



Advancing Health Equity

How projects funded by the Health Equity in Prevention (HEiP) initiative are working to improve health in communities

O C T O B E R 2 0 1 5

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Background

In 2013, the Center for Prevention at Blue Cross and Blue Shield of Minnesota (Blue Cross) awarded contracts to 13 organizations throughout the state, all working to improve health outcomes and advance health equity through policy, systems, and environmental (PSE) change.

The primary goal for this collective work, the Health Equity in Prevention (HEiP) initiative, is to build power among health equity organizations to influence how Minnesota's communities support health for all. To accomplish this, Blue Cross is working to support organizations' efforts to implement PSE changes; strengthen the leadership, capacity and resilience of organizations; and increase connections among organizations to promote health equity.

This report describes the projects undertaken by the organizations and work done during the first two years of the initiative. It highlights PSE changes and strategies that have been implemented during this time, as well challenges that impact the organizations' efforts and a summary of changes in organizational capacity to advance health equity. The main body of the report focuses on the commonalities across the projects and results for the overall initiative. The appendix includes project-specific summaries that describe the work done by each HEiP-funded organization and its partners to accomplish its stated goals.

About the evaluation

A mixed-method evaluation approach has been implemented to help the organizations improve their work and determine how the HEiP initiative is building capacity for organizations and communities to improve community health and advance health equity. Wilder Research also provides evaluation technical assistance to individual HEiP-funded contracts to help inform their work. The key evaluation questions for the initiative and a description of the specific data collection methods can be found in the appendix.

Description of the funded projects

Although all 13 HEiP-funded organizations are working toward the goals of improving health outcomes and advancing health equity, the organizations vary considerably in terms of their size, past experience, geographic reach, primary target audiences, and planned implementation strategies. Nine organizations received three-year contracts and four received smaller two-year planning contracts to support their efforts to advance health equity. Two of these organizations (Cycles for Change and Hope Community, Inc.) received contract extensions to support a third year of work. Contracts for Vietnamese Social Services, Inc. (VSS) and West Side Community Organization (WSCO) ended in April 2015.

Blue Cross has decided that the HEiP initiative will be extended from a three- to five-year initiative. The eleven organizations that were funded for three years have been invited to submit proposals to continue their funding. It is not yet known which of the projects will receive contract extensions for the full five years.

About the HEiP projects

The organizations funded through HEiP have used a variety of strategies to improve the health of residents in communities throughout Minnesota. The 13 funded entities included a variety of nonprofit organizations, as well as two foundations and a government agency. Brief descriptions of the main components of each organization’s planned work and their primary audience(s) are included to offer a high-level overview of the types of work supported through HEiP (Figure 1).

1. Brief description of planned work and anticipated geographic reach and target population description

Name of funded organization	Brief description of planned work, target population	Target population(s)
American Indian Cancer Foundation (AICAF) (HE, PA, TC)	AICAF is working to influence the development of tribal policies and organizational practices using evidence-based and culturally-relevant approaches and change social norms around commercial tobacco use within the American Indian community. They also foster coalitions and networks at the local, regional, and state levels and educate and empower tribal leadership related to tobacco, cancer prevention, and health equity.	Tribal leaders, health specialists, and administrators; and members of the American Indian community.
Appetite for Change (AFC) (HE)	Through its Fresh Corners program, Appetite for Change is developing a network of local vendors, urban gardeners, residents, and partner organizations to improve the food systems in North Minneapolis through policy, systems and environmental changes.	North Minneapolis local growers, business owners, and residents.

1. Brief description of planned work and anticipated geographic reach and target population description (continued)

Name of funded organization	Brief description of planned work, target population	Target population(s)
Comunidades Latinas Unidas en Servicio (CLUES) (HE, PA, TC)	CLUES is working to improve access to biking and walking in the Latino community by partnering with businesses and organizations, as well as the Latino Student Wellness Program at Minnesota State University-Mankato to institutionalize physical activity and healthy eating policies. CLUES is also partnering with multi-unit housing complexes and other businesses and organizations in the Latino community to adopt tobacco-free policies.	Low-income Latino residents in Minnesota.
Cycles for Change (PA)	Cycles for Change plans to expand the leadership development opportunities within its Bike Library program and strengthen a network of individual and organizational leaders from under-represented communities to shape policy and the built environment to meet the needs of marginalized communities.	Primarily members of low-income communities, women, people of color, and new Americans throughout Minneapolis, St. Paul, and inner-ring suburbs such as Brooklyn Center through partnerships with non-profit agencies such as Hope Community, Comunidades Latinas Unidas and Servicio (CLUES), and Mujeres en Accion y Poder.
Hennepin County (PA)	Hennepin County plans to develop a systematic process for community engagement and incorporating health and health equity factors in station area planning for the Bottineau Transitway, as well as future Public Works projects.	Residents living along the Bottineau Corridor (North Minneapolis, Golden Valley, Robbinsdale, Crystal, Brooklyn Park).
Hope Community, Inc. (Hope) (HE)	Through its gardening and healthy food initiatives, Hope strives to engage residents and community members in activities that increase urban agriculture space, improve policies that support urban agriculture, and promote healthy eating.	Residents of the Phillips neighborhood in South Minneapolis surrounding Hope Community and others who participate in Hope programming.
NorthPoint Health and Wellness (NorthPoint) (TC)	NorthPoint Health and Wellness is working with residence councils to provide education, tools, resources, and guidance to multi-unit housing owners and residents in North Minneapolis interested in adopting non-smoking policies in their buildings. Their youth-led initiative, Breathe Free North, has gathered local data to increase support for restrictions on the use of e-cigarettes and the sales of flavored tobacco products in North Minneapolis. These changes would help reduce youth access to tobacco products.	Residents, multi-unit housing managers, and businesses selling tobacco products in zip codes 55411 and 55412 in North Minneapolis.

1. Brief description of planned work and anticipated geographic reach and target population description (continued)

Name of funded organization	Brief description of planned work, target population	Target population(s)
The Open Door (HE)	The Open Door is influencing policy, changing organizational practices, and building coalitions and networks to reduce health inequities related to food.	Community members in Dakota County with incomes at or below 200% of the Federal Poverty Level (FPL), including African American, Hispanic, East African, Asian, and Russian families.
Pillsbury United Communities - Waite House (HE, PA)	Waite House will engage the community in authentic ways through the creation of four coalitions made up of target populations and representatives from the public, private, and non-profit sectors. The coalitions will focus on health equity in the areas of healthy eating and active living.	Residents of the Phillips neighborhood, encompassing Latino, Native American and East African immigrants, youth, adults, and seniors, low-income or underemployed families, and highly mobile and homeless populations
Rainbow Health Initiative (RHI) (HE, PA, TC)	RHI Influences policy and legislation related to LGBTQ health, leverages new and existing coalitions and networks to expand awareness of LGBTQ health issues, analyzes and reports on LGBTQ health data from its Voices of Health survey, engages in a variety of communications strategies to activate a base of supporters and advocates, and creates sustainable tobacco-free environments.	The LGBTQ population in Minnesota.
Vietnamese Social Services of Minnesota, Inc. (VSS) (HE, TC)	Through its partnership with Lao Assistance Center, Vietnamese Social Services (VSS) is working to increase options for healthy living in the Southeast Asian community by reducing smoking at Asian-owned nail salons, eliminating smoking in multi-unit housing facilities, and decreasing the use of MSG and sodium at Asian restaurants.	Southeast Asian residents in the Twin Cities area.
Westside Community Organization (WSCO) (HE)	WSCO's gardening and healthy food initiatives are designed to engage West Side residents in activities that increase access to healthy, locally-grown food. The work focuses on increasing gardening space, improving policies for urban agriculture, and promoting the local farmers market.	Residents of the West Side neighborhood in Saint Paul.
A.H. Zeppa Foundation (Zeppa) (HE)	The Zeppa Foundation is using multiple strategies to improve food access in the Lincoln Park neighborhood of Duluth through the Fair Food Access Campaign (FFA), including: increasing community and home gardens; building or attracting a small grocery store; establishing a Farmer's Market and/or Farm stands; and offering nutrition and cooking classes in neighborhood programming.	Residents of Lincoln Park, a low-income neighborhood in the Duluth and a USDA-defined food desert.

Note: The funded organizations plan to work in one or more of the following topic areas: Healthy Eating (HE); Physical Activity (PA); and/or Tobacco Control (TC)

Organizational capacity at baseline

A number of HEiP-funded organizations used funding to expand their work into new content areas. At baseline, all but one of the organizations said they had past experience working to advance health equity, with some acknowledging that they had been more likely to use terms like “food justice” to describe their past work. All five of the organizations working in the content area of tobacco control reported having “a lot” of experience in that topic area. In contrast, a small number of the organizations working in areas of healthy eating (1 of 10 organizations) and physical activity (2 of 6 organizations) had similar levels of past experience.

At baseline, most HEiP project stakeholders were comfortable understanding and explaining the concepts of health equity and PSE change to others. The same stakeholders reported less experience in the areas of community organizing, advocacy, and sustainability. Many were interested in receiving training in these areas, as well as on the topics of coalition building, conflict management, and communications planning. During the first two years of the initiative, Blue Cross offered the organizations opportunities for training and skill development in many of these areas, either in group training sessions or by connecting organizations with external consultants.

Among the nine organizations with established coalitions in place to guide their work in the first year of funding, most coalition members felt their involvement provided a benefit to their organization and allowed them to do work that they could not do on their own. A collaboration survey was developed for the initiative to help each organization understand the degree to which their coalition had adopted characteristics that are known to contribute to successful collaboration. The lowest rated items were in the areas of clear and transparent decision making processes, maintaining an appropriate pace and scope of work, and ensuring all key stakeholders are represented by the coalition.

The network maps completed at baseline demonstrated wide variation between organizations in regard to the number of partners that were engaged in their work. Together, the organizations identified 264 organizations and individuals as partners in their work, an average of 20.3 partners per HEiP-funded organization. Organizations had as few as 12 and as many as 27 partners engaged in their work. While all organizations had at least a few contracted, formal agreements with other entities, most organizations had more informal relationships than formal partnerships in place. The HEiP-funded organizations had over 30 shared partners. All but 4 of the 13 HEiP organizations were working with at least one other funded project at baseline, a number that is expected to increase over the course of the initiative.

Changes observed over time

Report reviews and key informant interviews with lead staff were used to better understand the work done by each organization to advance their project goals and improve health equity. In addition, nine of the organizations hosted Ripple Effects Mapping (REM) discussions, sessions that engaged a group of project staff and community stakeholders in conversation around the project’s direct and indirect impacts. Together, these rich information sources provide a detailed review of the work done by each project during the past two years. To present this information in a clear and meaningful way, the organizations’ collective work through the initiative is being presented as changes in: a) organizational capacity; b) community engagement; c) PSE change; and d) adoption of health equity principles (Figure 2).

2. Types of change likely to be influenced by the HEiP initiative

Category or level	Organizational capacity	Community engagement	PSE change
Types of changes likely to occur	<ul style="list-style-type: none"> Changes in organizational networks Strength of partnerships Changes in staff competencies, skills 	<ul style="list-style-type: none"> Changes of resident knowledge Changes in community engagement (involvement/participation) Development of youth/adult community leaders 	<ul style="list-style-type: none"> Changes in organizational policies and practices Adoption and implementation of PSE changes at a local/state level
	Health equity principles guide efforts and are infused into policies and practices		

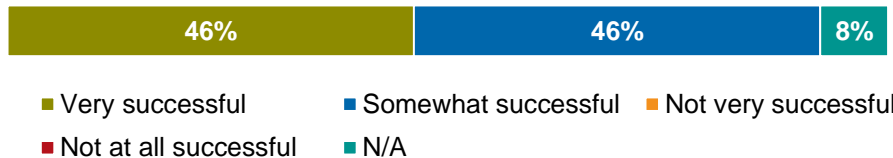
While these changes can happen simultaneously, organizations need to have the partnerships and community support in place before PSE changes can occur. The combined results from the nine REM sessions show that program staff and community stakeholders observed many changes in organizational partnerships, knowledge or growing awareness of issues among residents, and other efforts to engage community residents in their work. Overall, these types of changes were observed about twice as often as specific advocacy actions and about three times as often as leadership development. While a number of PSE changes have already occurred, these impacts, as well as transformational changes in organizational policy or philosophy, were much less frequent. If the organizations are successful in their work, one might expect that over time, there will be greater emphasis on developing the capacity of community residents, strengthening advocacy efforts, and implementing changes in practice and policy.

Changes in organizational capacity

Building the capacity of staff

3. Self-rated success building the capacity of project staff

How would you rate your overall success building the capacity of your own staff in doing this work?



Six of the organizations felt that they were “very successful” building the capacity of staff, while six more felt that they were “somewhat successful” in this area.

Project staff have received training and support to consider how their work can contribute to system-level change. A few project leads talked about both the challenge and opportunity of encouraging staff to think about the work that extends beyond their day-to-day responsibilities. A project lead from The Open Door said, “It’s been both helpful and a challenge to help staff understand the larger food system when most stay within the local food shelf working directly with clients.” Representatives from the funded organizations noted that they provided training to staff on policy, systems, and environmental change, the distinction between hunger and food insecurity, and the role of public health departments in advancing health equity.

Expanding the responsibilities of staff to include a focus on community-level PSE change may also require additional support to prevent burnout. A few project leads discussed the role that they have in motivating and supporting their staff. One project lead noted that the work can be exhilarating and draining; finding a balance and maintaining a reasonable workload is key to working effectively.

“Every time there is an opportunity [I tell] my team members that they have an important role. They are agents of community change. They are not just workers. Elevating [community change] is not just a job. Although we get paid to do [specific job tasks], our job is to build community.” – Waite House

Although most organizations felt that they were able to create the training opportunities necessary for staff to succeed in their roles, one organization talked about the difficulties in learning new skills in multiple areas simultaneously:

“I had to have a crash course in many things: urban agriculture, policy, coalition building. I learned how to translate policy language into everyday language...racial justice...organizational training and sharing knowledge and expertise across staff.”
– WSCO

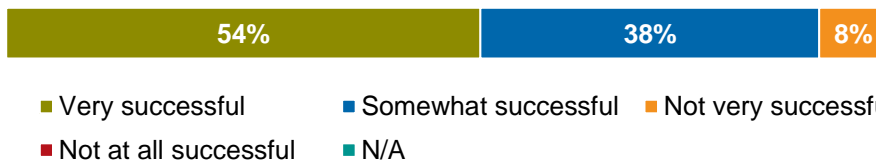
A few projects also spoke to the need for balancing flexibility to adapt to changing situations, and a clear focus on long term goals to prevent staff from becoming overextended. For example, the project lead from Hope talked about their deliberate process of considering whether to pursue new opportunities:

“We have to create a space of learning how to say yes or no. It’s a practice of discipline. And it has to be informed by clarity of what our purpose is and figuring out what needs to be done and who is going to do it.” – Hope

Making connections with other organizations

4. Self-rated success making connections with other organizations

How would you rate your overall success making connections with other organizations who you want to work in partnership with?



Seven organizations felt they had been “very successful” in making connections with other entities who they want to work in partnership with. Five organizations felt they were “somewhat successful” in this area, while one rated their work as “not very successful.”

Many of the organizations strengthened their organizational networks, but did not necessarily increase the number of partners they worked with. For most of the organizations, the number of partners who were involved in their work had stayed the same or increased since the organizational network maps were completed in fall 2013. A number of organizations described ways that their partnerships with other organizations had been strengthened, including their level of collaboration or informal consultation with other HEiP-funded organizations.

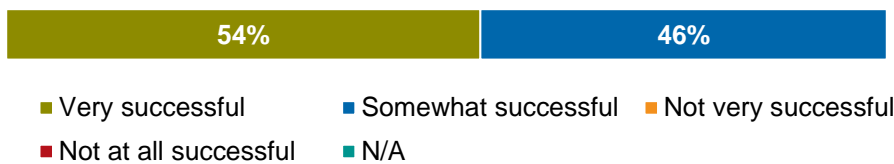
Many of the organizations discussed the value brought to their project through strengthened relationships, but some noted the importance of developing strategic partnerships. For some organizations, these partnerships brought expertise to their projects or access to key constituents that they would not have otherwise had. However, organizations that have similar interests may not always be the best partner. One organization noted that it is important to focus on building relationships with organizations that add value, not simply those that might be nice to connect with. Another organization observed that there is “a delicate balance between collaboration and competition” because organizations working on similar issues are also often seeking grant dollars and other funding from the same sources.

Changes in community engagement

Engaging community residents

5. Self-rated success engaging community residents in their work

How would you rate your overall success building the capacity of your own staff in doing this work?



Seven of the HEiP-funded organizations rated themselves as “very successful” in engaging community residents in their work and all of the other organizations rated themselves as “somewhat successful.”

The projects described their success engaging residents in a variety of ways. For some, it was seeing more diversity in their participants and community advisory groups, finding a growing number of residents attending meetings or events, residents attending more than one meeting or event, or seeing residents refer others to their program. Other organizations saw how their efforts resulted in community residents becoming more involved in meetings, providing testimony, and engaging in other types of advocacy. Some organizations also described residents becoming involved with their project in different ways, such as moving from a participant or event attendee to a volunteer or group leader. However, one project lead cautioned that roles must be considered thoughtfully so that programs shift from providing services to engaging residents more fully in decision-making.

“Fundamentally, engagement is our work. Giving people a bike – that’s not really participant engagement. That’s giving someone a bike. That’s part of our work and it matters, but it’s the empowerment of people to use the bike, to know about and think about who has access to a bike and who doesn’t...who has access to bike lanes and bike infrastructure and how we can change that. That is really the core of what we are trying to do.” – Cycles for Change

The organizations used a range of approaches to engage community residents in their work. Each HEiP-funded organization approached community engagement differently, being deliberate in looking for ways to respond to what they understood to be in line with the interests and priorities of the residents they were hoping to reach. Strategies and approaches project staff found to be effective in engaging residents in their work included:

- Creating space and supporting staff in building their “full selves” into the role and to use strategies that resonate with their cultural community, rather than implementing a program model.
- Hiring staff who are “more about people” than the activity or area of content; while both are ideal, the ability to have or build strong relationships with community residents is a critical asset to the work.
- Focusing their engagement strategies on families, rather than individuals, when that is most culturally appropriate.
- Offering events and activities in places that are comfortable for participants and at convenient times, as well as providing information that aligns with the interests and experience of participants.
- Recognizing that time is needed to establish relationships, build trust, and work collaboratively.

Increasing community awareness

Social media is one of many strategies the organizations used to educate community residents and increase their overall awareness of the work. The HEiP-funded organizations differed in their use of social media and in the degree to which they were communicating information about their work. Six organizations spoke specifically about work they were doing to build a strong social media presence through Facebook, Twitter, Instagram, or a blog. One organization noted that Facebook and Instagram were particularly helpful in thanking donors for their contributions.

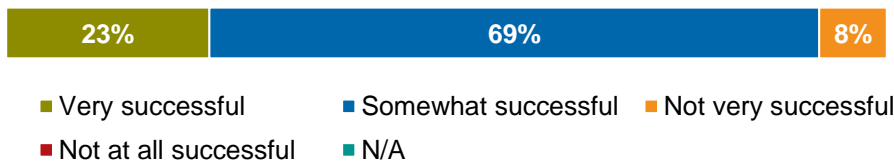
The organizations also used a number of different strategies to share information about their work and educate residents on key issues, including placing ads and stories in local

newspapers, making PowerPoint presentations to community groups, distributing materials or staffing a booth at neighborhood events, or reaching out more directly to individual citizens. The Zeppa Foundation implemented a policy that requires a staff member from the Fair Food Access Campaign (a group of community organizations and residents focused on improving food access in the Lincoln Park neighborhood) to be present if the program is discussed. Although there was some initial resistance to the policy and concerns about the timeliness of response on key issues, the policy has helped make sure that the program is accurately capturing the voice of the community and that the message is consistent and targeted.

Building the capacity of community residents

6. Self-rated success building the capacity of community members

How would you rate your overall success building the capacity of community members/residents to support your work?



Fewer organizations (n=3) felt they had been “very successful” in building the capacity of community residents to support their work. Nine organizations felt they were “somewhat successful” in this area, and one felt that they were “not very successful.”

Formal and informal strategies were used by projects to support community members in taking a more active role in the work. Two organizations highlighted specific training opportunities offered to community residents, while other projects talked more generally about mentorship, informal training, and opportunities to try new things – such as providing committee testimony – in a way that provided residents with support.

Projects saw evidence of community residents assuming both formal and informal leadership roles. A few projects described success in this area through stories of individual residents making significant changes to their health and assuming new leadership roles. Another project saw leadership as something that evolves over time and benefits from support. One organization noted that, after initially engaging a group of residents that reflected the demographic characteristics of the community, involvement started to wane among residents who were less passionate about the work. While additional training helped build the capacity and confidence of some residents, they also realized that ongoing work is needed to involve more residents in the work.

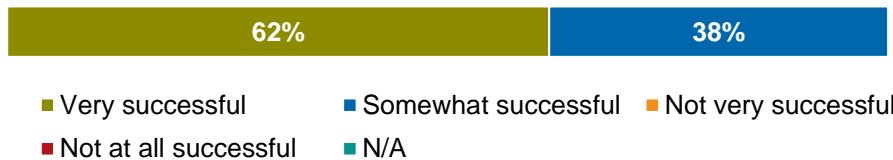
“There are a few interesting themes in low-income communities. The more disengaged people are, the more a few individuals can make decisions...We’re awakening our community members so they can see that they can provoke changes and [by understanding now to navigate the systems in place], they can impact systems.”
– Waite House

Policy, systems, and environmental (PSE) change

Building support for PSE change

7. Self-rated success building support for PSE change

How would you rate your overall success building support for policy, systems, and environmental changes?



Eight organizations rated their projects as “very successful” in building support for policy, systems, and environmental change, while five organizations rated themselves as “somewhat successful” in this area.

Although the work done to build support for policy, systems, and environmental change looked different for each project, all organizations saw this work as critical to their success. The organizations worked to build support for policy, systems, and environmental change with different audiences, based on the type of policy they were working on and the process through which the policy would be passed. Three organizations used some type of survey instrument to assess community interest in and support for various policy changes. Others saw involvement in events, such as volunteering at a demonstration project where temporary bike lanes have been installed, as evidence of support.

“In my opinion, to be most effective in changing systems, you need to have the story and the data to back up that story.” – RHI

While the support of community residents is critical, some projects identified stakeholders whose buy-in and support is necessary for any changes to be implemented. For example,

the American Indian Cancer Foundation noted that passionate champions for health need the support from tribal councils before meaningful changes in policy can be implemented.

Staff from two organizations pointed out that the early adopters of a policy can play a key role in reducing the concerns of other businesses or stakeholders and, depending on their level of influence, can encourage other groups to adopt similar changes.

A few organizations noted that in addition to working on implementing key policies, they need to consider ways to support residents in changing their behavior. For example, as an apartment building prepares to adopt a smoke-free policy, building residents may be interested in receiving resources from and referrals to tobacco cessation programs.

"I think there is [this idea] that you can change a policy and then you're done. What we've discovered is that you can have the best policy in the books, but unless you're doing repeated engagement in the work, you're actually doing more harm than good... A learning of the last two years is that, in order to do ethical and effective PSE change, you have to be in there with your organization for the long haul. – RHI

Examples of PSE changes adopted to date

During the first two years of work, the organizations' work has resulted in the adoption and implementation of a number of policies. All HEiP-funded organizations have identified PSE changes that they are working to implement in one or more of their identified goal areas. Many of the PSE changes adopted to date by the HEiP-funded organizations follows. A summary of progress made by each organization toward achieving specific PSE goals can be found in the appendix.

Policy changes

- As a result of the advocacy efforts of local community residents, Minneapolis Parks and Recreation's Urban Agriculture Activity Plan now has specific references to racial equity. (Hope, Waite House)
- Testimony provided by community residents contributed to the successful adoption of the City of Minneapolis' Staple Food Ordinance. (Hope, Appetite for Change)
- A smoke-free grounds policy was passed and implemented at a 160-unit apartment building in North Minneapolis. (NorthPoint)
- The City of Minneapolis adopted a policy banning the use of e-cigarettes in restaurants, offices, and other public spaces. (NorthPoint)

- Hennepin County passed a policy that expands the Indoor Air Act, banning the use of e-cigarettes in all indoor spaces already covered by this regulation. (NorthPoint)
- Members of the Healthy Foods Coalition led a broader campaign to change policies related to food sharing among food shelves and meal programs, contributing to a change in policy by Second Harvest to allow for sharing or re-distribution of fresh produce. (Waite House)
- Non-tobacco sponsorship policies were created with GLBT in Recovery and North Suburban Chorus. (Rainbow Health Initiative)
- Smoke-free policies were adopted by two residential properties that are part of Clare Housing. (Rainbow Health Initiative)
- The Open Door adopted a Healthy Food Policy focused on distributing healthy foods at its food pantries. (The Open Door)
- CLUES work with multi-unit housing complexes, restaurants, churches, schools, child care establishments, and other businesses has resulted in 26 tobacco-free policies, 8 healthy eating policies, and 5 active living policies. (CLUES)

Environmental changes

- Two multi-unit housing buildings in the West Side of St. Paul established new gardening spaces for residents. (WSCO)
- A 5,000 square foot garden is incorporated into the design at a new housing complex (The Rose); construction is underway and should be completed in 2016. (Hope)
- The number of garden plots available to low-income households in Eagan has grown to 141 plots. The mobile food program now has seven stops instead of two. (The Open Door)
- Food pantry items are now organized around MyPlate principles so that people receive education on healthy food options and portion size. (The Open Door)
- Two community gardens have been established. (Waite House)
- Bike racks were installed at businesses, schools, and churches owned and/or patronized by Latino residents. (CLUES)
- KwikTrip was recruited to come to the Lincoln Park neighborhood, increasing food security for neighborhood residents. (Zeppa Foundation)

- The Emerald Garden was created in the Lincoln Park neighborhood. (Zeppa Foundation)
- New gardening spaces were created on the Northside. (Appetite for Change)
- The Aggregation Table, a stand where local urban growers can sell their produce, is available to community residents at the farmer’s market and café. (Appetite for Change)
- A gender neutral bathroom and changing area was installed in the YWCA in Uptown, Minneapolis. (Rainbow Health Initiative)

System changes

- The Lower Sioux Health Advisory Coalition was formed and receives ongoing support from AICAF as its policy goals are identified and refined. (AICAF)
- The Tribal Health Equity report was developed through a series of conversations with American Indian community members and focuses on identifying cultural norms and common beliefs around tribal health equity, wellness, positive change, cancer prevention, and tobacco control. The report findings were shared with Tribal Leaders and other community members. (AICAF)
- NorthPoint established a relationship with the Harrison Neighborhood Association that will allow residents to attend education classes in any apartment building. The relationship will reduce outreach time for NorthPoint and address the liability concerns apartment building managers had when non-tenants attended classes in their building. (NorthPoint)
- Community residents gave input that is being used to shape light rail transit station plans and designs that will be implemented as stations are built. (Hennepin County)
- The Good Food Advocacy Campaign was developed to engage local residents in educating others about the local food system and advocating for change. (Appetite for Change)
- The Mobile Lunchbox program was created to bring healthy food to children and youth. (The Open Door)
- The Lincoln Park Farmers Market was formed, which helps residents to access healthy, affordable foods. (Zeppa Foundation)

Participants of the nine REM sessions identified a total of 15 different changes in organizational policies and practices that supported the organizations to advance health equity. Examples of these changes in organizational policies and practices include the

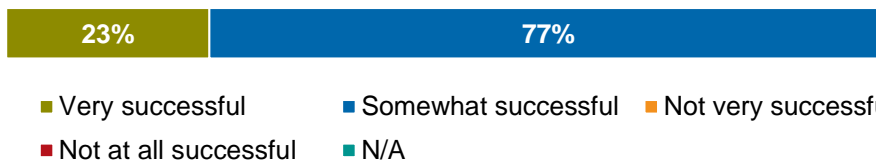
adoption and enforcement of smoke-free grounds policies and changes in hiring practices to increase the diversity of staff.

Changes in organizational policies and practices related to health equity principles

Making sustainable organizational changes to advance health equity

8. Self-rated success implementing organizational policies and practices to support health equity

How would you rate your overall success making sustainable changes in your organization to advance health equity?



Three organizations felt they were “very successful” making sustainable changes in their organization to advance health equity; the other 10 organizations felt they were “somewhat successful” in this work.

Thoughtfulness about the language used in meetings and in written materials can help reinforce the importance of health equity among staff. One organization revised their mission statement to more clearly state their commitment to advancing health equity. Another project lead said they needed to deliberately encourage staff to move away from thinking about new services and programs as a way to reduce inequities, and to think more broadly about how to change systems. Blue Cross has provided training to the HEiP-funded organizations about better integrating health equity principles into their work. Formal training opportunities that are reinforced by ongoing discussions within organizations and the adoption of changes in practice and policy can help support transformational change.

“When there is a critical mass of people who attend a training or workshop, people start referring back to that language and those key moments in other meetings and discussions.”
– Hennepin County

The organizations are also working to shift workplace norms and to consider health equity as they assess current internal policies and practices. Five organizations have been working to model changes that support the health of employees and community

residents, such as offering only healthy snacks during staff meetings or providing healthier meals to community residents who attend the organization's events.

A few organizations noted that they have had conversations with their external stakeholders about equity. For example, The Open Door has given a presentation on hunger and health to the Eagan Rotary Club. However, some projects noted that these can be difficult conversations. The project lead from AICF noted that stakeholders and other funders seem to be more interested in emerging crises than on health equity and prevention. The project lead from CLUES noted that health equity can be a difficult concept to explain in Spanish. They have found that talking first about the health inequities facing their community provides a helpful framework to explain why their organization is promoting smoke-free living and physical activity. At NorthPoint, youth involvement was critical in helping external stakeholders and decision makers understand inequities in their community.

*"We had to show people what a big issue [e-cigarettes] was for youth in our community. Having youth of color talking about the issue was a game changer. It made a big difference."
– NorthPoint*

Other HEiP organizations have taken more deliberate steps to challenge the status quo and to be intentional about discussing health equity. For example, the Zeppa Foundation noted that because they are one of the first organizations in Duluth to use a health equity framework, they have been working to educate partners and residents about health equity and are being very intentional in the language that they use.

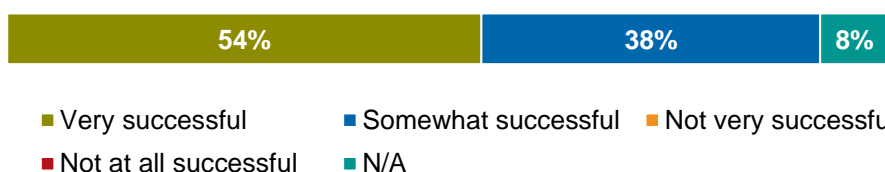
Implementation, impact, and reach

Each of the HEiP-funded organizations has its own individualized work plan and project goals. Often, these goals describe policy, systems, or environmental changes that the organization hopes to implement. This section of the report provides a high-level overview of the organizations' collective impact to increase capacity to advance health equity. The appendix includes brief summaries of each organization's primary goals and key activities accomplished to date.

Work plan implementation

9. Self-rated success implementing the project work plan

How would you rate your overall success implementing your work plan?



Seven organizations felt that they were “very successful” implementing their work plan and five described their work in this area as “somewhat successful.” One organization did not respond to the question.

A number of projects made changes to their timelines and activities, but relatively few made more notable changes to their overall goals. For organizations that had initially proposed a highly ambitious set of activities, work plan changes allowed projects to move forward with a more manageable scope of work. Changes were also made to reflect the interests of community residents, to shift timelines in order to influence key decision points, and to build on the momentum of earlier accomplishments. For example, NorthPoint added a goal focused on increasing physical activity and improving healthy eating behavior because community residents who had initially engaged with their tobacco control work were interested in other opportunities to improve their health. Overall, the organizations have been able to change their strategies within the context of their work in the community while maintaining their primary areas of focus and PSE change goals. Many of the organizations noted that Blue Cross has been responsive to and supportive of these adjustments in strategy and overall scope of work.

Measures of reach and impact

The organizations are working on very different types of efforts to influence policies and practices at different levels. For example, in the area of tobacco control, some are working directly with apartment building managers to establish smoke-free policies and others are looking to change city- or county-wide ordinances. Therefore, a project's overall success is better measured as progress toward achieving their established goals, rather than by comparing the efforts across organizations.

Despite these differences, there are commonalities in the strategies projects are using to build capacity to support their work. For example, all of the projects are working to engage community residents and to partner with other organizations. In the past year, all projects have worked with Wilder Research to begin to identify key metrics describing their work. While these counts don't fully describe the impact of the projects' outreach, engagement, and capacity building activities, they are intended to help better understand the reach of the initiative. The project-specific summaries include more detailed description of these measures of reach and impact (Appendix B).

The HEiP-funded projects were working in partnership with nearly 300 other organizations and stakeholder groups. The types of organizational partnerships varied considerably, from close collaborative relationships where organizations had a shared workplan and vision to organizations that the HEiP-funded projects keep updated on their work. Some of the HEiP projects formed formal coalitions or other advisory committees as a way to engage other organizations and stakeholders in their work, while others moved their work forward through more one-on-one partnerships.

Together, the HEiP-funded projects have engaged community residents in efforts that increase leadership and capacity for advocacy. Nine projects reported they provided training to or created roles to support 235 residents in positions in leadership. For example, NorthPoint supported the development of youth leaders through its Breathe Free North program and Appetite for Change provided training to community residents to become Food Ambassadors. Seven projects provided other types of training to 1,768 community residents and professionals to increase awareness around and support for health equity and efforts to improve community health. Examples of these types of training include workshops on gardening for new growers offered by Appetite for Change and Zeppa, training on health equity concepts for staff and leaders from government and community-based organizations provided by Hennepin County, information on healthy food shelf policies made available by The Open Door, and the training and technical assistance provided by Rainbow Health Initiative to increase understanding of LGBTQ health disparities among health care professionals and public employees. Community

events, presentations, and resource sharing were reported as community outreach activities by seven organizations.

10. Key measures of overall reach and changes in capacity

Topic	Key measure	Number (number of organizations reporting)
Organizational partnerships	Number of organizational partners involved in the work	287 (13)
Community leadership	Number of residents who received leadership training and/or who have leadership roles	235 (9)
Community engagement	Number of residents serving as volunteers/interns	1,765 (3)
Community engagement	Number of residents who provided input to shape government and/or organizational policies	691 (3)
Community outreach	Number of residents who received project information or attended community outreach events	3,492 (7)
Community knowledge	Number of residents and professionals who have received skills training or other education	1,768 (7)

Note: The funded organizations were asked to identify up to five key measures of success to describe the reach of their efforts and impact of their work. Because the organizations were not required to collect and report data on in each area, the totals in this chart likely underestimate the full scope of work for the HEiP initiative.

Fewer projects provided information about the number of engaged volunteers or residents who advocated for changes in policy as measures of success. Cycles for Change noted that seven interns have helped them in their HEiP-funded work. These interns also receive training as part of their experience, increasing the capacity of the organization to advance their work. Interns may have also been used at other organizations, but are not reflected in the count. Over 300 residents volunteered time at the garden plots established by Waite House and nearly 1,500 residents had the role of health advocates, helping Rainbow Health Initiative advance its work. However, volunteers likely played a key role for many projects' HEiP-funded efforts.

Three organizations identified a total of 691 residents who had participated in meetings to inform decision-making. These include tribal members shaping the vision for AICAF's tribal health equity efforts, community residents giving direct input into the station area plans through workshops conducted by Hennepin County, and youth testifying at city council meetings for restrictions on e-cigarette use. However, this number does not capture all advocacy done by community residents. For example, both Hope and Waite House engaged community residents in advocating for changes to the Minneapolis Park and Recreation Board's Urban Agriculture Activity Plan to incorporate language to advance health equity.

Challenges

Although the combined efforts of the HEiP-funded organizations are leading to a growing network of organizations interested in advancing health equity and the adoption of PSE changes that support health, the organizations have also faced challenges in their work. Staffing changes occurred within many funded organizations or with their key partner organizations, impacting overall capacity. Other notable difficulties experienced by the organizations were challenging partnerships with other organizations, handling opposition, and the time needed to do this work well.

Staffing changes

Changes in staffing posed significant challenges for some of the funded organizations.

Nine of the 13 organizations experienced some type of notable staffing change. While this posed challenges for all organizations, some were better able to absorb staffing changes than others. For some organizations, this delayed their project timeline. Although only one organization noted that they lost data or written information when a staffing change occurred, a number of organizations noted that these staff changes resulted in loss of knowledge, expertise, and relationships with other organizations.

“When new people take over, they have new visions. For the program to succeed, it needs one person from them beginning.” – VSS

Although the reduction in capacity was difficult to absorb in the short term, many of the organizations interviewed saw these changes in staffing as ways to more effectively structure their program or to hire new staff with new skills and areas of expertise. RHI, for example, was able to hire an “equity and inclusion manager” who has helped the organization shift from education to efforts that encourage organizational and system-level change. Similarly, Appetite for Change moved from staffing their project components as largely separate efforts to redefining positions to provide leadership across all aspects of the work. This allowed them to approach their work in a more integrated way and tie together all community organizing efforts. The two organizations that did not have their contracts extended into a third year were also the only two organizations who noted that the staff person who envisioned the project and wrote the initial grant proposal did not remain at the organization or involved in the project. This presented both projects with significant implementation challenges.

Staff turnover within partner organizations also poses challenges for a number of HEiP-funded organizations. Multiple organizations noted that their work is largely relationship-based. An apartment building manager’s opposition or buy-in for a smoke-

free building, for example, can determine whether there is potential for any work to continue. Multiple organizations noted that considerable ongoing work is needed to foster relationships with their organizational partners and to connect with current partners when changes in staffing occur.

Difficult partnerships

Relationship building and community engagement are critical activities that require considerable time. Many of the organizations had strong networks in place when they began to receive HEiP funding. Although they needed to nurture those relationships and sometimes invite those partners to collaborate with them on a new goal area, they had a history of partnership to build on. A few organizations planned to work closely with new partners to implement their work plan. They saw the HEiP initiative as an opportunity to develop new partnerships with organizations with different expertise and with the ability to reach different stakeholders. While these partnerships can increase capacity in the long term, it takes considerable time and effort to find the best ways to work effectively with other organizations or to build coalitions that engage stakeholders around a new topic. However, one organization noted that it was difficult to bring new partners into their work while also trying to implement other parts of the work plan.

“We’ve dedicated some time...where at the end of it, we have clarity about what we have in common, what we can expect from each other, and what we do when [the partnership or project] goes bad. We’re able to talk about money, and organizational and individual interests. So there’s some shared understanding about why we’re in this and what we are getting out of this.” – Hope

A few projects encountered significant challenges working with a key partner.

Although it occurred infrequently, problems occurred when a key partner in the proposal had different expectations of how the work would unfold. For two projects, there were staffing transitions between the time the proposal was written and when funding was awarded, so the people who held the organizational relationship were no longer there. At different points in the work, a few organizations also realized that their project couldn’t be implemented well without greater collaboration.

“[The grant was written] without a shared understanding or full support from other organizations. Or – at some point – attitude or priorities changed.” - WSCO

Facing opposition or conflict

A few of the HEiP-funded organizations have been the target of vocal critics who have questioned their efforts and principles underlying their work. For example, The Open Door’s food shelf policy that increased healthy food options was called out by some opponents as too restrictive and limiting the individual freedom of residents. In that situation, the organization received direct support from Blue Cross to develop a crisis communication plan. They found that after other news agencies did stories about their program, food shelf donations actually increased.

“Working in that space of being unfamiliar or uncomfortable doesn’t mean that you’re doing anything wrong. Just know that change is going to happen when you get people outside of their comfort zones.” – AICF

Pace of implementation, challenging timelines

The organizations have proposed ambitious work plans, and some have found it difficult to keep all aspects of their work moving forward. When nine of the organizations used the collaboration survey to assess the functioning of its coalition or other group of key partners, the topic area with the lowest ratings was pace of development. In this area, partners disagreed on whether the collaborative group was taking on the right amount of work at the right pace, and if they were able to maintain the work necessary to coordinate all of their planned activities. A number of organizations worked with Blue Cross to make changes to their work plans and appreciated that flexibility. Some organizations may have benefitted from doing this earlier. Other organizations talked about being strategic in what they commit to and finding that they have to say “no” or “not now” to other opportunities to ensure they have the capacity to keep this work moving forward. Some of the organizations that struggled in this area were those trying to establish new collaborative partnerships or coalitions to support their work.

External timelines have posed challenges for some organizations. In many ways, tight timelines are part of the nature of policy work. When proposed policies are being considered by city councils or other decision making bodies, organizations need to quickly organize their partners to find people available to testify or advocate in other ways. There are a number of organizations who have had to adjust their work to be able to influence key decisions. For example, Hope staff needed to quickly organize their stakeholders and community residents to testify at an unexpected hearing on a proposed city parks and recreation plan. Hennepin County staff have also had to shorten their ideal timeline to ensure that community residents can provide input on light rail transit station area design at key points in the decision making and approval process.

The time needed to achieve PSE changes felt somewhat frustrating for some organizations. Significant time and staff resources are needed to be effective in engaging community residents in the work, building a strong coalition, or developing relationships with partner organizations and other key stakeholders. This was not a surprise for any of the organizations that received HEiP funding and all felt that this was a critical component to being successful in their work. However, for some organizations, these aspects of their work took longer than anticipated. Many acknowledged that PSE change often occurs at the end of a very long process.

“The bigger the built environment change, the bigger the policy, the bigger the potential impact...the longer it takes and the less control we have over it.” – A.H. Zeppa Foundation

“It takes time. Things can be very slow and it can feel as though nothing is happening, and then the results come in months later. I think a lot of time, we don’t see the change that we help create.” – WSCO

Sustainability

Through the HEiP initiative, Blue Cross hopes to foster the growth of a network of organizations with the capacity and commitment to advance health equity. Sustainability is key for Blue Cross to achieve that vision and is also critical for the long-term work of the HEiP-funded organizations and the health of communities they are working with.

Adopting policies and implementing environmental changes are two ways that the work of the organizations can be sustained over time. Some organizations have focused on updating their own policies and practices to support internal changes. For other organizations, working policies through formal decision making processes helped ensure future changes, although some efforts will be needed to create accountability for implementation. Some organizations saw the installation of bike racks or smoke-free signage as physical changes that would continue beyond the end of funding.

Many organizations felt it was important to maintain the organizational relationships they developed through this initiative, and to continue to support the growing capacity of community residents. Although it takes time to maintain these relationships, some organizations noted that the effort is critical to build on the work done to date and to keep health equity as a central issue.

Limited funding was the most commonly listed threat to the sustainability of their efforts, but other concerns were noted. Although Cycles for Change felt that they could maintain their Equity Council with fairly minimal staff time, funds are needed to maintain and repair the bikes for their bike library. Even with low-cost events, such as group bike rides, there are hidden costs associated with the staff time needed for initial outreach and to contact interested community residents with reminders about the event. Other threats to sustainability identified by project staff included political opposition, competition with similar organizations, and running up against policies and land use plans that do not align with their goals. One organization noted that it can be easy to lose focus on PSE changes and prevention, especially when other funders are more interested in responding to an emergent crisis rather than dismantling pervasive systems that contribute to inequities. Another organization noted that the people engaged in this work are often young and without long-standing roots to the community and connections to key stakeholders.

The organizations identified a few strategies to mitigate these threats and sustain their efforts. A number of organizations will be looking for additional grants to support their work and diversify their funding streams. A few organizations planned to prioritize training staff and community residents to build support, knowledge, and awareness.

Moving forward

During the first two years of the HEiP initiative, the funded organizations strengthened their organizational networks, implemented strategies to engage community residents in their work, and worked toward or implemented changes in policy and practice to support health equity. Some organizations encountered more challenges than others; those with limited organizational capacity for the work and those that relied heavily on an external partner for support experienced notable difficulties if that partnership was not clearly defined and were not as strong. While all organizations receiving year three funding are still working to achieve key PSE changes to advance health equity, at this point in the initiative, a number of policies and practices have already been adopted that formalize the work of organizations and provide the foundation for sustained change.

The evaluation activities planned for the next phase of the initiative will focus on exploring key topic areas to learn more about effective strategies the organizations have used to engage community residents, to develop strong partnerships, and to implement effective policies and changes in practice. These lessons learned will be shared in two report series (“Promising Practices” and “Advancing Health Equity through Policy”), intended to inform the work of other organizations and funders.

The following recommendations and suggested next steps are intended to help the organizations and Blue Cross build on current successes and address challenges to this type of work, both as it relates to HEiP and for future initiatives:

- **Encourage long-term project and sustainability planning.** A number of HEiP-funded organizations have started to create plans to sustain their work after their contract period ends. Some of the projects have identified organizational policies and practices that need to be formalized to support their health equity work after HEiP funding ends. Other organizations have talked about seeking other grants to help diversify their funding mechanism or broaden their work into new areas. Blue Cross has also provided training to organizations, focusing on how they can assess and change their organizational policies and practices to better align with a focus on advancing health equity (a “Health in All Policies” approach). In addition to these efforts to maintain and expand their work, it will be important for the contracts/organizations to think about how they can support the development of community leaders and engage residents in decision-making processes after funding through this initiative ends. Blue Cross may want to also consider what role, if any, they have in further fostering community leadership and engagement.

- **Prioritize sharing lessons learned within and beyond the HEiP initiative.** Many HEiP-funded organizations are now at a stage in their work where they are changing their organizational practices, organizing coalitions to advance their work, finding effective ways to engage community members as partners, and advocating for specific policies. Although there is considerable literature available describing health inequities and providing frameworks on ways organizations can use PSE changes to advance equity, the experiences of the HEiP-funded organizations can help demonstrate how these high-level concepts can be implemented. The upcoming evaluation activities will place a strong emphasis on reporting lessons learned and effective strategies used by the funded organizations. The funded organizations also play a key role in sharing the impact of their work and helping others learn how to shift their practices. Blue Cross may want to consider ways to encourage HEiP-funded organizations to share their work at local conferences or through a variety of online and news media approaches. This work can help expand the indirect reach of the initiative. Embedding these activities into future work plans can help the organizations carve out the time and resources necessary to prepare these communication pieces.

- **Consider whether there is need for peer mentoring or other more formal partnership opportunities.** There are a number of examples of organizations collaborating where they have shared interests and experience mutual benefit. In addition, the learning meetings hosted by Blue Cross provide opportunities for the funded organizations and their partners to network and support one another in their work. However, organizations with less experience implementing PSE changes, engaging community residents, or articulating the importance of health equity within their organization, may benefit from peer mentoring support before they can fully engage as an equal partner. Blue Cross may want to assess interest in some type of peer mentorship model and consider how it can be supported in future initiatives.

- **Explore expanding current training and networking opportunities.** Blue Cross has taken very intentional steps to assess the skills and competencies of the organizations funded through HEiP, and then to offer relevant training and technical assistance to increase the capacity of organizations to advance health equity. Much of the training they have provided to the HEiP-funded organizations could also be beneficial for other organizations that are interested in learning how to advance health equity through their work. As Blue Cross continues its focused work in the area of health equity, it may be useful to consider ways to offer these training opportunities more broadly to organizations and community groups interested in health equity. This can be another way to build broader momentum cross the state to advance health equity, and increase the readiness and capacity of organizations to apply for future funding opportunities.

Appendix A: Evaluation questions and data collection methods

The evaluation plan for HEiP was designed to answer the following questions:

- What are the characteristics of the funded programs? What activities are currently underway? How many residents are reached?
- What coalitions or partnerships were in place at baseline? How do these relationships change over time? Were the right partners in place?
- How many and what types of PSE changes have been passed and/or implemented over the course of the funding period? What successes and challenges took place? How were the challenges addressed?
- What health equity principles have been integrated into projects, plans, and policies across sectors and disciplines?
- How has community leadership and capacity for health improvement increased over the course of the funding period?
- How has resident support for and involvement in efforts to improve community health changed over time? What successful strategies did the funded organizations use to engage community residents in their work?
- How many residents will be reached by the HEiP program?
- What types of organizational changes or growth occur?

Data collection strategies

A multi-method evaluation plan was developed to respond to these questions (Figure A1). Most of the core evaluation activities described in this section were completed at baseline and will be conducted again near the end of each organization's funding period.

A1. Alignment between key evaluation questions and data collection activities

Evaluation question(s)	Data collection strategies
What are the characteristics of the funded programs? What activities are currently underway? How many residents are reached?	<ul style="list-style-type: none"> – Report review – Community partner key informant interviews
What coalitions/partnerships are in place at baseline? How do these relationships change over time? Were the right partners in place?	<ul style="list-style-type: none"> – Community partner key informant interviews – Collaboration survey
How many and what types of PSE changes have been passed/implemented over the course of the funding period? What successes and challenges took place? How were the challenges addressed?	<ul style="list-style-type: none"> – Community partner key informant interviews – Report review – Policy analysis
What health equity principles have been integrated into projects, plans, and policies across sectors and disciplines?	<ul style="list-style-type: none"> – Community partner key informant interviews – Policy analysis
How has community leadership and capacity for health improvement increased over the course of the funding period?	<ul style="list-style-type: none"> – Network mapping exercise
Has there been an increase in community engagement in the community health improvement effort during the funding period?	<ul style="list-style-type: none"> – Ripple Effects Mapping – Report review – Community partner key informant interview
How have strategic connections with other Minnesota organizations impacted the statewide community health improvement movement?	<ul style="list-style-type: none"> – Ripple Effects Mapping
How many residents will be reached by the HEiP program?	<ul style="list-style-type: none"> – Report review
What types of organizational changes/growth occur?	<ul style="list-style-type: none"> – Community partner key informant interviews

Work plan and report reviews. Wilder Research reviews the work plan updates and reports that the funded organizations submit to Blue Cross to learn more about their implementation challenges and accomplishments, including progress made toward implementing PSE changes.

Key informant interviews. Members of Wilder Research’s evaluation team met with each organization to learn more about the organization’s work and gather information for the evaluation. Baseline interviews were completed in the fall of 2013. The first follow-up interview took place in early 2015 and will be repeated annually.

Network mapping. During the learning meeting held in October 2013, Wilder Research facilitated a process to help each funded community create a network map that depicted the relationships they had in place with other organizations at the beginning of the HEiP initiative. A final electronic version of the network map was provided to each organization.

In addition, a map for the full initiative was created, demonstrating linkages across all funded organizations. Organizations are asked to review and update their network map annually. Near the end of the full initiative, Wilder Research will work with the organizations to determine how their networks evolved over time.

Core competencies assessment. In fall 2013, up to five of each organization’s partners were asked to complete an online core competencies assessment, a tool developed by Blue Cross to assess individual skills across a wide variety of areas. The assessment results have been used by Blue Cross to identify future training and technical assistance needs. Each organization’s results also were reported back to them to help identify areas of strength among partners and consider shared training and technical assistance interests. The assessment will be completed again by representatives of each project near the end of their funding period and analyzed to determine whether there were changes in individual or organizational capacity over time.

Collaboration survey. In 2014, Wilder Research will develop an online survey for funded organizations to use with their partners to assess key aspects of collaborative functioning, including communication and decision-making processes, levels of trust between partners, and overall progress toward achieving shared goals. Funded organizations will receive their results and suggestions for how to use the results to guide their work.

Ripple Effects Mapping (REM). REM is an evaluation approach that brings together a group of project staff with community stakeholders to discuss their experiences and observations of a project’s direct and indirect impact in the community. In 2014, Wilder Research facilitated Ripple Effects Mapping sessions with 10 organizations. Each organization received a summary of their discussion and a copy of the “mind map” created during the group discussion. An aggregate REM report was also prepared to better understand the collective impact of the funded organizations to advance health equity.

Policy review. Throughout the course of the initiative, Wilder Research will review some of the new policies resulting from the efforts of funded organizations and their partners to help identify the types of policies passed, their strength and enforceability, and their overall impact. One report has been completed to date, a review of The Open Door’s Healthy Food policy.

Appendix B: Project summaries

Note: The project summaries were written using language consistent with what the project has used to describe their activities in their project work plans and other reports. For example, while some projects organize their work into “goals,” others describe those key outcome areas as “strategies.” Projects were asked to identify key metrics that could be highlighted as measures of success; therefore, the metrics may not fully capture each project’s scope of work.

Appetite for Change

About the program

Description	Through its Fresh Corners program, Appetite for Change (AFC) is developing a network of local vendors, urban gardeners, residents, and partner organizations to improve the food systems in North Minneapolis through policy, systems and environmental changes.
Target population	Local growers, business owners, and residents in North Minneapolis
Key metrics	
Organizational partners	28 organizations/stakeholders identified as partners 4 stores participated in Fresh Fridays (\$1,037.27 was matched through the Fresh Fridays program)
Community leadership	5 food ambassadors trained thorough a series of 8 trainings
Community engagement	80 participants in the Food Lab, a convening of North Minneapolis residents to consider how to build a strong local food system 9 growers attended at least one of the 19 grower trainings hosted
Local economy	4,923 lbs. of local produce sold (\$5,059 in sales) 11 vendors purchased local produce 19 Aggregation Table Vendors were supported by Fresh Corners
Impacts	Advocacy by AFC staff and community members contributed to passage of the Staple Food Ordinance Additional garden plots were established in North Minneapolis The Good Food Advocacy Campaign was launched

Summary of recent efforts

Strategy 1: Build grower and vendor capacity.

Fresh Corners identified a core group of local growers and regularly met with them over the course of the second year of the HEiP funding. Fresh Corners offered training and technical assistance to the growers to help them improve their gardening and business skills. The growers sold their produce through the Aggregation Table at the West Broadway Farmer's Market. They also connected to the Growers of Color group and learned about new resources and information regarding business planning, farming techniques, and local policies governing planting, distributing, and selling produce. Fresh Corners also collaborated with the Main Street project on the development of a manual for growers. In addition, Fresh Corners worked with local store vendors to explore ways they could increase their capacity to sell fresh produce.

Strategy 2: Research and educate partners/community members about local food policies that affect Minneapolis's food system.

Fresh Corners worked with the Public Health Law Center on a legal memo that included an analysis of food policies that affect growing, selling, buying, and distributing local produce in the city of Minneapolis. They shared the memo with their community partners and are looking for additional ways to disseminate it. The Minneapolis Food Policy Council is interested in working with Fresh Corners to create fact sheets from the information presented in the memo. In addition, staff from Appetite for Change and community members testified at the Minneapolis City Council hearing regarding the Staple Food Ordinance, which passed at the end of 2014. Appetite for Change will be offering technical assistance to stores to help them become compliant with the new ordinance.

Strategy 3: Create a “Good Food Community Advocacy Campaign.”

During the second year of funding, food ambassadors were recruited to participate in the Good Food Advocacy Campaign. The ambassadors participated in several meetings and trainings focused on building a campaign, engaging media, storytelling, leadership development, and food justice. The ambassadors also engaged in training on data collection, administering surveys, and presenting data. In addition, they helped plan and implement a food lab where community members shared their ideas for building a local food system.

Next steps

Appetite for Change plans to continue to build on the success of its Fresh Corners' growers and expand their capacity and skills. They will also be looking for ways to disseminate the information from the Public Health Law Center food policy memo. Staff and community members will be working with the University of Minnesota on an evaluation of the efficacy of the Staple Food Ordinance and hope to bring a community-based, participatory approach to the evaluation. In addition, the food ambassadors will continue to plan events and work on engaging the community in the local food system.

American Indian Cancer Foundation (AICAF)

About the program

Description	AICAF works towards influencing the development of tribal policies and organizational practices using evidence-based and culturally-relevant approaches, and to change social norms around commercial tobacco use within the American Indian community. They also foster coalitions and networks at the local, regional, and state levels and educate and empower tribal leadership related to tobacco, cancer prevention, and health equity.
Target population	Tribal leaders, health specialists, and administrators; and members of the American Indian community
Key metrics	
Organizational partners	30 organizations/stakeholders identified as partners
Coalition building/ community leadership	10 members of the Lower Sioux community formed the Lower Sioux Health Advisory Coalition
Community engagement	Over 100 members of the American Indian community were engaged through AICAF's tribal health equity conversations 96 members of the Lower Sioux community attended an indigenous food and healthy eating event 3 tribal councils reached through presentations on policy, systems, and environmental changes and tribal health equity 15 elders engaged in the American Indian Tobacco and Culture convening
Impacts	The Tribal Health Equity Report was finalized and distributed

Summary of recent efforts

Strategies: Fostering coalitions and networks and influencing policy and legislation

AICAF engaged over 100 stakeholders and community members through its tribal health equity conversations. From these conversations, staff developed the Tribal Health Equity report, which has been widely disseminated and presented to multiple Tribal Nations.

Over the second year of HEiP funding, AICAF worked with the Lower Sioux community to help develop the Lower Sioux Health Advisory Coalition. AICAF supports the coalition through offering facilitation and strategic direction as it focuses on developing goals regarding policy and environmental changes. AICAF also worked with the coalition to organize an indigenous food and healthy eating event for the community. In addition, AICAF met with the Lower Sioux Tribal Council and shared information about the Tribal Health Equity report and policy, systems, and environmental changes. The council was very supportive of this work.

Through its Tribal Health Equity report, AICAF discovered that American Indian youth wanted to learn more from elders about traditional practices and approaches to health. In response, AICAF organized the Intergenerational Knowledge Transfer project, which brings youth and elders together to focus on traditional tobacco use and commercial tobacco prevention.

Next steps

AICAF will continue to present the findings from its Tribal Health Equity report, work with tribal partners to identify local goals and strategies to support tribal health equity, and promote culturally relevant evidence-based strategies that focus on policy, systems, and environmental changes. They will also work with youth on helping them generate policies or practices for their schools, homes, or other organizations to address tobacco use and support physical activities and healthy eating.

Comunidades Latinas Unidas En Servicio (CLUES)

About the program

Description	CLUES is working to improve access to biking and walking in the Latino community through partnering with businesses and organizations to institutionalize physical activity and healthy eating policies. CLUES is also partnering with multi-unit housing complexes and other businesses and organizations in the Latino community to adopt tobacco-free policies.
Target population	Low-income Latino residents in Minnesota
Key metrics	
Organizational partners	17 organizations/stakeholders identified as partners
Coalition building	3 active living coalitions and 1 healthy eating coalitions were established
Impacts	Multi-unit housing buildings, churches, childcare providers, and other businesses adopted 53 tobacco-free policies, 21 healthy eating policies, and 17 active living policies The Latino Student Wellness Program resulted in 8 policies being passed in partnership with other multi-cultural recognized student organizations

Summary of recent efforts

Goal 1: To increase the number of Latino apartment complexes, trailer parks, churches, day cares, county fairs, coalitions, networks, and bike and walk corridors that adopt a tobacco-free policy.

In its first two years of work, Community Health Workers (CHWs) at CLUES have engaged a number of establishments in urban and rural areas to adopt tobacco-free policies on their grounds. In urban areas, CLUES worked with four multi-unit housing structures, five churches, one child care establishment, and six businesses to adopt tobacco-free policies. In addition, CLUES secured one Tobacco-Free Partners sponsorship. In rural areas, CLUES worked with one multi-unit housing building, one church, one child care establishment, and six businesses to adopt tobacco-free policies. A total of 26 policies were passed in 2014, surpassing CLUES' goal for the year by two. CLUES provides establishments that pass the policies with a copy of the written policy and signs advertising the policy in both English and Spanish.

Goal 2: To promote PSE changes for healthy eating among urban and rural coalitions, networks, and schools.

CLUES has engaged restaurants, mercados, and other businesses in adopting healthy eating policies. CLUES worked with six establishments in urban areas, two in rural areas,

and with six coalitions to adopt healthy eating policies. As part of this work, CLUES helped three restaurants become involved in the City of Minneapolis Healthy Restaurant Initiative in which they worked with a nutritionist to modify three of their dishes to be healthier. The program also included technical assistance in designing menu inserts and table tents to advertise the dishes. In addition, CLUES has continued its involvement with the Latino Student Wellness Program at Minnesota State University-Mankato. The students adopted a healthy eating policy within their collaborative, partnered with five other student organizations to adopt similar policies, successfully advocated for healthier foods in the campus' open kitchen, and designed and implemented a campus-wide campaign to promote drinking more water.

Goal 3: To promote PSE changes for active living among urban and rural coalitions, networks, and schools.

CLUES policy work related to active living has involved two main strategies: working with establishments to institute more opportunities for physical activity (e.g. salsa or Zumba classes) or installing bike racks. CLUES worked with five businesses, schools, and churches and three coalitions to adopt active living policies in these areas, which was one more coalition than they had originally set as their goal in their work plan. CLUES was able to partner with Dero Bike Racks to get customized bike racks with the CLUES logo. In addition, with the support of CLUES, members of the Latino Student Wellness Program helped establish intramural soccer and volleyball teams to promote physical activity among Latino students.

Next steps

In the coming year, CLUES plans to focus its work on following up with businesses and organizations that have passed policies about compliance, impacts of the policies, and support the establishments may need in carrying out the policies moving forward.

Cycles for Change

About the program

Description	Cycles for Change is working to expand the leadership development opportunities within its Bike Library program, and strengthen a network of individual and organizational leaders from underrepresented communities to shape policy and the built environment in a way that takes into account the needs of marginalized communities.
Target population	Primarily members of low-income communities, women, people of color, and new Americans throughout Minneapolis, St. Paul, and inner-ring suburbs such as Brooklyn Center through partnerships with nonprofit agencies such as Hope Community, Comunidades Latinas Unidas En Servicio (CLUES), and Mujeres en Accion y Poder.
Key metrics	
Organizational partners	12 organizations/stakeholders identified as partners
Leadership development	8 to 20 members attending Equity Council (formerly the Bike Library Advisory Council) meetings 7 program participants attending the 2014 MN Bike Summit 18 program participants attending the 2015 MN Bike Summit 65 people trained in Train-the-Trainer workshops 7 interns hosted
Community engagement	150 people attending the 2014 Bike Library Celebration 65 people trained in Learn-to-Ride workshops

Summary of recent efforts

Goal 1: Engage Bike Library members from underserved communities with continuing bike education and training programs, building their skills as community leaders, and working to shift cultural norms and influence transportation investment strategies and policies.

In its first two years of work, Cycles for Change has worked to grow its leadership and educational opportunities for community members and organizational partners. A key piece of this work has been the establishment of the Equity Council (formerly the Bike Library Advisory Council), engaging a broad sector of partners representing diverse communities in building leadership skills, and shaping Cycles for Change's work. Members include current or former Bike Library patrons and staff liaisons from partner organizations. In 2014, a stakeholder input session was held about what the Council should look like, and a charter for the Council was developed in 2015. The growing momentum for this work was also seen in Cycles for Change's annual Bike Library Celebration, which showed an

increase in attendance with an estimated 150 people attending, including partner organizations, community members, volunteers, youth apprentices, and bike advocates.

Cycles for Change has also engaged program participants in advocacy efforts. Most notably, program participants have attended the Minnesota Bike Summit two years in a row, with 7 attending in 2014 and 18 attending in 2015. Cycles for Change provided trainings before the Summits to build skills and confidence in talking with elected officials, and participants were able to meet with elected officials to speak about bike issues that affect their communities. In 2014, Reuben Collins and Luke Hanson of the City of St. Paul gave a presentation to the Bike Library Advisory Council about the St. Paul Bikeways Plan, and in the last two years, participants have attended a number of additional rallies, city council meetings, and local planning meetings about bike issues.

Cycles for Change also provides a number of educational opportunities for residents about basic biking skills. Cycles for Change trained 44 people in Learn-to-Ride classes in 2013, and 21 in 2014. In 2014, Cycles for Change acquired SPOKES, a community biking and walking center in Minneapolis, and also developed a new partnership with Hennepin County through the Statewide Health Improvement Program. In addition, Cycles for Change developed a Train-the-Trainer curriculum to train people in teaching people how to ride a bike. In the first year, 55 people were trained, and 10 additional people were trained in the second year of work.

In addition, the organization has hosted seven interns across the two years who have helped organize group bike rides, lead trainings and orientations, and connecting patrons to additional leadership and engagement opportunities. Cycles for Change has also supported interns at partner organizations including Hope Community, Inc., Hubbs Center, and Mujeres en Accion y Poder fulfilling similar roles.

Next steps

Cycles for Change plans to deepen its work with the Equity Council and build new opportunities for accessing bikes and developing local leaders in Minneapolis, Hopkins, Brooklyn Center, and other geographic areas through its acquisition of SPOKES and its partnership with Hennepin County.

Hennepin County

About the program

Description	Hennepin County plans to develop a systematic process for community engagement and incorporating health and health equity factors in light rail transit station area planning for the Bottineau Transitway, as well as future Public Works projects.
Target population	Residents living along the Bottineau Corridor; residents of North Minneapolis and Brooklyn Park
Key metrics	
Organizational partners	21 organizations/stakeholders identified as partners 8 community-based organizations received support and funding to engage community residents in station area planning
Community engagement	932 residents received information about Bottineau LRT and station planning activities through workshops, events, and presentations 521 community members provided direct input to the station area plans
Leadership development	30 people participated in the Minneapolis/Golden Valley Community Working Groups (CWG), meeting up to 10 times in the past 18 months
Capacity building	4 trainings/discussions on health equity/Health in all Policies (HiAP) were provided to Hennepin County staff and organizations Over 100 Hennepin County leaders and approximately 60 attendees from organizations along the Bottineau Blue Line Extension staff attended one or more trainings on health equity
Impacts	The Phase I station area plans includes language around health and health equity, reflecting the concerns and priorities of community residents The hiring process for the Phase II station area planning consultant was reviewed and revised to align with community engagement and health equity values

Summary of recent efforts

Goal 1: Incorporate policies and changes to the built environment in station area plans that support healthy and equitable communities

Hennepin County's station planning efforts have occurred in two distinct, but overlapping phases. The first station areas under consideration for station planning efforts were at the southern end of the Bottineau line, including neighborhoods in north Minneapolis and Golden Valley. Hennepin County worked closely with their partner, Nexus Community Partners, to contract with eight community-based organizations to do on-the-ground engagement, primarily with low income communities and communities of color. These organizations, referred to as the Health Equity and Engagement Cohort (HEEC), received training on health equity and the social determinants of health, on the station area

planning process for the planned light rail transit (LRT) project and on effective community engagement. HEEC organizations also receive ongoing support and technical assistance from the Alliance for Metropolitan Stability and the MN Center for Neighborhood Organizing. Community members were engaged in the planning process and gave input in a variety of ways, including participation in structured group discussions, written feedback, and individual testimony at key planning and decision-making meetings. Despite these efforts, the first round of draft plan documents had only broad references to health. In response, the project team created demographic charts and Nexus played a key role in drafting language in the plan related to health and health equity to reflect the community concerns and suggestions that were gathered throughout the engagement process. The project partners were pleased to see that the final station plans did include many of the suggestions made by community members. The second phase of station planning work will focus on station planning in the communities of Robbinsdale, Crystal, and Brooklyn Park.

Goal 2: Continue working toward system changes at Hennepin County that proactively integrate community engagement and health equity into future Capital Improvement Program (CIP) projects

In 2014, Hennepin County hosted two equity training workshops led by two staff from the Seattle Race and Social Justice Initiative. The workshops were repeated in January of 2015 and a Toolkit workshop and session with County Directors were added. These workshops provided the Hennepin County staff and community residents who attended the session with a common language to discuss inequities and structural racism and information about the racial justice toolkit used in Seattle. Hennepin County has built on this work with follow-up conversations in county departments. Project staff have observed a notable shift in conversation within Hennepin County, with health equity now being discussed openly across all levels of the Public Works Business line. Follow-up trainings are scheduled for the Hennepin County Public Works directors, managers, and staff.

Through HEiP, Hennepin County also reviewed and revised their hiring process for a station planning consultant to better align with health equity values. The Request for Proposal (RFP) language was reviewed and modified to set clearer expectations around what work the station planning consultant should do to gather and incorporate community input. Six community representatives were involved in the processes of hiring a Phase II station planning consultant, providing input and being actively involved in all key steps in the process. This work, which had not been done before, was successful and led to the hiring of a contractor that all were satisfied with. After the consultant was hired, the project team had multiple meetings with the station planning consultant to ensure the contractor understood the expectations Hennepin County has around community

engagement and to ensure that the contractor's process was consistent with the project's priorities and values.

Next steps

Through the work of HEEC organizations, Hennepin County and Nexus will continue to create ongoing opportunities for community residents to provide input into the station planning process. There are challenges in their next phases of work; the project will have a shorter timeline for their community engagement work, the Met Council is also starting to work on engaging residents and businesses on related projects in Brooklyn Park, Crystal, and Robbinsdale. The project team will also be working on ways to share lessons learned and articulate the value of the community engagement efforts to Hennepin County staff and decision makers.

It is not yet clear what department our county-level changes may be formalized through policies or department practices to include community engagement and a focus on health equity into future projects, but that will be a focus of Hennepin County's HEiP-funded work moving forward.

Hope Community

About the program

Description	Through its gardening and healthy food initiatives, Hope strives to engage residents and community members in activities that increase urban agriculture space, improve policies that support urban agriculture, and promote healthy eating.
Target population	Residents of the Phillips neighborhood in South Minneapolis surrounding Hope Community and others who participate in Hope programming
Key metrics	
Organizational partners	25 organizations/stakeholders identified as partners
Community leadership	16 residents trained as leaders by Hope or partner agencies
Community engagement	150 youth and adults attended one or more of 32 “entry point” activities to learn about and participate in growing or preparing healthy foods 385 Philips Community members participated in 22 listening sessions about the importance of food and culture, community and health, and food access strategies
Impacts	Community members successfully advocated for including racial equity language in the Minneapolis Park and Recreation Board’s Urban Agriculture Action Plan A 5,000 square foot garden is being installed at The Rose (a housing complex) is under construction, to be completed in 2016 Advocacy by Hope community members contributed to passage of the Staple Food Ordinance and hold two implementation committee seats

Summary of recent efforts

Goal 1: Create a community environment at Hope that shapes norms of healthy eating and supports healthy eating strategies

In 2009, the residents around Hope identified gardening as a community priority. Since then, the work has grown to engage multiple generations of residents in activities that promote growing, preparing, and eating healthy foods. Over the last year, Hope welcomed over 150 youth and adults to 32 different activities designed for learning about healthy food such as garden workshops, seed parties, raised garden building workshops, communal meals, garden work sessions, a composting workshop, and preserving the harvest classes. Many of these activities were offered in partnership with Hennepin County Master Gardeners, Land Stewardship Project (LSP), or Permaculture Research Institute (PRI).

Two “entry point” activities that provided extended opportunities for residents were the “Bike and Eat” group rides and the Cooking, Culture, and Community sessions. For the bike rides, a staff member from LSP led a group of participants to explore local sources for affordable, healthy food. The ten cooking sessions gathered participants to prepare and share a meal together. During the meal, topics of local food sources were explored.

Hope has created multiple opportunities for community residents to provide input to help guide their efforts. Three hundred and eighty five Philips community members participated in 22 listening sessions about the importance of food and culture, community and health, and food access strategies. Another 130 responded to a survey with similar topics. Hope staff and the Listening Project Leadership Team processed the information and drafted a summary of major themes. Three members of Listening Project Leadership Team will continue efforts to report results back to the community. (The Food Justice Leadership Team is a group of community members who have come together to support Hope’s Food Justice Listening Project. The team strives to learn from the community about important food and food access issues and build capacity of community leaders to act on these issues.)

Goal 2: Increase the urban agriculture space at Hope and develop systems to support and sustain effective community use

Hope staff and community members started work on the development of the 5,000 square foot agriculture space at The Rose (a new housing development in the Phillips neighborhood). The garden will be operational in 2016 and they are working with residents to obtain additional funding to sustain the garden. They created promotional materials, secured \$65,000 for start-up costs, and submitted a successful proposal with Aeon (housing development partner) for funding to run a demonstration project that uses reclaimed storm water for irrigation. Hope and LSP staff have conducted research about garden management models and assembled a team of garden leaders from Hope and LSP farmer- members to begin planning how to manage the garden and distribute the harvest.

Goal 3: Build community capacity to work together towards system and policy changes related to healthy eating and urban growing spaces

In the past year, Hope was instrumental in bringing residents together to speak in opposition of the proposed Minneapolis Parks and Recreation Department’s Urban Agricultural Activity plan because it omitted racial equity. Under a very short timeline, they were able to organize community members to speak in opposition of the existing plan at a public meeting, and then worked with the Minneapolis Parks and Recreation Board to draft an amended plan that included racial equity and was approved. In addition, Hope supported two community leaders to speak publically about revisions to the Staple

Food Ordinance, and two community members were invited to sit on the Healthy Food Ordinance implementation plan committee.

To help support the work described above, Hope has facilitated the training of 16 leaders through programs at Hope and with partners including Voices for Racial Equity (formerly the Organizing Apprenticeship Project), Women’s Environmental Institute Forum, and Sustainable Progress by Engaging Active Citizens (SPEAK). In addition, community members have taken leadership opportunities through the Listening Project described in Goal 1.

Next steps

Hope Community plans to continue working towards these goals. They continue to be involved with training residents to take leadership positions on local boards and committees, especially related to food and racial equity. They continue to partner with other agencies, especially where merged expertise can advance similar goals.

Northpoint Health and Wellness

About the program

Description	NorthPoint Health and Wellness is working with residence councils to provide education, tools, resources, and guidance to multi-unit housing owners and residents in North Minneapolis interested in adopting non-smoking policies in their buildings. Their youth-led initiative, Breathe Free North, has gathered local data to increase support for restrictions on the use of e-cigarettes and the sales of flavored tobacco products in North Minneapolis. These changes would help reduce youth access to tobacco products.
Target population	Residents, multi-unit housing managers, and businesses selling tobacco products in zip codes 55411 and 55412 in North Minneapolis
Key metrics	
Organizational partners	15 organizations/stakeholders identified as partners
Leadership development	66 youth have participated in Breathe Free North to advocate for policies that restrict youth access to tobacco products
Community engagement	124 local stakeholders attended the 2015 Youth Tobacco Summit, which focused on identifying strategies to reduce the availability of flavored tobacco products 70 North Minneapolis residents testified or attended decision making meetings to advocate for restrictions on the sale of flavored tobacco products and the use of e-cigarettes at worksites and other establishments 300+ residents have participated in activities that encourage physical activity and healthy eating
Impacts	E-cigarettes are banned in all Hennepin County workplaces and other establishments that are tobacco-free under the Freedom to Breathe law 560 residents now live in a smoke-free multi-unit apartment building

Summary of recent efforts

Goal 1: Increase the number of smoke-free multi-unit housing buildings in North Minneapolis

NorthPoint continues to work with building managers and tenants in six North Minneapolis apartment buildings to encourage the adoption of smoke-free policies. To date, a policy has been passed by one 160-unit apartment building. While still working towards building wide smoke-free policies at the other sites, NorthPoint has also supported tenants who want to make changes in their own behavior. Project staff have helped individual tenants who want to establish smoke-free policies for their own apartments or on the floor of their building, and have also referred tenants who want to stop smoking to tobacco cessation programs.

Goal 2: Reduce the number of tobacco retailers selling flavored tobacco products in North Minneapolis

The Youth Tobacco Summit held in July 2014 brought 124 youth, residents, advocates, and policy makers together to discuss how to reduce sales of flavored tobacco products in North Minneapolis. The youth presented results from tobacco retailer assessments and youth surveys which showed that these products are widely available in North Minneapolis and are being used by many underage youth. A number of strategies to reduce the availability of flavored tobacco products were discussed by event attendees, and this work has helped guide NorthPoint's current education and advocacy activities.

Goal 3: Increase physical activity and healthy eating among residents of multi-unit housing partner sites

In response to interest expressed by building tenants, NorthPoint expanded its work in multi-unit housing buildings to include a focus on physical activity and healthy eating. In its first year of programming, over 300 residents participated in one or more sessions that included a health education component, as well as a healthy meal and an opportunity for physical activity, such as a Zumba class or neighborhood walk. In partnership with Blue Cross, NorthPoint loaned out 2000 bikes to North Minneapolis residents, increasing physical activity and changing social norms around biking.

Other notable changes in policies and practices

In addition working toward each of their primary goals, NorthPoint also had success implementing other policy, systems, and environmental changes that help advance their work:

- Breathe Free North was heavily involved in both the City of Minneapolis policy that bans the use of e-cigarettes in indoor workplace areas, and the recent Hennepin County policy that expands the language of the Freedom to Breathe Act to also ban e-cigarette use.
- NorthPoint developed a strategic relationship with the Heritage Neighborhood Association to promote the resident education classes across their apartment building partner sites and to cover liability. This relationship streamlines NorthPoint's outreach efforts, allowing them to make classes available to all residents, rather than working with individual apartment building managers to offer classes and programming to their tenants.

Next steps

NorthPoint plans to continue its work with residents in local apartment buildings to increase physical activity, improve eating behaviors, and pass smoke-free housing policies. Through a partnership with the City of Minneapolis, they will be able to offer these classes and activities in larger outdoor spaces. Breathe Free North has been a driving force to encourage the City of Minneapolis to establish policies that would reduce the availability of flavored tobacco products. After any new city policies are passed, Breathe Free North youth would like to conduct observational assessments to ensure that any policies passed by the city restricting the sales of tobacco products are being fully implemented and enforced.

The Open Door

About the program

Description	The Open Door is influencing policy, changing organizational practices, and building coalitions and networks to reduce health inequities related to food.
Target population	Community members in Dakota County with incomes at or below 200% of the Federal Poverty Level (FPL), including African American, Hispanic, East African, Asian, and Russian families
Key metrics	
Organizational partners	25 organizations/stakeholders identified as partners
Coalition building	Homegrown South, a coalition focused on creating a healthy and sustainable food network, was established
Community leadership	15 farmers and growers, food shelf staff and volunteers, and community members (i.e., city leaders, educators, youth, and health representatives) are participating in the Homegrown South core team
Community engagement	727 community members participated in events, trainings, and classes 80 new gardeners are participating in the Garden To Table program
Impacts	65 new community garden plots were created (a total of 140 plots) 400 lbs. of organic produce was purchased through The Open Door's local farm purchasing pilot program The Open Door implemented its Healthy Food Policy; 3 hunger relief organizations are creating similar policies with support from The Open Door

Summary of recent efforts

Goal 1: Increase the social acceptance and usage of alternative growing methods

The Open Door established mission and vision statements for Homegrown South—a coalition focused on creating a healthy and sustainable local food network—and recruited farmers, community gardeners, and representatives from hunger relief agencies to form the Homegrown South core group. The Open Door also educated legislators about the impact of mobile food distribution as the state legislature considered a bill to fund mobile food distribution across Minnesota. In addition, The Open Door led a healthy food policy workshop with Access of West Michigan, a network of food shelves in the Grand Rapids area. As a result of that training, three food shelves are working on developing policies. It also led a policy workshop with the Houston Food Bank.

Goal 2: Increase local food production by community members

The Open Door expanded the number community garden plots available to low-income households to grow food. They also created a master gardener scholarship program for

their client gardeners. One of their client gardeners is currently enrolled in the program and finishing classes. The Open Door staff is also exploring a partnership with Performance Office Papers, a local corporation, to grow food on its land.

Goal 3: Increase the dietary and nutritional value of food offered in emergency food programs

The Open Door increased its partnerships with local farms by creating a farm purchasing pilot program through which they purchase organic produce directly from local farms for their food shelves. The fresh produce was very popular among the food shelf clients. Over the next year, The Open Door is looking to expand this program to partner with more local farms.

Goals 4 and 5: Increase food literacy and nutritional knowledge in the local community and increase the self-sufficiency of food-insecure households

The Open Door has engaged community residents and increased their knowledge through its training classes focused on community gardening and cooking. It offered beginner, intermediate, and advanced courses for local gardeners. It also engaged corporate and faith groups to help prepare five garden sites that will grow food for The Open Door's food pantries. Over the summer, it plans to host a cooking class that will teach community gardeners how to prepare healthy meals on a SNAP budget.

Goal 6: Increase access to fresh and nutritionally dense food in low-income areas

The Open Door focused on this goal through its Mobile Pantry®, a retrofitted bus stocked with fresh, healthy food, which travels to designated community sites to make it easier for people to access food, especially those who lack transportation. The Open Door identified new distribution sites for the Mobile Pantry® and launched the Mobile Lunch Box, an extension of the Mobile Pantry®, which focused on bringing healthy food to children and youth.

Next steps

The Open Door plans to expand the work of Homegrown South as the core group solidifies. It also plans to expand its partnership with local farms to purchase fresh produce directly from growers, as well as looking for additional opportunities to expand its community gardens. In addition, The Open Door will continue to offer technical assistance regarding healthy food policies and work in partnership with other organizations to discover ways to make it easier for food shelves and pantries to source healthy foods.

Rainbow Health Initiative (RHI)

About the program

Description	RHI Influences policy and legislation related to LGBTQ health, leverages new and existing coalitions and networks to expand awareness of LGBTQ health issues, analyzes and reports on LGBTQ health data from its Voices of Health survey, engages in a variety of communications strategies to activate a base of supporters and advocates, and creates sustainable tobacco-free environments.
Target population	The LGBTQ population in Minnesota
Key metrics	
Organizational partners	33 organizations/stakeholders identified as partners 10 organizations and groups serve on the LGBTQ Health Advocacy Roundtable
Community engagement and training	1,458 health advocates trained and serving as RHI volunteers 356 people trained, representing 18 agencies, through training sessions and consultation 2,121 health care professionals listed in RHI's Provider Directory
Community input	Over 2,000 surveys collected in 2014 (includes 1,339 LGBTQ respondents)
Impacts	Clare Housing adopt a smoke free policy adopted at two of its residential properties The YWCA in Uptown, Minneapolis installed a gender neutral bathroom and changing area Non-tobacco sponsorship policies were created for GLBT in Recovery and North Suburban Chorus

Summary of recent efforts

Strategy 1: Influence Policy and Legislation: Developing strategies to change laws, ordinances, and policies to influence outcomes

RHI helped educate legislators on health equity and its impact on the LGBTQ population as the legislature addressed key issues such as the safe school legislation. RHI also brought awareness of LGBTQ health to the implementation process of MNsure and the discussions around minimum wage and the tobacco tax. In addition, the staff at RHI strengthened their connection to the Minnesota Department of Health's (MDH) Center for Health Equity, and worked to have LGBTQ representatives on a taskforce created by the Governor's office that focuses on inclusivity and diversity. An RHI staff member also sits on MDH's maternal and child health planning taskforce and helps bring an awareness of LGBTQ adolescent health and the needs of LGBTQ parents.

In regards to advocating for LGBTQ inclusion in health surveys, RHI is working in partnership with other organizations to add gender identity and expression questions to the Minnesota Student Survey. RHI is also working with the Minnesota Department of Human Services to add sexual orientation and gender identity measures to DAANES (Drug and Alcohol Abuse Normative Evaluation System), a system to track admissions and discharges to treatment centers in Minnesota.

Strategy 2: Changing Organizational Practices: Adopting regulations, changing environments and systems, and shaping norms to improve health

RHI provided support to Clare Housing, an affordable housing organization for HIV positive individuals, as it implemented its smoke-free policy in two of its residential properties. It also helped the YWCA in Uptown, Minneapolis install a gender neutral bathroom and changing area.

Strategy 3: Formalizing and strengthening our existing network: Fostering coalitions and networks convening groups and individuals for broader goals and greater impact

RHI helped lead the LGBTQ Health Advocacy Roundtable, a group of organizations and stakeholders who address health disparities and bring awareness to the health issues facing the LGBTQ community. The Roundtable has been successful in building trust among the various organizations. RHI has also strengthened its connection to OutFront Minnesota and the Health Equity Working Committee at the University of Minnesota.

Strategy 4: Systems change: Provider assessment and training

RHI's education program started to focus on working with providers to discover the best way to spur long-term, systemic change in their organizations. They found it has been helpful to identify an ally or champion in each organization to help sustain and move forward the training work after RHI has left. RHI is also preparing an online training module so individuals can revisit what they learned in the training, or go through the training when it is most convenient.

Strategy 5: Informing the process: Collecting, analyzing, and reporting baseline data on LGBTQ health, including tobacco use, active living, and healthy eating

In 2014, RHI administered the Voice of Health survey for a third consecutive year. Staff members are discussing the potential key findings they could focus on in looking at three years of data. The 2014 data showed decreases in both the number of insured and the number who reported using tobacco. RHI felt these changes could be attributed to the tobacco tax increase and the implementation of the Affordable Care Act. In the 2015

survey, RHI wants to look more deeply at the intersection between poverty and access to food. Through its annual survey, RHI has developed an expertise in collecting data from the LGBTQ population. Organizations and groups look to RHI to identify key learnings from their survey and offer assistance to those who want to design surveys that focus on the LGBTQ population.

Strategy 6: Communication: Social and traditional media advocacy, policy recognition, and moving our base

RHI is working with Lavender Magazine on a bi-monthly column on LGBTQ health in Minnesota. It continues to have a strong social media presence using Facebook and Twitter. It is also expanding its presence on LinkedIn and working to create an Instagram account to show the various photos and videos that RHI collects.

Next steps

RHI will implement its Voices of Health survey in the summer of 2015 and explore ways to present and share the survey data. It will also continue to support the work of the LGBTQ Health Advocacy Roundtable and advocate for LGBTQ inclusion in major health surveys and data gathering. RHI also plans to further engage medical and health professionals, agencies, and schools regarding trainings and technical assistance.

Vietnamese Social Services (VSS)

About the program

Description	Through its partnership with Lao Assistance Center (LAC), Vietnamese Social Services (VSS) was working through this contract to increase options for healthy living in the Southeast Asian community by reducing smoking at Asian-owned nail salons, eliminating smoking in multi-resident housing facilities, and decreasing the use of MSG and sodium at Asian restaurants.
Target population	Southeast Asian residents in the Twin Cities area.
Key metrics	
Community partners	15 organizations/stakeholders identified as partners
Impact	Tobacco-free policies were adopted by 20 nail salons and 2 multi-unit housing complexes Eight restaurants made changes to their operations to provide healthier menu options.

Summary of recent efforts

Goal 1: Facilitate the adoption and implementation of tobacco-free grounds policies at Asian owned and operated nail salons.

Throughout this contract, VSS staff have worked to improve the health of employees and patrons of Asian-owned nail salons by helping salons institute tobacco-free policies. Twenty nail salons have implemented policies. VSS had hoped to reach more nail salons operators, but found that a planned event was not feasible due to the lack of third-party funding and the inability for shop owners to leave their shops to attend the event. They also learned that some shops were not willing to make changes unless they were mandated. In contrast, other salon owners appreciated having someone from outside the business talk to the staff about smoking issues because they were fearful if they set rules that staff could not smoke in the breakroom, staff would leave. Another benefit for nail salon owners was the outside ash bins VSS provided. An interesting learning from this work is that some non-English speakers interpret “Smoke Free” to mean it is okay to smoke.

Goal 2: Facilitate the adoption and enforcement of smoke-free grounds policies in apartment complexes.

VSS worked with owners of multi-unit housing in the East metro area to establish the adoption and enforcement of smoke-free grounds policies. Most of the complexes rent to

Southeast Asian residents, many of them Karen who have a different cultural approach to smoking than many non-immigrants. VSS staff also worked with individual residents to talk about the effects of smoking and second-hand smoke. They learned that direct one-on-one conversations is the most effective way to communicate the message. Building managers have been receptive to adopting smoke-free policies, typically because they see the potential cost savings that can result from that change. So far, two complexes implemented policies and two more are in the process of doing so.

Goal 3: Conduct a campaign resulting in decreased use of sodium in restaurants run by and frequented by Asian-Americans.

As a partner in the HEiP-funded work, Lao Assistance Center was responsible for the work related to restaurants. Over the course of the contract, the goal shifted to decrease rather than eliminate the use of MSG. Reducing sodium remained constant. While restaurant owners were open to hearing about the health benefits of reducing these additives, LAC staff learned that restaurants were hesitant to make menu changes because they feared losing customers. In all, eight of the nine restaurants approached made changes including adding healthier choices to the menu, adding serving staff to the buffet lines to reduce overeating and minimize waste, and removing condiments from the table to reduce sodium intake. Similar to the work in nail salons, LAC staff felt it would be easier for restaurants to accept changes

Next steps

VSS did not receive a contract extension to support their work into a third year. It is unclear which, if any, of the activities they implemented through the HEiP initiative will continue without a dedicated funding stream.

Waite House

About the program

Description	Waite House will engage the community in authentic ways through the creation of three coalitions made up of target populations and representatives from the public, private, and nonprofit sectors. The three coalitions (the Healthy Foods Coalition, Phillips Fitness Coalition, and the 24 th Street Urban Farm Coalition) will focus on health equity in the areas of healthy eating and active living.
Target population	Residents of the Phillips neighborhood, encompassing Latino, Native American and East African immigrants, youth, adults, and seniors, low-income or underemployed families, and highly mobile and homeless populations
Key metrics	
Organizational partners	24 organizations/stakeholders identified as partners
Training	Ten organizations trained in developing healthy food policies within organizations
Community engagement	Two Revolutionize Wellness events held, with over 150 guests at the 2014 event Over 300 residents engaged in gardening through the Mashkiikii Gitigan and Infinity Garden Nine projects received funding to increase access to fitness activities for under-engaged communities
Community input	100 residents surveyed about safety in the Phillips neighborhood
Impacts	Healthy living and physical activity resources in the community have been identified and shared with community residents and local organizations Advocacy from the Healthy Foods Coalition contributed to Second Harvest Heartland adopting a policy to allow sharing or re-distribution of fresh produce The Fitness Coalition worked with Hope Community and other organizations to successfully advocate for including racial equity language in the Minneapolis Park and Recreation Board's Urban Agriculture Action Plan Two community gardens were established

Summary of recent efforts

Goal 1: Phillips Community Healthy Living (PCHL) initiative: Enhance the community's capacity to address and eliminate health inequities experienced by low-income communities of color living in the Phillips Community

In its first two years of work, the PCHL initiative established three coalitions: the Healthy Food Access Coalition, the Phillips Fitness Coalition, and the 24th Street Urban Farm Coalition to guide its work. In addition, this work was supported by a steering committee, the Phillips Health Equity Action Network. Waite House held two Revolutionize Wellness events, which were dinners to build support for and engagement with PCHL's health equity work. The 2014 event featured Winona LaDuke as a keynote speaker and had over 150 community members and representatives from partner organizations, and

the 2015 dinner featured food justice organizer LaDonna Redmond. The project also launched a comprehensive community resource website, www.phillipscommunity.org, featuring an interactive map of resources for healthy living in the Phillips community, such as food shelves, farmers markets, community gardens, organizations that offer free or low-cost fitness classes, and community clinics. The website was designed with input from the PCHL Steering Committee and community members in collaboration with a design firm. In addition, Waite House developed and distributed a quarterly newsletter featuring updates about the PCHL initiative, health news, seasonal recipes, and profiles of community members involved with the initiative.

Goal 2: Healthy Foods Coalition: Substantially increase diverse low-income Phillips residents' access to and utilization of healthy foods

The Healthy Food Access Coalition has focused on policy changes in its first two years. In the first year of its work, the Coalition provided training on creating healthy food policies at community organizations in collaboration with the Minneapolis Health Department and Emergency Foodshelf Network. The workshop was attended by ten organizations. Members of the Healthy Food Access Coalition have started to draft healthy food policies for their respective organizations covering food served and prepared as part of programs, as well as food shared at meetings. The Coalition has also led a campaign to shift policy related to food sharing among food shelves and meal programs. As a result of its work, Second Harvest Heartland adopted a policy in 2015 to allow sharing or redistribution of fresh produce, reducing waste and increasing access to fruits and vegetables at smaller food shelves and meal programs. The Healthy Food Access Coalition also looked into tax laws that currently provide a blanket tax benefit to grocery stores and other businesses who donate food to food shelves, regardless of nutritional value. Changes to these laws could incentivize donations of healthier foods and reduce the burden on food shelf managers to accept high-calorie, low-nutrient foods. This work has been turned over to the Center for Urban and Regional Affairs at the University of Minnesota, with continuing support from the Healthy Food Access Coalition.

Goal 3: Phillips Fitness Coalition: Substantially increase access to and utilization of physical activity options within Phillips

The Phillips Fitness Coalition focused many of its efforts on safety as a barrier to physical activity for residents in the Phillips community. In 2014, the Coalition administered a survey to about 100 residents about their feelings of safety. In this process, the Coalition has facilitated informal “backyard meetings” about safety among residents and *Circulos Comunitarios* (Community Circles) for Latino residents, which included training in identifying safety issues such as broken street lights and how to notify relevant officials to request repairs. The Fitness Coalition also developed database of 50 fitness opportunities in Phillips and provided funding to nine projects to provide increased opportunities for

under-engaged community members to access fitness activities, including a native women's lacrosse tournament, self-defense/martial arts for young women, and a bicycle advocacy group for residents. The Fitness Coalition also worked with Hope Community and other organizations to advocate for the inclusion of racial equity in the Minneapolis Parks and Recreation Board's Urban Agriculture Plan. The plan was passed in 2014 with new language about racial equity included.

Goal 4: 24th Street Urban Farm Coalition: Increase access to information on how to plant, tend, harvest, distribute, market, and preserve healthy food within an urban and multicultural context

The 24th Street Urban Farm Coalition established two gardens in its work in the first two years: the Mashkiikii Gitigan (Medicine Garden) and the Infinity Garden, and engaged over 300 residents in planting, tending, harvesting, distributing, marketing, and preserving healthy foods in these spaces. The Coalition also has contributed to key policy change efforts in the Phillips community in partnership with other organizations. Waite House also is working with Gardening Matters and other organizations to advocate for changes to seed distribution laws that restrict community seed libraries. This partnership has also developed draft language for property managers to use in leases to support gardens on rental properties. Finally, Waite House hired a Farm and Garden Coordinator who has led workshops on growing micro-greens and mushroom production. Waite House also secured additional land in the neighborhood to continue to expand its gardening work in the next year.

Next steps

Waite House will continue to build on their work done to date, emphasizing a number of policy efforts to expand the number of community garden plots, increase opportunities for physical activity in local parks, and improve the nutritional value of foods available through their food shelves and meal programs. They also plan to support the 24th Street coalition in developing an action plan and to convene a community-based coalition to influence public policies that are proposed for the Phillips neighborhood.

West Side Community Organization (WSCO)

About the program

Description	WSCO's gardening and healthy food initiatives are designed to engage West Side residents in activities that increase access to healthy, locally grown food. The work focuses on increasing gardening space, improving policies for urban agriculture, and promoting the local farmers market.
Target population	Residents of the West Side neighborhood in Saint Paul
Key metrics	
Organizational partners	19 organizations/stakeholders identified as partners
Community input	234 residents responded to a survey about food access on the West Side
Community engagement	25 people attended a presentation of survey results and discussion of next steps
Impacts	Two multi-housing units developed gardening space and two others are in the process of planning new space. Money was secured to purchase a vacant lot to develop into an urban farm and outdoor classroom space.

Summary of recent efforts

Goal 1: Create sustainable opportunities to access healthy food in the neighborhood by ensuring a diversity of purchasing and distribution channels, with quality fresh, culturally connective food at affordable prices

The work for this goal focused on implementing a sustainability plan for the West Side Farmers Market and providing fiscal sponsorship to Growing West Side, the group managing the farmers market. A final version of the plan was created in March 2015. Work also centered on increasing the reach of the market and expanding elements of cultural inclusion which resulted in more customers and more diverse customers. This year, WSCO and Growing West Side staff applied for five different funding opportunities which have not yet been funded.

Throughout the year, market leaders met monthly, and a December 2014 retreat for community members, volunteers, vendors, Growing West Side members, and WSCO staff was facilitated by Pakou Hang of the Hmong Farmers Association.

To help residents learn more about healthy options for preparing foods, WSCO staff created the West Side Cooks cookbook. To expand gardening opportunities, WSCO staff provided education to the community and feedback to a group of community organizations around language that was added to the unsuccessful Urban Agriculture Bill.

Goal 2: Expand opportunities to grow, produce, sell, and share food at the local level

In the past year WSCO has worked to expand the capacity to produce food on the West Side. WSCO staff worked with multi-unit housing complexes to implement community garden spaces for residents. Two housing sites have created gardens and two more have started the process.

WSCO staff presented at a City of St. Paul's Housing and Redevelopment Authority meeting in order to secure permission to purchase a vacant lot to be transformed into a community garden. They also helped raise \$8,000 to purchase the land which will become urban agriculture space and an outdoor classroom.

Goal 3: Increase community engagement in advancing policies and practices that grow equitable food security on the West Side

To learn about residents' experience accessing healthy foods on the West Side and assess their interest in growing food, WSCO collected survey data from 243 residents between September 2014 and January 2015. The results were presented at a community meeting in April with 20 attendees. The information will be used to guide the West Side Food Security Coalition which is currently being organized.

In the last year the WSCO community organizer regularly attended St. Paul – Ramsey County Food and Nutrition Commission and Metro Food Access Network meetings (MFAN). Staff was appointed to the Food and Nutrition Commission and will be taking a leadership role in MFAN.

Next steps

WSCO did not receive a contract extension to support their work into a third year. It is unclear which, if any, of the activities they implemented through the HEiP initiative will continue without a dedicated funding stream.

A.H. Zeppa Foundation

About the program

Description	The Zeppa Foundation focuses on five key strategies to improve food access in the Lincoln Park neighborhood of Duluth through the Fair Food Access Campaign (FFA), including: increasing community and home gardens, building or attracting a small grocery store, establishing a farmers market and/or farm stands, and offering nutrition and cooking classes in neighborhood programming.
Target population	Residents of Lincoln Park, a low-income neighborhood in the Duluth and a USDA-defined food desert
Key metrics	
Organizational partners	23 organizations/stakeholders identified as partners
Community leadership	18 Lincoln Park residents trained as canvassers
Community engagement	92 Lincoln Park residents took part in 23 gardening skills classes Over 300 Lincoln Park residents took part in 2 FFA outreach events
Impacts	3 new stores in or near the Lincoln Park neighborhood that offer healthy, affordable foods The Lincoln Park Farmer's Market and Emerald Green garden plots were established, increasing access to healthy and affordable food. Over \$1,800 in Supplemental Nutrition Assistance Program (SNAP) and SNAP-match benefits were accepted at the market. The harvest from the Emerald Garden plots and apple trees had a market value of \$4,420.

Summary of recent efforts

Strategy 1: Increase direct (producer to consumer) fresh produce access

Over the course of the second year of HEiP funding, the Fair Food Access Campaign (FFA) strengthened the farmers market in the Lincoln Park neighborhood. Since the market started in 2013, FFA has been able to attract additional vendors and increase the amount of fresh, affordable food that is available to local community members, particularly those who do not have access to transportation to a grocery store.

Strategy 2: Increase community-based food production

In 2013, FFA helped develop the Emerald Garden to increase local food production among Lincoln Park residents, as well as increase knowledge and education about community gardening. During the second year of funding, residents' personal garden plots yielded a strong harvest. FFA also continued to support the knowledge and skill-

building of local residents by offering gardening skill classes and events such as potlucks. In addition, residents planted new raspberry patches, an herb garden, and fruit trees.

Strategy 3: Increase community knowledge of food production, preparation and processing

FFA hosted seed distribution and food tasting opportunities where recipes were shared with residents. It also focused on increasing food literacy through cooking demos and classes on how to prepare and eat fresh, healthy whole foods. Recipes and additional resources were also made available online.

Strategy 4: Increase access to retail fresh and healthy food

With the support of FFA and other organizations, Lincoln Park residents helped recruit two key retailers (Kwik Trip and the Whole Foods Cooperative) to locate in or near the neighborhood. These retailers offer affordable and healthy produce, dairy, and meat. FFA is also working with the Duluth Transit Authority to improve transportation options that would allow for people to carry more groceries. A pilot project was started to retrofit buses with more room for grocery storage, and to design a well-publicized and consistent route that will connect residents to local grocery stores.

Strategy 5: Build community capacity for engagement by creating a year-round leadership development opportunities through Lincoln Park Fair Food Access Project

FFA trained a group of Lincoln Park community members to administer the 2014 fair food access survey through a neighborhood canvass, which was highly successful. The training also focused on developing community leaders' capacity to engage their neighbors and work with a variety of sectors on food access issues.

Next steps

Moving forward, FFA will work on developing a deep winter greenhouse that will be run by the Seeds of Success program and increase the availability of locally grown, fresh food. FFA will also continue to find ways to increase the transportation options for Lincoln Park residents to access grocery stores.