastructure and services.

- Reducing competition among communities for C/I tax base.

This second goal addressed the "tyranny" referred to in the Citizens League report. Before tax-base sharing, the major fiscal incentives encouraged communities to compete for highly valuable C/I tax base as a way to help keep taxes lower for residents. This is the tyranny that occurs when governments rely too much on local property tax base to fund infrastructure and services.

It doesn't make a great deal of sense to take a community-by-community view of a mechanism meant to support a strong regional economy, as we have done in preceding years, other than the fascination of watching the regional sands shift over the years. (Shifting sands do not need yearly reports unless you are a soil scientist studying erosion.) The Citizens League can continue to collect this data for each year and report it every three to five years with the same effect.

Just one factor in local decisions

If we agree that the central goal for fiscal disparities is to help create a stronger region, part of achieving that goal requires reducing competition between communities, particularly competition that produces no net gain for the region.

However, it is very difficult to determine if fiscal disparities has reduced competition since we can not review all of the thinking that has gone into local government decisions during the years that fiscal disparities has been in place.

The nature of the regional pool and its effects are muted and transformed by many other variables that are part of tax and land use policies and decisions. And over the years, there have been a number of other regional dynamics, some that have run counter to the goals of regional tax-base sharing. Tax increment financing (TIF), another tax mechanism that the Citizens League studies annually, comes to mind as a tool that has spurred competition among communities at the same time that tax-base sharing has been an incentive to reduce it. This makes it difficult to measure the impact of fiscal disparities among all the other effects.

So if the real value of fiscal disparities is how much each community gains by being part of a strong region, how does

that thinking affect the prevailing idea of "winners" and "losers" that permeates discussion of fiscal disparities at the Minnesota Legislature?

"Winners" under fiscal disparities are those communities that receive a net gain in tax base after the regional pool is distributed. "Losers" under fiscal disparities are those communities that make a net contribution after the regional pool is distributed. But if you look at who benefits the most (in terms of tax-base wealth) from being part of a strong region, the definitions are the opposite.

Losers win and winners lose

When the Citizens League reports on who contributes the most tax base and who gains the most tax base once the annual calculations are made, we contribute to the perception that those who gain the most under fiscal disparities are the regional "winners" and those who contribute the most are regional "losers," because we have no other way to measure what is happening. That is a long way from the truth. It would be more accurate to state that those who are losers under fiscal disparities are the regional "winners" and those who win under fiscal disparities are the regional "losers."

Although this may sound like "newspeak" right out of 1984, it is true. To be one of the top "losers" under fiscal disparities, the property-tax wealth of a community must be quite high compared to the regional average. To be one of the top "winners" under fiscal disparities, the overall tax-base wealth of a community must be quite low. (Although only C/I tax base is contributed to the pool, the distribution from the pool is based on overall tax-base wealth.)

There are three different ways to look at which communities are the biggest winners and losers under fiscal disparities:

- Change in amount of tax base
- Change in percent of tax base
- Change in per capita amount of tax base

If we take a closer look at the 2007 fiscal disparities data and combine the top 10 winners and losers on these three different measures, we can see the true relationship

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Public planning finds common ground with public health

Metro-area communities look for ways to improve public health through comprehensive planning

by the Design for Health team

There is growing public interest in the link between how towns and cities are built, the built environment, and the impact that environment has on human health. One place where those links are being made in the Twin Cities is comprehensive planning. Every local government has a comprehensive plan with guidelines for land use, mobility and access, community facilities, housing, parks and open space, and more. The Metropolitan Council mandates that all Twin Cities municipalities update their plans on a 10-year cycle. The next deadline, at the end of 2008, is giving

diverged. While planners and public health professionals have viewed their roles in the community differently, now practitioners and academics are beginning to uncover the ties between the two fields. It is becoming increasingly clear that decisions about the built environment may influence certain public health concerns and vice versa. The issues described below provide a brief introduction to the links between public health community planning.

Accessibility: Access to a variety of destinations (e.g., jobs, financial institutions, social contacts, health services, and grocery

headaches, and more. These risks may be associated with nearby land uses, previous land use activities, building materials, housing quality, and crowding.

Food: Inadequate nutrition is associated with chronic diseases and conditions, such as cardiovascular disease, hypertension, stress, cancer, diabetes, low birth weight, obesity, and anemia. Access to healthy foods at a reasonable cost can improve nutrition. In terms of the built environment, a key question is whether people who live closer to stores and restaurants—particularly those with healthier options—eat better than those who live further away.

Physical activity: Concerns about rising levels of obesity and cardiovascular disease have led to a considerable amount of attention as to how the built environment can be designed to create more opportunities for physical activity, which could have direct health benefits and help to reduce obesity. Research to date is mixed, however, particularly in terms of whether the environment rather than social and psychological factors affects total physical activity. What matters is creating opportunities for physical activity, however, rather than saying one environment is healthier than another.

Safety: Traditional approaches to public safety focus on fire protection, emergency medical services, and law enforcement. In the built environment, planners can specifically address safety by reducing transportation-related crashes, crime, and overall violence. Because it covers a wide range of topics, safety can also be linked to health issues related to physical activity, social capital, and mental health.

Water quality: With regard to human health, water quality concerns focus on drinking water and water used for recreation. Drinking and wastewater systems are typically regulated; however, planners play an important role in protecting groundwater and surface water. A variety of urban planning and design-related features influence water quality, including the use of septic systems, the management of wastewater services, the location of storm sewers, the disposal of toxic wastes and other pollutants, and the level of runoff caused by urban development.

Increased opportunities for residents to be more physically active, to improve public safety and air quality, and to promote healthy eating are some of the many connections between health and planning.

communities a vital window of opportunity to integrate health concerns and health behaviors into their comprehensive plans. Increased opportunities for residents to be more physically active, to improve public safety and air quality, and to promote healthy eating are some of the many connections between health and planning.

Nineteen Twin Cities communities have been working with Design for Health to increase the connections between urban planning and public health in their comprehensive plans. Design for Health is an interdisciplinary team with backgrounds in architecture, landscape architecture, planning, and public health. Initially based at the University of Minnesota, it is now forming a network with team members at Cornell University in New York and the University of Colorado. Funded by Blue Cross and Blue Shield of Minnesota, Design for Health serves to bridge the gap between emerging research on community design and healthy living and the everyday realities of local government planning.

Intersections

Planning and public health shared similar roots in the 19th and early 20th centuries, but for some time their paths have

stores) is critical to many dimensions of a healthy community. Particularly for the elderly, the young, or the financially disadvantaged, transit provides such access.

Air quality: Good air quality is key to respiratory health and to community health. Planners need to consider how locating facilities used by sensitive populations, such as children and seniors, near polluting facilities or major roadways can raise health concerns.

Climate change: Planning and development can significantly affect energy consumption patterns and greenhouse gas emissions, both of which contribute to climate change. Buildings and transportation are both major greenhouse gas contributors, so development patterns that promote higher densities, greater transit and non-motorized transportation access, and mixed uses can have positive implications for reducing climate change.

Environment and housing quality: Where people live, the quality of their housing, where their children play, and other factors may expose them to pollutants and increased risk of health problems such as lung disease, lead poisoning, cancer, reproductive impacts, birth defects,

Health and comprehensive planning

The examples below describe some of the efforts made by the communities working in partnership with Design for Health. While most of the work has involved comprehensive plan updates, a number of these initiatives focus on amending specific subsections of communities' plans, and some communities have added separate health chapters to their plans while others have added new ordinances and design guidelines.

Bloomington: Located along the Minnesota River in the southwestern metropolitan area, Bloomington has a population of approximately 86,000 residents and is home to some 100,000 jobs. More than 35 percent of the city's 38.3 square miles is dedicated to parkland or open space. The city has been working with Brauer & Associates to develop an alternative transportation plan to improve the environment for walking and bicycling. Work from this project and plan is being incorporated into the city's comprehensive plan, particularly in the areas of land use, housing, and transportation.

In August, 2007, Bloomington residents were invited to complete a survey on alternative transportation. The city council also convened a taskforce made up of city planners, parks and recreation staff, public health

experts, local business owners, and elected officials. Led by the city's public health staff, in coordination with the planning and parks and recreation departments, the group also conducted a health impact assessment to evaluate potential health impacts of a planned walking and cycling trail through the city.

Columbia Heights: Northeast of downtown Minneapolis in southern Anoka County, Columbia Heights is home to 19,000 residents. The city is working with the Bonestroo firm to produce a Bicycle and Pedestrian Mobility Plan to insure future development includes alternative transportation infrastructure and features that provide residents healthier travel options. The route and plan information will be incorporated into the city's 2030 Comprehensive Plan.

Eden Prairie: A community of approximately 62,000 residents and 44,000 jobs located in the southwest corner of Hennepin County, this city of 36 square miles boast 17 lakes, three creeks, and one river bordering the southern city limits. Eden Prairie is connected by more than 100 miles of multi-use trails with 2,250 acres of park land and 1,300 acres of preserved land for open uses.

Eden Prairie worked with SRF Consulting Group, Inc. to incorporate the

principles of Active Community Planning in the following areas: adding an active community planning chapter to the comprehensive plan, adding health policies to the comprehensive plan, and creating an Active Community Planning Site Planning Guide for developers and consultants.

Rochester: With 97,000 residents, Rochester is the third largest city in Minnesota and covers approximately 50 square miles. Home to the Mayo Clinic and other major employers, Rochester includes 3,500 acres of parks and 60-plus miles of trails.

The Rochester-Olmstead planning department is the hub for this Design for Health project. It is a unique entity since it acts as a consolidated city, county, and metropolitan governing body. The project focuses on preparing amendments to the comprehensive plan and the Rochester Zoning Ordinance and Land Development Manual to improve opportunities for incorporating physical activity into daily routines, and to better incorporate health into plans and ordinances. ●

The Design for Health web site contains research summaries (the "Key Questions" series), planning advice briefs (the "Information Sheet" series), and health impact assessment tools for planners. For more information, go to www.designforhealth.net.

Fiscal disparities

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between communities before and after fiscal disparities in terms of tax-base wealth.

All of the largest contributors to the fiscal disparities pool remain regional "winners" after they contribute and still have significantly higher tax base wealth than the communities that have gained the most tax base from the pool. Those communities that gain the most tax base from the pool remain regional "losers" from a tax-base wealth perspective, but they are more able to provide a reasonable level of infrastructure and service than before because they have additional regional tax base to raise revenue from.

For example, St. Paul, the biggest "winner" at about \$20 million, increased its overall tax base from \$810 to \$881 per capita due to the redistribution of tax base under fiscal

disparities. Bloomington, the largest "loser" at about \$14 million, saw its overall tax base decrease from \$1,612 to \$1,445 per capita as a result of fiscal disparities. But Bloomington is still much more of a regional winner with a per capita tax base at \$1,445 than St. Paul at \$881 per capita.

This is something that we can demonstrate every year with an annual report as we produce the data that makes winners look like losers and losers look like winners. And we will continue to collect the data and make this point every few years. But what we would rather do is search for ways to take a more meaningful look to promote a better understanding of fiscal disparities. In late September the Citizens League will host a regional policy conference to create

a new consensus about what makes a region and to activate leaders to work on a common set of dilemmas. As we create the agenda for this event through discussions with groups throughout the region, we hope to engage them in a deeper discussion about the various fiscal incentives that currently exist. ●

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For a more detailed look at the "winners" and "losers," go online at www.citizensleague.org and follow the link to this article.

First, do no harm

The solution to health care cost inflation is better (and less) medicine

By Dr. Seymour Handler

The overwhelming problem for health care in the United States is cost inflation. In just 35 years, the cost of health care has increased from 5 percent of the U.S. gross national product to 16 percent (\$2 trillion). What formerly was a convenient perk for business is now an onerous expense, necessitating decreased insurance coverage

Most Americans generally agree that health care is worth whatever it costs.

and creating labor-management confrontations. An associated problem is the increasing number of Americans without health insurance; the most quoted figure is 47 million citizens, including many children. Some simply can't afford it; others are uninsured by choice, typically the well and the young.

A variety of proposals have been offered to address health care cost inflation, including universal health insurance, increased expenditures, expanded information infrastructure, more effective administration, better preventive medicine, etc. All would improve our health care system, but unfortunately, none would solve the basic inflation problem, which some predict will soon amount to 20 percent of the GDP, nearly \$4 trillion.

For the most part, current proposals ignore the most important aspect of making health care affordable—better medical care. The latter depends on the public's understanding of the limits of medical care. Politicians and the news media rarely discuss the relationship between health care costs and the value to the health of our nation, which lags behind other developed nations in parameters of health (infant and maternal mortality, longevity, etc.) despite spending far more. So what factors contribute to this disparity?

By far the greatest factor is a widespread public misconception about the value of medical care. Most Americans generally agree that health care is worth whatever it costs, and the more we spend

on medical care and research, the healthier our citizens will be. But there is little evidence to support this. Although life expectancy has improved somewhat, the increase is generally small and lessening. Quality of life is more subjective, but certain medical specialties have indeed made significant advances. Orthopedic advances in joint replacements enable senior citizens to be pain-free and more functional. There have also been major technological advancements in ophthalmology and cardiology. Despite improving quality of life to varying degrees, these represent substantial expenditures of health care dollars that are often not commensurate with the benefits.

Another factor in cost inflation is the substitution of old-fashioned cognitive medicine with expensive tests and procedures. To a significant extent, this substitution is a consequence of medical sub-specialization. Procedure-oriented care is more remunerative than talking and listening to patients, counseling, and evaluating illness by old-fashioned contemplation. At least part of the reason for this shift is economic: In a 10- to 15 minute appointment it is more "efficient" to order tests and do procedures than to talk to the patient. Patients have adopted this distorted view, too. When a patient says: "He only talked to me and examined me. He didn't do any tests," they confuse technology with better care, despite the fact that doing less may be preferable to doing more.

Another contributor to cost inflation is the introduction of sophisticated (and expensive) technology into everyday practice without prior evaluation. Unfortunately, thousands of patients have been subjected to procedures which should have been evaluated thoroughly by random clinical trials before being introduced into everyday practice. This represents the absence of evidence-based medicine (EBM) in which the passage of time and eventual statistical analysis demonstrate whether the innovation is safe or of value. If evidence-based medicine were an everyday necessity, medical care would be better and less expensive. This

unfortunate lack of evidence-based medicine is compounded by entrepreneurial zeal on the part of some medical specialties. The most flagrant may be radiology and oncology. I am continually amazed by the ability of radiology equipment manufacturers and radiologists to introduce sophisticated (and extremely expensive) imaging procedures without prior evaluation of yield. Oncologists continue expensive chemotherapy and radiation therapy far longer than perceived patient value. They also utilize expensive imaging tests when simple clinical observation would provide equivalent prognostic information.

A final contributor to health care cost inflation is the excessive use of pharmaceuticals. We are indeed a pill-consuming nation. Physicians prescribe expensive and symptom-creating medications for self-limited disorders. Pharmaceutical companies introduce minor variants when patent protection expires on older drugs. Witness the introduction of the "purple pill" for heartburn. Compounding pharmaceutical cost inflation is the legalization of direct-to-consumer advertising, prohibited by all other Western democracies. What do they know that we don't? Direct-to-consumer advertising is an obscene surrender by Congress to the pharmaceutical industry. It should be banned.

By now it should be apparent that much of health care cost inflation could be controlled by better medical care: physicians practicing more cognitive medicine and minimizing the use of unproven tests and procedures; less entrepreneurial zeal coupled with greater peer review and insurance reimbursement limitations; better public education as to the value of evidence-based medicine and less reliance on pills; a ban on direct-to-consumer advertising.

Much of the problem of health care cost inflation could be corrected by better medical care. "Better" care may be less care. We could reduce the quantity of care by 50 percent or more, and not compromise patient health. More care is not better care. ●

Seymour Handler, M.D. is a retired pathologist and a member of the Citizens League.

Good governance

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Citizen Involvement Survey



- Citizens want more direct interaction with public officials than public officials want with citizens.
- Public officials are more likely to think citizen involvement is a good use of citizens' time.

Minnesotans ready for a new role

The survey also points to a new way forward—a way to create a new, more responsible role for citizens as “co-producers” of the common good.

- Public officials feel far more pressure to have all the answers that citizens actually expect.
- The public feels more strongly than public officials do that policies cannot be effective without input from the people affected by a problem.
- Citizens' interest in being involved in problem-solving is greater than public officials believe it is.
- Citizens aren't looking to dictate outcomes: In great numbers they say they understand that public officials must listen to many voices, yet public officials are reluctant to think that citizens have this understanding.
- Citizens are more trusting of government information than public officials think they are.

Shaping that new role

During the MAP 150 demonstration projects we turned around the typical policy processes. First, we started with the under-

standing that citizens may not be traditional “experts,” but that they have critical knowledge about how current systems impact them and the values they hold—this is their value-added in problem solving.

Second, we treated these Minnesotans not as passive customers of the current system, but as critical producers of better public value as they work with traditional policy-makers and public officials. With property taxes, we found that asking citizens what they want to know, instead of telling them what we think they should know, yielded highly effective information about how to communicate a really complicated issue. This experience will be extremely useful as we approach property tax reform. High school students helped us to understand how entrance requirements and No Child Left Behind testing really works—information that must make its way into policy if we are to reach our goals for student achievement. And in a group that mixed the general public with professionals on services for the aging, nearly everyone came away saying that we have a tremendous opportunity to reframe this issue—and to prepare for better and more financially sustainable future policy.

Why change?

In today's complex world, no public policy is effective without the cooperation of the

public—the citizens impacted by the problem. Students cannot be forced to learn. People must choose to live healthier lifestyles. Minnesotans want new and better options for aging. Their very lives, their well-being, their dreams, and their self-identities are at stake, so how can any effective public policy decision-making not include them?

MAP 150 confirmed not just that this spirit of entrepreneurship is still alive and well in Minnesotans, but that it needs to be unlocked—and that when it is, it will help us solve the policy problems that Minnesotans care about most.

Minnesota's 150th anniversary provides a great starting point for us to build the civic infrastructure we need to connect this civic energy and expertise to a new civic infrastructure of public policies and public relationships that involve all types of institutions and organizations—a new tradition of “good governance,” not just good government.

In the next issue of the Minnesota Journal, we will explore “value-added” citizens—what they bring to the table in public problem solving that isn't available elsewhere. ●

Stacy Becker is the MAP 150 Project Director.

The Minnesota Journal

Publisher – Sean Kershaw

Editor – J. Trout Lowen

Managing Editors – Bob DeBoer and Victoria Ford

The Minnesota Journal (ISSN 0741-9449) is a publication of the Citizens League, a nonprofit nonpartisan Twin Cities public affairs organization, 555 North Wabasha St., Suite 240, St. Paul, MN 55102. Phone: (651) 293-0575. Fax: (651) 293-0576. E-mail: info@citizensleague.org.

Website: www.citizensleague.org. Kathy Mock, chair.

Articles and commentary are drawn from a broad range of perspectives and do not necessarily reflect Citizens League positions on policy questions. The Journal is published 11 times a year. Periodicals postage paid at St. Paul, MN and additional offices.

Annual subscription rate for nonmembers is \$25 for 11 issues. Orders may be placed at (651) 293-0575 or by mail at the above address.

Postmaster: Send address changes to the Minnesota Journal, 555 North Wabasha St., Suite 240, St. Paul, MN 55102.



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