

Advancing Health Equity

How Projects Funded by the Health Equity in Prevention (HEiP) Initiative Improved Health in Communities Over a Five-Year Period

Authors: Melanie Ferris, Dylan Galos, Amanda Hane
With contributions from Lida Gilbertson and Azra Thakur

451 Lexington Parkway North | Saint Paul, Minnesota 55104
651-280-2700 | www.wilderresearch.org

OCTOBER 2018

**Wilder
Research**

Information. Insight. Impact.

Contents

Background.....	1
About the HEiP initiative.....	1
About the evaluation.....	2
About the funded organizations.....	3
Impacts.....	6
Changes in organizational capacity.....	7
Changes in community engagement approaches.....	10
Changes in support.....	13
Policy, systems, and environmental (PSE) changes.....	13
Reflections on health equity.....	16
Additional reflections on healthy equity offered by funded organizations.....	19
Challenges.....	20
Reflections on the community funding approach.....	23
Helpful aspects.....	23
Opportunities for improvement.....	24
Looking ahead.....	26
Implications for future work.....	28
Appendix.....	30

Figures

1. Brief description of key activities and approaches, primary geographic or demographic focus.....	3
2. Types of change likely to be influenced by the HEiP initiative.....	6
3. Total number of PSE changes and implementation sites over time.....	14
4. Types of PSE changes adopted or implemented, by focus area and level of reach.....	15
5. Ongoing efforts and next steps planned by the HEiP-funded organizations.....	26

Background

In 2013, the Center for Prevention at Blue Cross and Blue Shield of Minnesota (the Center) established a new initiative to support organizations to improve health outcomes and advance health equity through the creation and implementation of policy, systems, and environmental (PSE) changes. The Health Equity in Prevention (or “HEiP”) initiative supported efforts to reduce exposure to commercial tobacco¹ products, increase opportunities for physical activity, and improve access to affordable and healthy foods. The organizations had considerable flexibility in how they approached their work in one or more of these areas, approaching any of these topics with a primary focus on health equity. This report describes the work of each organization and the impact of their efforts, highlights lessons learned over the course of the initiative, and offers recommendations to the Center, funders, and community-based organizations that aim to advance health equity through their work.

About the HEiP initiative

Through the HEiP initiative, the Center intended, to support organizations focused on improving health and advancing health equity. All projects funded through the initiative worked with community residents to improve health and advance health equity through PSE change. The Center’s funding approach emphasized the necessary, and often overlooked, work that is needed to develop the individual and organizational capacity for these changes to take place and be sustained. The Center committed resources to increase organizational capacity of funded projects through providing training, technical assistance, and opportunities for peer learning.

The HEiP initiative evolved to become a five-year source of funding, training, and technical assistance to the contracted organizations. The Center initially awarded contracts to 13 organizations across the state for a 2-year period, with an opportunity to apply for a final third year of funding. At that time, 11 of the 13 were funded for a third year. As the Center learned more about the time needed for organizations to build the capacity and relationships to successfully implement PSE changes, they offered the remaining 11 organizations the opportunity to apply for an additional two years of funding.

The Center provided each funded organization with a range of additional supports. Compared with other funders, the Center is a highly involved and collaborative funder. Each organization worked closely with a Center project manager to review its project work plan and budget semi-annually. The project manager also met regularly (i.e., monthly

¹ Tobacco in this document refers specifically to the use of manufactured, commercial tobacco products, and not to the sacred, medicinal and traditional use of tobacco by Native Americans and other groups.

or bi-monthly) to discuss work completed to date and upcoming work plan activities, and to strategize with the project team about how to address challenges. The Center staff provided multiple opportunities for group learning about key topics and skill areas and created opportunities for networking among the HEiP-funded organizations. Individualized technical assistance was also available to projects, including assistance with evaluation, communications, strategic planning, and risk management. The Center also provided assistance for team building, intercultural competency skill building, and individual and group conference opportunities.

Noteworthy organizational and political changes

Over the five-year initiative, a number of changes impacted the efforts of the contracted organizations. A few projects experienced significant changes; one organization experienced a merger and two projects had a change in fiscal host or lead contracted organization. Staff turnover, both among the Center project managers and within the contracted organizations, is an expected change but disrupted momentum for relatively brief periods of time and led to adjustments in project work plans and timelines. While these project-level changes were specific to a few organizations, all funded projects have been impacted by the political, social, and economic changes that have been proposed or taken place as a result of rhetoric and policies introduced by the Trump administration and lawmakers. A number of organizations spoke about the additional challenge of working to advance health equity when community residents are concerned about their safety and the safety of their friends, family, and neighbors. Changes to the federal tax code eliminated giving to nonprofit organizations as a tax deduction, an important source of revenue for many of the contract organizations. Changes in policies and practices of other philanthropic organizations, including the United Way, increased competition for some sources of funding. Finally, a number of organizations have taken action to oppose proposed and enacted policies (e.g., cuts to the federal Medicaid program, elimination of protections for transgender individuals, various proposals to restrict immigration and travel to and from certain countries) that are in conflict with their organization’s mission and may do harm to organizations and community members alike.

About the evaluation

Wilder Research (or “Wilder”) has been the contracted evaluator for the full initiative. A mixed-method evaluation approach was used 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 also provided evaluation technical assistance to individual HEiP-funded organizations. The key evaluation questions

for the initiative, a description of the specific data collection methods, and examples of the technical assistance support provided to the projects can be found in the Appendix.

About the funded organizations

The Center initially contracted with 13 organizations or entities working toward the goals of improving health outcomes and advancing health equity. The organizations varied considerably in terms of their size, past experience, geographic reach, primary target audiences, and planned implementation strategies. Contracts for Vietnamese Social Services, Inc. (VSS) and West Side Community Organization (WSCO) ended in April 2015.

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 type of work supported through HEiP (Figure 1).

1. Brief description of key activities and approaches, primary geographic or demographic focus

Name of funded organization	Brief description of key activities and approaches	Primary geographic or demographic focus
American Indian Cancer Foundation (AICAF) (HE, PA, TC)	AICAF worked with multiple tribal governments to influence the development of tribal policies and organizational practices using evidence-based and culturally-relevant approaches and to change social norms around commercial tobacco use and access to healthy foods 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 the Northside Fresh initiative, AFC developed 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.
Comunidades Latinas Unidas en Servicio (CLUES) (HE, PA, TC)	CLUES has worked to advance health equity by partnering with businesses and organizations in the Latino community to institutionalize healthy eating, active living, and tobacco-free policies. CLUES also worked with the Latino Student Wellness Program at Minnesota State University (MSU)-Mankato to establish campus policies and activities that support health.	Latino residents in Minnesota.

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)

1. Brief description of key activities and approaches, primary geographic or demographic focus (continued)

Name of funded organization	Brief description of key activities and approaches	Primary geographic or demographic focus
Cycles for Change (PA)	Cycles for Change expanded 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 address the needs of marginalized communities. Cycles for Change also expanded accessibility to bicycling through programs to educate people about cycling and creating group rides focused on inclusivity and safer spaces.	Primarily members of low-income communities, youth, women, people of color, the LGBTQ community and new Americans throughout Minneapolis, St. Paul, and inner-ring suburbs through partnerships with other non-profit agencies.
Hennepin County (PA)	Hennepin County implemented a systematic process for community engagement in order to incorporate health and health equity factors in station area planning for the Bottineau Transitway, and to design and implement demonstration projects to further explore ideas for improvement. With Nexus as a partner, Hennepin County contracted with multiple community-based organizations to lead the engagement work with a healthy equity focus.	Residents living along the Bottineau Corridor (North Minneapolis, Golden Valley, Robbinsdale, Crystal, Brooklyn Park).
Hope Community, Inc. (Hope) (HE)	Hope Community, Inc. has worked to engage multiple generations of residents in activities that build community through growing, preparing, and eating healthy foods. Hope has supports the development of local leaders and has worked to advance policy and environmental changes that enhance health equity in the Phillips community.	Residents of the Phillips neighborhood in South Minneapolis surrounding Hope Community and others who participate in Hope programming.
NorthPoint Health and Wellness (NorthPoint) (TC, PA, HE)	Initially, NorthPoint Health and Wellness focused its work with residence councils to provide education, tools, resources, and guidance to multi-unit housing owners and residents in North Minneapolis interested in adopting smoke free policies in their buildings. The work of their youth-led initiative, Breathe Free North, led to the restriction of sales of flavored tobacco products in North Minneapolis to tobacco retailers. The work expanded to include additional tobacco control work to develop tobacco free sponsorship policies as well as a specific focus on increasing access to healthy foods and encourage physical activity. One way that this organizations increased focus on healthy eating was by working with youth serving organizations to change local vending machine options. Northpoint also lead the way to implement a variety of activities including fitness classes, the Orange Bike program, and resident engagement in active living environmental changes.	Residents, multi-unit housing managers, and businesses selling tobacco products in zip codes 55411 and 55412 in North Minneapolis.

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)

1. Brief description of key activities and approaches, primary geographic or demographic focus (continued)

Name of funded organization	Brief description of key activities and approaches	Primary geographic or demographic focus
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 and increase access to healthy, affordable options at food shelves and community gardens.	Lower-income community members in Dakota County
Pillsbury United Communities - Waite House (HE, PA)	Waite House has worked to engage community members and develop partnerships and coalitions to advance PSE changes related to healthy food access and urban agriculture in the Phillips community.	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 worked to influence policy and legislation related to LGBTQ health, using results from its Voices of Health survey and other information. RHI also focused on tobacco-free policy adoption at Pride events and spaces.	The LGBTQ community in Minnesota.
Vietnamese Social Services of Minnesota, Inc. (VSS) (HE, TC)	During its two-year contract, VSS worked with Lao Assistance Center, 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)	During its two-year contract, WSCO worked to plan gardening and healthy food initiatives that would engage West Side residents in activities that increase access to healthy, locally-grown food.	Residents of the West Side neighborhood in Saint Paul.
Zeitgeist Center for Arts & Community (previously A.H. Zeppa Foundation (Zeppa) (HE)	Zeitgeist used multiple strategies to improve food access in the Lincoln Park neighborhood of Duluth through the Fair Food Access Campaign, including: increasing community and home gardens; building or attracting a small grocery store; establishing a Farmer's Market and/or farm stands; work with Duluth Transit Authority to increase access to healthy foods 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)

Impacts

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, all 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. 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).

Although all organizations were working to achieve the initiative’s goal to advance health equity through policy, systems, and environmental (PSE) changes, how they reached that point was as important as the end point. Each organization focused its work somewhat differently. However, all organizations focused heavily on community engagement, working in partnership with other organizations, and building the capacity of their organization to advance health equity.

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

	Organizational capacity	Community engagement	PSE changes
Types of changes likely to occur	Changes in organizational networks Strength of partnerships Changes in staff competencies, skills 	Changes of resident knowledge Changes in community engagement (involvement/participation) Development of youth/adult community leaders 	Changes in organizational policies and practices Adoption and implementation of PSE changes at a local/state level 
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> Health equity principles guide efforts and are infused into policies and practices </div>			

Changes in organizational capacity

Throughout the initiative, organizations have differed in their initial capacity and have grown substantially in different ways. Some of this has been strategic, either through planned activities funded by HEiP or through specific technical assistance, and some of this has occurred as organizations have changed and increased their capacities. Organizations consistently felt that providing capacity building and continuing education for their staff was a worthwhile investment.

We were very intentional about capacity building – one is we invested in more training, and being around more people doing this work.

Organizations increased their capacity through training and skill building. Some organizations provided additional training for their staff to do more types of work. This training included continuing education about new content, certifications in additional skills, and sending staff and volunteers to conferences. Some of this was reflected in organizational decisions; Hope Community and Cycles for Change both invested money into training their staff for job-related skills. Several organizations went through strategic planning processes and one organization had a staff member who gained certification in conducting strategic planning.

The organizations increased their capacity for addressing health equity. In addition to specific job-related skills, several of the funded community organizations focused on increasing capacity to understand and address health equity in their work. Hennepin County, through their Health Equity Engagement Cohort, provided training and learned about health equity with a set of community organizations. By subcontracting with those organizations, Hennepin County was better able to conduct deep, proactive community engagement through this additional training and increased its capacity in doing health equity work. Other specific examples of increased training in health equity among HEiP organizations included gaining certification in providing training about adverse childhood experiences (ACEs) and receiving additional training about social justice and equity. While these training opportunities were important, it was also critical for the information from each training to be adopted and reinforced on a daily basis.

[It's not just] a one-day training, how do we talk about equity and inclusion all the time?

With greater capacity, some organizations were able to leverage additional funding. For some projects, HEiP funding helped the organization move their work into new areas and with greater staff capacity so that they were better positioned to seek new funding opportunities. Other organizations were able to describe their successes through HEiP as a way to demonstrate their ability to influence change to other funders.

Increased capacity through organizational partnerships

HEiP-funded organizations worked with over 300 partners to improve health and advance health equity. Throughout the initiative, organizations formed coalitions, worked in partnerships, and strengthened relationships with community-based organizations and other entities. Some of these partnerships formed to implement joint programming, others were strategic partnerships focused on systems change. These partnerships included informal collaboration between nonprofit organizations and more formal structures to work with government agencies or regional entities. While not an exhaustive list, the following examples described the breadth and importance of partnerships that have occurred over the initiative.

- **AICAF** worked with multiple tribal governments and navigated complicated relationships across systems to implement novel and innovative changes to improve community health. For example, AICAF formed a new partnership called Wellness Culture with ChangeLab, who will be providing technical assistance and support to plan for and strengthen PSE changes. AICAF also formed two new tribal partnerships (Upper Sioux and Mille Lacs) in the last year of HEiP funding, and connected with an organization called We Three to provide training on how their work is connected to PSE changes.
- **Appetite for Change** houses and is heavily involved in the NorthSide Fresh Coalition, which brings together community members and organizations to improve access to healthy food in North Minneapolis. They've worked to develop and strengthen relationships with people and organizations involved in all aspects of the food system, including local growers, elected officials and city council members, and local nonprofits.
- Throughout the initiative, **CLUES** worked closely with the Latino Student Wellness Program and Minnesota State University-Mankato to establish campus policies and activities that support health and well-being.
- **Cycles for Change** has worked in partnership with a number of organizations to advance its work. It is continuing its partnership with Move Minnesota on Slow Roll Twin Cities, a program where staff or volunteers lead group bicycle rides that increase comfort biking and build a sense of community. Cycles for Change worked in partnership with The Alliance (a coalition of community-based organizations and advocacy groups focused on economic, environmental, racial and health equity in the Twin Cities) to develop a scorecard on equitable development. Cycles for Change also formed an organizational partnership with Reconnect Rondo, focused on exploring the creation of a land bridge over the I-94 corridor.

- **Hennepin County** partners with stakeholders from many different sectors, including regional planning entities, local government, and nonprofit organizations. Nexus Community Partners has been a key partner in the project, responsible for convening and supporting community-based organizations in the Health Equity and Engagement Cohort (or HEEC) to engage community residents in meaningful ways to inform the station area plans.
- **Hope** has partnered closely with the Land Stewardship Project throughout the five year initiative, particularly on their community food-systems work. Staffing transitions within LSP impacted the momentum of some of their joint efforts, but LSP will likely continue to be a key partner in Hope’s work moving forward.
- **NorthPoint** worked with youth-serving organizations in Minneapolis, tobacco control advocates, and apartment building managers to implement a variety of PSE changes to improve the health of North Minneapolis residents.
- **Open Door** participated in the Dakota County Food Shelf Alliance, a collaborative group of organizations representing food shelves to promote access to nutritious foods in the region.
- **Rainbow Health Initiative** (recently rebranded as JustUs Health) is bringing in presenters from other health care organizations and transgender service organizations, as well as faculty from the University of Minnesota. They are strengthening partnerships with organizations who participate in their health advocacy roundtable, including Clare Housing and OutFront Minnesota.
- **Waite House** developed and strengthened a number of partnerships around their growing programs and Mashkiikii Garden. These are likely to continue after HEiP funding ends, although the level of involvement of Waite House may need to be reduced. Waite House has interest in strengthening its relationship with the Minneapolis Parks and Recreation Department and hopes the department will see ongoing community engagement as part of its role.
- **Zeitgeist** describes its relationship with the Duluth Transit Authority (DTA) as “stronger than ever” after partnering with them to create transit options that help residents to access healthy foods. Partnerships with local hospitals and local government will help Zeitgeist sustain its work after the HEiP initiative ends. For example, area hospitals have committed to supporting the Seeds of Success program and local farmers markets.

Changes in community engagement approaches

Over the course of the initiative, organizations' community engagement efforts evolved as they moved from understanding the needs and priorities of residents to working to implement PSE changes. Together, the organizations used a variety of strategies to engage residents, and discussed the opportunities and challenges they encountered in engaging with residents differently.

[The community] always leads the work. They are the voice of how we move forward and what we continue to do. If they reject what we are doing at any point, we have to rework the work plan.

Many of the organizations discussed the importance of offering different levels of engagement, from broad-based outreach events to short-term classes and programs to opportunities for longer-term leadership development. Over the course of the five years, many of the organizations began shifting from short-term engagement opportunities to deeper engagement, a reflection of their increased focus on PSE change. However, they noted the importance of offering different levels of engagement throughout all phases of their work, and how earlier efforts helped build their capacity to engage residents differently as their work evolved. Some of the strategies used by the organizations include:

- **Social and other media.**

The HEiP-funded organizations used different forms of social media (e.g., Facebook, Twitter, Instagram, or digital newsletters) to build awareness of their work. Several organizations also produced videos showcasing elements of their work, most notably, Appetite for Change, which received national attention for its viral video, “Grow Food.”

- **Community events.**

Some organizations organized broader community events. Hope Community, Inc. was a leading partner in the Franklin Avenue Open Streets event. Waite House hosted two community plant and seed swaps. These community events often engaged a broader set of community members than those who might be more directly involved with the organization.

- **Classes and programs.**

Classes and programs were staples of many organizations' engagement efforts. Examples included classes on cooking, gardening, or biking; community gardening spaces; or group bike rides. Organizations noted that these programs were often entry points for further engagement with residents. For example, Appetite for Change noted that they engaged members of the Community Cooks program to provide input into the design of the West Broadway Farmer's Market.

- **Community conversations.**

Organizations hosted community conversations as a way to gather input from residents and build support for proposed PSE changes. Zeitgeist's Fair Food Access campaign hosted the Imagine Food Access Summit to engage residents around local food access. Hennepin County engaged local businesses owners in a placemaking session which ultimately led to the creation of a demonstration project. RHI engaged local stakeholders around LGBTQ health through the Opportunity Conference.

- **Supporting community members as leaders.**

Several organizations provided opportunities for community members to take on leadership roles in organizing and facilitating programs. Hope Community, Inc. provided space and support for the Cooking, Culture, and Community program, a resident-led program for community members to cook meals together.

- **Leadership development programs.**

Several organizations offered more formal leadership development programs. Hope Community, Inc., in partnership with several other organizations, hosted Ripple Ecology, a community-based skills-sharing program where participants attended workshops on a variety of topics and committed to sharing what they learned with other residents. Through a formal program called the Health Equity Engagement Cohort, Hennepin County provided training to community organizations in health equity and transportation planning, and subcontracted with them to conduct a deeper level of community engagement along the planned corridor for a light rail transit route.

- **Coalitions.**

Coalitions provided opportunity for residents to take on greater leadership roles and work toward broader systems-level changes. The Northside Fresh Coalition through Appetite for Change was effective in bringing a number of community residents and stakeholders into the work of improving healthy food access in North Minneapolis. Zeitgeist's Fair Food Access campaign engaged a community canvasser in their initiative's regular meetings to represent residents' perspectives. AICAF has worked with the Prairie Island Indian Community to establish a health and wellness committee with community members to advance work around healthy eating and active living.

- **Advocacy.**

Several organizations engaged residents in advocacy efforts to advance PSE change efforts. Hope Community, Inc. and Waite House, in partnership with other organizations, engaged residents in successfully advocating for the inclusion of racial equity language in the Minneapolis Parks and Recreation Board's Urban Agriculture Action Plan. Through their deep community engagement process in transportation planning, Hennepin County garnered a high level of interest among community members and feedback that was incorporated into the planning process. This included health equity being explicitly incorporated into station area plans, community feedback in the request

for proposal process for community engagement consultants, and consideration of the needs of local businesses along the planned route.

■ **Youth engagement.**

Some organizations engaged youth as leaders in their work. Cycles for Change has a youth apprentice program in its shop, and has involved youth as marshals in their slow roll rides. They hosted the Youth Bike Summit in 2016, and have raised funds to send some of the young people in their program to the summit since then. Breathe Free North, an anti-tobacco youth advocacy group, led a summit attended by policy makers and community stakeholders to discuss strategies for reducing youth access to flavored tobacco products.

Organizations' reflections on community engagement

A number of organizations changed their approach to community engagement in order to thoughtfully involve community members. Organizations discussed some of the challenges they faced in engaging community members in PSE change efforts, compared to direct services or other ways they had involved residents in the past. Organizations noted that one challenge was talking about PSE changes in a way that would be understandable to residents and other stakeholders. The Open Door noted that PSE change work can be perceived as political, which presents some challenges in engaging community members, especially in comparison to how they have engaged people in the past as food shelf volunteers. Waite House continued to use classes and gardening as their main community engagement strategy, but tried to weave new information about PSE changes into these existing spaces. Hennepin County was one of multiple organizations that described challenges in keeping community members engaged over a long period of time and through transitions from project planning to implementation.

Involving community members in PSE [change requires] a higher level of engagement. It's less on the ground, less focused on direct service.

We still rely pretty heavily on programming and classes, and garden spaces to engage people. That's successful to a point, but much harder than we thought to turn that form of mobilization into the political form of mobilization.

We've been really struggling with how to sustain community engagement into implementation...The traditional approach is, now we have these plans, we're done with community engagement. And so figuring out a more integrated approach to community engagement has been difficult.

Hiring experienced staff to do community engagement and compensating community members for their efforts were important approaches. Some organizations noted the importance of hiring staff who were skilled at working with community members, or being intentional in hiring staff from cultural communities with whom they were trying to build

relationships. At least one organization noted that during staff transitions, they turned to residents they had engaged as leaders, and during the Ripple Effect Mapping discussions, organizations also heard about the importance of compensating community members appropriately for their engagement.

Changes in support

Projects saw increases in support and awareness among decision-makers and community members. Many of the organizations noted increases in support among decision-makers for their work. They noted new connections they had made with decision-makers and increased reception to the PSE changes they were working toward. Some also described decision-makers who were champions of their work. For example, Waite House worked with Representative Karen Clark to hold a series of policy-writing workshops with organizational partners and community members that led to a revised draft of the Urban Agriculture Pilot Program Bill. Appetite for Change noted that elected officials attend their quarterly meetings, and they have met with City Council members to talk about food justice and policy. Zeitgeist’s Fair Food Access campaign has also seen support from decision-makers for their ideas.

Some organizations noted that they had a harder time engaging community members in advocacy around PSE change efforts because of the time and commitment involved, as well as the difficulty in translating PSE change efforts into language that is easy for people to understand. However, some reported increased participation in policy change efforts, including attendance at forums or participation in work groups, as well as greater support from and visibility in the community.

Policy, systems, and environmental (PSE) changes

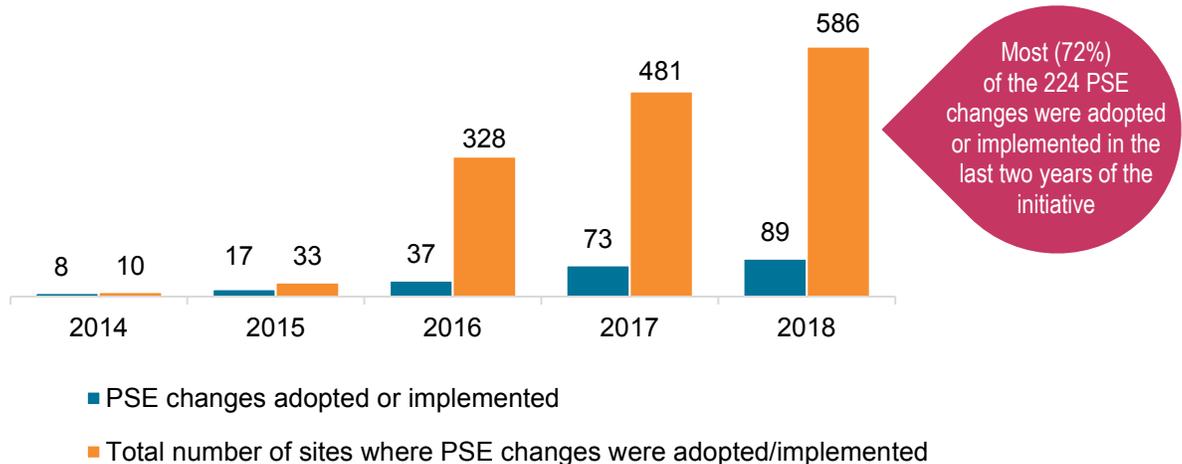
Although PSE change was a major goal for the HEiP initiative, most organizations needed time to build their own capacity and work with community members to determine the best approach. Early in the initiative, the organizations, particularly those with a primary service-delivery focus, invested time and resources to familiarize themselves with the concepts of PSE changes and the work needed to achieve these changes. A number of organizations also needed to make changes in their community engagement approaches as PSE change became a stronger focus. As a result, the number of PSE changes that were adopted or implemented in the first two years was relatively small compared to what was accomplished in the final three years.

It takes time to understand what PSE change is....You can know it academically, but if you have no understanding of [what it entails to develop and implement this type of change], there is a learning curve that takes a long time.

The number of PSE changes adopted or implemented increased over time. In the first year of the HEiP initiative, eight PSE changes were adopted or implemented. The early planning work for a number of these changes had been underway prior to the launch of the initiative. The number of PSE changes adopted or implemented increased over time until the final year of the initiative, which was a time when a number of programs were beginning to scale back their efforts (Figure 3).

A number of organizations used the strategy of adopting a similar policy in multiple sites. For example, CLUES worked with multiple organizations to implement policies around healthy eating or to install new bike racks. Similarly, a single policy change to increase the number of lots available for community gardens can impact access to healthy food in many neighborhoods. **By the end of the HEiP initiative, PSE changes had been adopted or implemented at nearly 600 locations throughout the state.**

3. Total number of PSE changes and implementation sites over time



A majority (63%) of PSE changes adopted or implemented were done so at an organizational level or for specific community events (Figure 4). These included a number of healthy vending machine policies, environmental changes to support active living (e.g., installation of new bike racks), and policies establishing smoke-free grounds and buildings. The majority of the 181 changes that happened at a neighborhood level were the installation of new community garden plots. Fewer changes were adopted or implemented to impact broader geographies.

4. Types of PSE changes adopted or implemented, by focus area and level of reach

	Organization/ event	Neighborhood	City	County/ Region	Tribe	State
Additional topics	3	2	2	-	3	-
Equity	2	1	2	3	-	1
Tobacco control	195	-	2	-	1	-
Urban agriculture	3	169	3	-	-	1
Healthy eating	61	-	-	1	-	-
Food access	69	2	9	4	1	-
Active living	35	7	3	1	-	-

PSE changes were applied in all of the Center’ priority areas; policies more broadly advancing equity were also adopted during the initiative. The types of PSE changes adopted or implemented varied, with many falling into the following categories:

- **Active living**

Development of station area plans that encourage physical activity along the Bottineau transit rail line; installation of new bike racks; adoption of active living polices by businesses, schools, and other establishments

- **Food access**

Improved transportation to grocery stores; incorporation of food access language in city comprehensive plans; policies and practices supporting electronic benefit transfer (EBT) purchases at farmers markets; improved vending machine policies; policies allowing the sharing or redistribution of fresh produce among food shelves

- **Healthy eating**

Improvements in community center kitchen spaces; adoption of healthy eating (e.g., healthy options at meetings) by businesses, schools and other establishments

- **Urban agriculture**
Increased number of community garden plots; changes in zoning and insurance requirements; particularly in lower-income neighborhoods; community involvement in Minneapolis Park and Recreation Board’s Urban Agriculture workgroup; changes in law to allow seed libraries
- **Equity**
Changes in health care systems to adopt practices that are inclusive for patients and staff; installation of gender-neutral bathrooms and changing areas in local fitness centers; inclusion of questions asking about gender identity and sexual orientation in statewide health surveys
- **Tobacco control**
Adoption of smoke-free grounds or buildings policies; updated tobacco use policies at Pride events; strengthening enforcement practices on smoke-free policies at Minnesota State University-Mankato; restricting the sales of flavored tobacco products to tobacco stores only in North Minneapolis; adopting non-tobacco sponsorship policies
- **Additional topics**
Breastfeeding policies; changes in food shelf policies to refer clients to a wider range of resources; adoption of an action plan for PSE implementation by the Lower Sioux Tribal Council; elimination of glyphosate (i.e., Round Up) in Minneapolis city parks.

Reflections on health equity

Each year, project representatives were asked how their organization defines and demonstrates health equity through its work, how they have influenced others, and the challenges that they have encountered and overcome.

Project representatives were generally confident in their understanding of health equity throughout the course of the initiative. However, results from the core competency assessment completed in the first year of the initiative demonstrated that the project representatives were less confident in their ability to effectively implement these concepts into their organization. As time went on, the projects consistently rated themselves as being “very successful” or “somewhat successful” in their ability to incorporate these concepts into their project efforts and organizational practices.

The projects took a number of steps to build their own capacity and make changes within their own organization to more effectively advance health equity. Many of the organizations participated in training provided by the Center (e.g., the Facing Race conference, convenings focused on health equity), attended presentations, and were engaged in both formal and informal discussion to support their own learning and reflection. Some of the changes that organizations made to advance health equity in their work included: ensuring that using a health equity lens was the responsibility of all staff, not a designated role; reassessing and, as appropriate, changing who they were engaging in their work; rethinking their organizational language; and considering how all programming in the organization is fostering health equity.

Many of the organizations described ways their understanding of health equity deepened over time or was used more broadly across the entire organization. One organization described staff having more confidence in their advocacy efforts as equity became a growing emphasis of the organization. In other organizations, equity was new language that reinforced the experience of staff and how the organization approached its work. Two of the projects talked specifically about the ways that they realized “color-blind” policies reinforce structural racism. One noted that, in practice, a color-blind view serves to suppress the experiences of people who have been oppressed by racist policies and ignores that people who live in the same state or neighborhood can have very different experiences.

This organization was only two years old when we secured HEiP funding, so health equity has been imbedded into our culture.

Before HEiP funding, we were a color-blind organization. Now we're still open to whomever comes in the door, but focusing more on people most affected by structural oppression.

I saw changes in how [more understanding about] health equity...impacted staff who were very timid and not outspoken. Now, it's more, 'This is my community and this is what we need. How can we get it?'

I think we just have more data available to support what we might have intuitively known before.

Maybe seven years ago, people weren't using this language. Years ago, anything health equity related would have been my job, but now it is spread across departments.

While a number of organizations described ways that adopting a consistent understanding of equity opened doors for conversation, equity was also a problematic term for some who felt it was potentially exclusionary or too limiting. Some of the organizations talked about wanting to focus their work within a justice framework or stated that they tended to think of their work primarily through a racial equity lens. A few organizations noted that “equity language” can exclude people who speak from their experience, but who don’t use the terms common to institutions and funders. One advocate observed that regardless the type of equity lens used, there is a reluctance to include, or tendency to overlook, the LGBTQ community.

Community members don’t feel like an expert on health equity, so they don’t talk about it in that way. How can we make it easier? How can we be better at bridging the language used across different groups?

There is reluctance to include LGBTQ folk in conversations about health equity because it is too controversial.

I just want to use a justice framework. It’s stronger. It resonates more with me. Equity is newer word for me, but I have a long relationship with justice.

Using definitions of equity that are more focused on equal outcomes observes why there is inequity. We looked at a more radical definition, that I don’t think has been adopted by any government entities, [which] acknowledges history of why there is inequities. White supremacy is part of the definition.

Some organizations shared what they learned and encouraged their partners to more deeply discuss their focus on equity. A number of organizations described specific conversations within their organization or with external partners to discuss equity and what implications that has for their work. These discussions were initiated both by organizations with a strong point of view, and organizations who were still exploring what it means to be working to advance health equity.

For the first time, we’re having conversations with our volunteers about racial equity and structure inequities that contribute to poverty. We make space for those conversations.

[We need better] communication and language so that partners from different sectors can talk about health equity as it relates to their own subject matter... [When we have silos], people can manage change by saying, ‘We already do health.’ But are we doing things right?

Many organizations were sharing what they learned about advancing equity with their partners, students, and community members. A number of organizations talked about having conversations with organizational partners, including government agencies, about racial equity and health equity, identifying ways they can better engage community members and considering how they can make changes to be more accessible and inclusive. Sometimes, the role of the organization is simply to provide space for open conversation,

rather to drive the discussion. Two of the organizations said they had been invited to speak to students at colleges or universities. One of the organizations stated that they don't have the capacity to prepare and share presentations or to participate in all discussions they are invited to attend.

Additional reflections on healthy equity offered by funded organizations

- **An outward-facing initiative to advance health equity does not work unless there is an internal organizational change.** Support for organizational change is needed at all levels, including among leadership and board members. Time is needed for staff to understand health equity and participate in multiple discussions.
- **Funders tend to support this work, but stop short of validating the work of organizations by showing up or supporting specific policies.** Funders and institutions are powerful and, through their influence, can magnify the work of smaller organizations. Some project representatives thought that the Center was uniquely positioned to show more leadership by demonstrating their commitment to the health equity work they are funding. One organization also suggested that the Center bring other funders together to share how they've changed their approach to support health equity.
- **It can be difficult for organizations to focus on systems change when working to advance health equity.** Two of the organizations with a strong service-delivery focus noted that while they were comfortable having discussions and centering their work on health equity, they found their initial response to addressing challenges or inequities was through programming or some type of service delivery. They worked with intention to ensure they focused on changing systems to advance equity, rather than approaching it with a less sustainable service-delivery response.
- **Progress can be difficult to measure.** One of the organizations observed that it was challenging to know whether, as an organization, they were making progress in changing awareness, understanding, and actions. The representative suggested requiring projects to implement an annual organizational assessment or equity scorecard.²

² As part of the evaluation technical assistance, Wilder created a focused review of organizational assessments that can be used to measure understanding and demonstration of equity. While this set of tools was shared with the Center and the funded projects, organizations were not encouraged or required to use any.

Challenges

Throughout the HEiP initiative, the funded organizations identified a number of challenges they faced in their work, including: staffing changes, difficulty building buy-in and developing strong partnerships, and, for a few projects, direct opposition to certain policy proposals. Earlier in the initiative, multiple organizations described frustration both in the amount of time needed to pass policies, and in responding to unexpected demands and changes in timelines during a legislative session or planning process. Whether it is because the projects became accustomed to working at a different pace or were at a different phase in their policy-related work, these were not identified as major challenges during the final two years of the initiative. As the initiative came to a close, the projects identified the following challenges in their work:

Partnerships with other organizations required ongoing maintenance and repeated adjustments. Two of the projects noted that, over time, the type of partnerships they had in place with other organizations evolved and strengthened. For example, one project observed that initially, the organizations they were working with weren't ready to push for change. Over time, they saw greater readiness and felt they were moving in step with their partners, rather than nudging them along. Another project noted that it took multiple conversations and interactions to gain the support of their partners and build a shared understanding of health equity. Some projects found it difficult to find enough time to build and maintain relationships while also being responsible for implementing specific tasks within a defined timeline. Some projects identified tensions when organizational interests were not aligned or were in conflict with personal or community interests, as well as when the time and resources that allow staff to participate in shared initiatives are unequal across organizations.

One of the challenges is auditing and recalibrating the partnerships that supports this work. It started as transactional in terms of the contract language. Throughout the years there were more potential transformational elements...With any partnership there are many moving pieces and a bit of institutional knowledge is needed.

A lot of potential partner organizations don't have resources for staff to contribute their time. How can we do more of this together?

The tension I found most difficult was how to balance the time it takes to build the relationships that are necessary for this work to happen against the whole set of deliverables that were due on a weekly basis.

Multiple projects spoke to the continued challenges of ensuring their community engagement efforts are effective and authentic. While overall the projects were very successful in engaging community residents in their work, some of the projects were also keenly aware of the challenges their organizations have in engaging residents of specific ages or cultural groups. One of the projects said that to continue to do community engagement well, they will always be challenging systems that were not established to give voice and influence to residents, particularly those most likely to be impacted by decisions.

There's this well-worn path of the status quo – what people have come to expect from people with power and people without power. Civic engagement is hard – the system isn't set up for feedback.

Projects, particularly those new to policy-focused work, needed to learn how to approach their work differently to be effective. One issue identified by two organizations who started the initiative with less policy and advocacy experience was learning how to best work with elected officials, particularly during election cycles. Another organization reflected that they initially started their policy work placing too much focus on identifying a policy change, rather than working to build relationships with and listen to residents about their needs and interests.

I think about how we got [one elected official] to support one of our changes. I think there were more opportunities like that. If we were more in tune [to what elected officials had interest in] we might have been able to push some other things.

Changes in key staff, particularly staff in leadership positions, impacted timelines and, for some projects, shifted the direction of their work. Staffing changes reduced the overall capacity of the project team, and sometimes resulted in temporary gaps in skills necessary to accomplish planned project tasks. For some projects, the changes in leadership style were notable and led to multiple changes in roles and responsibilities for staff involved in the work. Although these staff transitions were disruptive, the projects were ultimately able to continue their work through these periods of change. Some project representatives noted that the long funding period for HEiP gave the organizations flexibility in how to rework timelines or rebuild momentum after significant changes occurred. Staff transitions, although difficult, have some positive benefits. For example, one project representative noted that when one member of the project team left, it gave others the opportunity to step up and take on new ownership and responsibility. Another organization stated that they made it an intentional focus to slow down and build their vision together with new project leadership in place.

The change in leadership [...] was a tumultuous shift. It brought a different set of values and leadership style and had an effect with [the project partners]. The shift resulted in missed opportunities...changes in narrative and redefining roles.

Staff turnover disrupts. Every time someone leaves there's a lack of continuity, knowledge, and skills that someone developed. Then you have to hire a new person without those skills.

Sustainability was a concern as the initiative came to an end. At the time of the interviews, a number of projects were still contemplating what was next and how they can continue elements of their work without a stable source of funding. Other projects had either been successful in securing other funding or had made decisions about how they would scale back their work to a level that aligned with available resources. A few of the projects also spoke to tensions they've felt when seeking funding; specifically, the ways that seeking funding can result in competition between organizations and reinforce systemic inequities. Some of the organizations saw their external partnership as particularly threatened as they move forward with less financial support; it is difficult to find the time needed to maintain relationships or to build new partnerships when staff transitions occur.

Stable funding is a challenge. As people are in the organization longer, they come to expect more: full salaries, health care, and retirement. Earlier on, expectations were different.

My whiteness being involved in getting resources was a salty edge. It's a messed up system and I have the advantage in that world.

[One of our staff had been the main champion for part of our work.] With him leaving...our program doesn't have a relationship with that partner.

Changes in the political, social, and economic environment pose challenges and create many unknowns. Some of the projects noted that the future of their work is uncertain due to changes in the political landscape. The approaches used by some organizations to engage community members in their work needed to shift due to changes in immigration policy and toxic rhetoric about immigrants, refugees, and asylum seekers so that all people felt safe. Two of the organizations also wondered if their current emphasis on health-related policy was important, given how federal policies are impacting people, particularly persons of color, undocumented residents, and lower-income residents. Federal policy is also threatening the feasibility of the planned Bottineau transit rail line.

It's hard to sustain interest [in the Bottineau line] if the project is pushed back.

I'm thinking about the current political climate and how that's impacting my people. Is [PSE change] the most important piece right now?

Reflections on the community funding approach

As the initiative came to a close, the project leads from each funded organization were asked to reflect on their experience with the Center and describe both what worked well and what they would suggest as future improvements.

Helpful aspects

The Center’s flexibility helped the organizations be creative and responsive to the needs and priorities of community residents. The organizations that highlighted this as a positive aspect of their experience described flexibility in multiple ways. Some organizations noted they appreciated having the option to change their approaches over time to respond to the changing needs of the community or to deepen their work. Other organizations described the Center’ willingness to adjust timelines and fund activities that are not direct services as something that differentiated the Center from other types of funders. One organization noted that they were able to be more flexible and innovative in their work because having a larger, multi-year funding meant they didn’t need to spend as much time on fundraising and reporting to multiple funders.

I appreciated their flexibility and that they really listen. They recognize that when you propose an original concept and try to implement it, things change.

Longer-term funding [helped us go deeper in our work] instead of creating new programs or recreating programs to meet the needs of multiple funders.

The language in the Center application is so much easier to work within [compared to other funders]. It doesn’t feel like you have to do things in one specific way.

Many of the organizations described the Center staff as partners in their work, rather than simply being a funder. The organizations appreciated their project managers being proactive and genuinely interested in helping them do their work better. Some of the organizations found it particularly helpful to have an external partner who was routinely asking them how their work was advancing health equity. The organizations identified the technical assistance support and funding for staff to attend the Race Forward conference as examples of how the Center supported and valued staff and organizational development. While these strong relationships were valued by the funded organizations, a couple project leads noted that this also meant that transitions within the Center team and changes in their project manager were disruptive.

This has been one of the most effective partnerships for making lasting change that I’ve been a part of, with any funding partner. That had a lot to do with the Center’ approach. It was something special. I hope they don’t lose those things.

The Center is one of the most progressive funders out there with their understanding of the importance of relationships and need to be authentic with community leadership and engagement.

Our project managers understood what we were trying to do and saw the value in it.

Technical assistance is very unique to the Center. They really understand and invest in the communities they work with.

The Center recognized the holistic approach needed to ultimately achieve PSE changes.

A number of organizations described how the Center project managers and the evaluation approaches helped them maintain their focus and also see the full value of all of their work. Some of the organizations noted that, rather than feeling rushed to quickly adopt PSE changes, they felt supported to take the time needed for community engagement and to support community residents as leaders. They appreciated the experience and expertise of the project managers. One organization was surprised that the project manager proactively told their organization that their work plan wasn't feasible and encouraged them to request more funding or reduce their scope of work.

The Center, in our experience, has the most effective and nuanced understanding of how to push for PSE change.

A commitment to change is important, and yet is was never weighed down by the need to get the quick victory. The milestones were important and there was strong alignment in how to measure that progress.

Opportunities for improvement

Organizations with a strong service-delivery focus found it challenging to balance new policy initiatives with its ongoing programmatic work. Some organizations found it difficult to create positions that supported work in both areas or to determine when they felt confident hiring staff that they could retain after the funding-period ended. One of the organizations also pointed out that it takes time and training to build the capacity for policy work; not all organizations are immediately ready to take on that work.

Given that what we're doing is at the intersection of services, programming, and policy change, it would be nice if there were some way to have a funder that would partner with the Center to support the programmatic elements.

Direct service organizations [in this cohort] don't have the capacity at the policy level after trying to get all the programmatic work done.

Some organizations felt there are contradictions in how the Center prioritizes its community funding-making. One organization noted the tensions between adopting a health equity lens that should work to address the priorities of the community and the Center focusing its work in three priority areas (i.e., access to healthy food, physical activity, and tobacco control). Another organization questioned whether the same model emphasizing policy change was equally effective across all health priority areas.

The Center has been funding tobacco-related work for a decade, largely with a PSE change perspective, and they contract with organizations like the Association of Nonsmokers-Minnesota (ANSR). What is left in that field to fund? I would say the same is true for other priorities. How many bicycle organizations can you fund?

It felt like the Center was trying to replicate the policy success they had in the tobacco movement in the health movement without consider[ing] the vast differences between areas.

Changes to some reporting and invoicing processes would reduce burden on the organizations. While the organizations were appreciative of the support from the Center, some noted that improvements in contracting, invoicing, and reporting would help reduce administrative burden for the funded organizations. For some organizations, contracting and annual reporting took considerable time and sometimes fell at busy times in their work plan. Two of the organizations noted that financial support for operating expenses and stipends for participating youth would be helpful. Another organization noted that there was a lot of redundancy between evaluation activities and reporting to the Center and the purpose for being asked to do both wasn't clear. Some of the processes intended to reduce administrative and reporting burden on projects may not have been known to all. One grantee, for example, noted the financial challenge of seeking reimbursement for expenditures, yet staff from the Center noted that projects could ask for advances.

From a logistical standpoint, the invoicing payment is challenging. When you're working on a project of this size with a monthly budget of \$15K-\$20K, invoicing and getting payment a month later can be a struggle. Is there a way to give an initial award or a quarterly award? Or some other method?

A number of organizations hoped that the Center could communicate more information about their strategic planning process and how it may impact the organizations. A few of the organizations noted that they were unclear whether the Center would be a future funder for their work. Clarity on the Center's future priorities will help the organizations plan their direction forward. One of the organizations suggested that the Center collaborate with other funders to strategically consider how to help maintain momentum for effective work happening in communities.

We don't know what's going on. We understand there is strategic planning, but these relationships have been building for five years and now [there is] silence. [...] Speculation happens. It's better to have clear answers.

A few organizations felt the Center could be more proactive in sharing their expertise. One organization noted that they tried to accomplish too much in their work plan and felt that a more geographically focused approach would have been more successful. This organization’s representative would have been very receptive to their project manager helping them identify the potential challenges in their approach and refining their work plan.

Some organizations were interesting in having more space to discuss the challenges of working in the current political, social, and economic environment. A few of the organizations thought it would be valuable to work with the Center and others in the cohort to consider how to approach their work in ways that do not contribute to gentrification and to recognize how federal immigration policies are impacting community residents.

I don’t know how, but we need to talk about gentrification. It’s having an impact on people’s lives. How are we doing our work as an anti-gentrification strategy?
[Under the Trump administration], it became harder to involve undocumented people in policy work. We need to rethink our model of involving undocumented people...it will get harder.

Looking ahead

Few of the organizations have been successful finding additional sources of funding and revenue to continue to support all aspects of their HEiP-funded work moving forward. However, most of the organizations identified the work they wanted to prioritize to sustain or expand. While some of the projects had already secured future funding, others talked about their plans for preparing and seeking new funding sources to build on what they’ve done through the HEiP initiative. Some of the planned next steps for the organizations are described below (Figure 5).

5. Ongoing efforts and next steps planned by the HEiP-funded organizations

Organization	Planned future efforts
AICAF	Sustain current capacity or expand our team. Continue work on a national toolkit that builds on their current model, while still recognizing that their work will always be tailed to each community. Incorporate ACEs (i.e., adverse childhood experiences) prevention in chronic disease work and future funding.
Appetite for Change	Sustain current work. Plan to begin pilot of the Fresh Bucks program; considering what might be needed to provide financial support to local growers.

5. Ongoing efforts and next steps planned by the HEiP-funded organizations (continued)

Organization	Planned future efforts
CLUES	<p>Need to reassess and determine how to realign staff and maintain momentum.</p> <p>Ongoing PSE work is planned, but potentially on a smaller scale. There are no other organizations doing large-scale work in the Latino community so it would leave a gap if some parts of the work can't be maintained.</p> <p>Increase our involvement at city council meetings and in policy development.</p>
Cycles for Change	<p>Keep doing things well for the next three years.</p> <p>Work on improvements to the Saint Paul location (e.g., community art, build outs, renovations).</p>
Hennepin County	<p>Implement planned demonstration projects at station area sites.</p> <p>Deepen ways to better connect Hennepin County economic priorities with the Blue Line Coalition.</p>
Hope	<p>Maintain current work and find ways to keep community members involved. Look for ways to update projects to address community needs.</p> <p>Reassess partnerships; transitions in other organizations also impact how they will move forward. Build partnerships and working with new groups learning how to grow food and learn about access.</p> <p>Consider how to continue deepening our policy work while connecting that to the groundwork established through their community gardening efforts.</p> <p>Develop more intermediate- and advanced-level opportunities for community members to be involved, engaged, and active in their work.</p>
NorthPoint	<p>Expand efforts related to food (e.g., healthy eating, food access).</p> <p>Build on the Orange Bike program to continue work related to biking.</p>
Open Door	<p>Continue to listen to clients in all aspects of work; maintain the Leadership Table.</p> <p>Continue the mobile pantry and garden to table program to improve access to healthy foods.</p>
RHI	<p>With the merger, there will be greater policy work overall, but less focus on specific tobacco-related policy work.</p> <p>Advocacy and network efforts may be reduced.</p>
Waite House	<p>Continue to improve access to healthy foods in its food shelf, increase connections between the food shelf and its gardening programs, and participate in efforts at the policy and systems levels to support greater food security.</p>
Zeitgeist	<p>Maintain the values established during the HEiP initiative and incorporate those across the organization.</p>

Implications for future work

Over the course of the initiative, the Center used evaluation results and additional input from the HEiP-funded organizations to make adjustments in their approach. The most notable change was the Center moving from a three-year to a five-year period. Many of the organizations identified that decision as pivotal in their work. As a result of that decision, a number of PSE changes were implemented or adopted during the final three years of the initiative, and many organizations expanded or redirected their work to focus on community needs and priorities.

The following recommendations describe ways for the Center to best support the organizations it funds in future initiatives:

- Continue to offer longer funding periods (five years or more), particularly when PSE change is a stated goal
- Continue to offer a variety of technical assistance options to help organizations increase their capacity to implement PSE changes and to advance health equity
- Be proactive in sharing expertise with each project, particularly when there is indication that the organization needs to narrow its focus for greater impact
- Recognize and proactively support organizations moving from a service-delivery orientation to improving health through PSE change
- Consider proactive strategies that can be used to reduce disruptions resulting from staff transitions at the Center and within each funded project
- Reconsider how expectations around sustainability are communicated to the organizations, and ways that technical assistance and consultation may be provided differently, depending on whether their work is to be sustained or time-limited to the funding period
- Continue to allow flexibility and adaptability in project work plans and funding requests
- Regularly reassess the training and professional development needs of new staff hired by funded organizations over the course of the initiative

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

- Establish clarity on the purpose of evaluation (e.g., project-specific evaluation support; information to inform future funding; evaluation to inform the broader field of public health) and allocate resources to align with those priorities
- Continue to convene regular meetings between contracted evaluators and the Center project managers as a way to foster communication and collaboration
- Reduce redundancy in reporting and data collection and consider the advantages and disadvantages of the project managers having greater responsibility for tracking implementation of PSE changes
- Develop rating scales or criteria that can be used to describe the quality and significance of various PSE changes
- Consider adding an organizational assessment tool to the evaluation plan for future initiatives to better measure changes in capacity over time
- Consider future studies that can measure the long-term impact of the Center initiatives, such as: follow-up interviews with funded organizations; monitoring to assess implementation of plans and policies; more robust studies focused on measuring changes in behavior

Appendix

Evaluation questions and data collection methods

The initial evaluation plan designed for the HEiP initiative assumed a consistent approach would be used across the funded organizations to measure changes over a three-year period. As the work unfolded, changes were made to the approach to adjust to the new five-year period, provide project-specific evaluation support, and refine the evaluation approaches used. Each HEiP project had an evaluation point person from Wilder who worked most closely with the organization to implement the evaluation activities for the initiative and to provide additional project-specific evaluation technical assistance.

A mixed-method evaluation plan was designed to answer the evaluation questions originally identified by the Center. The following table shows alignment between these questions and each data collection strategy (Figure A1).

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?	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?	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?	Community partner key informant interviews Report review PSE and metric tracking
What health equity principles have been integrated into projects, plans, and policies across sectors and disciplines?	Community partner key informant interviews
How has community leadership and capacity for health improvement increased over the course of the funding period?	Community partner key informant interviews Network mapping exercise
Has there been an increase in community engagement in the community health improvement effort during the funding period?	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?	Ripple Effects Mapping
What types of organizational changes/growth occur?	Community partner key informant interviews

Data collection approaches

Work plan and report reviews. Wilder reviewed the work plan updates and reports that the funded organizations submit to the Center to learn more about their implementation challenges and accomplishments, including progress made toward implementing PSE changes. Whenever possible, this review was completed prior to the annual key informant interview (see below) with the project lead(s).

Key informant interviews. Baseline interviews were completed with the project(s) from each organization in the fall of 2013 and annual interviews were completed each year, beginning in 2015. The interviews included questions to understand the organization's accomplishments and challenges, and changes in their organizational capacity.

Network mapping. In the first year of the initiative, Wilder facilitated a process to help each funded community create a network map to visualize the partnerships they had in place with other organizations. Maps for each organization and the overall initiative were developed. The network maps were reviewed and updated again in the final year of the initiative as a tool to help the organizations reflect on changes over time and partnerships needed as they consider ways to sustain their work. Brief summaries for each project are available on the Wilder Research website: <https://www.wilder.org/wilder-research/research-library/health-equity-prevention>.

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 the Center to assess individual skills across a wide variety of areas. Although initially intended to be used again to measure changes in individual and organizational skills, the assessment was discontinued by the Center, who realized other input was more helpful in identifying the training and technical assistance needs of the projects.

Collaboration survey. In 2014, Wilder developed 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. The project-specific results were shared and used to improve aspects of their partnerships. Wilder re-administered the survey for some organizations as part of their project-specific evaluation technical assistance support.

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. The approach was used in 2014 and again in 2017-18 as a way to fully describe the impact of each organization's efforts. Summaries of these sessions are available on the Wilder Research website: <https://www.wilder.org/wilder-research/research-library/health-equity-prevention>

Project-specific evaluation technical assistance. Wilder was also able to provide evaluation technical assistance to each organization. The types of support provided included literature reviews, survey development, data analysis and reporting, and formative evaluation. Wilder also provided some support to the Center, preparing a summary of available tools to assess organizational readiness to advance health equity. Informal evaluation consultation was part of regular check-in meetings, as needed. Some of the examples of technical assistance provided throughout the course of the evaluation include:

- Literature review of the financial impacts of smoke-free policies in casinos; development of the Healthy Native Foods map; evaluation training to staff (AICAF)
- Survey development for the Community Cooks program, Farmers Market customers, for business to assess interest in buying from local growers (AFC)
- Survey development and technical assistance on reporting (CLUES)
- Evaluation of the Bike Library program (Cycles for Change)
- Development of a handout defining PSE changes and providing examples of the organization's work that was shared with staff (Hope)
- Technical assistance on youth-led tobacco sales assessment approach and reporting (NorthPoint)
- Development of questions and protocols for community conversations with food shelf clients (Open Door)
- Involvement in the design and implementation of the Food Shelf Redesign project; evaluation of the process and reporting (Waite House)
- Providing feedback to a survey of Lincoln Park residents (Zeitgeist)

Promising Practices. Wilder worked closely with the Center and funded projects to identify strategies and approaches that other projects and funders could use to improve health and advance health equity. These summaries are available on the Wilder Research website: <https://www.wilder.org/wilder-research/research-library/health-equity-prevention>

- [Promotores de salud: Partners in passing policy change](#) (June 2015)
- [Residents as partners: Effective advocacy for sustainable smoke-free multi-unit housing policies](#) (August 2015)
- [Breath Free North: A policy approach to limiting youth access to tobacco products](#) (December 2015)
- [Community engagement to advance health equity: Strategies and tips](#) (February 2016)
- [Ripple Effect Mapping \(REM\): Visually capturing the impacts of policy, systems, and environmental changes to advance health equity](#) (February 2016)
- [Addressing health inequities in LGBTQ communities: Implementing tobacco-free policies at Minnesota Pride events](#) (February 2016)
- [Increasing access to fresh, locally grown produce: The aggregation and distribution table](#) (December 2016)
- [Integrating food access and equity language in city comprehensive plans](#) (June 2018)
- [Healthy vending policies: A youth-involved initiative to improve healthy eating](#) (June 2018)
- [The evolution of the Northside Fresh Coalition](#) (July 2018)

Changes to the evaluation approach over time

Just as the organizations changed their focus and approaches to more effectively respond to changing community priorities, changes in the evaluation also took place over the five-year initiative to align with the priorities of the Center and the funded organizations. A few of these changes are noteworthy:

- Meetings between Wilder and the Center project team occurred regularly and, over time, became an opportunity to share more detailed updates about upcoming work from both a programmatic and evaluation perspective.
- While most of the evaluation questions remained the same over time, the priorities of the Center shifted from aiming to quantify the degree of change in individual and organizational capacity to describing how change occurred.
- Over time, the amount of time and resource allocated for project-specific technical assistance increased in response to the needs and interests of the funded projects.

- One of the initial evaluation questions for the initiative (“How many residents will be reached by the HEiP program?”) proved difficult to answer. While we can describe the population potentially reached by changes in policy or programming, estimating the number of people potentially impacted requires community-level data collection that was out of scope of this evaluation. Instead of focusing on measuring outreach, the evaluation shifted to track reach in terms of higher-level engagement (e.g., number of community members in leadership roles) and project-specific measures of impact. These measures are included in the project specific summaries in the report Appendix.

Project summaries

Note: The project summaries provide a high-level overview of some of each organization’s key efforts and accomplishments. They are not intended to be an exhaustive description of all aspects of each organization’s work.

American Indian Cancer Foundation

The American Indian Cancer Foundation (AICAF) was founded in 2009 to eliminate the cancer burdens on American Indian and Alaska Native people through improved access to prevention, early detection, treatment, and survivor support. During the Health Equity in Prevention (HEiP) initiative, AICAF expanded both in size and reach to develop tribal policies and organizational practices to improve health across the state. AICAF has assisted in establishing tribal coalitions for progressive chronic disease policy, systems, and environmental (PSE) change initiatives and to educate and empower tribal leadership related to tobacco, cancer prevention, and health equity.

Examples of impact

AICAF engaged over 100 members of the American Indian community in conversations to identify tribally-led strategies to reduce the cancer burden in Indian Country. The conversations resulted in the report *Working Toward Health Equity: Critical Conversations with American Indians in Minnesota*.

Via AICAF technical assistance:

- The Lower Sioux Health and Human Services Advisory Committee (LSHHSAC) was formed. Since the group’s formation, the Lower Sioux Indian Community (LSIC) secured over \$500,000 in grants to support their chronic disease prevention recommendations.

- LSHHSAC, health and human services leadership, and support staff established the Honoring Little Crow LSIC Food Policy Resolution and strategic plan to implement four priority areas identified by the committee: (A.) establish a departmental food/beverage policy with corresponding guidelines, B.) increase healthy food options served in associate dining room, C.) create healthy changes to food and beverage options in community retail environments, and D.) implement strategies to overcome potential barriers/challenges.
- Prairie Island Indian Community (PIIC) passed the Healthier Environments Tobacco Policy prohibiting harmful, non-ceremonial use of commercial tobacco of any kind (including electronic cigarettes or devices) within all playgrounds; outdoor recreational areas; non-commercial buildings; entities owned by PIIC; and all outdoor areas within 50 feet of entrances, exits, and windows that open to all non-commercial buildings. It explicitly states sacred traditional use for prayer, ceremony, and memorial is allowed, promoted, and supported on all community property and in all community buildings.
- PIIC established a community wellness committee and nominated community members to serve on the committee at a holistic wellness event to raise awareness of disease prevention.
- The White Earth Nation formed a tribal employee/youth health and wellness coalition, with efforts focused on increasing physical activity for community members via PSE change.

Summary of key efforts

Throughout the 5-year HEiP initiative, AICAF has focused efforts on changing social norms around healthy foods, physical activity, and commercial tobacco use within the American Indian community by influencing the development of tribal policies and organizational practices using culturally tailored approaches. AICAF has worked closely with tribal community members, health leadership, and tribal councils to foster coalitions, advance policies, and build awareness of issues related to health in American Indian communities.

In the first two years of the initiative, AICAF engaged over 100 stakeholders and community members through its Tribal Health Equity regional conversations, producing the *Working Toward Health Equity: Critical Conversations with American Indians in Minnesota* report. In response to the report, AICAF developed a comprehensive list of technical assistance opportunities and ways of partnering with American Indian communities for PSE actualization. The list includes culturally tailored: trainings, meeting facilitation, coalition development, strategic planning, tribal policy development/implementation, community engagement, event planning, using data to make the case for change, and reviewing grant proposals.

AICAF has worked closely with the Lower Sioux Indian Community (LSIC) to help develop the Lower Sioux Health and Human Services Advisory Committee. AICAF supported the coalition in developing the Honoring Little Crow LSIC Food Policy Resolution which called for 75 percent healthy indigenous options in community vending machines, a 50 percent discount to powwow vendors as an incentive to provide 100 percent healthy indigenous options, and the development of a strategic plan for PSE implementation which includes the four focus areas mentioned above. To date, focus area A, B, and D have been successfully implemented in the LSIC with the on-going technical assistance of AICAF.

AICAF built upon this work with LSIC to provide technical assistance to a number of American Indian communities across the state. Over the course of the initiative, AICAF has been increasingly recognized as a source for policy development, training, resources, and strategic planning.

Looking ahead

AICAF hopes to continue to successfully develop culturally competent resources and technical assistance services for tribal communities across the country interested in implementing PSE changes related to health equity and share their model nationally. They are considering ways to build an evidence base for their work that also aligns with American Indian/Alaska Native values. Staff also hope to incorporate work related to adverse childhood experiences (ACES) into their chronic disease efforts moving forward.

Appetite for Change

Appetite for Change (AFC) is a community-led organizations that uses food as a tool for building healthy, wealth, and social change in North Minneapolis. Founded in 2011, the organization has created or worked with local partners to develop multiple social enterprises to improve the food system in North Minneapolis. Through the HEiP initiative, AFC created and expanded its Community Cooks program, revitalized the Northside Fresh Coalition (NSF), and worked with Northside residents to grow and sell produce to residents and local businesses. AFC also runs Breaking Bread, a restaurant in North Minneapolis, and Kindred Kitchen, a commercial kitchen space open to small businesses to process food and prepare meals.

Examples of impact

- Working with local growers and vendors, AFC established the Aggregation Table, which helps local growers to sell produce and other goods at local farmers markets and increases access to healthy food in North Minneapolis.

- AFC staff and community residents advocated for changes in the City of Minneapolis' Staple Food Ordinance that require businesses that sell food, including corner stores and gas stations, to sell basic food items, including produce, eggs, and low-fat dairy products.
- Community residents of all ages have learned about food preparation and nutrition at over 150 Community Cooks workshops.
- Northside Fresh, housed by AFC, has expanded and become increasingly active in shaping, advocating for, and providing education around policy changes to improve the food access, including the 2017 Urban Agriculture Bill.
- The Grow Food video, created by youth participating in AFC's 2016 Summer Youth Employment and Training program, was viewed widely, increasingly visibility around AFC's work.

Summary of key efforts

Early in the 5-year HEiP initiative, much of AFC's work focused on developing its Community Cooks program and Fresh Corners work. The Community Cooks workshops focused on helping residents learn about food preparation, nutrition, and healthy food options. More than 150 workshops were held over the course of the initiative, each providing an opportunity for residents of all ages to connect with one another, try new foods, prepare and eat meals together, and receive cooking tips and recipes to use at home. Through the Fresh Corners initiative, AFC engaged an increasing number of local growers in efforts to increase the availability of community garden space, connect growers to vendors and restaurants, and change policies to support urban agriculture. One of their accomplishments was creating the Aggregation Table, which provided an opportunity for local growers to work together to sell produce at local farmers markets, making it easier for small-scale growers to earn consistent revenue. With the adoption of the Staple Food Ordinance, the establishment or expansion of local farmers markets, and the purchase of warehouse and food production space, AFC and its partners have increased the availability of healthy food in ways that benefit local growers and community residents.

Over the course of the initiative, there has been a significant expansion in AFC's work. NSF experienced a renewal of its identity in its commitment to addressing food injustice in the Northside. With dedicated staff and an AmeriCorps Vista, NSF has established a stronger social media presence, an increase in coalition members, and greater capacity improve the local food system in ways that benefit Northside residents. The NSF coalition has expand their local policy work in a variety of areas and have seen involvement from their local officials at their meetings. The coalition also has helped increase resources available in the Northside neighborhood. For example, NSF received funding from United Way to

establish a mini grants program and put out a RFP to the community with a community review process.

Although not directly funded through the HEiP initiative, during the same timeframe, AFC expanded its efforts to support a just food system that benefits Northside residents with the opening of Breaking Bread Café and Kindred Kitchen. The café, which employs local community members, serves fresh and healthy food, including produce from local growers and is a new place for community members to come together. Though the Kindred Kitchen program, small-business owners can access affordable commercial space for food preparation. AFC's approach and early successes has captured the attention of organizations and institutions interested in creating healthy food systems; they have received several requests from other cities, schools, and organizations about opportunities to learn more about their work. They also received a 2017 Bush Prize for Community Innovation award to expand their efforts.

Looking ahead

AFC plans to continue all aspects of their current programming and work with local partners to expand their policy work at a state and federal level. They plan to continue strengthening their relationships with coalition partners and community members to further shape their vision of an equitable food system in the Northside neighborhood and advance policies and investments that benefit the community.

CLUES

Comunidades Latinas Unidas en Servicio (CLUES) is a linguistically and culturally relevant resource and service nonprofit organized by Latinos for Latinos. Under the HEiP initiative, CLUES worked with institutions across the state to advance health equity and improve health by implementing policies and practices focused on healthy eating, active living, and tobacco-free policies.

Examples of impact

- Over the five year initiative, 185 tobacco-free policies, 74 healthy eating policies, and 52 active living policies were adopted by multi-unit housing buildings, churches, child care providers, and other businesses.
- The Latino Student Wellness Program worked to pass 19 health-related policies at Minnesota State University (MSU)-Mankato, reducing exposure to second-hand smoke and increasing the availability of healthy food and water across campus.

- Working in partnership with Cycles for Change, CLUES offered group bike rides to residents and through the Earn-a-Bike program, 13 community members now have their own bicycles.

Summary of key efforts

Throughout the five-year initiative, CLUES engaged establishments in the Latino community to adopt policies related to healthy eating, active living, and tobacco control. Even before the HEiP initiative, CLUES used promotores de salud (a staffing model similar to community health workers) to help connect residents with local resources and health information and influence policies impacting the health of people in the community.

Through the HEiP initiative, promotores expanded their efforts and worked with multi-unit housing managers, churches, child cares, and businesses to adopt smoke-free grounds policies. CLUES also passed smoke-free grounds policies at its two Twin Cities locations. Promotores also engaged restaurants, mercados, and other businesses in adopting healthy eating policies. As part of this work, CLUES helped three restaurants become involved in the City of Minneapolis Healthy Restaurant Initiative, where the restaurants received technical assistance to adapt select menu items to be healthier and design menu inserts and table tents to advertise the dishes. CLUES also worked with establishments to institute more opportunities for physical activity (e.g. salsa or Zumba classes) and partnered with Dero Bike Racks to get customized bike racks with the CLUES logo, which were installed at different businesses and organizations in the Latino community. In addition, CLUES partnered with Cycles for Change to host group bike rides and enroll Latino residents in Cycles for Change's Earn-a-Bike program.

In its third year of work, CLUES began administering follow-up surveys to establishments that had passed policies to learn about the impact of these policies and any ongoing challenges in the implementation.

CLUES also worked to support the Latino Student Wellness Program at Minnesota State University-Mankato to advance PSE changes impacting student health on campus. The students adopted a healthy eating policy within their collaborative, partnered with 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. 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.

In addition to the changes CLUES has helped other organizations and institutions pass, the initiative also helped CLUES consider its own internal policies and practices. The

project lead observed that the students, promotores, and other staff who have been involved in this work to improve health have become stronger social justice advocates and champions for their community.

Looking ahead

Moving forward, CLUES hopes to expand and deepen its PSE change efforts within a health equity framework. They are interested in ways to provide more in-depth support to establishments, similar to their work with the Healthy Restaurants Initiative, and expand their work to policy change at the city or county levels. They will continue to provide educational opportunities to residents related to health.

The current political climate has impacted CLUES' engagement efforts, especially among residents who are undocumented. CLUES continues to wrestle with the implications of these dynamics for their work, including both the impacts on staff and community champions, as well as for the health of residents they serve.

Cycles for Change

Cycles for Change describes itself as a non-profit organization that works at the intersection of social justice and the bicycle movement to create platforms that authentically cultivate leadership development and social consciousness through bicycles and community involvement. The organization has supported leadership development opportunities, such as its Youth Apprenticeship Program, and established a variety of programs to make bicycling more accessible and inclusive, particularly for underrepresented and marginalized people.

Examples of impact

- Expanded hours of the St. Paul Open Shop, a program that helps community members learn to repair and maintain their own bikes, from 10 to 27 hours per week.
- Supported youth advocacy through its Youth Apprenticeship Program and by hosting the national Youth Bike Summit in 2016, which brought more than 300 attendees from 20 states to Saint Paul, and supporting youth delegations in 2017 and 2018.
- Reached more than 100 people annually through its array of education and training programs.

Summary of key efforts

As the HEiP initiative began in 2013, Cycles for Change's grant-funded work focused largely on expanding leadership opportunities through its Bike Library program and offering

Learn to Ride programs. Through the Bike Library program, Cycles for Change was able to loan bikes through a variety of organizations and institutions directly engaged with low-income community members. Over time, Cycles for Change expanded the impact and reach of their bike library to make bicycles and bicycle education more accessible to populations traditionally marginalized in the cycling community, and published a manual for other bike libraries around the country. As the program evolved, its advisory council became the starting point for a new Equity Council that played a key role in shaping all of the organization's work, including how it demonstrated its values of equity, inclusivity, justice, and self-empowerment. Insights from the council and staff led to a number of changes in the organization's internal policies, staffing, and programming. The Bike Library itself moved to being a Bike Grant program and then ultimately was discontinued as funding changed and the organization prioritized its work.

Cycles for Change demonstrated leadership among bike organizations by hosting a summit for bike organizations to talk about equity work early on during HEiP funding. The organization has a strong focus on supporting youth as community leaders and cyclists. The Youth Apprenticeship Program currently provides job training and leadership opportunities to 20 youth annually, and is active nationally. Having hosted the national Youth Bike Summit in 2016, they have continued to support a delegation of youth to attend the annual gathering.

A number of programs were created or expanded during the 5-year initiative. Each year, Cycle for Change's donation-only Learn to Ride classes reached more than 100 people, educating cyclists from many communities about how to ride bicycle. Their Open Shop program, which pairs community members with youth apprentices so they can learn how to repair their bicycles, addresses a need in the community to have access to bike repair at a low cost. Cycles for Change began to partner with the Great Rag collective to offer a weekly Open Shop for people who identify as femme, trans, or women. As a result of these efforts, the number of hours their Open Shop was available to the public increased from 10 to 27 hours per week, which made this resource more available. During the HEiP funding period, Cycles for Change also launched the Slow Roll Twin Cities program, done in collaboration with Move Minnesota, focused on creating a group ride that is inclusive, at an accessible pace, and welcoming. Cycles for Change also expanded their reach by opening a second shop in Minneapolis and ultimately moving into a larger space.

Looking ahead

Cycles for Change recently went through an organizational planning process to focus on continuations of their work. After HEiP funding ends, under the leadership of a new executive director (Tina Cho), Cycles for Change plans to continue the activities from their HEiP-funded work while focusing more specifically on community members. Because equity is central to their organization's mission, through the lenses of race, class and gender,

health equity will continue to be a focus of their work, including continued learning and growth on how to better incorporate health equity into their work.

Hennepin County

Hennepin County developed and implemented a multi-phase community engagement process to elevate community priorities and integrate health equity into station area planning for the proposed Bottineau Light Rail Transitway (LRT). Hennepin County Public Works partnered with Nexus Community Partners to contract with community-based organizations to provide community engagement support to engage their community members in discussions and activities to inform station area plans. These contracted organizations, the Health Equity Engagement Cohort (HEEC), also received training about health equity and transit planning. Throughout this project, Hennepin County worked to integrate health equity and community engagement in this particular project as well as more broadly across county departments.

Examples of impact

- Hennepin County staff received training on health equity and Health in All Policies in 2014 and 2015 and became a member of the Government Alliance on Racial Equity.
- The HEEC cohort and community leaders were involved in shaping the request for proposals and interviewing consultant firms for station area planning, a major change in standard county contracting process.
- Health equity concepts and strategies were explicitly incorporated into station area planning documents.
- Social determinants of health were added as criteria for Hennepin County transportation project funding.
- A series of bicycle and pedestrian demonstration projects (temporary installations that show what PSE changes could look like) have been implemented to test health equity strategies from the station area plans in Minneapolis, Golden Valley, Robbinsdale, and Brooklyn Park.
- The Golden Valley demonstration project has been designated Hennepin County transportation funding for permanent installation.

Summary of key efforts

Throughout the HEiP funding, Hennepin County led a deep community engagement process to ensure that the planned Bottineau LRT route maximized its potential to improve health equity and meet community needs identified through the 2013 Bottineau Health Impact Assessment. Working with Nexus Community Partners (Nexus), Hennepin County

subcontracted with up to 13 groups of community and cultural organizations to conduct strategic and specific engagement in their communities with planned station areas.

In phase one, Nexus worked closely with a group of eight HEEC organizations to do conduct the on-the-ground engagement, largely with low-income communities and communities of color, to inform the four station area plans in Minneapolis and Golden Valley. The HEEC organizations received training on health equity and social determinants of health, as well as on the transit station area planning process in order to build their capacity to effectively inform the planning process. In this phase, community members were actively involved in many influential planning meetings and, as a result of their involvement, recommendations from the community were incorporated into station area plans. The Minnesota Department of Transportation recognized Hennepin County, Nexus Community Partners and the HEEC members with an award for this innovative engagement process. In addition, Hennepin County also became a member of the Government Alliance on Racial Equity (GARE) and county Community Works staff received training on ways they can better advance racial equity through their work.

The second phase used a similar process with another HEEC cohort of seven organizations focused on the seven station areas in the cities of Robbinsdale, Crystal, and Brooklyn Park. Some HEEC members were new organizations and some had also participated in phase 1 because their cultural communities lived throughout the corridor. Extensive community engagement continued to both inform station area plans and to shape the request for proposals (RFP) language that would be used to select the consultant for these plans. Six community representatives were involved in interviewing and selecting the consultant firm, a notable change in process for the county. Throughout this phase of work, health equity has continued to be explicitly described and incorporated into the transit planning process, including into station area planning documents. Hennepin County continued to participate as a member of GARE.

The initiative entered a third phase of advanced planning work, where the county and the cities have begun to define the practical policies and designs needed to be in place for future station area investments in development and infrastructure. The HEEC cohort in this phase included eight organizations. Advanced planning continues on after HEiP funding ends. Hennepin County has concluded soliciting community feedback on the station area plans and will continue to include community engagement in the eight work plan activities in advanced planning as outlined in the Bottineau Community Works (BCW) Community Engagement Framework 2017-2019.

As one activity in the advanced planning work plan, BCW implemented a series of demonstration projects to educate cities and community members on the types of PSE changes to improve walkability and biking in the station areas. Based on health equity strategies in the station area plans, these demonstration projects test and evaluate bicycle and pedestrian improvements. The demonstration projects were implemented in the summer of 2018 and efforts are taking place to evaluate and document lessons learned to prioritize strategies along with physical and policy requirements for the site. The long term goal is to implement successful strategies.

Looking ahead

Hennepin County is currently in advanced planning for the Bottineau Corridor and is continuing to foster community relationships necessary to implement changes. BCW Community Engagement Framework strategies have been developed to engage HEEC groups and other communities in these following activities: Housing Gaps Analysis, Commercial Market Feasibility study, transit oriented development zoning district overlay or revision of existing codes, bike/ped demonstration projects, placemaking activities with local artists, small business and entrepreneur support, bicycle and pedestrian infrastructure planning, and site specific study for development opportunities. Of these activities, five include opportunities for HEEC organizations to contract as community based experts by providing community engagement services.

To continue BCW's commitment to the inclusion of under-represented groups in future activities, an ongoing quarterly meeting has been established with the Blue Line Coalition. The Blue Line Coalition is a coalition of community organizations representing the following populations along the Blue Line Extension Corridor: marginalized communities; communities of color; immigrants and refugees; people living with disabilities; low-income residents; displaced workers; and aging and transit-dependent populations. Most of the HEEC groups are members of the Blue Line Coalition. Currently BCW and the Blue Line Coalition are working together to create mutually agreed upon conditions for success for the future development of the Bottineau Corridor.

With the remainder of the HEiP technical assistance funds, BCW has convened a planning team of Center for Prevention/BCBS of MN, Twin Cities Local Initiatives Support Corporation, Nexus Community Partners, and Blue Line Coalition to implement a three part educational series on equitable development titled *Healthy Community Change: the practice of equitable development*. With a target audience of city planners and policy makers, community organizations and leaders, business leaders, and nonprofit partners; this series will focus on the geographic area of the Bottineau Light Rail Transit Corridor along with the Southwest Light Rail Transit Corridor. With the themes of small businesses and entrepreneurs, affordable housing, and community development, the goal is to elevate practical solutions for implementing health equity strategies.

Building from the work started with the Hennepin County GARE membership, Hennepin County recently hired a director to lead a county wide effort to reduce racial disparities. As a top leadership position, this director has begun to initiate a comprehensive process. This director will be responsible for developing and implementing plans to reduce disparities in each of the seven domains of transportation, employment, housing, health, education, income, and justice. In addition the director will develop relationships with key stakeholders; and represent Hennepin County in metro area and regional disparities reduction efforts.

Hennepin County Bottineau Community Works now incorporates health considerations as an essential area of focus, recognizing that transportation systems along with the characteristics of our neighborhoods have a substantial impact on community health outcomes and health disparities, and that these disparities are pronounced in populations that have historically been under-represented in planning processes and implementation. BCW will continue its commitment to inclusion of traditionally under-represented groups and work together to reduce disparities and achieve equitable outcomes for all communities along the Bottineau Corridor.

Hope Community, Inc.

Hope Community, Inc. (Hope), located in the Phillips neighborhood of Minneapolis, is driven by a mission to create connections that strengthen the power of community members and communities. Through the HEiP initiative, Hope engaged multiple generations of residents in activities to build community through growing, preparing, and eating healthy foods. Hope also supported the development of local leaders and worked to advocate for changes to promote health equity in the community.

Examples of impact

- Through its work with a number of organizational partners and ongoing involvement of community members, Hope successfully advocated for including racial equity

language in the Minneapolis Park and Recreation Board's Urban Agriculture Action Plan and helped establish guidelines and priorities for the plan's implementation.

- A 5,000 square foot garden was installed at The Rose (a housing complex), increasing access to community garden space and healthy food. In total, over 900 pounds of produce were harvested from Hope's community gardens.
- Advocacy by Hope community members contributed to passage of the Staple Food Ordinance, which requires businesses that sell food to provide fresh produce and other healthy options. Hope staff hold two seats on the implementation committee.
- Hope remodeled community kitchen spaces in two of its buildings, increasing opportunities for community members to access healthy foods.

Key accomplishments and important milestones

In 2009, the residents around Hope identified gardening as a community priority. The HEiP initiative provided opportunities for Hope to expand its community engagement and leadership development efforts around gardening and healthy food access and take on policy and environmental changes to advance health equity in the Phillips community. The Land Stewardship Project has been a key partner throughout much of Hope's work under this initiative.

The foundation of Hope's work is community engagement. Over the course of five years, Hope offered 72 different engagement activities such as gardening and communal meals, engaging 774 youth and adults. During this time, Hope also built environmental infrastructure to support these efforts, including a 5,000 square agriculture space at one of Hope's housing developments, the Rose, and a growing space designed by the Youth Stewards Crew at the Oakland Avenue building. Hope also remodeled the community kitchen spaces in two of its buildings. One of Hope's more sustained engagement efforts has been its Cooking, Culture, and Community program, where residents gather to prepare and share a meal together and discuss topics related to local food sources.

Hope also created multiple opportunities for community residents to provide input to help guide their efforts. Through Feed the Roots, 385 Phillips 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. Findings from these efforts were shared back with the community in a community event, the Soul Food Monologues in partnership with LaDonna Redmond. Hope has also talked with close to 400 residents to gather input into environmental change efforts along Franklin Avenue.

Hope has also connected residents to leadership training opportunities through partnerships with programs such as Voices for Racial Equity, the Women’s Environmental Institute, and Sustaining Progress Through Engaging Active Citizens (SPEAC). In partnership with other local organizations, Hope hosted the Ripple Ecology program, a peer skill-sharing program where participants lead workshops on topics related to food and the environment and then commit to sharing what they learned with other residents in the community.

During the five years, Hope worked with local partners to support two key initiatives. In its third year of work, Hope worked with the Native American Community Development Institute (NACDI) to pilot the Four Sisters Farmers Market focused on indigenous and hyper-local foods from the Phillips community. Hope also became a central partner in organizing the Franklin Avenue Open Streets event, which saw approximately 7,000 participants in 2016 and 5,500 participants in 2017.

Finally, through the HEiP initiative, Hope has taken on broader advocacy efforts. Hope was instrumental in bringing residents together to speak in opposition of the proposed Minneapolis Parks and Recreation Board’s Urban Agricultural Activity plan because it omitted racial equity. They worked with the Minneapolis Parks and Recreation Board to draft an amended plan that included racial equity, which was later approved, and since then Hope has sat on the committee tasked with guiding the plan’s implementation. Hope supported community leaders in speaking publicly about revisions to the Staple Food Ordinance, and two community members were invited to sit on the Healthy Food Ordinance implementation plan committee.

Looking ahead

Community engagement will continue to be a staple of Hope’s work, and Hope also plans to expand its power-building and advocacy work in the Phillips community. Hope also looks to build more advanced leadership opportunities for residents who are interested in becoming more involved in their work. Although staffing and capacity shifts among many of its partners has impacted Hope’s work, they will continue to consider how they can most effectively partner with local partners and coalitions moving forward.

Northpoint Health and Wellness

Northpoint Health and Wellness (Northpoint) works to improve the health of North Minneapolis residents in the 55411 and 55412 zip codes. Through the HEiP initiative, Northpoint continued its youth-led anti-tobacco work (Breathe Free North), worked with building managers to successfully implement smoke-free policies, and created new programs for neighborhood residents to be physically active or have better access to healthy foods.

Examples of impact

- Youth involved with Breathe Free North successfully advocated for a new city ordinance that restricts the sale of flavored tobacco products to tobacco stores only, reducing access to these products in the neighborhood.
- NorthPoint worked with apartment building managers to successfully implement smoke-free policies and to help residents access tobacco cessation programs.
- Healthy vending policies, increasing the number of healthy options in vending machines, were adopted by local vendors and resulted in improvements in over 60 vending machines in the neighborhoods.
- NorthPoint worked with 27 organizations in North Minneapolis to adopt tobacco-free funding policies.

Summary of key efforts

Early in the HEiP initiative, NorthPoint focused their work with apartment building managers and tenants to encourage the adoption of smoke-free policies. This included providing examples of effective policies, addressing concerns, helping tenants access tobacco cessation programs, and working with tenants who were most interested in being a champion of the policy in their building. Through this work, learned that tenants were interested in learning more about healthy eating and expanded their efforts to provide education programs in several apartment buildings. NorthPoint worked in partnership with the West Broadway farmers market to provide gift certificates to tenants who participated in the series of classes. In addition, NorthPoint participated in the Orange Bike program, providing bikes for residents to borrow during warm weather months.

When the HEiP initiative began, NorthPoint's youth coalition, Breathe Free North (BFN), was already established and involved in advocating for policies to reduce youth access to tobacco products. The group's work expanded through the HEiP initiative to focus on limiting youth access to flavored tobacco products. Youth conducted assessments at retail stores throughout North Minneapolis and designed and implemented a youth survey to understand what tobacco products youth in the neighborhood used and how underage youth accessed these products. BFN shared these results at their Youth Tobacco Summit and, with persistence, successfully advocated for a new city ordinance to restrict sales of flavored tobacco products to tobacco stores.

Throughout the initiative, NorthPoint worked in partnership with a number of organizations to create opportunities for North Minneapolis residents to have greater access to healthy foods and opportunities for physical activity. They also helped 27 organizations in North Minneapolis adopt tobacco-free funding policies.

Most recently, NorthPoint staff and BFN youth focused on making healthier options available in vending machines in locations most likely to be used by youth. After starting their work with individual organizations and asking them to negotiate with their vending contractor, NorthPoint changed their tactic to work directly with vending companies to adopt healthy vending policies. Again, youth played key roles in helping these companies understand that there was demand for healthier options and in advocating for change. Through this work, over 60 vending machines in North Minneapolis carried healthier beverage and snack options.

Looking ahead

NorthPoint plans to continue its work with multi-unit housing managers and tenants to adopt smoke-free policies. Breathe Free North will also continue, evolving over time to respond to the issues and priorities identified by involved youth. After seeing the level of interest among residents around food and physical activity, NorthPoint would like to continue its work in those areas. The biggest challenge is finding a new grant or revenue source that can support this work moving forward.

Open Door

The Open Door's mission is to use a fresh approach to end local hunger through access to healthy food. Over the past five years, Open Door has used multiple strategies to increase equitable food access across Dakota County, including: introducing a mobile food pantry; implementing a Healthy Food policy at its two food pantry locations; expanding a gardening program; engaging clients and surrounding communities in conversations about equitable food access; involving clients and community members in advocacy efforts; adding food access language in city comprehensive plans.

Examples of impact

- The Open Door adopted its organizational Healthy Food policy, describing the nutritious food the organization is committed to distributing through its two food pantries.
- A total of 140 community garden plots were established, increasing opportunities for Dakota County residents to grow their own healthy food.
- As a result of the organization's community engagement and advocacy efforts, food access and equity language were incorporated into the comprehensive planning process in Apple Valley, Burnsville, and Lakeville.
- More than 400 residents attended training about growing healthy food and nutrition.

Key accomplishments and important milestones

Early in the initiative, as a member of Homegrown South, The Open Door worked closely with local food producers, hunger relief agencies, and food justice advocates interested in eliminating hunger and increasing access to healthy and affordable food in the southern Twin Cities metro. The group worked together to better understand how residents experience the local food system and conducted a scan of policies in place related to the cultivation, processing, distribution, and disposal of local food.

After a change in leadership in 2016, The Open Door increased its emphasis on hearing directly from residents experiencing food insecurity. Community conversations hosted by the organization helped to identify the issues and priorities of residents that were ultimately reflected in local city comprehensive plans. These engagement efforts also helped The Open Door identify residents willing to share their experience at Hunger Day on the Hill and when advocating for changes at the city and county level. Members of this group, the Community Leadership Table, meet both with policy makers and community groups interested in learning more about hunger in Dakota County. The involvement of community residents through these engagement efforts and advocacy of The Open Door and its organizations partners led to city comprehensive plans in Apple Valley, Burnsville, and Lakeville integrating language about food access and health equity.

During the HEiP initiative, The Open Door also made changes to its own policies and practices. Its Healthy Food policy, which set standards for the types of healthy foods that would be available at the organization's food pantries, became an example adopted by other local food shelves in the area. In addition, they began new initiatives to increase the availability of healthy foods. The Open Door's Farm Purchasing Pilot expanded its farm purchasing program, increasing the amount of fresh produce available at its pantries, and, with the addition of 140 garden plots, more community residents had opportunities to grow their own food.

Looking ahead

In the past year, The Open Door lost its director of operations and food access and equity manager. Although the organization is experiencing some transition, they plan to continue their work with the mobile pantry, gardening programs, and strengthening relationships with residents and community members through the Leadership Table program.

Rainbow Health Initiative

Rainbow Health Initiative's (RHI) mission is to improve the health of LGBTQ Minnesotans through research, education, and advocacy. Through the HEiP initiative, RHI has leveraged new and existing coalitions and networks to expand awareness of LGBTQ health issues and worked to pass policies creating tobacco-free environments. Near the end of the HEiP initiative, RHI merged with the Minnesota AIDS Project to become JustUs Health.

Examples of impact

- Educated legislators on health equity and its impact on LGBTQ populations, which contributed to the passage of anti-bullying legislation, protections for LGBTQ people in the state health insurance marketplace, and the addition of questions about gender identity and sexual orientation to the Minnesota Student Survey.
- Led the LGBTQ Health Advocacy Roundtable, a group of organizations and stakeholders who address health disparities and issues facing LGBTQ communities.
- Provided assessment and training to health care providers to encourage long-term systemic change in how the health care system works with LGBTQ patients.
- Administered the Voices of Health survey every year since 2011 online and at Pride events across the state; over 4,000 individuals responded in 2017.
- Worked with organizers at Pride events in Golden Valley, South and East Central Minnesota, Duluth-Superior, St. Cloud, Mankato, Rochester, and Fargo-Morehead to pass or update tobacco-free policies.
- Provided training to over 350 people, representing 18 organizations, on ways to increase their organization's LGBTQ competency.

RHI's work over the five years

Over the course of the 5-year HEiP initiative, RHI has influenced policy and legislation to support LGBTQ health and worked with a variety of partners, coalitions, and networks to expand awareness of and change systems to support LGBTQ health.

Throughout the HEiP initiative, RHI used data to bring attention to LGBTQ health in Minnesota and advance changes in policy. They successfully worked to add gender identity and expression questions to the Minnesota Student Survey (MSS). The data gathered through this survey was essential in describing the prevalence of bullying towards LGBTQ youth in Minnesota schools and led to strong anti-bullying legislation being passed in the state. In addition, the Voices of Health survey administered by RHI since 2011 has been a key source of information about LGBTQ health and has informed the work of health-focused organizations, state agencies, and advocacy groups. For example, these data have helped

state congressional representatives better understand how LGBTQ individuals experience discrimination in the health care systems.

Specific changes in policy have occurred as a result of RHI's advocacy. At a state level, the Minnesota Department of Health (MDH) now allows gender on birth certificates to be changed. In addition, RHI worked with the Minnesota Department of Commerce to ensure that health care plans available on the state exchange do not discriminate against transgender individuals.

RHI has also worked to advance policy and environmental changes at the organizational level. 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. RHI also worked with GLBT in Recovery and North Suburban Chorus to adopt tobacco-free sponsorship policies and organizers of Pride festivals in four communities to adopt or expand their smoke-free policies. In addition, RHI worked with the Uptown Minneapolis YWCA and Midtown Saint Paul YMCA to install gender-neutral bathrooms and changing areas.

RHI has been a resource for other organizations wanting to improve how they work with LGBTQ individuals. They provide consultation to nearly every health care system in the state to help them improve how they provide health care to LGBTQ individuals. Their provider directory is a resource distributed by multiple organizations to help LGBTQ individuals find health care services.

RHI has brought attention to the specific needs of LGBTQ individuals during policy debates about safe school legislation, MNSure implementation, proposed minimum wage increases, and the tobacco tax. In addition, the staff at RHI worked to have LGBTQ representatives on a diversity and inclusivity taskforce created by the Governor's office and the organization's executive director was appointed to MDH's Health Equity Advisory and Leadership Council.

RHI has built a growing network of partners to support their work and advance LGBTQ health. They 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 communities. In 2017, RHI also held its first Opportunity Conference focused on LGBTQ health. Over 270 people attended the conference, with tracks related to research, policy and advocacy, and physical and mental health. Through its education program, RHI has worked with providers to identify long-term, systemic changes that can be made in their organization to be more inclusive and provide LGBTQ competent services. These champions help sustain and move forward initiatives after RHI's training and consultation role ends.

Looking ahead

Due to cuts in funding from HEiP and the Minnesota Department of Health, RHI has had to change how the Voices of Health survey is distributed. They continue to explore other sources of funding and ways to gather data. In 2018, RHI merged with the Minnesota AIDS Project to form JustUs Health, working to achieve health equity for diverse gender, sexual, and cultural communities. This merger will provide greater financial sustainability for some of the efforts that RHI began or continued under the HEiP initiative.

Waite House – Pillsbury United Communities

Waite House, a part of Pillsbury United Community, aims to integrate civic engagement with human services to build on the strengths of residents and advance equity in the Phillips neighborhood of Minneapolis. Through the HEiP initiative, Waite House has worked to engage residents and develop partnerships and coalitions to advance PSE changes related to healthy food access and urban agriculture.

Examples of impact

- New community gardens were established in the Phillips neighborhood (Mashkiikii Gitigan, the Infinity Garden, and the 12th Avenue Garden) and, as a result of advocacy of Waite House and its partners, 50 lots were approved by the Minneapolis City Council for use in the community garden lease program.
- Second Harvest Heartland adopted a policy to allow sharing or redistribution of fresh produce, integrating language suggested by Waite House’s Healthy Food Access Coalition.
- The Minneapolis Park Board voted to cease all use of glyphosate (Round-up) in neighborhood parks and explore management alternatives as a result in part from Waite House’s advocacy efforts.
- Following the passage of the Minnesota Seed Law, the Mashkiikii Gitigan Seed Library opened, making it more affordable for community members to grow their own food.
- The Waite House food shelf was redesigned and a new intake process was established to better connect food shelf users with other social services.

Summary of key efforts

During the first two years of the initiative, Waite House established three coalitions to guide its work: the Healthy Food Access Coalition, the Phillips Fitness Coalition, and the 24th Street Urban Farm Coalition.

In the first year of the Healthy Food Access Coalition's work, the coalition provided a training to local organizations on creating healthy food policies. As a result of the coalition's advocacy efforts, Second Harvest Heartland adopted a policy in 2015 to allow sharing or re-distribution of fresh produce among food shelves and meal programs. More recent efforts have focused on creating a healthy food pledge for food shelves.

The Fitness Coalition worked to improve neighborhood safety and increase Phillips' residents' access to and involvement in physical activity. In 2014, the coalition hosted informal "backyard meetings" and *Circuitos Comunitarios* (Community Circles) to discuss neighborhood safety and provided funding to nine projects to increase opportunities for under-engaged community members to access fitness activities. Additionally, the coalition worked with Hope Community and other organizations to successfully advocate for the inclusion of racial equity in the Minneapolis Parks and Recreation Board's 2014 Urban Agriculture Activity Plan (UAAP). In 2016, the Fitness Coalition disbanded, in part because of staff transitions and Waite House's increasing focus on healthy food access and urban agriculture.

The 24th Street Urban Farm Coalition used multiple strategies to increase access to urban agriculture in the Phillips neighborhood. In its first two years, the coalition established two gardens, the *Mashkiikii Gitigan* (meaning Medicine Garden in Ojibwe) and the Infinity Garden, and engaged over 300 residents in planting, tending, harvesting, distributing, marketing, and preserving foods grown in these spaces. The coalition's efforts contributed to changes in City of Minneapolis policies that ultimately turned 50 vacant lots into community gardens, including six lots in the Phillips neighborhood. The coalition also worked with Gardening Matters and other organizations to successfully advocate for a city policy allowing community seed libraries that give residents access to a variety of vegetable and flower seeds.

As its work has evolved, Waite House has convened other coalitions and work groups, and been an active member in other collaborative efforts. For example, Waite House convened the Gardens and Urban Farms Task Force, which successfully advocated for changes to City of Minneapolis policies related leasing land for community gardens, and the group's efforts contributed to the Minneapolis Park Board's decision to end the use of glyphosate, an herbicide that may cause cancer, in neighborhood parks. Waite House was also an active participant on the Land Access Working Group through the City of Minneapolis's Homegrown Minneapolis initiative. Over several years, the group's community engagement and advocacy efforts led to key changes in the City of Minneapolis garden leasing program, making urban agriculture more accessible to community members. After Gardening Matters closed in 2016, Waite House worked in partnership with several other organizations to host the organizations' annual plant and seed distributions. Most recently, Waite House worked with other local food shelves to host interviews and listening sessions with food

shelf users to inform changes to their model and advocate for systems level changes to support greater food security.

Looking ahead

In its final year of funding, Waite House faced significant staffing transitions which may impact momentum for some of its work, especially related to urban agriculture. However, because Waite House's work has focused so strongly on building community capacity through partnerships and coalitions, some of the efforts initiated during the HEiP initiative may continue through other groups. Waite House will also continue to work to improve access to healthy foods in its food shelf, increase connections between the food shelf and its gardening programs, and participate in efforts at the policy and systems levels to support greater food security.

Zeitgeist Center for Arts and Community

Over the past five years, Zeitgeist Center for Arts and Community's Fair Food Access Campaign (FFA) has used multiple strategies to improve food access in the Lincoln Park neighborhood of Duluth. This work has been done in collaboration with multiple partners, including the Duluth Community Garden Program, Community Action Duluth's Seeds of Success Program, and Duluth LISC.

Examples of impact

- After establishing a farmers market in Lincoln Park, FFA added a deep winter greenhouse. Over the initiative, both the size of the market and length of the farmers market season has expanded.
- Food equity language was incorporated into Duluth's City Comprehensive Plan.
- Two food retailers, Kwik Trip and Whole Food Cooperative, located stores in or near the Lincoln Park neighborhood.

Summary of key efforts

Through the Fair Food Access Campaign (FFA), Zeitgeist has brought together stakeholders from multiple areas to improve the Lincoln Park community's access to food. Through their work, they have promoted the connection between the local food system and neighborhood wealth. Throughout the 5-year initiative FFA used multiple community outreach and engagement strategies to hear directly from community residents. For example, trained volunteers canvassed the neighborhood to hear directly from residents to understand their experience and hear about the changes they would most like to see in the neighborhood to increase access to healthy foods.

A number of changes have taken place in the neighborhood that was a federally-designated food desert when the HEiP initiative began. The Lincoln Park farmers market, established in 2013, has expanded the number of vendors and, over time, has seen increases in Electronic Benefit Transfer (EBT) sales, indicating lower-income residents are using the farmers market to shop. With the addition of a deep winder greenhouse, the farmers market is a place where residents can purchase healthy foods year-round.

FFA has strengthened relationships with a number of partners, including local funders and the City of Duluth. They have worked extensively with the Duluth Transit Authority to expand route access to grocery stores for residents and successfully advocated for the inclusion of food access and equity language in Duluth's comprehensive plan. FFA has also worked with local businesses, encouraging the Whole Foods Cooperative and Kwik Trip to build in or near the Lincoln Park neighborhood. This organization-level work also reflects the interests and priorities of community residents. FFA is committed to engaging authentically with community members and centering their work in equity as the work in close partnership with other organizations initiatives to improve the local food system.

Looking ahead

FFA has received new funding from St. Louis County's Statewide Health Improvement Program (SHIP) to continue their work engaging community residents to expand food access in the Lincoln Park area. Local hospitals have committed to supporting some of the farmers market programs. FFA plans to continue their policy conversations with the Duluth Transit Authority and city to reduce transportation barriers to purchasing healthy foods

We want to acknowledge the time spent by all HEiP-funded organizations to participate in the key informant interviews and other evaluation activities throughout the initiative. We appreciate their willingness to speak candidly about not only their successes, but also the challenges they have faced in their work.

Wilder Research

Information. Insight. Impact.

Wilder Research, a division of Amherst H. Wilder Foundation, is a nationally respected nonprofit research and evaluation group. For more than 100 years, Wilder Research has gathered and interpreted facts and trends to help families and communities thrive, get at the core of community concerns, and uncover issues that are overlooked or poorly understood.

451 Lexington Parkway North
Saint Paul, Minnesota 55104

651-280-2700 | www.wilderresearch.org

