Metro Healthy Comprehensive Plans Work Group Meeting
Thursday, July 14, 2016
9:00 a.m. – 11:00 a.m.
St. Louis Park City Hall, Council Chambers
5005 Minnetonka Blvd. St. Louis Park, MN 55416

Agenda

1. Welcome and introductions 9:00 AM

2. Follow-up from May 13 meeting 9:10 AM

3. Presentations: Selecting and working with consultants to build health into community planning 9:20 AM
   - Incorporating Goals Into Your Contracting
     - Rachel Dougherty and Tina Wong, State of Minnesota, Department of Administration
   - Incorporating health into Bottineau Station Area Planning
     - Joni Giese, SRF Consulting Group Inc., Denise Engen, Hennepin County
   - Q&A

4. Facilitated discussion 10:10 AM

   - This guide provides tools, resources, proven policy strategies, and recommended planning and zoning language for comprehensive plans, so planners and community food advocates can collaborate to design communities that promote access to healthy, safe, affordable food.
     - Nadja Berneche, Healthy Comprehensive Plan Coordinator, Terra Soma, LLC
     - Eric Weiss, Blue Cross Blue Shield of MN

6. Wrap Up and Next Steps 10:50 AM
   - Updates/Next Steps
   - Summary and reflection
   - Next meeting: September 9, Southdale Library (tentative)
Comprehensive Plan Survey Results

Active Living Hennepin County Partnership
July 2016
Q2 Will your city be completing the comprehensive plan update with your current city staff or hiring a consultant?

Answered: 24  Skipped: 0

- **City Staff**: 20.83%
- **Consultant - All**: 12.50%
- **Consultant - Sections**: 8.33%
- **Staff and Consultant**: 50.00%
- **We have not decided**: 8.33%
- **Comments**: 8.33%
Q6 Which elements of your comprehensive plan do you anticipate will require the most change?

Answered: 24  Skipped: 0

- Vision and Goals
- Land Use
- Housing
- Transportation
- Utilities
- Parks and Community...
- Redevelopment & Econ. Dev.
- Environment
- Other, Please list below.
Q4 What types of community engagement are you considering for your comprehensive plan update? Choose all that apply.

Answered: 23  Skipped: 1

- Public Meetings & Open Houses: 22
- Focus Groups: 16
- Targeted Engagement: 9
- Surveys: 11
- Community Events: 13
- Interactive Workshops: 6
- Interactive website: 13
- Social Media: 17
- Resident Advisory Group: 9
Q5 Has your city considered incorporating health into your comprehensive plan update? Please check all that apply.

- Active Transportation: 69.57%
- Urban Ag: 34.78%
- Retail Licensing: 4.35%
- Equity: 30.43%
- Parks and Rec: 60.87%
- Environmental Health: 30.43%
- Under Consideration: 21.74%
- Not Yet Considered: 8.70%
- Other: 13.04%

Answered: 23, Skipped: 1
May 13 Meeting

Discussion Highlights
Expectations for Group

For each other
• Participate in the group
• Share and listen
• Share ideas, knowledge and resources
• Participate outside regular meetings
• Open communication
• Be resources to each other to others
• Help make progress
• Hold each other accountable
• Follow-through

For the Experience/Meetings
• Value added
• Helpful resources
• Agendas laying out clear goals
• Really good food
• Celebrate accomplishments
• Include information for cities and counties
• Only meet when needed
## How the 2040 plans could better address health, equity and resiliency

### Health
- Health as key value and in mission statement
- Integrate health throughout all plan sections – plus its own chapter
- Incorporate public health into the comp plan process at the beginning
- Include a health in all policies framework

### Engagement and Outreach
- More/better engagement and outreach
- Robust engagement of underrepresented groups

### Data
- Better understanding of demographics
- Include facts and figures (baseline data) on community health

### Process/Plan
- Use common language
- Bring together Human Services and Public Works
- Include access to healthy foods; acknowledge food system components
How the plan could be different?

**Engagement and Outreach**
- Involve residents more authentically and deliberately
- Engagement by focus groups
- Broad community representation/participation
- Engagement of non-traditional unorganized groups
- Purposeful engagement with target populations to identify barriers

**Data**
- Better understanding of demographics
- Include facts and figures (baseline data) on community health

**Process/Plan**
- Holistic
- Inclusive
- Accessible and used, guides decisions
- Visionary and inspirational
- Different – make more “user” friendly
How the plan could be different?

Health
• More health data and trends
• Tie health into each chapter so people make connections

Resiliency
• More on what “resiliency” is
• More focus of resiliency of the built environment

Equity and inclusiveness
• Build in supports for health equity
• Plans are more inclusive and reflect our changing population

Implementation
• Implementation plan will include measurable steps and get incorporated into our city’s strategic planning
• How can community keep departments/elected accountable?
• How can departments keep elected accountable?
How could this group help?

**Support and learning**
- Inspire and support
- Push outside of comfort zone
- Hear what others are doing
- Share ideas, resources, language for plan
- Authentic conversations with peers
- Peer review
- Establish/share best practices
- Share lessons learned
- Build common ground

**Tools, Assistance, Connections**
- Expert speakers
- Tool kits
- Help connect to public health; to advocacy & community groups,
- Networking – learning what everyone is up to, about innovations
- Provide data and metrics, background – to help explain and persuade
- Help describe terms/plain language
- Technical assistance
- Draft model goals/language - subgroups
Incorporating Goals Into Your Contracting!
Introductions

• Rachel Dougherty
  – Attorney / Contracts Specialist
  Rachel.Dougherty@state.mn.us

• Tina Wong
  – Attorney/ Contracts and Policy Analyst
  Christina.Wong@state.mn.us
Agenda

• Look at how the RFP as a tool for incorporating goals into your contract;
• Discuss some basic rules to follow while drafting the contract and scope of work;
• Discuss how contract management plays a role in reaching your goals; and
• Talk about some best practices moving forward.
Drafting the Solicitation Doc (RFP)

• Get your homework done when writing the RFP
• Get the right people involved!
  – Technical Writers
  – Contracting/Procurement
  – Legal
  – Finance
  – Stakeholders
Benefits of a Good Solicitation Doc

• Take the time to write a good RFP.

  – WHY???

  • Responders can clearly understand the requirements and needs.
  • Responders can more accurately price their proposals and submit higher quality responses.
  • Minimize the need for addenda and amendments later on.
  • Allows for performance assessments.
  • Reduces protests and contract disputes.
The Contract as a Tool

• Enforcement... when things go wrong
  – Contracts and SOWs are not helpful when language ambiguous, unclear, or missing all together.

• Reminder... what did we/they agree to do
  – We last looked at the contract when?

• Agreement... did we mean the same thing
  – Clear and precise drafting means everyone (probably) is closer to being on the same page;

• Contracts are most useful when things go wrong
  – The “we all know what that means,” is not effective when parties change, retire, or otherwise leave the project.
A well-drafted Contract & SOW tells interested parties who, what, when, where, how, and why.

- Who?
- What is being delivered?
- When will the deliverables be provided?
- Where are the deliverables to be provided?
- How will the deliverables be provided?
- How much / cost / hourly rates?
- Why are the parties entering into the contract?

Be specific!
Avoid Ambiguity

The ability to interpret the same thing in different ways!

• The same words could mean different things
  – Contractor must provide a report bi-weekly

• A sentence that can be interpreted in multiple ways
  – “Contractor must be located in the State of Minnesota.”
  – “Contractor must be headquartered in the State of Minnesota.”
Draft the Contract and SOW

- Always create the first draft
  - Do not use the contractor’s proposal as the SOW for the duties section of the contract
  - Allows you to frame the issues and approach
  - Requires the other party to react to your language, instead of you reacting to theirs
Focus on the Details

- Focus on writing a detailed duties section or statement of work
  - Be specific when creating the SOW!
  - Include the who, what, where, when, and why
  - Leave nothing to “understanding”
    - “Understandings” change with the circumstance
Deliverables

- Tie all payments and performance measures to deliverables
  - Do not pay for the passage of time
  - Pay for completion of segments of the project (deliverables/performance)
  - Use this method regardless of fixed price or time and materials approach
2. **Contractor's duties**
   The Contractor, who is not a State employee, will:
   1. Secure agreement on the value of coaching for the Executive by having meetings with the Commissioner and the Executive
   2. Conduct meetings with the Executive and Commissioner to identify issues
   3. Determine in conjunction with the Commissioner and Executive whether the issues can be resolved
   4. Work with the Executive and Commissioner to identify possible solutions.
   5. Prepare written report of issues, recommended actions by both parties and a recommendation as to whether the Executive should continue in their current role.
Attachment A-Scope of Work

1) Survey the 19 year olds in the follow-up population
   a) Prepare the survey instrument that was formerly developed under contract PTK1001
   b) Prepare mailing announcement materials regarding the FDA survey
   c) Adhere to follow-up procedures with non-respondents, as agreed upon with the STATE including but not limited to contacting the counties to obtain more contact information for the 19 year olds in the follow-up population
   d) Transfer survey data to STATE in a timely fashion according to STATE specifications. Data is collected every 6 months. CONTRACTOR will keep in touch with the STATE regarding specific dates for the transfer of data.
   e) CONTRACTOR must meet or exceed the following percentages of survey completions: 80% of the 19 year olds in the follow-up population who are still in foster care and 60% of the 19 year olds in the follow-up population who have left foster care.
Engage in Contract Management

• What does “Contract Management” mean in your agency?

• Who manages contracts in your agency?
Contract Management

Contract management is a **proactive** process that helps to ensure that contract duties and obligations are performed.

Good contract management will help the agency *get what it is paying for!*
The Takeaways

• Be clear about your goal from the start—in the RFP!
• Draft carefully and think about the why so your goal becomes part of the contract
• Do the deliverables reflect your goal?
• Manage the contract proactively
Building in Health Equity Through Community Engagement:
Planning “Phase 1” station areas for the METRO Blue Line Extension (Bottineau LRT)

Presented by:
Joni Giese, SRF Consulting
Denise Engen, Hennepin County
METRO Blue Line Extension (Bottineau LRT) Station Area Planning

HEALTH CONTEXT
What creates healthy communities?
Healthy Communities Features

• Housing for different incomes and different stages of life
• Socially equitable and accessible community
• Easy connections to public transit and active transportation
• Mixed land uses where homes, shops, schools and work sites are located close together
Healthy Communities Features

• Jobs and education are accessible from/within the community
• Walking and biking are safe and comfortable
• Public places for social interaction
• Parks and green spaces are easy to get to
• Outlets for fresh, healthy food

Centers for Disease Control and Prevention: [www.cdc.gov/healthyplaces/toolkit](http://www.cdc.gov/healthyplaces/toolkit)
What factors determine our health?

Social Determinants of Health
Complex, integrated, and overlapping social structures and economic systems responsible for most health inequities/disparities.

Examples (includes access and quality):
- Land use
- Transportation systems
- Education
- Jobs/Income/wealth
- Food
- Housing
- Social connectedness
Definitions

Health disparities
Health disparities are differences in health outcomes between groups that reflect social inequalities.
(Centers for Disease Control and Prevention)

Health equity
When every person has the opportunity to realize their health potential — the highest level of health possible for that person — without limits imposed by structural inequities
(Minnesota Department of Health)
Health Equity Project Progression

2012-2013
Health Impact Assessment
Bottineau Linked to Health, Funded by Pew Charitable Trust

2013-2016
Station Area Plans
Health Equity and Engagement, Health equity portion funded by BCBS Center for Prevention

2016-ongoing
Community Works Program
Everything Beyond the Rails, Health equity portion funded by BCBS Center for Prevention

July 14, 2016
Health Impact Assessment (HIA)

- An HIA is set of steps to examine the potential effects of a proposed policy/project on the health of communities
- Helps stakeholders consider health
  - When health might not otherwise be included in the conversation
- HIA was a fairly new approach
Bottineau Transitway - Demographics

- 93,000 people within 1 mile of transit line
- Demographics vary widely throughout the Bottineau Corridor
- Racially/ethnically diverse = ex: 50% minority in Brooklyn Park and 54% in Brooklyn Center, 16% in Golden Valley
- 24% below poverty level in station areas
- Greater percent of population is non-English speaking
- Zero-car households =
  - >50% in some areas of north Minneapolis
  - >22% in some areas of Brooklyn Park
  - 8% in metro region

Sources: 2010 U.S. Census, American Community Survey 5 Yr Estimates 2007-2011
Health Impact Assessment (HIA)

• Identified health disparities
  – Unemployment
  – Educational Attainment

• Health outcomes:
  – Life expectancy
  – Stress
  – Rates of cancer incidence
  – Traffic fatalities
Bottineau HIA Key Findings & Recommendations

• Community health and health equity can be improved through the Bottineau LRT project
  – The impact of the transitway on health will depend on the land uses surrounding the new stations
  – The impact of the transitway on low-income and minority communities will depend on efforts to ensure their access to light rail

• Recommended continued engagement focused on low-income, non-English speaking & minority populations
METRO Blue Line Extension (Bottineau LRT)

• 13 miles with 11 new LRT stations
• Serving north Minneapolis, Golden Valley, Robbinsdale, Crystal, and Brooklyn Park
• 27,000 riders est. daily by 2030
• One-seat Blue Line ride to MSP Airport, Mall of America
• Connections to METRO Green Line, Northstar, bus services
Station Area Planning

- Planning 11 stations in two phases

  - Phase 1:
    - 2 stations in Minneapolis
    - 2 station alternatives in Golden Valley/Mpls

  - Phase 2:
    - 1 station in Robbinsdale & 1 station in Crystal
    - 5 Brooklyn Park stations
What is a station area?

- Community-based planning that considers
  - ½ mile area surrounding proposed LRT station (about a 10 min. walk)
- Examines the look, feel and fit of the station into the community
- Results in recommendations for local communities and agencies to consider
METRO Blue Line Extension (Bottineau LRT) Station Area Planning

ENGAGEMENT STRATEGY
## Three Level Approach

<table>
<thead>
<tr>
<th>Baseline Communication Strategy</th>
<th>Formal Public Participation Process</th>
<th>Targeted Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Public Relations Lead</td>
<td>• Entry Point for All</td>
<td>• Population focused</td>
</tr>
<tr>
<td>• Project Website</td>
<td>• Charrettes</td>
<td>• Culturally specific</td>
</tr>
<tr>
<td>• E-blasts and Newsletters</td>
<td>• Online Input Gathering</td>
<td>• Focused on populations impacted by health inequities</td>
</tr>
<tr>
<td>• Flier/Poster Distribution</td>
<td>• Public Meetings, Community Working Groups</td>
<td>• Flexible and adaptive</td>
</tr>
</tbody>
</table>

[July 14, 2016]
Partners

Government
Hennepin County/Local Cities

Health Equity

Community Based Organizations (CBOs)
Place based and Culturally-Based

Station Area Planning

Trusted Intermediary
NEXUS

July 14, 2016
Health Equity Engagement Cohort Organizations (HEEC)

- African Career, Education and Resource, Inc. (ACER)
- African American Leadership Forum (AALF)
- CAPI
- CLUES
- Harrison Neighborhood Association
- Heritage Park Neighborhood Association
- Lao Assistance Center of MN (LACM)
- La Asamblea de Derechos Civiles
- Masjid An-Nur
- MN African Women’s Association (MAWA)
- Northside Residents Redevelopment Council
- Northwest Hennepin Human Services Council (NWHHSC)
- Redeemer Center for Life

July 14, 2016
METRO Blue Line Extension (Bottineau LRT) Station Area Planning

PROJECT FRAMEWORK
Project Framework

Two related and concurrent efforts:

• Station area planning
  – RFP released for planning services
  – Paid for by Hennepin County Regional Railroad Authority

• Health equity community engagement
  – Funded by grant from Blue Cross + Blue Shield of MN
  – Join application by Hennepin Co. and Nexus Community Partners

July 14, 2016
METRO Blue Line Extension (Bottineau LRT)

THE PROJECT
RFP & Scope of Work

Health explicitly framed in the following sections:

- Introduction/desired recommendations
- Project purpose and goals
- Background - Health initiatives coordination
- Project coordination and management
- Review of completed work
- Community engagement
Contract & Scope of Services

Health explicitly framed in the following sections:

• Project goals
• Project coordination and management
• Collaborative community engagement
Contract & Scope of Services

Health Lens: Technical Analysis & Recommendations

- Circulation and Access
- Housing
- Parks and Open Spaces
- Urban Design
- Land Use
- Implementation Strategies
Project Goals

• Robust public engagement, including increased participation of low-income people, historic communities of color and immigrant/refugee populations living near station areas;
• Streets designed for all users
• Creation of life cycle housing
• Great public spaces
• Healthy and equitable communities
• Effectively managed parking
• Realization of the economic development benefits of transit investments
• Stations fully integrated into the communities served
• Convenient connections to the station and through transit-oriented development that facilitates housing and jobs
• Alignment with community goals
• Maximize transit ridership through appropriate development.
Health Influence on Project Coordination and Management

- Coordinate with the HEEC
- Perform Project Reviews at Key Milestones
  - Project Management Conference Calls
  - Framing the Questions
Health Influence on Community Engagement

• Community Engagement Plan
  – Collaboratively prepared with the HEEC

• Walkability Audits
  – HEEC Administered
Health Influence on Community Engagement

- Station Area Working Groups
  - One group per station
  - Station area residents/stakeholders
Health Influence on Community Engagement

• Recommendations Workshop
  – HEEC representatives
  – Agency staff

• Community Open Houses
  – HEEC representatives
  – Agency staff
# Health Influence on Recommendations

**The Physical Environment Can Influence Community Health.**

The table below summarizes healthy community design features that are incorporated into current station area concepts.

<table>
<thead>
<tr>
<th>Healthy Community Design Feature</th>
<th>How Station Area Planning Is Addressing Healthy Community Design</th>
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</table>
| Socially equitable and accessible community | » The Bottineau Transitway (METRO Blue Line extension) will bring light rail transit (LRT) to underserved communities.  
» Transit helps improve overall health in communities by improving physical activity levels, job access, housing and transportation costs, traffic safety, education access and access to healthy food. |
| Housing for different incomes and different stages of life | » Development concepts show a variety of new housing types that could be either ownership or rental opportunities and show the preservation of a majority of existing housing. |
| Easy connections to the METRO Blue Line Extension and the regional transit system | » Gaps in sidewalk network are proposed to be filled in.  
» New bicycle facilities are proposed.  
» Metro Transit will be investigating potential bus service improvements. |
| Mixed land uses where homes, shops, schools and work sites are located close together | » Development concepts show a variety of land uses in the station areas. |
# Health Influence on Recommendations

**The Physical Environment Can Influence Community Health.**
The table below summarizes healthy community design features that are incorporated into current station area concepts.

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| Jobs and education are accessible from/within the community |  - Several development concepts show new job/education land uses.  
  - Development concepts maintain existing sources of jobs. |
| Walking and biking are safe and comfortable |  - Safe crossings of Olson Highway are proposed.  
  - Various options are proposed to safely reach the stations near the freight rail line.  
  - Sidewalks are proposed to be buffered from the street by a planted boulevard.  
  - New bicycle facilities are proposed.  
  - Enhanced lighting is proposed. |
| Public places for social interaction |  - Development concepts provide community gathering spaces near the stations. |
| Parks and green spaces are easy to get to |  - New sidewalk and bicycle connections to parks are proposed. |
| Outlets for fresh, healthy food |  - Several mixed use concepts shown could accommodate small grocery service or a small farmers market.  
  - Existing community gardens maintained. |
LESSONS LEARNED

METRO Blue Line Extension (Bottineau LRT)
Lessons Learned

• The scope is important
  – Take time to write and rewrite
  – Define what is important (goals, values and outcomes)

• Planning is fluid
  – Build in flexibility
  – Regular check-ins and communication is important
Lessons Learned

• Planning consultants are not health experts
  – This is new territory, you may need to lead
  – Be prepared to do a lot of writing and editing of the final product

• Community Engagement paves the way
  – Surface issues early to avoid larger impasses later
  – Creates sense of ownership and advocates for the plan
  – Stakeholders will be part of implementation
Lessons Learned

• Set the Stage for the Conversation
  – Ask health questions
  – Listen!

• Reframe Technical Work
  – Many issues/recommendations didn’t necessarily change
  – Did need to make the health implication explicit
Lessons Learned

• Value of cultural brokers to connect with community
• Engagement needs to be considered early in project planning
  – Time intensive for all partners
  – Needs consideration in project budget
  – Needs to connect to a decision point/place of impact
• Early inclusion of community adds value
  – Adds community experts to the project’s technical experts
Contacts

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Joni Giese
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Food Access Planning Guide

Metro Healthy Comp Plan Work Group
July 14th, 2016
• Learn how and why the *Food Access Planning Guide* was created
• Explore what the Guide does and how to use it
• Learn more about the Food Access Planning Guide Toolkit
Access to healthy foods is a question of equity.
Reliable access to safe, healthy, affordable food for all

What is the Food Charter?
Creating comprehensive plans that build healthy food environments to promote community health and prosperity

What is the Food Access Planning Guide?
Why do we need a Food Access Planning Guide?

**WHY WE’RE CONCERNED**
The cost of obesity and related chronic diseases is worrisome.

**HUNGER**
- **3.5M VISITS TO FOOD Shelves**
  More than twice the number of Minnesotans visited food shelves in 2013 than 15 years ago.
- **20% OF FAMILIES WITH CHILDREN**
  In Minnesota face hunger or food insecurity.

**ECONOMIC IMPACT**
- **$2.8B OBESITY-RELATED HEALTHCARE COSTS PER YEAR**
- **$17B LOST PRODUCTIVITY**
  Lost productivity and absenteeism due to unhealthy workers/year.

**HEALTH**
- **60% OF DEATHS IN MINNESOTA ARE DIET-RELATED**
  The majority of deaths are from diet-related illness, like stroke, cancer, diabetes, and heart disease.
- **2:3 MINNESOTANS ARE OVERWEIGHT OR OBSESE**
  Many low-income Minnesotans are obese with other diet-related problems, including 3 out of 3 young children.

**HEALTHY FOOD ACCESS**
- **MINNESOTA HAS FEWER SUPERMARKETS**
  per capita than most states, ranking in the bottom third of states nationwide.
- **NEARLY 900K MN RESIDENTS**
  including over 260,000 children, live in lower-income communities with insufficient grocery store access.
Comprehensive plans embody the values and priorities of local governments and establish the policy foundations for pursuing those priorities.

The Food Access Planning Guide provides planners and their partners with the resources and language they need to develop comprehensive plans that support access to healthy food.
LEARN
ACT

2 sections
LEARN
HELPFUL RESOURCES and information to bridge the knowledge gap between planners and food advocates

ACT
SAMPLE LANGUAGE addressing numerous facets of healthy food access that communities can include in comprehensive plans and zoning codes
Who does what?

Planners
Community Advocates
Health Dept.
Staff
Funders
Experts/Consultants
Elected Officials

Step by Step Who does What?

Community Visioning

- Lay the foundation for the comprehensive plan by establishing a vision statement, guiding values, and identifying key outcomes.

Incorporation of Review Committee

- Objectives: Ensure the inclusion of community members and relevant stakeholders to provide input and guidance.

Analysis of Existing Conditions

- Objectives: Identify current health status, trends, and challenges to inform the development of a comprehensive plan.

Policy Drafting

- Objectives: Develop policy recommendations that address identified issues and align with community priorities.

Draft Review

- Objectives: Review the draft plan to ensure it is comprehensive, achievable, and aligned with the vision.

Plan Adoption

- Objectives: Finalize the plan for implementation, ensuring it is endorsed and supported by all relevant stakeholders.

Need Help?

Here’s a helpful resource for effective food environment strategies and best practices.

Who does what?

Planners
- Engage diverse communities and stakeholders to develop a comprehensive plan.

Community Advocates
- Provide ongoing support and advocacy for the implementation of the plan.

Health Dept.
- Ensure alignment with public health objectives and strategies.

Staff
- Implement and monitor the plan’s compliance and outcomes.

Funders
- Allocate resources and provide necessary support for the plan’s execution.

Experts/Consultants
- Contribute specialized knowledge to enhance plan efficacy.

Elected Officials
- Approve and support the plan’s implementation at the policy level.

Minneapolis FOOD CHARTER
For Our Healthy Future
There is no one way to organize a comprehensive plan or to include food access and equity language into a plan. We recommend four possible approaches.
TYPICAL PLANNING ELEMENTS. Use the most common planning chapters - housing, land use, transportation, economic development, etc. - to address food access issues. This approach highlights the comprehensive nature of food access issues and may be a format most people are accustomed to.

CREATE A NEW CHAPTER. Either in a new Food Access chapter or in a broader cross-cutting chapter focused on community health or sustainability. For jurisdictions in the Twin Cities metro area, the Metropolitan Council’s Local Planning Handbook suggests putting health-related and environmental policies in a chapter titled “Resilience,” which would be an appropriate home for healthy food access policies.

VALUES BASED APPROACH. Much like Thrive MSP 2040, a plan can be organized around a set of community values and principles as a means of building community consensus and having a mission- and vision-driven plan. In this case food access should be attributed to aligned values.

USE A COMBINATION OF THESE OPTIONS. Reference food-related policies within traditional comprehensive plan chapters, and create a stand-alone health or food chapter. We recommend this approach because it builds ownership across different departments of local government while also offering a dedicated plan section in which more food-specific detail is provided.
Goal Statement
Use land use guidance and regulations to improve local households’ proximity to healthy food and support food-related businesses and activities.

Overview of the topic
Land Use Example
Land Use Example

**POLICY I**

[Local government] will support development patterns that preserve agricultural land, and decrease the distance between households and retail food options.

- Adopt policies that support infill development and redevelopment over greenfield development.
- Analyze existing retail patterns to determine where to locate new commercial areas.
- Encourage and zone for higher-density or mixed-use housing near transit lines and commercial areas.
- Consider minimum density requirements for new residential and mixed-use projects and other types of development.
- Employ an approach to planning processes that treats health equity, healthy food access, and food systems development as primary considerations when making major land use decisions, such as impact transportation and other policy choices.

**POLICY II**

[Local government] will review and simplify or remove its regulation of food- and farm-related land uses, in order to improve the variety and availability of healthy food outlets.

- Review and update regulations governing backyard gardening, community gardens, and urban farming to foster an expansion of food production in the community.
- Review and update regulations governing food processing businesses—such as commercial kitchens, value-added businesses, and small-scale home kitchen businesses—to increase business growth.
- Review and update regulations concerning food outlets, such as grocery stores, small food stores, farmers markets, seasonal food stands, and farm stands to support growth in the types and number of food outlets throughout the community and their commercial knitting.

**Sample policy language**

**Suggested implementation or action steps**

**Things to consider**
How do we use the Guide?

What other resources are available?
Food Access Planning Guide Toolkit

- Food Access Planning Guide Event Host Checklist
- Key Messages
- Sample Meeting Agenda
- Facilitator’s Tip Sheet
- Engagement Guide
- Slides for Presentations
Get a Minnesota Food Charter Food Access Planning Guide at:

mnfoodcharter.com/planningguide

Sign up for a Food Access Planning Guide Toolkit at

mnfoodcharter.com/planningguide and you’ll get a toolkit emailed to you!
Working with Minnesota Local Governments to Increase Access to Healthy Food

Part IV: Equity and Engagement: Building Authentic Relationships

Date: July 18, 2016, noon – 1:30 pm

Registration link: www.publichealthlawcenter.org/webinars/Mnfoodaccess
Contact Information

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nadja@terrasoma.com

thank you!!