Comprehensive Plans and the Food System: An Equity and Resilience Lens

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✓ Bring an open mind to the discussion.
✓ We’re all learners and educators.
✓ Assume good intent.
✓ What happens here, stays here.
✓ We’re amongst peers.
presentation goals

• Explore the planner’s role in facilitating sustainable food systems and healthy communities

• Take a closer look at the health, food access, and equity challenges our communities face

• Share community examples and introduce the “Minnesota Food Access Planning Guide.”

Food, Equity, & Planning
Planning

Food

Health

Equity

intersection
MN law identifies the need to plan to...
“ensure a safer, more pleasant and more economical environment for residential, commercial, industrial and public activities, to preserve agricultural lands and to promote the public health, safety and general welfare...”

www.revisor.mn.gov
AICP Code of Ethics

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.

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.
historical context

The U.S. has the most expensive health care system in the world.

But the U.S. ranks behind most countries on many measures of health outcomes, quality, access, equity, and efficiency.

In Minnesota, spending on health care totaled $39.8 billion or $7,396.

60% of deaths in MN are due to diet-related diseases.

what is the state of health?
What is health?

Go to the doctor?
Go to a park?
Go to your job?
Eat a meal or snack?
Visit with friends or family?
Sleep in your house?
Go to school? Or use your education?

How often?
factors that determine health

- Genes & Biology: 10%
- Social & Economic: 30%
- Health Behaviors: 40%
- Clinical Care: 10%
- Physical Environment: 10%
Access to healthy foods is a question of equity.
racially restrictive covenants

None of the said lands, interests therein or improvements thereon shall be sold, resold, conveyed, leased, rented to or in any way used, occupied or acquired by any person of Negro blood or to any person of the Semitic race, blood, or origin which racial description shall be deemed to include Armenians, Jews, Hebrews, Persians or Syrians.

https://www.jhsgw.org/exhibitions/online/jewishwashington/exhibit-images/restrictive-covenants-shelley-kramer
http://thewordlasc.weebly.com/the-watts-project-wendy-croomes--deante-perkins.html
Slide credit (next 3 slides): Dr. Fernando Burga, Humphrey Institute of Public Affairs
Redlining maps
Twin Cities
1935
racial dot maps
Twin Cities
2010
Why does planning for an improved food system matter?

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

<table>
<thead>
<tr>
<th>HUNGER</th>
<th>HEALTH</th>
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<tbody>
<tr>
<td><strong>3.5M</strong> VISITS TO FOOD SHELVES</td>
<td><strong>60%</strong> OF DEATHS IN MINNESOTA ARE DIET-RELATED</td>
</tr>
<tr>
<td>More than twice the number of Minnesotans visited food shelves in 2013 than 13 years ago.</td>
<td>The majority of deaths are from diet-related illness, like stroke, cancer, diabetes, and heart disease.</td>
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<tr>
<td><strong>20% OF FAMILIES WITH CHILDREN</strong> in Minnesota face hunger or food insecurity.</td>
<td><strong>2:3 MINNESOTANS ARE OVERWEIGHT OR OBESE</strong></td>
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<tr>
<td></td>
<td>Many low income Minnesotans are obese with other diet-related problems, including 1 out of 3 young children.</td>
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<tr>
<th>ECONOMIC IMPACT</th>
<th>HEALTHY FOOD ACCESS</th>
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<tbody>
<tr>
<td><strong>$2.8B</strong> OBESITY-RELATED HEALTHCARE COSTS PER YEAR</td>
<td><strong>MINNESOTA HAS FEWER SUPERMARKETS</strong> per capita than most states, ranking in the bottom third of states nationwide.</td>
</tr>
<tr>
<td><strong>$17B</strong> LOST PRODUCTIVITY</td>
<td><strong>NEARLY 900K MN RESIDENTS</strong> including over 200,000 children, live in lower-income communities with insufficient grocery store access.</td>
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Lost productivity and absenteeism due to unhealthy workers/year.
Racial Disparities and the Social Determinants of Health

• American Indian, Hispanic/Latino, and African American youth have the highest rates of obesity.

• Compared to the non-Hispanic white population, mortality due to stroke is significantly higher for the African-American, American Indian and Asian populations in Minnesota.

• Mortality rates for African American and American Indian infants that are twice the rate of white infants.

Advancing Health Equity in MN: Report to the Legislature (2014)

• The Twin Cities metro continues to have the highest racial and ethnic disparities in the U.S. between white, non-Latino residents and residents of color in the areas of employment, poverty, and home ownership.

MetroStats, Metropolitan Council (Sept. 2016)
Racial Disparities and the Social Determinants of Health

• 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.

• While 75% of the white population in Minnesota owns their own home, only 21% of African Americans, 45% of Hispanic/Latinos, 47% of American Indians, and 54% of Asian Pacific Islanders own their own homes.

• African Americans and Hispanic/Latinos in Minnesota have less than half the per-capital income of the white population

• Advancing Health Equity in MN: Report to the Legislature (2014)
Structural Racism and Health Disparities

A key decision made in the Advancing Health Equity effort was to be explicit about race and structural racism, especially the relationship of race to the structural inequities that contribute to health disparities.

Even when outcomes related to other factors such as income, gender, sexual orientation, and geography are analyzed by race/ethnicity, greater inequities are evident for American Indians, African Americans, and persons of Hispanic/Latino and Asian descent.
Planning

Food

Health

Equity

intersection
planning & food

THE FOOD SYSTEM

GROW → PROCESS → DISTRIBUTED → GET → MAKE → EAT → DISPOSE

Economic Development
Land Use/zoning
Water, environment
Open space

Transportation
Economic Development
Land Use/zoning

Transportation
Economic Development
Land Use/zoning
Urban design
Finance
Community Development

Resiliency:
Organics recycling

Minnesotas FOOD CHARTER Network
Health and 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

[Diagram of Maslow's hierarchy of needs]
Food System Resilience

• Address the risk - Ensure that all relevant policy, planning and practice considers climate change and disaster risks and take measures to protect our food systems

1) Build resilient food-supply systems
2) Build resilient food-production systems
3) Build socio-economic resilience

Factors Reshaping Food Systems

MAJOR CATALYSTS OF CHANGE –reshaping global food systems

- Living in a crowded world
- Climate change – the wild card
- Food security for a hungry world
- Consumers driving change
- Smart farming – the technology revolution
- Human health epidemic
- Living in a finite world

Comprehensive Plans
Land Use
Housing
Transportation
Capital Facilities
Natural Environment
Economic Development
Parks and Recreation

Built Environment: Food Access Determinants
Healthy Food Access
Living wage jobs
Affordable housing
Affordable and reliable transportation
Natural Environment
Social Environment

Health Outcomes
Heart Disease
Obesity
Diabetes
Depression
Stress
Health Disparities
Cancers
Stroke
(etc...)

Food access in comprehensive plans
City of Oakdale

- Suburban community ~ 28,000 residents
- Significant residential growth in the 1980’s-1990’s
- Commercial/Industrial growth in the 1990’s-2000’s
- Almost fully developed
- Maturing population
- Increasing households without children
- Increasing diversity
- Household income on par with the region
- Increasing poverty
“Would you tell me, please, which way I ought to go from here?”
“That depends a good deal on where you want to get to,” said the Cat.
“I don’t much care where—” said Alice.
“Then it doesn’t matter which way you go,” said the Cat.
“—so long as I get SOMEWHERE,” Alice added as an explanation.
“Oh, you’re sure to do that,” said the Cat...
Goal: Maintain and improve demand for Oakdale’s neighborhoods

- Create and enhance amenities; reduce and eliminate disamenities
- Facilitate reinvestment in housing stock
- Improve neighborhood social capital

Provides a framework for policy decisions and evaluation
Fall 2016 – Key Stakeholder Meetings with institutional partners in each plan element area

- Issues – problems, opportunities, or topics of discussion
- Focus on removing barriers and planning for all populations
- What can the City do alone or in partnership with others?
Health in Planning – SHIP Grant

Use policy, systems and environmental changes to increase opportunities for physical activity and consuming healthy foods.

Focus Areas:
• Healthy Food Access
• Active Living
• Enhanced Community Engagement

Key questions:
• Do residents of Oakdale have access to healthy food?
• What can the City do to improve access to healthy food?
Access to Healthy Food in Oakdale

Why is this important?
- Literature review

What is the current status in Oakdale?
- Conduct a baseline assessment: Where can food be acquired (inventory and map)
- Community survey: What is our residents’ experience with food access (transportation, availability, affordability)
Next Steps

• Complete inventory (food outlets, transportation network, target neighborhoods)
• Identify best practices and policies
• Facilitate focus groups with institutional partners and resident groups
• Incorporate findings into goal discussion with Community Advisory Committee in 2017
The Council supports preserving agricultural land to protect the agricultural economy in the region, provide opportunities for farmers, and promote local food production and processing (p. 29, 109, 167, 171, 173).

Encourage policies and investments that improve access to safe and healthy food (p. 55).

Recognize opportunities for urban agriculture and small scale food production (p. 144).

Protect existing agricultural land for local food production and processing to reduce distance-to-market travel emissions (p. 62) and preserve soil and water quality (p. 109, 120, 161).
Resiliency includes planning for more severe weather and prolonged heatwaves, for *improved health of your residents*, and planning for economic strength and diversity.
Reliable access to safe, healthy, affordable food for all

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

What is the Food Access Planning Guide?
LEARN
HELPFUL RESOURCES and information to bridge the knowledge gap between planners and food advocates

ACT
SAMPLE LANGUAGE addressing numerous facets of healthy food access that communities can include in comprehensive plans and zoning codes
There is no one way to organize a comprehensive plan or to include food access and equity language into a plan. We recommend four possible approaches.

Local communities are encouraged to consider which approach is best for their particular needs, given existing practice, the comprehensive plan layout and function, community interest, and political will. Here’s how you can use this section:

1. TYPICAL PLANNING ELEMENTS. Use the most common planning chapters - housing, land use, transportation, economic development, etc. - to address food access issues. This approach highlights the comprehensive nature of food access issues and may be a format most people are accustomed to.

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

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

4. USE A COMBINATION OF THESE OPTIONS. Reference food-related policies within traditional comprehensive plan chapters, and create a stand-alone health or food chapter. We recommend this approach because it builds ownership across different departments of local government while also offering a dedicated plan section in which more foodspecific detail is provided.

HOW TO USE THE ICONS IN THIS SECTION

1. IMPACT
   The overall impact on how many Minnesotans have access healthy food. What is the potential for scaling up strategies in each issue area?

2. NEED
   The capability to address inequities faced by certain populations. What is the potential for reaching low-income populations, people of color, native Americans, seniors, and youth?

3. INFLUENCE
   The likelihood that the strategy area will leverage other policies and interventions that would not otherwise occur. Is it an area that currently lacks information, sources of advocacy, and/or political will?

4. MARKET FEASIBILITY
   The economic viability of the strategy area. Can it lead to strong, lasting sustainable economic outcomes through public-private initiatives or a focused social response to public interventions?

5. COMMUNITY INTEREST
   The expressed interest and enthusiasm of individuals and organizations working on food issues. Was it identified as a key area of interest by Food Access Planning Guide survey respondents?

The issue areas addressed in the second section of the Food Access Planning Guide reflect key strategies in the Minnesota Food Charter. They were selected using the following criteria:
MINNESOTA FOOD CHARTER RELEASES FOOD ACCESS PLANNING GUIDE

The new Food Access Planning Guide is a powerful tool for healthy food advocates and planners to include healthy food-related policy in comprehensive plans. Get your copy here.

www.mnfoodcharter.com
PLANNING FOR IMPROVED FOOD ENVIRONMENTS

Planning for Food Access and Community-Based Food Systems
From the APA, a sample of plans (13 comprehensive plans and eight sustainability plans) selected for in-depth plan evaluation. Plans were evaluated for how they support and advance principles of a healthy, sustainable food system.

Creating Healthier Food Environments
From Changelab Solutions, download toolkits, fact sheets, and reports on establishing community gardens and farmers’ markets, promoting healthy mobile vending, improving corner store offerings, attracting grocery retail, and more.

Food Policy Resource Database
From John Hopkin’s Center for Livable Communities, a tool to browse for different types of resources, including academic literature, how-to guides, strategic plans, aimed at all levels of government.

Food Access Policy and Planning Guide, Seattle
From Northwest Center for Livable Communities, identifies a potential framework for food policy in the Seattle comprehensive plan and provides an inventory of relevant food-related policies that could be incorporated into the plan.

Greenstep Cities Health Food Best Practice
A sustainable cities program, free to cities, that challenges, assists and recognizes cities that implement defined best practices.
Metro Healthy Comp Plan Workgroup

A metro-wide peer-learning group designed for planners to get and share resources and best practices on comprehensive planning

Purpose:
• Provide a forum for discussion
• Create learning and networking opportunities
• Explore ways to reframe health within today’s context
• Explore and explore how to engage stakeholders in this important work

• Next meeting: Jan. 6th, 9-11am
  Southdale Library Community Rm
• RSVP Denise.Engen@Hennepin.us
Do you know if your most recent plan (2030 plan) addressed health? If so, how was it addressed and in what sections? How could your 2040 comprehensive plan better address health, food access, and equity? What do you hope will be different from last time?

What is needed to make your 2040 plan a *living document* that is relevant, useful and that is regularly used in transparent decision-making?

What are opportunities, what are barriers?

**for discussion with your team...**
How many community members have obesity-related chronic diseases?
Where do community members without vehicles live?
Which community members live far from a source of affordable, healthful food?
What is the enrollment for medical assistance, food assistance, rental assistance?
How many visits are local food shelves experiencing?
What are the demographics of those clients?
How active are our youth and adults? What are their physical activities?
One-on-one consultation
Group presentations
Assistance with community engagement planning and networking with community groups
Sample plan language to increase food access, targeted to your specific priorities and needs
A library of resources targeted to other areas of the “health in all policies” framework
Examples of other cities’ efforts

what we can offer
Part I - The Basics: *Minnesota Local Government Structure*

Part II - Local Community Planning: *Navigating the Connections Between Food and Local Planning Efforts*

Part III – Integrating Food Access into Local Planning

Part IV - Equity and Engagement: *Building Authentic Relationships*

Find all webinars [online here.](#) You’ll find that presentations are 15-20 minutes. Watch portions as a group and then discuss!

**webinar series**

**Public Health Law Center**
A SOCIETY GROWS GREAT
WHEN OLD MEN PLANT TREES
WHOSE SHADE THEY KNOW THEY
SHALL NEVER SIT IN.

mantra
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