Metro Healthy Comprehensive Plans Work Group Meeting
Friday, September 9, 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 and Introductions 9:00 AM

2. Work Group Recap 9:10 AM

3. Peer Work Presentations: 9:15 AM
   - Minnesota Food Access Network (MFAN) collaboration. Learn about MFAN, its working
groups around comprehensive planning, and about opportunities for collaboration and
information sharing.
      o Nadja Berneche, Healthy Comprehensive Plan Coordinator, Terra Soma, LLCA
   - Including Health in Comprehensive Plans: Sharing Health Data. See how public health can
add value and contribute data to inform comp plans. Dakota County staff have been busy
drafting informational pieces to share with their cities; these discuss health within plan
topics such as healthy communities, land use, transportation and parks.
      o Mary Montagne, Health Promotion Supervisor, Dakota Co., Public Health Dept.

4. Group Discussion and Breakouts 9:45 AM
   - Data Needs – help tell the story with data. How can data support your comprehensive plan?
What data do you need to illustrate the health impacts of community development, planning
and policy in your community? What is the right data – and where can you find it? Who can
help?
   - Establish Sub-groups. Look at the results of the interest survey, choose the sub-groups that
will start work this fall, and break into small groups by interest area(s).

5. Wrap Up and Next Steps 10:45 AM
   - Next Steps:
      o Meet in October?
      o What forum or platform is best for working together and sharing information?
   - Partner Updates (as time allows)

Next scheduled meeting: Friday, November 4, Southdale Library (tentative)
Agenda

• Welcome
• Work group recap
• Organization
• Peer work presentations
• Group discussion
• Next steps
Work Group Recap

• Discussion at 2015 ALHC fall workshop led to group
• Kick-off meeting in May 2016 – Connection between health and comp plans
• June – Community engagement (joint ALHC meeting)
• July – Selecting and working with consultants
Metro Food Access Network
Nadja Berneche
Leveraging collective capacity of partners to advance equitable access to healthy food for all Twin Cities metro residents.

Mission
The mission of MFAN is to leverage collective capacity of partners to advance equitable access to healthy food for all Twin Cities metro residents.

MFAN fulfills its mission through the following core functions:
• Learn from each other.
• Strengthen connections.
• Generate collective action.
Core Values

- Focus on policy, systems, and environmental approaches to food access work.
- Provide a welcoming entry point for all new members.
- Equity at the forefront of all decisions.
- Honor all voices.
- Collaboration is the key to success, relationship building is a valued part of the work.
- Open invitation to leadership.
- Intentionally engage diverse stakeholders.
MFAN meetings and attendance

- Large group meets quarterly
- Approximate attendance 80-100+ people
- Wide variety of food and community sectors, including public health, food policy, hunger, food production, community food advocates
- Funding support of the Statewide Health Improvement Program (SHIP) through Dakota, Ramsey, and Hennepin Counties. Additionally, the University of Minnesota Extension's Health and Nutrition team serves as the backbone organization of the network.
Action Teams

The purpose of MFAN Action Teams is to leverage network partners to organize around action-oriented, task-focused strategies that have a beginning and end date.

Long-term, strategy-focused Action Teams have a plan of work that spans at least 6 months to 1 year.

Current action teams: Comprehensive Planning, Food Regulations, Hunger, and Equity
Comp Planning Action Team

This workgroup will serve as a resource for members working to include health and equity language in local plans and planning processes and create learning and networking opportunities for food advocates and public health staff interested in integrating health strategies into comprehensive plans.
Action Items

- Create template for most useful data points
- Create/Develop/Vet items that can be used by the group. Create policy language and specific strategies for other health topics in planning (i.e., active living, equity) as capacity allows; find best existing sources for reference
- Create talking points to make it easy to initiate conversations: Why go above the minimum requirements in a comprehensive plan? What is the elevator speech about health, equity, and food access? What is the values statement that helps emphasize the importance of health in planning?
- Create an action statement from the MFAN group in support of including health in comprehensive plans
Update from last meeting

1) Introductions and Updates (All)

2) Review group needs to create a statement of purpose, learning and action priorities, and guide agendas for future meetings (Group)

3) Data and planning: What health data indicators are most useful to planners in making the case for health in all policies? (Group)

4) Prioritize other “WHATS” for future work (Group)
Find MFAN’s comp plan group online

Metro Food Access Network (MFAN)

Action Teams -> Comprehensive Planning Action Team

The Comprehensive Planning Action Team currently aligns with the following Minnesota Food Charter strategy:

Include healthy food access as an important component of local governments’ overall infrastructure and transportation planning.

Partners: The Comprehensive Planning Action Team consists of about 10-15 partners representing funding agencies, local public health, and various nonprofit and grassroots organizations.

Action: This Action Team is working collaboratively to maximize effectiveness and minimize duplication of efforts taking place around incorporating food access and equity into comprehensive plans in the metro region.

Notes and other documents from the Action Team meetings can be found here: Comprehensive Planning Action Team Notes.

Tools & Resources:

- Integrating Food Policy in Comprehensive Planning: Strategies and Resources for the City of Seattle
- PLANNING FOR FOOD ACCESS AND COMMUNITY-BASED FOOD SYSTEMS: A National Scan and Evaluation of Local Comprehensive and Sustainability Plans
- Planning to Eat? Innovative Local Government Plans and Policies to Build Healthy Food Systems in the United States
Stay connected

Next meeting:
Thursday, Sept. 15
10am-Noon
University Research and Outreach Center (1200 Plymouth Ave. N)
OR
Stay up-to-date with notes- get on the email list for notes
INCLUDING HEALTH IN COMPREHENSIVE PLANS:
SHARING HEALTH DATA

Metro Healthy Comprehensive Plan
Work Group
September 9, 2016
Collect Health and Equity Data

- Audience: city and county planners
- Identify data useful in comp plans
- Use existing documents
  - Community Health Profiles
  - Community Health Assessments
  - Communities for a Lifetime City Profiles
  - GIS Maps
- Organize the Information (indicator and data charts)
- Seek input
Connect Data to Comp Plans

- Healthy Communities
- Land Use
- Parks
- Housing
- Transportation
Factors that determine health

*Includes income, education, employment, housing, food access, transportation, etc.

Connect Data to Comp Plans

Content Outline
Vision
Land use and health
Land use and equity
Supporting data
Policies to consider
Resources
Contact information
Logos
SHIP tag line
Prepare Brief City Profiles

• Compelling data could include:
• Poverty, free and reduced price lunch
• Households without vehicles
• Obesity, hunger
• Physical activity and healthy eating
• English Language Learners
• Smoke-free multi-unit housing
Share Resources with Planners

- Meet with city staff
- Learn about their comp plan process
- Discuss packet of information
- Seek input
- Offer additional resources and assistance
- Follow up on requests
Contact information

Mary Montagne
Health Promotion Supervisor
Dakota County Public Health Department
mary.montagne@co.dakota.mn.us
651-554-6119
Group Discussion
Questions: Data Needs

- How can data support your comprehensive plan?
- What messages illustrate the health impacts of community development, planning and policy in your community?
- What questions do you need data to help answer?
Sub-group interest survey results
Top four interest areas

• Community and stakeholder engagement (14)
• Health data & indicators (12)
• Health equity (12)
• Communications/talking points (8)
Other interest areas

• Land use (7)
• Resiliency, sustainability (7) and natural resources
• Healthy food access (5)
• Parks and trails (5)
• Housing (4)
• Multi-modal transportation (2)
• Economic competitiveness/workforce (1)
Participation

- Most would join 1-2 subgroups
- Interest varied for which groups
- High interest in products of all groups
What to share first

- Health data & indicators (13)
- Community and stakeholder engagement (11)
- Communications/talking points (10)

…the rest were in single digits
Questions: sub-groups

• What is important to know about this topic? When?
• What products would be useful?
• What products could this group provide? By when?
• What questions do you need data to help answer?

(Use notepad to record discussion)
Questions – Next Steps

• Schedule a meeting in October?
• What platforms, sites, methods work well for you for collaborative work? (e.g. Basecamp)
• What are your organizations restrictions?
  – Are there sites or programs you can’t use?
• What are your suggestions for how the work group should share information?
  – Draft documents, communication materials, et cetera
Contacts

Denise Engen, denise.engen@hennepin.us
Nadja Berneche, nadja@terrasoma.com
Mary Montagne, mary.montagne@co.dakota.mn.us
Including Health in Comprehensive Plans: Sharing Health Data

Background

Many important things have happened in 2015 and 2016 to support collaborative work on comp plans between Public Health, healthy food advocates, and planners (city and county).

Center for Prevention, Blue Cross and Blue Shield of MN leadership (Eric Weiss) and resources resulting in the MN Food Charter’s Food Access Planning Guide and Healthy Comprehensive Plan Consultant, Nadja Berneche

MN Department of Health’s inclusion of comp planning under active living and healthy community food strategies in SHIP 4

Statewide education at conferences and training for Public Health, healthy food advocates, and planners

National professional organizations encouraging this collaboration and work

Metro Food Access Network’s (MFAN’s) Comprehensive Plan Action Team

Hennepin County’s creation and facilitation of the Metro Healthy Comprehensive Plan Work Group

My goals: Comp plans will address and support health and equity including active living, healthy eating (healthy food access, healthy food system), and reduction of tobacco use and exposure.

How Public Health Can Share Data and Add Value

1. Audience is city and county planners and others (i.e., park staff) involved in comp planning. Collect health and equity data that would be of interest and helpful to them (based on reading and input from others). The examples today focus on SHIP priorities: active living, healthy eating, tobacco use and exposure reduction, and equity.
   Sources: Reports such as County Community Health Profiles, Community Health Assessment, Communities for a Lifetime (aging initiative). Also MN Depts. of Health and Education, MN Student Survey, Census, American Community Survey, etc.

2. Organize the information (Health and Equity Indicators and Data charts).
3. Connect the data to comp plan chapters or elements: land use, parks, transportation, housing, and an overview on healthy communities to be used in vision, mission, goals, etc. Content outline: vision, topic (such as land use) and health, topic (such as land use) and equity, supporting data, policies to consider, resources, contact information, logos, SHIP tag line. Shared task between Public Health and Planning staff. Sent out for review and comment.

4. Prepare brief city-specific and local data that may be of special interest and for conversation. This can be used in discussion for how it connects to comp plans.

5. Meet with city staff (start or continue relationship), learn about their comp plan, timeline, if they will contract with a consultant, and community engagement process; share social determinants of health pie chart and their role in health, data and discuss why and how to include health, active living, healthy food access and equity in comp plans. Offer resources and assistance (Food Access Planning Guide, SHIP funding, help with community engagement, additional data and information they desire, connecting to other resources, etc.). Introductions included name, position, why we chose our professions and our role in comp planning.

6. Follow up on requests for information and send final copies of data and handouts electronically.

For more information: Mary Montagne, Health Promotion Supervisor, Dakota County Public Health Department, 651-554-6119, mary.montagne@co.dakota.mn.us
[City] Health Data

Date

Poverty*
Population below poverty
• 3,444 people or 7% in 2014

Population below 200% of poverty
• 8,072 people or 16% in 2014

Child Poverty (under 18): 12% or 1,470 children

School district Free and Reduced Price Lunch (Students with lower incomes qualify.)
• 6,741 students or 24%

School district English Learner (English is not their native language.)
• 1,766 students or 6.3%

Households without a Vehicle
• 486 – 820 people or 2.5-4.3%

Overweight and Obesity
• County rate: 60% of adults were either overweight or obese in 2013.
• 18% of 9th graders and 19% of 12th graders were overweight or obese in 2010.

Hunger
• An estimated eight percent (33,400) of the population of the county was food insecure in 2014.
• An estimated 13 percent of county children (13,300) were food insecure. Food insecure means lacking reliable access to a sufficient quantity of affordable, nutritious food.

Healthy Eating
Fewer than one-fourth of county students (17-21%) reported consuming fruits or vegetables (including fruit juice) five or more times per day in the previous week. Local data are available by school district.

Physical Activity
About one-fifth of county students reported engaging in 60 minutes of physical activity every day. Local data are available by school district.

Smoke-Free Multi-Unit Housing: 40% in city
• 75% of survey respondents in MN prefer smoke-free housing.

*Poverty (2016 Federal Poverty Guidelines – Annual)
• Poverty level: $16,020 for a family of 2, $24,300 for a family of 4
• 200% of poverty level: $32,040 for a family of 2, $48,600 for a family of 4.


Supported by the Statewide Health Improvement Program, Minnesota Department of Health, and Dakota County Public Health Department
COMMUNITIES AND HEALTH

The health of individuals is strongly influenced by their environments. Similarly, the health and vitality of a community depends on that of its people. Many of the problems and solutions to improving our health are affected by planning and the built environment. Social determinants of health affect a person’s stress levels, access to healthy food, safe places to be physically active, exposure to environmental hazards and availability of early learning opportunities. These conditions interact to increase or decrease the risk for major diseases such as heart disease, stroke, diabetes and some forms of cancer. Approximately 60 percent of premature deaths can be attributed to factors that include our environment (e.g., the air we breathe), our ability to be physically active (e.g., whether a neighborhood has safe sidewalks), our access to grocery stores and health care services (e.g., whether goods and services are close or transit is available) and our socioeconomic status. Communities that increase opportunities for regular physical activity and access to healthy food and decrease tobacco use and exposure support health. The good news is that by considering the environmental factors that influence health, a community’s comprehensive plan can foster healthy residents.

HEALTHY COMMUNITIES AND EQUITY

People with the highest risk of chronic disease include older adults, those with low incomes, people of color, those with less education, those who are food insecure or have a poor diet, those who are physically inactive and those who smoke or are exposed to secondhand smoke. In Minnesota overall, people of color have historically had poorer health, less education, lower incomes and fewer opportunities to achieve their optimal health and well-being. This has economic impact, costing millions of dollars in health care expenses, lost wages and productivity. These health disparities can be addressed, in part through policies, systems and environmental changes that will improve the health and well-being of all. Community engagement is allowing people an opportunity to identify their needs, contribute to solutions and influence their environments. Actively engaging those impacted by problems gives voice to those affected by decisions and, when done authentically, can contribute to health.

Supporting data

Population
- In Dakota County, the fastest growing age group is the 65 and older population, which is projected to increase by 201 percent from 2010 to 2030 and by 252 percent from 2010 to 2040. This is two times faster than this population is expected to grow in Minnesota.
- In 2012, people of color made up an estimated 18 percent of the Dakota County population. Hispanics, Blacks and Asian/Pacific Islanders are the largest racial and ethnic groups in the county.
- Populations of color in Dakota County will increase by 74 percent from 2010 to 2030. The White population is projected to grow by ten percent in the same period.
- In the 2014-2015 school year, 28 percent of Dakota County public and charter school students were students of color.

Chronic Disease
- Healthy behaviors, such as eating nutritious foods, engaging in physical activity, and avoiding tobacco, can prevent much chronic disease and control its complications. Chronic diseases include heart disease, cancer, stroke, respiratory disease and diabetes.
- Sixty-two percent of deaths in Dakota County residents are due to chronic diseases.
- Twenty-one percent of Dakota County adults have ever been told they have high blood pressure and 35 percent have ever been told they have high cholesterol.
- Nine percent of non-institutionalized county residents over age five have a disability.
- Obesity is related to chronic disease, especially diabetes. Contributing factors include poor or inadequate diet and lack of physical activity.

Poverty
- Eight percent of Dakota County residents live below the poverty level.
- Poverty is increasing, especially for children under 18.
- Fifty-one percent of renter households and 22.5 percent of homeowners spent 30 percent or more of their monthly household income on housing.
- Poverty rates for children under 18 in Minnesota are twice as high for Asian children, three times as high for Hispanic/Latino children, four times as high for American Indian children and nearly five times as high for African American children as for white children.
- Unemployment is highest among populations of color, American Indians and people who live in rural Minnesota.
- African Americans and Hispanic/Latinos in Minnesota have less than half the per-capital income of the white population.
- Low-income students are more likely to experience residential instability, as indicated by the frequency of changing schools, than their higher-income peers in every racial and ethnic category.
- American Indian, Hispanic/Latino and African American youth have the lowest rates of on-time high school graduation.
- African Americans and American Indians are incarcerated at nine times the rate of white persons.

Nutrition
- Since the late 1970s, the prevalence of overweight and obesity in the United States has nearly doubled in adults, more than doubled in children and more than tripled in adolescents, while at the same time fewer people have adequate access to food.
- Fewer than one-fourth of Dakota County students consumed fruits or vegetables five or more times per day in the previous week.
Physical Activity

- Physical inactivity is one of the most important risk factors for chronic disease in the United States. A study in 2000 estimated 400,000 deaths annually attributed to poor diet and physical inactivity.
- Regular physical activity helps reduce the risk of chronic diseases, such as heart disease, stroke, diabetes and certain cancers; helps control weight; strengthens bones, muscles and joints; prevents falls or helps reduce injuries from falls among older adults; and relieves anxiety and depression.
- People who live in communities that support active living are more likely to engage in physical activities as part of their daily routine, such as walking or biking for transportation.
- More than one in five adults do not engage in regular physical activity each week.
- Only one-fifth of Dakota County students in all grades met the recommended level of physical activity (60 minutes per day) in 2013.
- Few Dakota County residents walk or bike to work or school.

Including Health in a Comprehensive Plan

Addressing health in a comprehensive plan is not new. All plans already address resident health by separating incompatible land uses, creating a safe roadway network, establishing parks for residents to recreate, and ensuring safe water and sanitary sewer systems. An important step might be reviewing the current comprehensive plan with health in mind and taking credit for what is already being done.

There is no one way to include health in a comprehensive plan. Cities are encouraged to use an approach that works for their needs based on existing practice, comprehensive plan layout and function, community interest and political will.

Approaches include:
- Referencing health in the plan’s vision, mission, engagement strategy and approach.
- Considering a Health in All Policies approach that takes into account the potential impact on the health of those who could be affected by decisions, especially those at higher risk for poor health and limited opportunities. For this approach, a city would include goals and policies related to health in all chapters of the comprehensive plan: the land use, transportation, housing, water resources, parks implementation and other, community specific, sections.
- Creating new chapters that specifically address health. These sections could be broadly focused on community health, sustainability or resilience or specific topics such as active living, food access and equity.
- Addressing equity by including equity data and recognizing historical impacts of policies and systems while striving to improve the conditions and lives of those with disproportionately poor health and little or no wealth.
- A robust community engagement process where both the public and health professionals are engaged in defining priority health issues.
- Combining multiple strategies. For example, reference health related policies within the vision and all chapters of the comprehensive plan and create one or more health chapters. This approach builds ownership across different departments while also offering a more detailed plan section.
RESOURCES

- Dakota County:
  - Lil Leatham, Planner, Lil.Leatham@co.dakota.mn.us
  - Mary Montagne, Public Health, Mary.Montagne@co.dakota.mn.us
  - Jess Luce, Communities for a Lifetime, Jess.Luce@co.dakota.mn.us
  www.co.dakota.mn.us/Government/publiccommittees/CFL/Pages/default.aspx
- Homegrown South: http://homegrownsouth.org/
- Blue Cross Blue Shield Center for Prevention:
  - Nadja Berneche, Healthy Comp Plan Consultant, nadja@terrasoma.com
  - Eric Weiss, AICP, Eric.Weiss@bluecrossmn.com
- Design for Health: http://designforhealth.net
- Minnesota Department of Health: http://www.health.state.mn.us/topics/places/plans.html
- ChangeLab Solutions: http://www.changelabsolutions.org/healthy-planning
- Center for Disease Control and Prevention: http://www.cdc.gov/healthyplaces/
LAND USE AND HEALTH

Land use planning started with separating incompatible land uses, such as factories from neighborhoods, for the health and safety of residents. The pattern, type, density, and characteristics of development are all guided by a city’s comprehensive plan. Much of Dakota County is developed with large-lot, single-family homes, widely spaced retail areas, schools in centralized campuses, and limited employment opportunities close to home. The suburban development pattern discourages active living by locating neighborhoods too far from shopping, school, and employment to walk or bike. Low-density development sometimes means that food retailers end up a long distance from residential areas, making access to healthy food difficult without a car. Conversion of agricultural land to housing reduces a community’s capacity to produce food locally. More compact development patterns where people live closer to schools, employment and retail better support both active living and healthy food access.

LAND USE AND EQUITY

Much of the northern portion of Dakota County is developed at suburban densities, resulting in spread-out, isolated destinations that make car ownership a necessity for many. Access to healthcare services, jobs, grocery stores and financial institutions can be inconvenient and time consuming for those reliant on public transportation. Low-density development patterns disproportionately impact those who do not drive: young people, older adults, and people living in poverty. Some of these populations are much more likely to be in fair or poor health and to have disabling conditions (e.g., obesity, diabetes, heart disease), experience food insecurity and be at risk for not getting enough regular physical activity.

Compact, mixed-use development patterns can promote residents’ health by locating jobs, retail, schools, transit and parks within walking and biking distance to more residents and provide access to supermarkets and healthy food options. Ensuring a balance of jobs and housing improves opportunities for living and working within the same community, potentially reducing commute distances and making walking, bicycling and transit easier. This can result in a development pattern that is transit supportive while preserving farmland and natural spaces and improving environmental sustainability. This approach is also fiscally sustainable, as a more compact development pattern means there are enough taxpayers to support the cost of maintaining roads and utilities over time.
SUPPORTING DATA

Active Living:

- In 2010, 78 percent of Dakota County adults engaged in regular physical activity (150 minutes or more of moderate or vigorous physical activity per week). In 2013, about one-fifth of Dakota County students (18-21%) reported engaging in 60 minutes of physical activity every day. The Centers for Disease Control (CDC) recommend 150 minutes per week for adults and 60 minutes per day for children and adolescents.
- In 2013, 1.5 percent of Dakota County residents 16 years and older who work walked or biked to work. Statewide, about four percent walked or biked to work.
- From 2005-2010, the acreage of land designated as “mixed-use” in Dakota County has increased by six percent. In 2010, 69 percent of Dakota County adults rated their neighborhood as a very pleasant place to walk.
- On average, neighborhoods in Dakota County have 2.4 parks located within a half-mile.
- In 2013, 20 percent of Minnesotans were ever told they had arthritis, the leading cause of disability.
- Persons 65 and older were the most likely to have a disability (28% in 2013).

Healthy Food Access:

- Eight percent of the population in Dakota County was food insecure in 2012. An estimated 13 percent of Dakota County children were food insecure (not sure they will have enough food).
- In 2010, 41 percent of Dakota County adults reported eating five or more fruits and vegetables the previous day. Fewer than one fourth (17-21%) of Dakota County students reported consuming fruits or vegetables (including fruit juice) five or more time per day in the previous week.
- In 2012, the county had served 11,098 in the WIC program, ten percent of the population of women of childbearing age and children 0-5 years. During the 2014-2015 school year, 28 percent of students in charter and public schools in the county received free or reduced price lunches, up 16 percent from 2005-2006. Although this is lower than the state as a whole (38%), this percent increased steadily from 16 percent in the 2005-2006 school year.
- The percent of Dakota County households accessing food stamps or Supplemental Nutrition Assistance Program (SNAP) benefits (7%) is slightly lower than the state (9%), but it steadily increased from 2008 to 2013.
POLICIES TO CONSIDER

Active Living
Goal: We will support strategies that encourage mixed uses and efficient design to encourage active living.

- Adopt policies that support infill development and redevelopment to encourage compact, walkable development.
- Encourage and zone for higher-density or mixed-use housing near transit lines and commercial areas.
- Consider minimum density requirement for new residential and mixed-use projects and other types of development.
- Consider form-based zoning code, which places greater emphasis on physical form, rather than land use. This allows for greater flexibility of uses while maintaining an aesthetic urban form.
- Locate schools near existing residential uses and other areas that support active living.
- Reduce the amount of unused land and parking areas surrounding commercial areas to encourage walkable development patterns; consider incentive for shared parking for complementary uses.
- Incorporate active living issues into the land-use review and the planning process.
- Focus infrastructure investment in the developed portion of town to encourage downtown revitalization.
- Reduce lot sizes in new residential subdivisions.

Healthy Food Access
Goal: We will use land use regulations to improve local households’ proximity to healthy food and support healthy food-related businesses and activities.

- Prepare a community food assessment to identify barriers to healthy food, income levels, lost farmland, community gardens, and farmers’ market availability within urbanized areas.
- Review and simplify or remove city’s 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, flash freezing 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 trucks, to support growth in the types and number of food outlets throughout the community and their hours and locations.

Goal: We will support development patterns that preserve agricultural land and decrease the distance between households and retail food options.

- Within the comprehensive plan, designate a land use category that allows for grocery stores or other healthy food retail within a half-mile of all residential areas.
- Develop a program to preserve remaining agricultural lands.
- 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.
- Cluster multi-family housing around areas well served by commercial goods and services including grocery stores and transit.
RESOURCES

- Dakota County:
  - Lil Leatham, Planner, Lil.Leatham@co.dakota.mn.us
  - Mary Montagne, Public Health, Mary.Montagne@co.dakota.mn.us
  - Jess Luce, Communities for a Lifetime, Jess.Luce@co.dakota.mn.us
  www.co.dakota.mn.us/Government/publiccommittees/CFL/Pages/default.aspx
- Homegrown South: http://homegrownsouth.org/
- Blue Cross Blue Shield Center for Prevention:
  - Nadja Berneche, Healthy Comp Plan Consultant, nadja@terrasoma.com
  - Eric Weiss, AICP, Eric.Weiss@bluecrossmn.com
- Design for Health: http://designforhealth.net
- Minnesota Department of Health: http://www.health.state.mn.us/topics/places/plans.html
- ChangeLab Solutions: http://www.changelabsolutions.org/healthy-planning
- Center for Disease Control and Prevention: http://www.cdc.gov/healthyplaces/