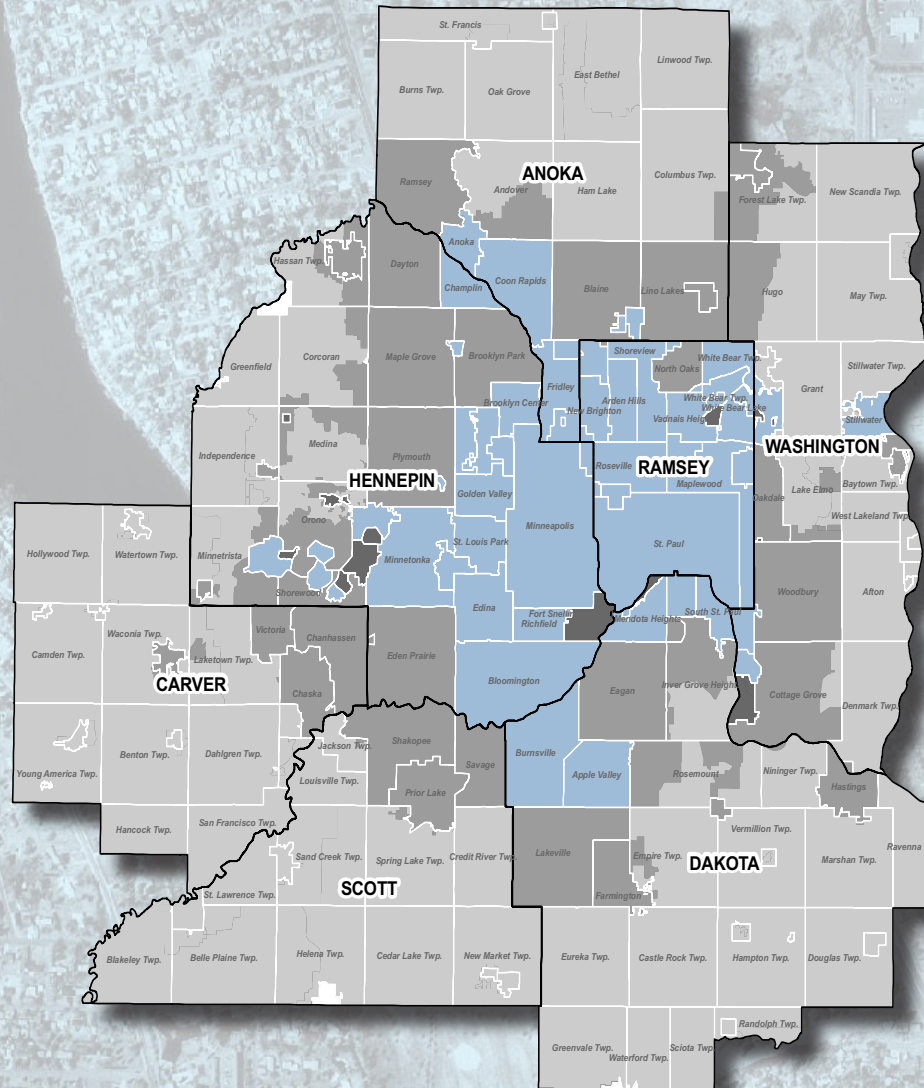


Healthy Planning:

A Review
of the
Seven
County
Metropolitan
Area
Developed
Community
Comprehensive
Plans

Executive Summary



Public Health Response to Climate Change in Minnesota
Minnesota Department of Health
Environmental Impacts Analysis Unit



May 2012

In 2010, the Minnesota Department of Health (MDH) received funds from the Centers for Disease Control and Prevention (CDC) to review the regional comprehensive planning process used for the Twin Cities metropolitan (metro) area. The purpose of the review was to determine if public health and climate change adaptation and mitigation are being addressed within the comprehensive plans (comp plans) for the seven-county metro area. The Metropolitan Council provided a letter of support for the CDC grant application endorsing the proposed project. MDH reviewed 53 comp plans within the metro area to better understand the influence of comp plans on public health and climate change. Until this review, it was unknown if the comp plans were fostering or detracting from public health and climate change mitigation and adaptation efforts.

MDH staff evaluated 53 comp plans submitted by the “developed communities,” representing 56% of the seven-county metro area’s population. MDH assessed the developed communities’ comp plans because the selected public health indicators (a health indicator is used to measure or assess a particular health issue) and climate change indicators are more relevant to developed communities, and developed communities are more likely to have the resources to implement needed policies and strategies.

The 53 comp plans were assessed using 11 public health and climate change indicators that relate to the current regional comp plan requirements. The list of indicators are included below.

Health and Climate Change Indicators

1. Does the land use plan support mixed-use development?
2. Does the plan achieve its regional affordable housing goal?
3. Does the plan address life-cycle housing?
4. Does the plan support complete street initiatives?
5. Does the plan support transit-oriented development?
6. Does the plan discuss pedestrian and bicycle safety?
7. Does the plan evaluate park needs of the population?
8. Does the plan address access to trails for residential areas?
9. Has the plan considered climate change?
10. Does the plan address targets or strategies for greenhouse gas reductions community-wide?
11. Does the plan address severe rain events or increased precipitation?

MDH found that because of the broad, regional nature of the comp plans, each health indicator may be addressed in different ways. For instance, two communities may recognize climate change in their comp plans, but one community may include a number of policy statements related to climate change, while another community may only reference climate change as a potential issue for planning. The former response to climate change planning is more specific, but both recognized climate change as an issue. To help quantify the results, MDH classified the variation in comp plan responses according to the following three categories:

Response 1: Implementation – The indicator was effectively addressed through an existing program, plan, resolution or regulatory tool.

Response 2: Guidance – The indicator was effectively addressed through a policy statement, goal or strategy.

Response 3: Language – The indicator was recognized, but no formal guidance was provided on how to effectively address the indicator.

The 53 comp plans were reviewed by one MDH staff person who determined the level of response for each health indicator. This staff person had extensive experience in preparing and evaluating comp plans and the community planning process used by the Met Council.

The review found that developed community comp plans vary considerably in addressing public health and climate change. Four health indicators (mixed use, affordable housing, life-cycle housing, and access to trails) were met by over 75% of the comp plans. Another four health indicators (complete streets, climate change, greenhouse gases, and severe rain events) were met by less than 30% of the comp plans. None of the comp plans addressed severe rain events, but the Met Council does plan for increased precipitation and climate change through local water management plans and watershed plans. Neither the local water management plans nor the watershed plans were reviewed for this report. Thus, Health Indicator 11 does not recognize the extent of planning communities are doing related to water management and extreme precipitation. (See Table 1 for a summary of results from the health indicators.)

Table 1: Summary of Results from the Health Indicators					
<i>Yes = number of comp plans that met the health indicator</i>					
<i>No = number of comp plans that did not meet the health indicator</i>					
Health Indicators	Yes	No	Response 1: Implementation	Response 2: Guidance	Response 3: Language
Health Indicator #1: Mixed Use	43	10	42	1	0
Health Indicator #2: Affordable Housing	53	0	14	35	4
Health Indicator #3: Life-Cycle Housing	45	8	6	33	6
Health Indicator #4: Complete Streets	8	45	0	7	1
Health Indicator #5: TOD	19	34	4	12	3
Health Indicator #6: Ped/Bike Safety	30	23	0	20	10
Health Indicator #7: Park Needs	31	22	19	11	1
Health Indicator #8: Access to Trails	41	12	19	22	0
Health Indicator #9: Climate Change	13	40	4	3	6
Health Indicator #10: Green House Gases	11	42	3	8	0
Health Indicator #11: Severe Rain Events	0	53	0	0	0
Response 1: Implementation – The indicator was effectively addressed through an existing program, plan, resolution or regulatory tool.					
Response 2: Guidance – The indicator was effectively addressed through a policy statement, goal or strategy.					
Response 3: Language – The indicator was recognized, but no formal guidance was provided on how to effectively address the indicator.					

Six communities' comp plans met most of the health indicators (nine or more out of the 11): Bloomington, Burnsville, Edina, Minneapolis, St. Paul and White Bear Lake. For a detailed list of health indicators met by each communities' comp plan, see Appendix F in the full report. Had a different set of indicators been selected, comp plans may have scored differently.

The summarized recommendations below focus on enhancing the comp plan requirements and regional polices. The recommendations are intended to serve as a guide for Met Council as it explores changes to the comp plan update process and policy documents. The recommendations also may be used by agencies and organizations that have a role in regional and local planning.

Health Indicator 1: Does the land use plan support mixed-use development?

The 2030 RDF and policy documents provide the foundation necessary to promote mixed-use developments. There are no recommendations for consideration.

Health Indicator 2: Does the plan achieve its regional affordable housing goal?

The comp plans need to provide implementation language that specifically describes how they will achieve their affordable housing numbers. MDH encourages the Met Council to provide guidance and details on how future comp plans can strengthen their housing chapters to include stronger implementation sections. The connection between social benefits, health and affordable housing also should be considered as part of future comp plan updates.

Health Indicator 3: Does the plan address life-cycle housing?

The majority of comp plans supported life-cycle housing through various policy statements, but very few plans considered housing needs based on specific demographic changes and how they would implement life-cycle housing. The comp plans should be discussing housing needs for the aging population and specific housing needs

related to other age groups and lifestyles. The 2030 RDF emphasizes the importance of responding to housing needs based on demographic trends and provides some strategies. MDH encourages the Met Council to consider providing additional strategies and implementation measures to ensure that the comp plans are meeting future housing needs.

Health Indicator 4: Does the plan support complete street initiatives?

The 2030 TPP recognizes the importance of complete streets and is a strategy under Policy 18: Providing Pedestrian and Bicycle Travel Systems. A number of communities have begun to adopt their own complete streets policies. MDH encourages the Met Council to integrate the State's Complete Streets Policy into future policy plans and planning requirements. Local jurisdictions also should be encouraged to adopt a complete streets policy that applies to their roadways.

Health Indicator 5: Does the plan support transit-oriented development?

The 2030 TPP does not specifically recognize TOD as a policy or strategy. However, the 2030 TPP does provide a series of policy statements and strategies that encourage land-use patterns to develop in conjunction with multimodal transportation options. Future comp plan updates should recognize the transitways if they fall within their respected communities and consider TOD as a strategy to align Met Council's goals in connecting land uses with multimodal transportation networks.

Health Indicator 6: Does the plan discuss pedestrian and bicycle safety?

Met Council's policy documents include some language regarding pedestrian and bicyclist safety, but more policies and strategies could be included in the documents. The 2030 TPP and 2030 RPPP could provide a stronger emphasis on pedestrian and bicycle safety, by describing design standards, such as traffic calming techniques and designated bike routes, in the policy documents.

Health Indicator 7: Does the plan evaluate park needs of the population?

A combination of regional and local park systems is needed to ensure that people living in the seven-county metro area have adequate access to recreational opportunities for multiple health benefits. Planners should consider changing demographics and related recreational preferences to ensure that the parks meet local needs. MDH encourages the Met Council to provide guidance that helps local agencies establish park plans that address local needs and coordinate with regional systems.

Health Indicator 8: Does the plan address access to trails for residential areas?

In most cases, the comp plans identified existing trail systems, but more than half did not clearly identify future needs nor link the trails to residential areas and other trail systems. The assessment found that where local trails were being planned, the plans did not always coordinate between local trails, regional trails and trails located in adjacent communities. Interagency and cross-jurisdiction coordination should be addressed in all comp plans to ensure that trails are being linked across borders and with the regional system. Regional trails are unlikely to meet all of the community's needs, and some of the communities do not have access to regional trails. Therefore, it is important to consider local trail connections as part of the comp planning process. MDH encourages the Met Council to provide guidelines on determining local trail needs and linking local trails to regional and cross-jurisdictional trails.

Health Indicator 9: Has the plan considered climate change?

The Master Water Supply Plan and two regional policy plans, the 2030 WRMP and the 2030 TPP, include direct references to climate change. MDH encourages the Met Council to continue looking at ways in which climate change can be incorporated into the comp planning process.

Recognizing climate change as part of the planning process will help prepare communities for climate changes, such as extreme heat events and increased heavy precipitation events, and prevent public health emergencies.

Health Indicator 10: Does the plan address targets or strategies for greenhouse gas reductions community-wide?

The 2030 TPP takes into consideration the reduction of GHG emissions. Most of the comp plans did not demonstrate a commitment to reducing GHGs. MDH encourages the Met Council to request that the comp plans discuss strategies in reducing GHG emissions in the transportation and land use chapters.

Health Indicator 11: Does the plan address severe rain events or increased precipitation?

None of the comp plans addressed severe rain events or increased precipitation. However, the Met Council plans for increased precipitation and climate change through the local water management plans that all cities and townships complete, as well as watershed plans, prepared by watershed management organizations. MDH supports the Met Council's strategies for planning for climate changes, including severe rain events. Emphasizing the importance of planning for increased precipitation will help communities incorporate adaptation measures into their comp plans to prevent potential negative effects from heavy precipitation on infrastructure and public health.

The full report provides a general overview of the developed communities' comp plans in meeting a specific set of health indicators. Hopefully, the assessment and recommendations prompt discussions about how the seven-county metro area communities and the Met Council can enhance their planning efforts to promote the health of Minnesotans.

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