Metro Healthy Comprehensive Plans Work Group Meeting
Friday, May 19, 2017
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 and Introductions 9:00 AM

2. Healthy Comprehensive Plan Checklist 9:10 AM
   - **Kassy Nystrom, Hennepin County, Public Health and Ellen Pillsbury, AICP, Minnesota Department of Health** will introduce this new tool, developed for the workgroup, and help us test drive the checklist using example plans.

3. Logic model check-in 9:40 AM
   - **Denise Engen, Hennepin County, Public Works**, will give a quick review of the steps for creating a logic model, (using the model created for the workgroup as an example), and provide an opportunity to ask questions and share experiences. Bring your draft!

4. Plan4People: American Planning Association’s Plan4Health Project in MN 10:00 AM
   - **Eric Weiss, City of Shakopee**, will introduce the Plan4People project and APA Plan4Health program.
   - **Charleen Zimmer, Zan Associates and Lindsey Alexander, Alexander Consulting** will give an overview of their work on the project and give us the opportunity to preview, test and provide feedback on focus group materials to be used across the state.

5. Wrap Up 10:55 AM
   - Partner Updates (as time allows)
   - Next Meeting: THURSDAY, July 13, 9 AM – 11 AM, location TBD
COMMUNITY HEALTH IN COMPREHENSIVE PLANNING:
A CHECKLIST

Planners overwhelmingly agree that a critical aspect of planning is health. In fact, a community’s plan for housing, transportation, land use, parks, and economic development impacts – these environments are the largest contributors to our health. “Social determinants of health” are structural factors and conditions in which people are born, grow, live, work, and age. Most premature deaths are connected to these determinants, like air and water quality or access to physical activity, and healthy food.

Since the practice of community planning plays a significant role in shaping the built environment, local planning can have real and significant impacts on community health. Local planning, and comprehensive planning in particular, is increasingly recognized as tool to strategically increase health and reduce health disparities for all. “Health in All Policies” is a collaborative approach to improve health by incorporating health considerations into decision-making across all policy areas.

Social Determinants of Health

How to Use the Checklist

This checklist can help define where – and to what degree – health-supporting policies are present in your local government’s comprehensive plan. It can provide examples of policies to consider during plan development and help start important conversations. It can also be used to measure change over previous comprehensive plans.

The tool covers a broad range of polices, so it is important to note that not every item may apply to your local plan. Also, you may have health-related items in your plan that this checklist doesn’t cover. We’ve added a row at the end of each section for you to capture these other items. This tool is open source, so feel free to change it to fit your needs. We’ve published both .pdf and .doc formats to allow easy customization.
### 1. INTRODUCTION/COMMUNITY VISION/BACKGROUND

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<tr>
<td><strong>a)</strong> acknowledge the many individuals, community groups, organizations, officials, and staff who contributed to the plan?</td>
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<td><strong>b)</strong> highlight the community engagement process?</td>
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<td><strong>c)</strong> address the connection between planning and social, physical, and mental health and quality of life for all?</td>
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<td><strong>d)</strong> address community health disparities and racial equity?</td>
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<td><strong>e)</strong> identify health metrics that will demonstrate success?</td>
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<td><strong>f)</strong> use explicit language connecting all chapters to health, particularly healthy food access, active living, and environmental effects?</td>
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<td><strong>g)</strong> link the success of the community with the health of its people?</td>
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<td><strong>h)</strong> include language for interdivisional/departmental work of health policy integration throughout the comprehensive plan sections?</td>
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**Other health-related items in this section:**

**Resource:** [Comprehensive Plans and Health Toolkits](#)  
From APA’s Plan4Health initiative, the Comprehensive Plans and Health toolkit includes resources to successfully integrate health into the goals, objectives, and policies that encompass comprehensive plans.

### 2. DATA AND ISSUES ANALYSIS

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<tr>
<td><strong>a)</strong> use public health and other data to inform the plan elements, including for all of the social determinants of health?</td>
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<td><strong>b)</strong> identify the residents that experience health disparities in your community?</td>
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<td><strong>c)</strong> visually depict in maps or charts geographic disparities in health?</td>
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<td><strong>d)</strong> use public health data to identify health issues that are of higher prevalence in your community compared with your county, the region or the state?</td>
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<td><strong>e)</strong> identify future trends that may affect health based on data?</td>
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**Other health-related items in this section:**

**Resource:** [Quality national, state, and local sources for public health data](#), along with data templates you can use!
### 3. LAND USE

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<tr>
<td><strong>a)</strong> incorporate neighborhood, commercial, and/or mixed-used development to encourage active transportation, such as biking and walking?</td>
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<td><strong>b)</strong> make it possible to cluster activities for easier to access a variety of services at one stop via public transit, bicycling, walking, or car?</td>
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<td><strong>c)</strong> encourage and support co-location of civic buildings, especially schools, in walkable districts?</td>
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<td><strong>d)</strong> assess exposure to environmental hazards such as lead and contaminated soils and consider equity impacts of land use for contaminated areas?</td>
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<td><strong>e)</strong> support health by restricting access to alcohol, tobacco, and fast food with zoning proximity regulations, signage regulations, and drive-through window regulations, particularly near parks, schools, youth centers, and hospitals?</td>
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<td><strong>f)</strong> support parking or other regulatory support for mobile food markets and mobile pantries/food shelves that can bring food into higher density residential areas that need them?</td>
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<td><strong>g)</strong> include land use regulations to improve local households’ proximity to healthy food and healthy food-related businesses and activities?</td>
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<td><strong>h)</strong> recommend a community food security assessment to identify barriers and gaps in healthy food access and community assets like farmland, community gardens, and farmer’s markets?</td>
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<td><strong>i)</strong> identify existing and future opportunities for local food production (e.g. home and community gardens, small livestock, preservation and tenure of agriculture land)?</td>
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<td><strong>j)</strong> include support for land use policies for pollinators through city ordinance and/or city operations/maintenance?</td>
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<td><strong>k)</strong> recommend use of natural, non-motorized open space corridors (often following roadways, ridge tops and waterways)?</td>
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**Other health-related items in this section:**

**Resources:**

- [Public Health in Land Use Planning and Community Design Fact Sheet](#): An overview of the connection between land use planning and public health, including the role of local health officials.

4. Transportation

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<tr>
<td>a) address transportation system gaps in healthy food access?</td>
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<td>b) prioritize transportation investments that encourage connectivity between residential and commercial areas to encourage walking, bicycling, and transit use?</td>
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<td>c) include facilities supporting active transportation (e.g. bike parking, benches, etc.)?</td>
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<td>d) identify Complete Streets, living streets, shared streets, and traffic-calming measures in its future transportation system?</td>
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<td>e) identify opportunities for working with a transit provider where transit can be supported with higher density land use?</td>
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<td>f) include human-scaled street design including wayfinding for people walking and biking?</td>
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<td>g) provide adequate street lighting along all major streets, or non-motorized transportation facilities (e.g. paved trails)?</td>
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<td>h) prioritize transportation needs of underserved populations (seniors, children, persons with disabilities, low-income residents, etc.)?</td>
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<tr>
<td>i) support the safety and comfort of walking and bicycling year-around?</td>
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<td>j) emphasize increasing transportation system safety to reduce transportation injuries and deaths?</td>
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<td>k) locate housing an appropriate distance from highways and other high-emissions transportation areas (airports, trucking, railyards)?</td>
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Other health-related items in this section:

Resources:
- Public Health in Land Use Planning and Community Design Fact Sheet
- The CDC/DOT Transportation and Health Tool gives transportation decision-makers, health officials, and the public easy access to data to understand the health impact of an existing transportation system or proposed transportation project.
  A collaborative project that serves to bridge the gap between the emerging research base on community design and healthy living and the everyday realities of local government planning.
## 5. WATER RESOURCES

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<tr>
<td>a) highlight the importance of monitoring water quality equally for all parts of your community?</td>
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<td>b) plan for vegetated buffers along all water bodies (preferably 65 ft to 165 ft) to prevent non-point pollution from impervious surfaces?</td>
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<td>c) identify and protect groundwater recharge areas and vulnerable aquifers?</td>
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<td>d) assess the vulnerability of groundwater resources to depletion and estimate dates of resource exhaustion?</td>
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<td>e) address collection and storage of rainwater for agricultural use?</td>
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<td>f) increase access to free, safe drinking water in public places, possibly adopting building codes to require access to, and maintenance of, fresh drinking water fountains (e.g. public restroom codes)</td>
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<td>g) encourage restorative systems and practices (such as groundwater recharge) for natural resources and sustainable use?</td>
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**Other health-related items in this section:**

**Resource:** From the Center for Disease Control, a [library of water resources](#) planning tools

## 6. PARKS AND TRAILS

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<tr>
<td>a) ensure all people have access to park land and trails within a walkable distance (up to half mile)?</td>
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<td>b) offer free or low cost community garden space for resident use?</td>
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<td>c) include recreational opportunities for all community members, regardless of age, culture, and mobility level, throughout the city?</td>
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<td>d) support a variety of greenscapes that contribute to physical and mental well-being?</td>
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<td>e) require public community facilities to have views of or access to nature?</td>
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<td>f) require adequate lighting in parks so that pedestrians on paths see other pedestrians at least 700 ft. away?</td>
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<td>g) encourage edible and pollinator-friendly landscapes on park property?</td>
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<td>h) include a policy for tobacco-free parks?</td>
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**Other health-related items in this section:**

**Resources:** [Parks and Trails and Health Workbook](#), From the Center for Disease Control and the National Parks Service Association for Non-Smokers MN (ANSR): [http://www.ansrmn.org/](http://www.ansrmn.org/)
### 7. HOUSING

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<tr>
<td>a) incorporate a variety of stable and healthy housing types, densities, and affordability for all who live in the community, that can accommodate different needs, including “aging in place”?</td>
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<td>b) address multi-generational housing and/or permit accessory dwellings or other small-sized dwelling options?</td>
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<td>c) include housing in places where residents can meet their daily needs without access to a private automobile?</td>
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<td>d) consider proximity of housing to grocery stores and farmers markets for all residents?</td>
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<td>e) encourage edible and pollinator-friendly landscapes on residential properties?</td>
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<td>f) allow for setback space to be used for home gardening, recreation, shared community resources, etc.?</td>
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<td>g) require designated open space for subdivisions?</td>
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<td>h) address smoke-free housing policies for existing and new multi-unit housing developments?</td>
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**Other health-related items in this section:**

**Resources:**
- Minnesota Healthy Homes Strategic Plan
- Live Smoke Free: Association for Non-Smokers MN (ANSR)
8. ECONOMIC COMPETITIVENESS

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<tr>
<td>a) link measures of health and well-being to economic prosperity?</td>
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<td>b) encourage walkability along downtown storefronts and in other commercial areas?</td>
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<td>c) require non-motorized infrastructure (e.g. sidewalks or trails) in conjunction with future economic development projects?</td>
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<td>d) recommend partnering with the business community to promote health and well-being within worksites?</td>
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<td>e) include &quot;buy local&quot; campaigns supported by marketing efforts and local food distribution?</td>
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<td>f) include business and/or kitchen incubators for entrepreneurs?</td>
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<td>g) allow for farmers markets to operate within multiple districts?</td>
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<td>h) restrict tobacco marketing near schools, daycares, hospitals, playgrounds?</td>
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<td>i) prioritize broadband access to all?</td>
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<td>j) address eliminating disparities as an economic issue?</td>
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Other health-related items in this section:

Resource: The Food Access Planning Guide addresses several strategies for economic development and healthy food access.
### 9. RESILIENCE

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<tr>
<td>a) address prospective health concerns related to climate change and the impact of extreme weather conditions on infrastructure/built environment?</td>
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<td>b) include the provision for Climate Change Action Planning or assessment of impacts, indicators, and adaptation/mitigation strategies?</td>
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<td>c) include policies encouraging renewable energy technologies and diversification of energy resources?</td>
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<td>d) define and measure environmental sustainability, health, well-being, and livability when planning for public infrastructure and the built environment?</td>
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<td>e) identify the city’s role in creating places that foster social connections, including those across ages, races and economic conditions?</td>
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<td>f) include policies to reduce the urban heat island effect?</td>
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**Other health-related items in this section:**

**Resource:** Consider how your community could prepare for the health vulnerabilities to climate change identified in the [Minnesota Climate Change Vulnerability Assessment](#) prepared by the Minnesota Department of Health.

### 10. IMPLEMENTATION

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<td>a) identify an implementation strategy to each policy?</td>
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<td>b) identify a strategy to continuously engage the community throughout implementation?</td>
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<td>c) identify a strategy to continuously inform the community about plan updates?</td>
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<td>d) identify necessary changes in local controls and a process for making required changes?</td>
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<td>e) include a process to regularly review progress made on goals and outcomes?</td>
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<td>f) include evaluation procedures/methods?</td>
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<td>g) establish practices for actively using the comprehensive plan in the jurisdiction’s decision-making?</td>
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<td>h) identify funding for health-supportive programs and projects identified in the plan in the jurisdiction’s capital improvement programming?</td>
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**Resource:** [The Minnesota Healthy Planning How-To Guide](#) expands upon planning strategies. Each planning strategy includes a definition and multiple ways to implement the strategy in a comp plan. The Guide addresses how health can be included in every step of the planning process of creating a comp plan.

Edited 5/18/2017
## APPENDIX: COMMUNITY ENGAGEMENT CHECKLIST

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<tr>
<td>a) Are multiple engagement strategies included in the community engagement plan?</td>
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<td>b) Are partners, including public health, involved in the community engagement process?</td>
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<td>c) Are multiple, convenient, and accessible ways provided to encourage meaningful participation?</td>
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<td>d) Were populations at greatest risk (1) for health disparities involved in the planning process?</td>
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<td>e) Were community members prepared to participate in the comp planning process?</td>
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<td>f) Is there a clear plan to report back to the community how their input will be used?</td>
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<td>g) Were there ongoing communication and opportunities for community involvement?</td>
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<td>h) Were partners including public health involved throughout the comp planning process?</td>
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<td>i) Is communication about community input opportunities clear and easy to find, such as on the city website?</td>
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### Resource:
- Metropolitan Council Community Engagement Plan
- Government Training Services, Land Use Training and Education Program, “Effective Community Engagement for Land Use”

### Checklist Workgroup:
- Mary Montagne, Dakota County Public Health
- Ellen Pillsbury, Minnesota Department of Health
- Denise Engen, Hennepin County Public Works
- Kassy Nystrom, Hennepin County Public Health
- Eric Weiss, City of Shakopee
- Nadja Berneche, Terra Soma

Prepared by the Metro Healthy Comprehensive Plan Work Group in the Twin Cities area of Minnesota. Based partially on work done by the Arrowhead Regional Development Commission, Design for Health (2007), and South Carolina Health and Planning Toolkit (2015), with funding from the Blue Cross and Blue Shield of Minnesota Center for Prevention.
Healthy Comprehensive Plan Checklist

• Based on several existing checklist models
• Action of small taskforce from Metro Health Comp Plan Workgroup
• Designed with the 7-County Twin Cities Metro area in mind, though many portions may be more broadly applicable
Healthy Comprehensive Plan Checklist

• Designed for easier review of draft plan language
• Can be used to start conversations or make recommendations
• Can also be used to evaluate past plans and progress on current plans
• Food Access included throughout topics
Checklist Workgroup:

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Ellen Pillsbury, Minnesota Department of Health
Denise Engen, Hennepin County Public Works
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Activity: Plan review with checklist!

• Work in groups of 2-4 people.
• Each group will have a plan chapter to review.
• Use the checklist to identify language or concepts that include can improve health.
Plan Chapters

1) SeaTac Economic Dev chapter
2) City of Oakdale Housing chapter
3) St. Cloud Transportation chapter
4) Eagan Parks Chapter

All MN plans are from 2008.
Activity Debrief

- What was it like to use the checklist to review actual plan language?
- What stands out to you in the plan chapter you reviewed?
- How can you envision using the checklist tool in your work?
The Minnesota County Health Tables are a compilation of public health data for Minnesota and its 87 counties, published yearly starting in 2002.

MN Vital Statistics Interactive Queries (IQ)
Find vital records: birth, death and other vitals by community.

LOCAL TOOLS TO INTEGRATE HEALTH

Healthy Comprehensive Planning: A Checklist (.doc)
Healthy Comprehensive Planning: A Checklist (.pdf)

Dakota County Health Policy Briefs:
Instructions for Replicating Documents for your community

Planning for Health: Healthy Communities
Planning for Health: Transportation
Planning for Health: Land Use
Planning for Health: Housing
Planning for Health: Parks
Find the Checklist online

Health in Comprehensive Planning: A Checklist (doc)

Health in Comprehensive Planning: A Checklist (pdf)
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<td><strong>Provide inspiration, tools, and learning and networking opportunities</strong> to city and county staff working on their jurisdictions’ 2040 comprehensive plan updates.</td>
<td>Staff will have the knowledge, language, tools, motivation and a support network to create plans that address the social determinants of health – and make healthy communities a priority in local decision-making.</td>
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Logic Model: Metro Healthy Comprehensive Plans Workgroup

**Priority:** All metro area cities, towns and counties will update their comprehensive plans by December 31, 2018; these plans should include measures that support community health and address the social determinants of health.

**Situation:** Eighty percent of our total health results from our built, natural and social environments. Many of the problems and solutions to improving our health are affected by how we plan, build and care for these environments.

**Inputs**
- Hennepin Co. support for carrying out activities and producing outputs
- Funding from SHIP
- Staff time from Hennepin Co., and Terra Soma/BCBS, and other partners
- Meeting supplies and meeting locations
- Good speakers to share best practices and information on the group’s priority topics
- Workgroup members shared: information, ideas, questions and issues, research, work products, and contacts

**Activities**
- Convene a healthy comprehensive plans workgroup for metro area local government staff who are preparing their local plans
- Engage workgroup members in setting group expectations, meeting schedule and topics
- Plan and carry out meetings with opportunities to learn, share resources and network
- Research local and national best practices
- Help connect planners to public health professionals and others working to create healthy communities
- Provide tools, resources and networking opportunities

**Outputs**
- Printed, presented and/or electronic resources such as:
  - Definition of a healthy community
  - Best practices or policy examples locally/nationally
  - Sample policy and plan language for comp plans
- Checklist for assessing existing plans and illustrating policies that support health in comprehensive plans.
- Webpage or similar location for materials and resources; available to workgroup
- Other tools, resources, publications and networking or learning opportunities, TBD

**Knowledge Changes**
- Work group participants:
  - Increase their knowledge of the social determinants of health, resiliency, equity, and strategies to address disparities in health – and can effectively communicate about these.
- Staff, residents, elected officials and other local stakeholders:
  - Understand the importance of “place” as central to health; and the connections between health and the built, social & natural environments
  - Acknowledge the negative health impacts of past policies and development practices

**Behavior changes**
- Work group participants use skills, knowledge and tools to address health in community planning and in other local processes and decisions.
- Work group jurisdictions are motivated leaders in planning, building and sustaining healthy communities.
- Addressing community health through the lens of the social determinants of health is a basic, mainstream practice in planning, infrastructure & service delivery and planning for regional local governments
- Health disparities and other negative impacts of past practices are addressed

**System changes**
- Twin Cities metro residents:
  - Have equitable access to achieving their full health potential
- Metro governments:
  - Strive to meet the basic needs of all residents;
  - Provide ample choices and opportunities to thrive economically, environmentally and culturally;
  - Empower others through collaboration & inclusive engagement for the creation of safe and sustainable environments;
  - Base decision-making processes on health.

**Assumptions:** Support for carrying out these activities; availability of SHIP funds, staff available and willing partners

**External Factors:** Room/site availability, conflicting schedules and member availability, legislative funding decisions, support, leadership and staffing changes
Logic Model Refresher

Planning to Inform Program Development, Implementation and Evaluation

May 19, 2017
What is a Logic model?

- Tool for illustrating how the work you do leads to your vision of impact.
- Illustrates the LOGICAL linkages between program’s inputs and activities to outputs outcomes
- Can be portrayed in various ways (text, table, diagrams, etc.)
Logic models can….

- Be used to guide evaluation
- Show how a program works
- Or both

“It may be a model, Captain, but it’s highly illogical.”

www.FieldstoneAlliance.org
Why Use the Logic Model?

- Bring detail to broad goals
- Identify gaps in program logic and clarify assumptions to make programmatic success more likely
- Build understanding and consensus (this happens during the development process as well)
- Make underlying beliefs of the program explicit
- Explain complex programs/problems with stakeholders and funders in a straightforward way
Steps in developing logic models

1. Identify a vision of impact & target audience
2. Involve stakeholders
3. Consider the situation and priorities
4. Consider the components of your plan
5. Consider the outcomes and factors influencing those outcomes
6. Construct a draft model
7. Review and revise as needed
New: Program Theory

- The reasoning behind why something works
- Expressed as a series of if/then questions
- This is your program’s elevator speech

| Activity       | IF the activity is provided, then what should be the result for participants? | WHY do you believe the activity will lead to this result? | What evidence do you have that this activity will lead to this result (data from your own or other services, published literature, etc.)? |
## Program Theory: Metro HCP Workgroup

### Program Theory

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Ask yourself:

- If we were wildly successful at our work and really got it right, what would be different in 20 years (for participants, the community, etc.)?
- When you imagine the future impact that our work has had in the community, what are you deeply proud of?
Refresher: Target Audience

- Consider:
  - Who do we serve or help, both directly or indirectly?
  - Who benefits from our work?
  - Who do we ultimately serve?
Outcomes:

- **Short Term**: Change in knowledge (learning)
- **Intermediate Term**: Change in behavior
- **Long Term**: Change in conditions/system
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Core Components

- **Project or Program:**
  - Outputs: Quantifiable products
  - Activities: Any services, or activities provided by the project
  - Inputs: Resources or materials needed or used to provide project activities
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