Metro Healthy Comprehensive Plans Work Group
Kick-off Meeting
Friday, May 13, 2016
9:00 a.m. – 11:00 a.m.
Southdale Library, 2nd floor “Full Meeting Room”
7001 York Ave. S. Edina, MN 55435

Agenda

1. Welcome 9:00 AM
   - Meeting purpose/background
   - Introductions

2. Presentations & Large Group Exercise 9:15 AM
   - Health and comprehensive plans: what’s the connection?
     - Eric Weiss, Blue Cross Blue Shield of MN, Comprehensive plans in the 21st century
     - Kristin Raab Minnesota Department of Health, MDH Comprehensive Plan Review
   - Active Living Hennepin Co., Fall workshop follow-up and Spring survey results

3. Small Groups Exercise 10:05 AM
   - Issues & trends and health impacts
   - Plan update brainstorming - addressing health, equity and resiliency
   - Hopes/expectations for the group

4. Wrap Up and Next Steps 10:45 AM
   - Follow-up survey
   - Next meeting: June 10 (tentative – discuss dates, time, frequency)
Meeting Notes
Metro Healthy Comprehensive Plans Work Group, Meeting #1
Friday, May 13, 2016, 9:00 a.m. – 11:00 a.m.
Southdale Library, 2nd floor “Full Meeting Room”
7001 York Ave. S. Edina, MN 55435

Participants
Nancy Abts, Lindsay Aijala, Kim Ball, Scott Berggren, Patty Bowler, Pat Busch, Kurt Chatfield, Keith Dahl, Brad Davis, Denise Engen, Pat Galligher, Loren Gordon, Liz Heyman, Joe Hogeboom, Rachel Johnson, Nate Kabat, Julie Klima, Lil Leatham, Nicole Mardell, Meg McMonigal, Mary Montagne, Karen Nikolai, Kassie Nystrom, Eileen O’Connell, Dan Patterson, Ellen Pillsbury, Melissa Poehlman, Kristin Raab, Ann Rexine, Tamara Downs Schwei, Cindy Sherman, Hally Turner, Laura Fredrick Wang, Eric Weiss.

Welcome
Karen Nikolai (Hennepin County) welcomed everyone to the meeting and gave a brief overview of how the group came to be convened. The idea for the work group grew out of interest expressed at the Active Living Hennepin County fall 2015 workshop and subsequent conversations about how planning and health staff from and different jurisdictions could work together to share information and approaches for incorporating health in comprehensive plans.

Denise Engen (Hennepin County) led introductions by asking everyone to give their name, title and organization – as well as to say a few words about why they became a planner or health practitioner. Several people expressed that they got into the field because they were interested in making environments, cities and spaces good places for people. Others related that they had started in a related field (such as clinical health or site design) and had landed in a planning-related environment as a way to change larger systems.

Presentations
Eric Weiss, Community Health Planner, Center for Prevention at Blue Cross and Blue Shield of Minnesota (BCBS), gave a presentation about comprehensive plans & health, equity, & resilience. Weiss provided historical context on health origins of city planning, and gave an overview of planning requirements in the Twin Cities metro region. He discussed the social factors, or determinants, of health, which can be changed by collective actions such as in plans, policies and ordinances. New public health challenges for the 21st Century include obesity, heart disease, diabetes, equitable access to jobs and other resources, and environmental challenges related to a changing climate. Weiss proposed a new planning framework that recognizes the social determinants of health, and includes equity, resilience, as well as community vision and community needs. He also provided a link to the Minnesota Food Charter Food Access Planning Guide.

Kristen Raab, MN Climate & Health Program Director, Minnesota Department of Health (MDH), began by defining health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. She also talked about the social determinants of health and how they provide an important reason to address health in comprehensive plans. Raab gave an overview of MDH’s Development of MN Healthy Planning: How to Guide. MDH reviewed 53 metro area city
comprehensive plans, focusing on developed communities. Their review used 23 health indicators (based on MDH’s Design for Health Comprehensive Plan Review Checklist), reviewed public health literature and best practices and utilized a steering committee. As a result, MDH developed eight health-related goals and strategies to help achieve them. Raab showed examples and provided a number of resources on planning for health. For more information see the MDH Healthy Places comprehensive plans webpage.

**Group Exercise**

Engen led the participants through a small group discussion around several questions. The first set of questions was about the upcoming comprehensive plan effort and how it may better address health. The next set was about issues and trends that communities may face over the life of the next comprehensive plan.

**Questions 1-3:**

The group was first asked to discuss and write notes on the following questions:

1. *How could your 2040 comprehensive plan better address health, equity and resiliency?*
2. *What do you hope will be different from last time?*
3. *What issues/trends are facing your community over the next 25 years? What are the possible health impacts of this trend/issue?*

Following is an unedited transcription of comments noted by meeting participants. Some comments may be repeated if they were raised in several groups.

**Discussion: How the 2040 could plan better address health, equity and resiliency**

- More community integration/outreach
- Acknowledge food system components
- Cross-jurisdiction planning – “destinations”
- More deliberately think about all comp plan sections through the lens of health
- Better explain healthy/active opportunities
- Fund and do robust engagement of underrepresented groups
- Health in all chapters and its own chapter
- Health as key value
- Include a health in all policies framework
- Better understanding of demographics
- Health in mission statement
- Include more than minimum requirements
- Health as equity were thought of as innovative ten years ago. This time it is expected
- Integrate health throughout
- Talk about social connectedness throughout
- Draw connectivity to existing influence on them
- Use common language
- Include facts and figures on community health
- Good community representation
- Educate and define
- Quantify them
- Bring together Human Services and Public Works
- Acknowledge them
- Baseline data on health
- Include access to healthy foods in the plan
- Planning documents should have a line requiring acknowledgement if policy is or is not in line with comp plan
- Our city does not know what we need yet
- Consider health data when assessing for comp plans
- Access to safe non-motorized transportation options
- In corporate our public health into the comp plan process at the beginning

Discussion: Hope will be different from last time

- Nearly everything
- Involve residents more authentically/deliberately
- Lead the plan with them
- Include program
- Community engagement by focus groups
- Broad reach to all departments and businesses
- Involve public
- Involve recreation professionals
- Different – make more “user” friendly
- Engagement of non-traditional unorganized groups
- Less separation of land use – separate only when needed
- Coordinate among jurisdictions, include city/county
- Bring many resiliency efforts together
- More on what “resiliency” is
- More health data and trends
- More purposeful engagement with target populations to identify barriers
- More focus of resiliency of the built environment
- Broad community representation/participation
- Build in supports for health equity
- Hope that the plans are more inclusive and reflect our changing population
- County needs to get feedback from diverse communities
- Holistic
- Inclusive
- Accessible and used
- Visionary and inspirational
- How can community keep departments/elected accountable?
- How can departments keep elected accountable?
- How can the comp plan be an active document guiding daily decisions?
- Implementation plan will include measurable steps and get incorporated into our city’s strategic planning
- Tie health to each chapter so people make connections
Discussion: Issues and trends

- More diversity – more health disparities
- More segregation – less access not equitable
- Aging population – heath needs, isolation, lack of resources
- Climate change – disaster risk, disease risk
- Changing demographics – age and race
- Infrastructure repair needs $ tied to demo changes impacted
- Health disparities among age and race – they will get worse/explode if not addressed
- Climate change
- Crashless cars – changes in transit
- Food access – not healthy
- Energy sources use and cost – how does that impact health? More air conditioning when hot
- Mismatch of labor skills and positions
- Lack of federal $ flowing to local government impacts programs, i.e. housing
- Increasing competition for skilled labor who can work and live wherever they want
- Smaller households – singles
- Gentrification
- Water quality and availability
- More interest in walkability/neighborhood
- Social isolation – health trend
- Changes in economic base
- Healthy food access
- More people working from home or locally
- Shortage of labor
- Density
- Climate change
- More impervious surfaces
- Aging population
- Poverty
- Lack of housing
- Homelessness
- Gentrification
- Changing economy (service-based)
- Transportation (type, funding)
- Housing stock
- Rental density
- Aging commercial corridors/areas
- Diversity/demographics
- Income segregation
- Walkability
- Equity/changing demographics
- Changing needs
- Congestion and changing modes – LRT, BRT
- Aging infrastructure – funding needs
- Aging population
• Water (fresh)
• Balancing rules and regulations (stormwater, zoning regulations) against natural resources
• [Resource] Protection
• Aging population
• Aging in place
• Increased congestion
• Groundwater supply
• Increase bike/ped users
• Affordable healthy food access

Discussion: Possible health impacts of issues/trends

• Lack of green spaces
• Heat island
• Air quality
• Livability
• Asthma
• Respiratory distress
• Physical activity
• Services/supports/transportation (for aging)
• Homelessness
• Housing affordability
• Social isolation
• Job availability
• Impacts of migration
• Decrease physical activity
• Decrease access to quality/healthy food option
• Access to activities
• Service demands, social isolation, housing, ADU’s affordability
• Asthma, cancer

Questions 4-6:

The group then discussed opportunities and barriers to incorporating health into comprehensive plans, and their hopes and expectations for the working group going forward.

4. What is needed to make your 2040 plan a living document that is relevant, useful and that is regularly used in discussion-making? What are opportunities, what are barriers?

5. How can this group help? (e.g. make your plan a living document, realize opportunities and/or address barriers)

6. What are your hopes and expectations for this group?

Discussion: Opportunities (to make a relevant, useful plan)

• Staff reports for all zoning permits, plats, variances include reference to Comp Plan
• Make Comp Plans simpler, easier to read, less acronyms
• Translate Comp Plan into other languages
• Include other departments (police) into drafting the plan document
• Communication – internal and external
• Regular collaboration with cities, towns and counties
• Engaging all populations (first priority)
• Tons of examples and resources to be innovative
• What are peer communities doing?
• Include in city/board actions how it matches goals
• Budget for success (& strategic planning)
• Interdisciplinary collaboration
• How to incorporate with accreditation (public health)
• Add transparency
• Engage people in community, i.e., seniors who stay in place
• User friendly (physically)
  o Interactive
  o Illustrative/graphic
• How to get people to be engaged proactively?
• Changing mind set/perception of Comp Plan as a government mandate
• Balance input and opinions
• Buy-in/ownership – staff, public – policy makers
• Tie in transportation/planning to public health
• Health in all policies
• Continuity of staff – electeds – inform – on boarding – carrying through
• A good implementation plan that is well integrated into city/county departments
• Written in an accessible way
• Engage community
• Communicate plan to future city councils
• Keep plan in front of elected officials
• Required check-in
• Develop metrics to track
• Planners and implementers
• Comp plan and county goals align
• Document is easy to use
• Ideas need to be inspirational
• Political buy-in – practicality

Discussion: Barriers (to make a relevant, useful plan)

• Time
• Money
• Buy in
• Formal/rigid planning processes
• Doing what’s been done
• Resources (time, money)
• Engaging leadership (how to sell new process)
• How to get people to be engaged proactively?
• Changing mind set/perception of Comp Plan as a government mandate
• Balance input and opinions
• Time for engagement
• Hard to understand how 2040 impacts plan today
• Making it relevant
• Format of the plan outdated from today’s elec.
• TIME & RESOURCES!
• The things we want in a plan don’t match outside forces, i.e. walkable communities but has is cheap/policy
• Also internally different departments can have different goals
• Some communities will do minimum
• Lack of resources
• Lack of buy in

Discussion: How the group could help
• Shared ideas
• Professional/emotional support
• Discussion
• Trial by error
• Shared language for plan
• Help describe terms/plain language
• Hear what others are doing to help inform process
• Helpful tips
• Outside of comfort zone
• Authentic conversations with peers
• Establish Best Practices and share
• Peer review of comp plan drafts
• Steer us to resources
• Draft – model, goals
• Expert speakers on community engagement
• Tech assistance and sharing
• Tool kits
• Help connect to advocacy groups
• Connect to community groups
• Provide data a metrics to persuade
• Sharing resources
• Networking – learning what everyone is up to
• Any innovations being done
• Sharing materials for meetings, especially neighboring cities
• Sharing lessons learned, i.e. outline outreach platform that works well
• A little bit of background when we are questioned about including health
• Facilitate shared language – between disciplines and public
• Resources/data base (including information and money)
• Coordination with partners
• Continuing education
• Build common ground
• Engage private sector (hiring consultants)
• Education leadership
• Model language
• Facilitate public health connections (students, mixers, etc.)
• Sharing data
• Drafting language – subgroups
• Periodic meetings

Discussion: Expectations for group

• People participate
• Follow-through
• Willing to share ideas
• Open communication
• Helpful resources
• Help make progress
• Hold each other accountable
• Sharing and listening
• Willingness to participate outside regular meetings
• Really good food
• Sharing our knowledge and resources
• Celebrating accomplishments
• Only meet when needed
• Value added
• Agendas laying out clear goals
• Be resource to others (what to include in own comp plan
• Include information for cities and counties

Laura Fredrick Wang (Hennepin County) gave a brief report about a comprehensive plan survey conducted this spring by Hennepin County Active Living staff to help set up relevant Active Living partnership programming. More information on the survey will be available the PowerPoint for today’s meeting, but was skipped for lack of time on the agenda. The next Active Living Hennepin county Partnership meeting is June 13, location TBD.

Next Steps

• The group consensus was to have a meeting in June as proposed; the same location at the Southdale library was preferred.
• The next Metro Healthy Comprehensive Plans Working Group meeting is June 10, (tentative). Denise Engen will send out a meeting announcement once a location is confirmed.*

*Note: The June meeting has been cancelled and participants are invited to attend the quarterly meeting of the Active Living Hennepin County Partnership, which will feature a discussion on community engagement for comprehensive plans. The next work group meeting is July 14, 2016, 9 AM -11 AM at St. Louis Park City Hall (Council Chambers).
Metro
Healthy Comprehensive Plans
Work Group

May 13, 2016
Southdale Library, Edina MN
Introductions

• Name
• Title
• Organization
• Why did you become a planner or a public health practitioner?
COMPREHENSIVE PLANS & HEALTH, EQUITY, & RESILIENCE

Edina MN
May 13, 2016

Eric Weiss, AICP, community health planner, Center for Prevention at Blue Cross and Blue Shield of Minnesota
New Definition of Health + Equity Lens = New Planning Framework

- Resilience
- Community Vision and Need
HISTORICAL CONTEXT

So how did we get here?

on%20road.JPG?itok=G2nsx5c-
Especially, if Public Health gave birth to City Planning?

http://interactive.wttw.com/timemachine/pioneer-court
HISTORICAL CONTEXT

And since we’ve “conquered” disease?

http://publicskateparkguide.org/vision/city-planning-overview/
HISTORICAL CONTEXT

- The pendulum swung too far one way, we forgot our past and our biology, and now we’ve fostered the prevalence of other diseases.

Determinants of health

- Social & Economic Factors: 40%
- Health Behaviors: 30%
- Clinical Care: 10%
- Physical Environment: 10%
- Genes & Biology: 10%
SOCIAL DETERMINANTS OF HEALTH

- Availability of resources to meet daily needs (housing, food)
- Access to educational, economic, and job opportunities
- Access to health care services
- Quality of education and job training
- Transportation options
- Public safety
- Social support
- Social norms and attitudes (discrimination, racism, and distrust of government)
SOCIAL DETERMINANTS OF HEALTH

• Exposure to crime, violence, and social disorder (presence of trash, lack of community cooperation)
• Socioeconomic conditions (concentrated poverty and stressful conditions that accompany it)
• Residential segregation
• Language/literacy
• Access to mass media and technology (cell phones, broadband internet, social media)
• Culture
PHYSICAL DETERMINANTS OF HEALTH

- Natural environment, green space, weather
- Built environment such as buildings, sidewalks, bike lanes, and streets
- Worksites, schools, and recreational settings
- Housing and community design
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements (good lighting, trees, benches)
• Thankfully, City Planning is beginning to return to its public health roots.
Equality doesn’t mean Equity
• Creating opportunities for members of the community who start from different levels of privilege or disadvantage helps not only those individuals and families, it helps all individuals and families in a community.

Example: Americans with Disabilities Act, Curb Cuts Curb
• AICP Code of Ethics
  • 1e. We shall give people the opportunity to have a meaningful impact on the development of plans and programs that may affect them. Participation should be broad enough to include those who lack formal organization or influence.
  • 1f. We shall seek social justice by working to expand choice and opportunity for all persons, recognizing a special responsibility to plan for the needs of the disadvantaged and to promote racial and economic integration. We shall urge the alteration of policies, institutions, and decisions that oppose such needs.
RESILIENCE

• How do we prepare ourselves for climate change and strengthen our ability to “bounce back”?

• How can planners begin to think about people’s basic daily needs:
  • Food
  • Water
  • Air
  • Shelter
  • Safety, security, and well-being
  • Social networks

https://en.wikipedia.org/wiki/Maslow%27s_hierarchy_of_needs
• The purpose of local planning is to:
  • Promote the health, safety, and general welfare
  • Insure a safer, more pleasant and more economical environment for residential, commercial, industrial, and public activities
  • Preserve agricultural and other open spaces
  • Manage growth, change, and renewal of a community
  • Improve the quality of life for its residents
  • Protect you from your neighbors
Comprehensive planning is a public process that determines the vision, goals, and aspirations of an area in terms of community development. The outcome of a comprehensive planning process is the Comprehensive Plan.
• The local comprehensive plan is a public document that:
  • describes how a community wants to develop over a specified planning period
  • clarifies the relationships between the community and the region
  • serves as a guide for decision making including policy, programs, projects, and public spending
  • guides “official controls”
WHERE DOES HEALTH FIT IN LOCAL PLANNING SYSTEM?

Does health need to be its own, separate component – or is it part of other defined components of local planning?
COMPREHENSIVE PLAN – METRO AREA PLANNING

• Regional plan: Thrive MSP 2040
  • Outcome driven: Stewardship, Prosperity, Equity, Livability, and Sustainability
  • Principles: Integration, Collaboration, Accountability

• Local plans:
  • Those in the 7-county region must submit comp plan for review by December 31, 2018
  • Local Planning Handbook
  • PlanIt! Series
Before getting started, staff should normally:

1. Review existing comprehensive plan.
2. Determine process and scope:
   - if a partial update or full overhaul is needed
   - If work can be done in-house or if outside expertise and/or capacity is needed
   - Timeline
   - Steering committee
   - Public engagement and communication
1. Community Vision - establish outcomes and principles
2. Formation of Review Committee(s)
3. Analysis of Existing Conditions
4. Policy Drafting
5. Draft Review
6. Allow for review by adjacent governments
7. Planning Commission and City Council Approval
8. Submittal to Met Council (by December 31, 2018)
9. Met Council Review and Approval
10. City Council Adoption
11. Update Official Controls
12. Amend, as necessary
Definition of Health
Equity Lens
Resilience
Community Vision and Need

New Planning Framework
A SOCIETY GROWS GREAT WHEN OLD MEN PLANT TREES WHOSE SHADE THEY KNOW THEY WILL NEVER SIT IN.

-Greek Proverb
KEY TALKING POINTS

• Comprehensive Plans are important!

• Everyone deserves opportunities to be healthy! This isn’t work that can remain in a silo or “someone else’s problem.” As planners we are grounded in making communities a better place for all people.

• Partnering on comp plans is a great opportunity to foster relationships between public health and planners.

• There’s no reason plans cannot be visionary, aspirational, outcome-oriented, 21st Century plans.

• We can achieve great things.
• Eric Weiss, Center for Prevention  
  eric.weiss@bluecrossmn.com  
  651-662-4505

Mnfoodcharter.com/order-for-Minnesota-food-charter-comp-planners-guide/

THANK YOU
Metro Healthy Comprehensive Plans Kick-Off Meeting

Addressing Health in Comprehensive Plans

Kristin K. Raab, MPH, MLA
MN Climate & Health Program Director
May 13, 2016
Outline

- Why health in comprehensive planning?
- Development of MN Healthy Planning: How to Guide
- Health-related goals for comp planning
- One example of built environment strategy to achieve health-related goals
- Additional resources
What is health?

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Source: World Health Organization
This definition has not been amended since 1948
Why health in comp plans?

Proportional Contributions Of Contributing Factors To Premature Death

- Behavioral patterns: 40%
- Genetic predisposition: 30%
- Social circumstances: 15%
- Environmental exposure: 5%
- Health care: 10%

Source: Braunstein S and Lavizzo-Mourey R. 2011
Because we want this . . .
Not this . . .
Development of Guide

- Reviewed 53 developed community comp plans
- 23 health indicators based on Design for Health Comprehensive Plan Review Checklist
- Reviewed public health literature
- Reviewed best practices
- Developed 8 health-related goals and built environment strategies to help achieve them
- Steering committee of planners guided development
Health, every step of the way

Step 1: Background data collection
Step 2: Visioning and goal setting
Step 3: Strategy development
Step 4: Implementation
Health-related goals

1. Increase access to healthy housing for all household sizes and incomes
2. Increase access to affordable healthy foods
3. Reduced exposure to air pollutants, hazardous materials, and/or nuisances
4. Increase physical activity
5. Increase access to greenery
6. Increase safety of pedestrians, bicyclists and motorists
7. Increase personal safety and security
8. Promote climate resilient communities
Reduced exposure to air pollutants, hazardous materials, nuisances

- Reduced exposure to air pollutants, hazardous materials, nuisances
- Brownfield cleanup and redevelopment of underutilized sites
- Separated incompatible uses
- GHG emission reductions
- Travel demand management (TDM)

- \( \downarrow \) respiratory & cardiovascular disease and hospitalizations
- \( \downarrow \) cancer risk
- \( \downarrow \) deaths and health care cost
- \( \downarrow \) headaches, skin irritation, low birth weight, etc.
- \( \downarrow \) stress and negative mental health
Separated incompatible land uses

- Land uses are incompatible if they create a nuisance or public health threat, including but not limited to pollutants, noise, dust, odor and safety.
- Comp plans can:
  - Guide the transition and mix of land uses
  - Support the use of zoning, buffers or set-backs
    - Performance-based zoning: based on actual impacts & predetermined performance standards (noise, dust, hours of operation, views, etc.)
    - Natural buffers (landscaping, parks) to provide additional benefits such as aesthetic, air quality improvements (noise and pollution), and mental health benefits from views of greenery.
Separated incompatible land uses

example: Columbia Heights

- Columbia Heights Land Use Chapter -- Goal: Provide a natural buffer between housing and industrial zones to promote community health.
  - “As redevelopment occurs in industrial areas require an increase in the amount of landscaping or other buffering as well as improvements to the building aesthetics.”

- Mentions the potential health outcomes of incompatible uses

- Provides a list of areas for future redevelopment opportunity, for example --
  - Site on University between 37th and 40th Ave (West side of University) . . . “Upon such redevelopment boulevard trees could be added along 3rd Street behind the Industrial district, to provide a natural buffer between housing and industrial zones.”
Additional Resources

- Design for Health: http://designforhealth.net/
- Sustainable Sites Initiative: http://www.sustainablesites.org/
- ChangeLab Solutions (formerly Public Health Law & Policy) – Healthy Planning: http://changelabsolutions.org/healthy-planning
- Sustainable Communities Index: http://www.sustainablecommunitiesindex.org/
Acknowledgements

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- **Steering Committee:**
  - Joe Bernard, City of Minneapolis
  - Lance Bernard, SRF Consulting
  - Patrick Boylan, Met Council
  - Phil Carlson, Stantec
  - Jessica Collin-Pilarski, Washington County
  - Adam Fulton, City of St. Louis Park
  - Lyssa Leitner, Washington County
  - Karen Nikolai, Hennepin County
  - Dan Patterson, Dakota County
  - Ann Pung-Terwedo, Washington County
  - Kay Qualley, City of Fridley
  - Brendon Slotterback, City of Minneapolis
Thank you!

Minnesota Climate and Health Program

http://www.health.state.mn.us/topics/places/review.html
www.health.state.mn.us/divs/climatechange/

- Kristin Raab, Director, kristin.raab@state.mn.us, 651-201-4893
Small Group Discussion

• Did your most recent plan address health? If so how?
• Will your 2040 plan include health?
• What do you hope will be different from last time?
Kristin Raab,
Minnesota Department of Health
Questions

• How could your 2040 comprehensive plan better address health, equity and resiliency?

• What do you hope will be different from last time?
Q4 What types of community engagement are you considering for your comprehensive plan update? Choose all that apply.

Answered: 12  Skipped: 1

- Public meetings/open houses
- Meetings and Focus Groups
- Targeted engagement
- Surveys
- Community Events
- Interactive workshops
- Interactive website
- Social Media
- Resident advisory group
Q5 Has your city considered incorporating health into your comprehensive plan update? Please check all that apply.

Answered: 13  Skipped: 0
Q7 When do you anticipate beginning the following phases or tasks for your upcoming comprehensive plan update?

Answered: 13  Skipped: 0
Timeline

- **Scope** – 2016 and 1st half of 2017
- **Background info** - 2016 & 1st half of 2017
- **Internal engagement** – ongoing
- **Community engagement** – 2\textsuperscript{nd} half of 2016 & 1st half of 2017
- **Drafting and revising** – 2017, 1\textsuperscript{st} half of 2018
- **Public Review** – mostly 1st half of 2018, a few earlier
- **Final edits** - 2018
Small Group Discussion
Questions

• What issues/trends are facing your community over the next 25 years?
  – What are the possible health impacts of this trend/issue?
Questions

• What is needed to make your 2040 plan a living document that is relevant, useful and that is regularly used in discussion-making?
  – What are opportunities, what are barriers?

(Use easel sheet w/line down the middle to note opportunities on one side, barriers on other side)
Questions

• Given the discussion today, how might you approach the comp plan process differently?
• How can this group help?
  – e.g. make your plan a living document, realize opportunities and/or address barriers
Questions

• What are your hopes and expectations for this group?
• What do you want to work on with this group?
Contacts

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