



# **HIGHWAY 252/I-94 EQUITY AND HEALTH ASSESSMENT**

**Report #1: Baseline Conditions  
Executive Summary  
May 2022**

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# 1. Executive Summary

## Highway 252/I-94 Equity and Health Assessment

MnDOT is conducting an Equity and Health Assessment (EHA) in parallel with an environmental review on the Highway (Hwy) 252/I-94 corridor in Brooklyn Park, Brooklyn Center, and Minneapolis. The purpose of the Hwy 252/I-94 EHA is to understand how transportation impacts equity and health along the corridor so these impacts can be considered when deciding how to improve corridor facilities.

The Hwy 252/I-94 EHA uses health data and enhanced, targeted engagement of historically underserved, overburdened, and underrepresented populations to explore the following questions:

- How does transportation affect health along the Hwy 252/I-94 corridor?
- How does transportation contribute to health disparities in corridor communities and between corridor communities and the broader region?
- How does the Hwy 252/I-94 environmental review consider equity and health impacts?
- What opportunities exist to promote equity and health through Hwy 252/I-94 improvements?

The EHA is administered by MnDOT's Office of Sustainability and Public Health with support of an interagency working group and a group of community residents known as Hwy 252/I-94 Equity and Health Neighborhood Advisors (EHNA). The EHNA's role in the Hwy 252/I-94 EHA is to describe equity and health conditions in their communities, provide input on equity and health engagement activities, and provide input on potential transportation improvements to Hwy 252/I-94 project elements and alternatives.

## About this Report

The Hwy 252/I-94 Equity and Health Baseline Conditions Report documents 31 conditions that provide a holistic depiction of how transportation can impact physical, mental, social, environmental, and economic health in Hwy 252/I-94 communities. Where possible, baseline condition information is disaggregated by race, ethnicity, and/or income, and used to assess health disparities within the corridor and between the corridor and the region. Equity and health baseline conditions are then prioritized and consolidated into six equity and health focus areas: environment and human health; sense of community; property impacts; transportation safety; transportation options; and access to destinations. These areas are preliminary pending engagement of historically underserved and overburdened communities in Spring 2022.

This document provides a data-driven foundation for two subsequent EHA reports that will be considered by MnDOT as public input to create the Hwy 252/I-94 Scoping Decision Document (SDD). The second report will document engagement results and identify the equity and health priorities of Hwy 252/I-94 communities. The third report will provide a community-driven health and equity assessment of Hwy 252/I-94 SDD project alternatives and recommendations for what, if any, changes to the SDD should be considered before proceeding to final review and approval. Recommendations could also identify opportunities outside of the project for consideration by MnDOT and/or other agencies.

Figure 1. Highway 252/I-94 Corridor

## Report Findings

### The Highway 252/I-94 Corridor

The Hwy 252/I-94 corridor runs for approximately 12 miles between the Hwy 610/252 interchange in Brooklyn Park and the 4th Avenue/I-94 interchange in Minneapolis. The Mississippi River is less than one-half mile to the east of the corridor, creating a natural physical barrier. There are no other natural barriers west of the river; however, I-94 creates a north-south barrier in Brooklyn Center where it turns west and bisects the city.

The Hwy 252/I-94 corridor runs through some of the most racially and ethnically diverse areas/of the state. Nearly 60 percent of the corridor identifies as Black or African American, Asian, or Hispanic/Latino. The proportion of people of color is highest in North Minneapolis and in Brooklyn Center north of I-94 and west of Hwy 252.

### Health Conditions along the Hwy 252/I-94 Corridor

Health is a state of complete physical, mental, and social well-being, extending beyond the absence of disease or infirmity<sup>1</sup>. A person's health is heavily influenced by the environments in which they live, work, play, and go to school. According to available health data, communities along the Hwy 252/I-94 corridor experience more negative health outcomes compared to the county and/or region. There are also significant health disparities within the corridor based on race/ethnicity, income, and location.



<sup>1</sup> World Health Organization. <https://www.who.int/about/governance/constitution>

The key findings of this report related to health conditions along the Hwy 252/I-94 corridor are:

- 1. People living in North Minneapolis report more negative health outcomes than people living in Hennepin County.** According to the Hennepin County SHAPE<sup>2</sup> survey, residents of North Minneapolis are significantly less likely to report excellent or very good health and significantly more likely to report poor or fair health compared to residents of Hennepin County. North Minneapolis residents are also less likely to report vigorous or moderate physical activity and more likely to report feeling unsafe than Hennepin County residents.<sup>3</sup>
- 2. Public health models indicate higher rates of chronic disease in majority non-white areas along the corridor than in majority white areas along the corridor.** According to the Centers for Disease Control and Prevention, residents of majority non-white areas along the corridor are 20 to 25 percent more likely than residents of majority white areas to experience asthma, chronic obstructive pulmonary disease (COPD), and obesity.
- 3. The typical person living along the Hwy 252/I-94 corridor has less income than the typical Hennepin County resident.** Median household income for people living along the corridor is \$64,941, compared to \$78,167 for Hennepin County. Twenty-two percent of households with children along the corridor are experiencing poverty, compared to 10 percent of households with children for the county
- 4. There are significant income disparities by race and ethnicity along the Hwy 252/I-94 corridor.** Median household income for Black households along the corridor (\$37,300) is less than half what it is for white households along the corridor (\$79,900). A typical household in a majority non-white area is twice as likely as a typical household in a majority white area to spend more than 45 percent of household income on housing and transportation.
- 5. Compared to the typical Minnesotan, people living along the Hwy 252/I-94 corridor are at greater risk of disease, hospitalization, and death due to poor air quality.** Urban counties and counties with a higher proportion of people of color, such as Hennepin County, have higher rates of emergency room visits, hospitalizations, and deaths resulting from fine particle matter and ozone exposure. Environmental Protection Agency models put the lifetime risk of cancer from inhalation of air toxins at 31 parts per million for communities along the corridor. This risk is a function of air toxic concentration, exposure rates, and socioeconomic conditions.
- 6. People living along the Hwy 252/I-94 corridor are concentrated in high traffic areas.** Approximately half of the 62,000 people living along the corridor live within 300 meters (1,000 feet or one-fifth of a mile)<sup>4</sup> of a major roadway (more than 10,000 average annual daily traffic).

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<sup>2</sup> Hennepin County SHAPE 2018. <https://www.hennepin.us/your-government/research-data/shape-surveys>

<sup>3</sup> Information on social determinants of health is available from the Centers of Disease Control and Prevention. <https://www.cdc.gov/socialdeterminants/index.htm>

<sup>4</sup> Traffic's impact on air quality diminishes with distance. Air quality research indicates that vehicle-related pollutants reach ambient concentrations at about 300 meters from major roadways.

## Transportation Conditions along the Hwy 252/I-94 Corridor

In Minnesota and across the country, decades of transportation investment have focused on keeping vehicles moving at high speeds by expanding roadways, reducing the need to stop, and removing obstacles and barriers near roads such as trees. These investments often come at the expense of pedestrians and bicyclists, creating a more dangerous and less pleasant environment to walk or bike in. This, along with greenhouse gas emissions and particulate pollution created by cars, disproportionately impacts people of color, people with lower income, and people over age 65, who are more likely to travel on foot, by bike, or by transit than white people, people with higher incomes, and people under age 65.

The Minnesota GO 50-year Vision for Transportation imagines a multimodal transportation system that maximizes the health of people, environment, and economy. This vision makes clear that transportation is a means to achieving health, and that health should be considered when making transportation decisions. As the champion agency behind the Minnesota GO Vision, MnDOT is working to expand the role of health in transportation decision-making at the policy, program, and project level. MnDOT is also committed to advancing transportation equity. Transportation equity ensures the benefits and burdens of transportation systems, services, and spending are fair and just, which historically has not been the case. Transportation equity also requires that people of underserved communities, especially Black, Indigenous and People of Color, share in the power of decision-making.<sup>5</sup>

The key findings of this report related to health, equity, and transportation along Hwy 252/I-94 are:

- 1. Most people living along the Hwy 252/I-94 corridor commute outside the corridor for work.** Approximately 20,500 people who live in the corridor work elsewhere, and just 800 people live and work within the corridor. The top employment industries for corridor residents are healthcare and social assistance, manufacturing, and retail trade.
- 2. People living along the Hwy 252/I-94 corridor face challenges to accessing jobs by modes other than personal motor vehicle.** Along the Hwy 252/I-94 corridor, households with personal vehicles can access significantly more jobs within 30 minutes than households using public transit. North Minneapolis has the greatest access to jobs within 30 minutes by transit and bicycle due to its proximity to downtown. Jobs located to the east and west of the corridor are comparatively less accessible by transit and bicycle due to the Mississippi River, freeway barriers, fewer transit routes, and fewer bikeways traveling in those directions.
- 3. Among people living along the Hwy 252/I-94 corridor, White workers are more likely to drive alone to work and have shorter commutes than Black and Hispanic/Latino workers.** Compared to White workers, Black workers are 14 percent less likely to drive alone to work. Hispanic/Latino workers are 12 percent less likely. Sixty-seven percent of commuters who drive alone to work have commutes less than 30 minutes, compared to 42 percent of commuters who take transit.

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<sup>5</sup> MnDOT working definition of transportation equity.

4. **The Hwy 252/I-94 corridor has a high concentration of households without a personal motor vehicle.** According to a recent American Community Survey, 14 percent of households along the corridor do not have access to a personal motor vehicle, compared to nine percent for Hennepin County.
5. **People living along the Hwy 252/I-94 corridor face challenges accessing healthy food options and greenspace by modes other than personal motor vehicle.** Among people living along the corridor, about six in 10 can access a grocery store within a 20-minute walk. There is limited access to grocery stores by foot in Brooklyn Center. Similarly, about six in 10 corridor residents can access a park within a 10-minute walk. Access to greenspace is more limited in downtown Minneapolis, portions of the Camden neighborhood, and Brooklyn Center south of the I-94/I-694 interchange.
6. **Hwy 252 and I-94 presents a barrier to people walking, biking, and rolling to destinations throughout the corridor.** Hwy 252 and I-94 bisect the corridor, and crossing opportunities are spaced at inconvenient distances for pedestrians and bicyclists. Crossings, where they do exist, provide poor multimodal levels of service. This leads to unsafe conditions that discourage people without motor vehicles from crossing the corridor.
7. **There are differences in the built environment of areas with majority White and majority non-White populations.** For block groups where people of color comprise most of the population, the tree canopy coverage is 26 percent, with the lowest coverage in the southern portion of the study area near downtown Minneapolis and along the Mississippi River; in areas with a greater proportion of White residents, canopy coverage tends to be higher.
8. **There are more vehicle crashes on Hwy 252 than on similar highways across the region.** Hwy 252 is considered deficient based on number of crashes, crash rates, and crash indices. There have also been multiple fatal crashes involving motor vehicles and vulnerable users (e.g., pedestrians and bicyclists). When considering the volume differential between people driving and people walking or biking, pedestrians and bicyclists are significantly more likely to be involved in a fatal or serious injury crash at a Hwy 252 intersection than are people in motor vehicles.

## Equity and Health Focus Areas

Table 1 summarizes and organizes equity and health baseline condition information into six equity and health focus areas. Information about how equity and health focus areas were established is available in Section 8 of this report.

Table 1. Equity and health focus areas

Focus Areas	Focus Area Description
<b>Environment and Human Health</b>	The quality of the natural and built environment is highly correlated with community health and well-being. As the natural and human built environment degrades, people are exposed to higher concentrations of toxins, lower

Focus Areas	Focus Area Description
	property values, higher stress levels, and fewer opportunities to connect with nature.
<b>Sense of Community</b>	The design and operation of public roadways contributes to a community's cohesion and sense of place. A well-connected street network, with quality sidewalks, tree cover, gathering places, art, and other forms of streetscaping brings people together, spurs commerce, and increases quality of life.
<b>Property Impacts</b>	Transportation construction can have significant impacts on property, up to and including the acquisition and demolition of homes and businesses. Traffic and roadway design can also impact property values by increasing or decreasing the livability and/or accessibility of nearby properties.
<b>Transportation Safety</b>	Being and feeling safe on public roadways is another way transportation contributes to health and well-being. Transportation safety prevents vehicle crashes and promotes the safety and security of pedestrians, bicyclists, transit riders, and people in motor vehicles.
<b>Transportation Choice</b>	Transportation options support health and well-being by increasing opportunities for people to reach destinations by walking, rolling, bicycling, taking public transit, and a combination of modes involving more physical activity and social connection than driving alone.
<b>Access to Destinations</b>	Access is a measure of the opportunity people have to work, play, and obtain goods and services essential to health and well-being. Transportation supports access by connecting people to destinations. Transportation also helps neighborhoods attract and retain jobs, grocery stores, health care, schools, and other amenities that promote vibrant communities.

## Next Steps

Baseline condition information in this report sets the stage for equity and health engagement of people in historically underserved and overburdened communities. This engagement provides corridor residents an opportunity to rank equity and health focus areas and answer the following questions:

- Why did you prioritize the focus areas the way you did?
- What health topic do you most want explored in depth as part of the Hwy 252/I-94 EHA? Why?
- What would it take to ensure the benefits and burdens of Hwy 252 and I-94 are equitable?
- What else should MnDOT think about relative to equity and health on Hwy 252/I-94?

Answers to these questions will be used to understand, augment, and prioritize equity and health focus areas in Hwy 252/I-94 EHA Report #2 – Equity and Health Priorities.