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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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!
New members, recruiters, and volunteers

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

**Firms and Organizations**

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

**New & Rejoining Members**

**Recruiters**

- Lee Anderson
- Kathy Mock
- Erin Sapp
- Nena Street

**Volunteer**

- Sheila Graham
- Cal Clark
P
overty 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 of 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 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.

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

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 Marni’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.
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.

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.

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 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 might offer public education.

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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.

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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 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 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. During the 1989 session she got Sen. 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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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 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 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 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.

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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. 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.
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 not 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 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 continued on page 9.
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 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 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 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, 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.
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 task force 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 boasts 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.

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.

Bob DeBoer is Director of Policy Development for the Citizens League. He can be reached at bdeboer@citizensleague.org.

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 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 expense. 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-limiting 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.
Citizen Involvement Survey

<table>
<thead>
<tr>
<th>Statement</th>
<th>% who agreed or strongly agreed</th>
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<tbody>
<tr>
<td>Public processes I’ve been involved with have improved my trust of government</td>
<td>10%</td>
</tr>
<tr>
<td>We conduct public process to gain public trust</td>
<td>10%</td>
</tr>
<tr>
<td>When I participate, there is ample opportunity for my view to be heard</td>
<td>80%</td>
</tr>
<tr>
<td>We allow people ample opportunity to voice their views</td>
<td>10%</td>
</tr>
<tr>
<td>When asked for my input, I trust it will be used in decision-making</td>
<td>10%</td>
</tr>
<tr>
<td>When we ask for input, we expect to use what we hear</td>
<td>10%</td>
</tr>
<tr>
<td>Overall decision-making processes are clear and so are the “rules” by which decisions will be made</td>
<td>80%</td>
</tr>
<tr>
<td>We make the processes and rules as clear as possible</td>
<td>10%</td>
</tr>
<tr>
<td>Public processes I’ve attended have been a good use of my time</td>
<td>10%</td>
</tr>
<tr>
<td>Public processes are a good use of my time</td>
<td>10%</td>
</tr>
<tr>
<td>I expect public officials to have all the answers</td>
<td>10%</td>
</tr>
<tr>
<td>People expect me to have all the answers</td>
<td>10%</td>
</tr>
<tr>
<td>Policies can’t be effective without the input of those affected by the problem</td>
<td>10%</td>
</tr>
<tr>
<td>Policies can’t be effective without the input of those affected by the problem</td>
<td>10%</td>
</tr>
<tr>
<td>Unless I have a special purpose for being involved, I’d rather leave policy development to others</td>
<td>10%</td>
</tr>
<tr>
<td>Only citizens with a special purpose want to be involved</td>
<td>10%</td>
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</tbody>
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- 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 understanding 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.