

# Supporting Active Living in Minnesota Communities

## *Summary of Impacts and Lessons Learned From the Active Living for All Initiative*

The environment where people live, work, and play can create opportunities for physical activity or serve as significant barriers to health and well-being. Engaging community members, particularly in neighborhoods or from communities who have been disproportionately impacted by poor infrastructure or neighborhood disinvestment, in the design of spaces is an important strategy for advancing health equity through active living initiatives. In 2013, the Center for Prevention (the Center) at Blue Cross and Blue Shield of Minnesota (Blue Cross) awarded contracts to nine projects to increase opportunities for physical activity and advance health equity through policy, systems, and environmental (PSE) changes. Through this initiative, referred to as Active Living for All (ALfA), the funded organizations developed approaches unique to their community's priorities and needs that involved engaging residents, developing cross-sector partnerships, influencing decision-makers, and building organizational and community capacity. Their work was supported by funding and technical assistance from the Center to support evaluation, communications, and project design. The Center also supported opportunities for organizations to attend conferences and to share their learning with one another. This summary describes the impact of the projects' efforts and lessons learned from (ALfA) initiative over five years. It also includes recommendations to the Center, as well as for funders and organizations working to promote active living through their own work.

### ***About the funded projects***

The funded projects under ALfA included nonprofit organizations, advocacy groups, a health clinic, and city agencies (see pages 7-8 for descriptions of all the funded projects). Six organizations were in the Twin Cities metro area, and three were in greater Minnesota. In addition to representing a wide geography, the projects varied in size, experience with PSE change or active living work, and goals.

Initial contracts were for three years, but in 2016, the Center invited the projects to apply for an additional two years of funding, recognizing the time needed to advance health equity priorities and PSE change. All but one project (the City of St. Louis Park) received funding through 2018.

## Key impacts

**Over the five-year initiative, the projects contributed to 78 PSE changes to support active living in communities across the state.** This includes 40 changes to the physical environment, 23 changes in policies or integration of active living language into city or county plans, and 15 systems changes. Examples of these changes are listed below and all PSE changes are listed in the full final report.

### Examples of PSE changes created by ALfA-funded organizations

#### Environmental changes

Multiple changes were made to improve biking and pedestrian infrastructure in Itasca County, including the addition of bike lanes and wayfinding signs, adding traffic calming measures, and building bike racks and a bike shelter (Get Fit Itasca)

The City of Minneapolis implemented a year-long demonstration project along a 5-block segment of proposed route for the Northside Greenway (Northside Greenway Now!)

Projected bikeways were added along multiple streets (Our Streets Minneapolis)

#### Policy changes

New guidelines adopted (criteria for street and sidewalk plans and community engagement expectations) in the City of Red Wing's Complete Streets Resolution (Live Healthy Red Wing)

Adoption of strategic plan centering equity, diversity, and inclusion (Move Minnesota)

A sidewalk plan that will add new pedestrian infrastructure in the Browndale neighborhood was integrated into the City of St. Louis Park's "Connect the Park" plan (City of St. Louis Park)

#### System changes

The City of Grand Marais revised its Request for Proposal (RFP) process for consultants to include more direct expectations for community engagement (Sawtooth Mountain Clinic)

Building on the work done by Our Streets, the City of Minneapolis has adopted a greater focus on equity in its Vision Zero work to reduce traffic deaths (Our Streets Minneapolis)

Ramsey County has shown a greater commitment to incorporating public art into infrastructure projects and addressing barriers that have presented challenges (Summit University Planning Council)

**Some of the work with greatest potential for long-lasting change are shifts in how city or county planning departments intend to approach future work.** While working in partnership with government entities responsible for city planning and design, the ALfA projects were able to influence changes in policies and practice to support greater community engagement and to prioritize future projects that align with community interests or advance health equity. For example, because of the organizations' efforts, several cities have incorporated a health in all policies framework to develop their comprehensive plans.

**The PSE changes advanced by ALfA projects have the potential for a positive long-term impact and to reduce inequities in access.** The organizations' growing consideration of equity over the course of the initiative helped bring attention to who would most benefit from any proposed PSE changes. For example, many organizations focused their engagement activities and policy work in neighborhoods that lacked active living opportunities.

## Promising strategies

**A number of promising changes occurred through partnerships between public agencies and community-based organizations.** While only two of the contracts were awarded directly to city government departments, all of the projects included some coordination with government agencies. As a result, a number of public agencies have made changes to their community engagement approaches to reach community members most likely to be impacted by a potential project and how they gather input in ways that are meaningful and relevant to the community. Some of the changes made by government entities include:

- Adopting changes in community engagement processes or creating of new positions to regularly gather community input in design and implementation activities
- Subcontracting with nonprofit organizations who have a history of working with community members
- Using health in all policy frameworks to more fully consider equity in planning processes and decisions
- Meeting regularly with community-based organizations to share revised planning documents and update community members on implementation activities

**The AlFA-funded projects used a wide range of approaches to engage community members most likely to be impacted by proposed changes in infrastructure.** Traditional public input processes are often designed to be efficient and convenient for the entity gathering input, rather than designed to best engage community members in understanding options to increase opportunities for active living. The funded organizations used a range of approaches to help community members identify barriers to physical activity and envision potential changes. Many of these efforts focused on hearing from residents who have not typically been reached in public input processes but who are most likely to be affected. These strategies brought residents and decision-makers to the same table and engaged community members as leaders. Some of these strategies included: group bike rides, walkability workshops, community events, targeted door knocking campaigns, demonstration projects, and interactive design workshops. Multiple organizations used approaches adopted from the trusted advocate model<sup>1</sup> to involve community leaders in engaging their fellow residents in driving community change.

**Data played an important role in describing existing inequities and understanding community preferences for design options.** Multiple projects used community surveys to understand how residents used existing infrastructure and barriers to being more active in their community. These types of surveys were not intended to be representative of the full community, but to help the projects identify initial priorities and starting points for future engagement work. In contrast, repeated and more robust methodologies were used to understand the experience and perspectives of residents

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<sup>1</sup> For more information about this model, see <https://www.aecf.org/resources/trusted-advocates/>

who live near the Northside Greenway. Mapping was used by a number of projects to demonstrate inequities in access to bikeways or quality of pedestrian crossings and sidewalks. Finally, targeted studies were used to measure the anticipated health and safety impacts of proposed roadway redesigns by two of the funded projects.

## Lessons learned

**Extending the funding period helped many of the projects work toward more complex and sustainable PSE changes.** Many of the PSE changes made during the first three years of the initiative were shorter-term projects that had a smaller geographic focus, such as installation of bike racks and wayfinding signs. Other early changes took place in situations where existing partnerships were in place, such as the work done by Sawtooth Mountain Clinic to update the City of Grand Marais' Safe Routes to School Plan, or where timelines to develop new plans, like the Saint Paul Bicycle Plan, were already established. Later PSE changes were more complex and involved multiple levels of partnership and stakeholders. This may not only be a reflection of the time needed to support broader changes, but an indication of stronger relationships and greater influence of the funded organizations.

**Political, economic, and social changes impacted how the organizations approached their work.** For example, in communities with significant changes in industries or slower recovery from the recession, some projects saw that community engagement around active living was difficult because community members had other more immediate economic concerns. Multiple organizations noted that they noticed fewer national funding options to support active living initiatives. In contrast, multiple projects saw growing awareness of racial and economic equity as a broader shift that supported their work.

**The Center's increased responsiveness and focus on equity supported the projects' success.** Multiple organizations felt that they were able to work on challenging issues, adapt to changes, and build on emerging opportunities because of the longer funding period and the opportunity to update and revise project work plans. As the projects made changes to center equity through their own work, they had the flexibility to be responsive to priorities identified by community members that focused on healthy eating or other social determinants or to develop internal policies and practices to support their organizations' own commitment to advancing health equity. Staff from the Center also took steps to learn about how to advance equity and expand opportunities for active living, also creating opportunities for the projects to share their learnings with one another.

**The organizations needed to be transparent with community members to manage expectations and find ways to address concerns or opposition.** Multiple projects described the difficulty of maintaining community member involvement over the course of projects with long design phases. In addition, multiple projects noted that while they could commit to bringing the priorities and ideas raised by community members into the process used to design infrastructure projects, they could not always guarantee that their input would be visible in the final design or that funding would

be available to implement the design. Some of the projects also found that, given the nature of the work, they needed to navigate how to bring the perspectives of residents advocating for change and the concerns of residents in opposition into planning processes. Finally, multiple projects noted the importance of understanding the priorities and timelines of the multiple decision-making entities involved in large-scale infrastructure projects, and bringing the different sectors to the table to facilitate coordination. They also emphasized the importance of clear and transparent communication with community members about the planning and implementation process, including factors influencing the pace of the work.

**Just as the projects made adjustments over the course of the 5-year initiative in response to changes in capacity and staffing, they have identified strategies to maintain key elements of their work after the ALfA initiative ends.** Many of the funded organizations experienced growth in organizational capacity to advance health equity and promote active living over time. The end of the ALfA initiative also reflected a natural end point for some organizations' work, and other organizations will have to scale back their work as a result of the discontinued funding. Some of the organizations are better positioned to sustain all aspects of their work because of mergers or identification of new funding streams, and all organizations saw opportunities to continue key aspects of their work and saw how the policies and plans they helped influence have established a foundation for future change.

## Implications for future work

Over the course of the ALfA initiative, the Center sought to learn with and from funded organizations, as well as from local and national stakeholders doing active living and health equity work. Center staff made adjustments in how they approached their work with the organizations, both through formal changes such as extending the initiative from three to five years and rethinking learning meetings, to more subtle shifts in how project managers supported the funded organizations. These shifts were intended to better support the organizations in doing the long-term work needed to advance PSE changes and to center equity throughout all parts of the work, from funding structures to on-the-ground efforts.

The following recommendations describe ways for the Center to best support future initiatives:

- Recognize that longer funding periods are needed to allow significant progress toward PSE changes.
- Fund organizations representing a diversity of sectors to support more voices at the table and stronger partnerships between public agencies and community-based organizations.
- Prioritize project-specific technical assistance options to help organizations increase their capacity to implement PSE changes and to advance health equity.

- Provide flexibility for organizations to address social determinants of health or other areas of interest raised by residents during engagement efforts. Support organizations in defining a scope of work that aligns with community needs and organizational experience and goals, and offer technical assistance as needed for organizations taking on new areas.
- Allow flexibility in project leadership to support evolving cross-sector partnerships, and offer more pro-active support for organizations managing transitions in structure.
- Allow organizations to make changes to their work plans to better meet community needs and respond to emerging issues.
- Offer learning opportunities that help organizations learn from one another, as well as other community partners, in centering equity in their work.
- Hire and designate project managers with expertise working in greater Minnesota communities to address the unique context of health equity and active living in these areas.
- Consider additional group learning opportunities for projects in greater Minnesota communities.

The following recommendations, focused on future evaluation and research, incorporate feedback from the funded projects and our own reflections as the contracted evaluator for this initiative:

- Prioritize project-specific technical assistance to support organizations' work and better capture the community context of each organizations' work.
- Convene regular meetings between contracted evaluators and the Center project managers to foster communication and collaboration.
- Consider ways to reduce redundancy in project reports to the Center and evaluation activities, and involve the contracted evaluator in discussions around the design of reporting activities for the Center.
- Explore ways to more consistently capture PSE changes across organizations and their impact, including options for organizations or project managers to fill out tracking forms, with training from the contracted evaluator; and develop criteria to better describe the reach or impact of proposed changes.
- Conduct future studies that can measure the long-term impact of the Center initiatives, such as: follow-up interviews with funded organizations; monitoring to assess implementation of plans and policies; and more robust studies focused on measuring changes in communities or resident behavior.

## ALfA project descriptions

Funded organization	Project description
City of St. Louis Park (funded through 2016)	The City of St. Louis Park sponsored the Health in the Park (HIP) initiative to engage community residents in prioritizing and implementing projects to improve the health of residents. Four community action teams, led by residents and supported by St. Louis Park staff, were formed to address priorities that emerged from the community engagement and planning process: active living, community gardens, school nutrition, and mental health/wellness.
Get Fit Itasca	Get Fit worked with Itasca Community College (ICC) and the cities of Grand Rapids and LaPrairie to support improved biking and walking infrastructure and better connect the college and the surrounding community. Efforts included establishing a bike-share program, working with ICC students to complete a Photovoice project, which led to several PSE changes including a revised vending machine policies and a new wellness center; working with local agencies to construct a new bike lane and a multi-use trail and prioritize active living and community engagement in planning processes; and helping establish a food shelf coalition to support greater healthy food access.
Live Healthy Red Wing	Live Healthy Red Wing (LHRW) worked to support walking and biking in the community through community engagement and PSE changes. Key community engagement strategies included: implementing a campaign to encourage outdoor activity and establishing the Latino Leadership project, in partnership with Hispanic Outreach, to engage residents in the Latino community as leaders. LHRW influenced other planning processes to include greater focus on health equity and active living, including the Mayor's Task Force on Streets and Sidewalks, work with the Government Alliance of Race and Equity (GARE) to advance racial equity through PSE changes, and the Red Wing 2040 Community Plan.
Move Minnesota (Neighborhoods program and Women on Bikes; formerly Saint Paul Smart Trips)	<p>Move Minnesota was established in 2017 through the merger of Saint Paul Smart Trips (Smart Trips) and Transit for Livable Communities. Smart Trips initially received funding for two of its programs: the Neighborhoods program and Women on Bikes. In its first two years, the Neighborhoods program partnered with the Kitty Andersen Youth Science Center (KAYSC) to launch a youth crew in the Frogtown neighborhood (the Frogtown Crew). The Frogtown Crew developed an outreach campaign around walking and biking that included block parties, a community mural, and group bike rides. In 2017, the Neighborhoods program shifted its focus to District 1 in Saint Paul, engaging residents around transportation, and hired youth interns as part of the newly developed Youth Initiative.</p> <p>Throughout ALfA, Women on Bikes (WOB) mobilized a core group of women representatives (Spokeswomen) to engage other women in biking and connect with local decision-makers to influence the development and implementation of the Saint Paul Bicycle Plan and its implementation. WOB offered group bike rides, education sessions, and advocacy training to increase interest in and support for biking among both residents and businesses.</p>
Northside Greenway Now! (previously led by the City of Minneapolis)	ALfA funding supported community engagement efforts and feasibility studies around a proposed bicycle and pedestrian greenway through North Minneapolis. In collaboration with the Alliance for Metropolitan Stability (the Alliance) and a resident-led advisory council, the City of Minneapolis partnered with local organizations to gather resident feedback about the proposed greenway. Technical feasibility and potential impacts on gentrification were also studied. In 2016, the city launched a yearlong demonstration project along five blocks of route, with additional studies to determine levels of resident support and impacts on traffic and snow removal. In 2017, Northside Greenway Now! was established as an independent advocacy organization from the resident-led advisory council and took on leadership of the project.

## ALfA project descriptions (continued)

Funded organization	Project description
Our Streets Minneapolis (formerly the Minneapolis Bicycle Coalition)	Our Streets Minneapolis built a large coalition of organizations and supporters to promote the development of a network of protected bikeways. The work engaged multiple stakeholders interested in biking and bike safety, including neighborhood businesses and low-income residents. Our Streets Minneapolis also successfully influenced policy changes, including a Complete Streets policy in Minneapolis (adopted in 2016), and the incorporation of protected bikeways into the 2040 Bicycle Master Plan for Minneapolis and Hennepin County's Bicycle Master Plan. In 2017, the organization was rebranded as Our Streets Minneapolis, updating their mission to include two additional forms of mobility, walking and rolling (i.e., wheelchair accessibility), and developing an equity statement to transform its organizational culture, programs, and advocacy efforts.
Sawtooth Mountain Clinic	Through its Moving Matters initiative, the Sawtooth Mountain Clinic worked with the Minnesota Department of Transportation and the City of Grand Marais to implement a community input and streetscape design process to plan a safer, more accessible, and more connected Highway 61 corridor in the community. In 2015, the project was awarded \$600,000 in Transportation Alternatives Program (TAP) funding to move forward with construction, which will begin in 2019. Moving Matters also established a county-wide placemaking initiative, the Great Places project, and influenced a number of planning processes that expand infrastructure for walking and biking. Through Moving Matters' involvement in these efforts, the city has shown a greater commitment to community engagement and consideration of the plan's health impacts.
Summit University Planning Council (formerly led by the District Councils Collaborative)	The District Councils Collaborative of Saint Paul and Minneapolis (DCC) completed community-led demonstration projects focused on walkability at two stops along the Green Line Light Rail Transit (LRT). The first project focused on Dale Street and University Avenue and the second focused on the Snelling Avenue bridge near University Avenue. As part of their strategy for community engagement, DCC included residents most likely to depend on LRT for transportation, including low-income families, aging adults, and residents with disabilities. Findings from this early work played an important role in Ramsey County's efforts to secure federal transportation funds to replace the Dale Street Bridge over I-94 supporting improved walkability (including wider sidewalks and public art).

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451 Lexington Parkway North  
 Saint Paul, Minnesota 55104  
 651-280-2700  
[www.wilderresearch.org](http://www.wilderresearch.org)

#### For more information

This summary presents highlights of the report: *Supporting Active Living in Communities through Policy, Systems, and Environmental Change: Impacts and Lessons Learned from the Active Living for All Initiative*. For more information about this report, contact Melanie Ferris at Wilder Research, 651-280-2660.

Authors: Amanda Hane and Melanie Ferris

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