



HEALTHY FOOD ACCESS: FRUITS, VEGGIES, AND MORE (2017-2018)

Fruits, Veggies and More Project Scope: NorthPoint's Fruits, Veggies, and More project, funded by the Greater Twin Cities United Way's Full Lives Initiative, strengthens food security in North Minneapolis through incentive-based food access model development, pilot testing, and scaling opportunities to enhance proximal and economic access to sufficient healthy, culturally-appropriate food on a year-round basis. The project will identify transportation solutions to increasing low-income residents' access to healthy, nutritious foods, when paired with incentives for purchase.

Recently, NorthPoint has implemented two well-developed incentive-based food access models to encourage greater consumption of fresh fruits and vegetables while providing nutrition education, clinical care and group-based peer-support for its clients and patients. The two models, (Wholesome Wave's *Fruit & Veggie Rx™* - Modified and re-named internally as *Fresh Food Access* and the *Veggie Prescription Program*; and The Healthy Savings Program) support behavioral and systems changes to facilitate healthy eating, and are aligned with the goals of the Minnesota Food Charter: a) Improved Food Skills; b) Food Affordability; c) Food Availability; d) Food Accessibility; and e) Food Infrastructure. Participants in NorthPoint's programs have identified **transportation** as being the most significant deterrent to accessing nutritious foods, even with financial support for purchasing the product.

NorthPoint's **Fruits, Veggies and More Project** seeks solutions to transportation challenges through limited updating of information reported in a North Minneapolis food system transportation study commissioned by Northside Fresh in 2011 and gathering new information. It will further test up to three options for reducing or removing transportation barriers to use of financial incentives for healthy food access, and explore options for scaling these models to larger populations, varied geographies, and/or varied community-based settings.

Phase 1 | April 2017 – December 2017 | Project Start-up and Model Development

Conduct a meta-evaluation of the recent food incentive programs at NorthPoint to identify program components critical to positive participant outcomes. Conduct limited update to transportation study to identify potential new opportunities for addressing transportation challenges. To the extent possible, document true costs associated with each program. Using a design-thinking approach, develop a hybrid healthy food incentive program based on these existing models. Research and develop alternative transportation barrier-reduction models to test in Phase 2 for effectiveness in increasing participants' use of incentives and consumption of fruits and vegetables. Develop and/or strengthen partnerships with fresh produce/healthy foods retailers for Phase 2, implementation and pilot testing.

Phase 2 | January 2018 to September 2018 | Implementation and Pilot Testing

Partner with retail grocers and delivery services to address the frequently identified barrier to participation, and to extend the incentive program from a seasonal opportunity partnering with farmers markets to year-round incentivized access to fresh produce. Implement the newly designed food incentive program and test it with a maximum of three alternative transportation options. Examples of transportation options to be identified in Phase 1 may include the following: modified public transit, shuttle services, grocer-run shuttles, mobile food carts, car pools, virtual supermarkets, home delivery, etc. The objective is to explore differences in participation and outcomes based on the options used.

Phase 3 | October 2018 to December 2018 | Program Scaling Exploration

Analyze and summarize pilot test findings – follow up with participants and project delivery staffs as needed. Convene a series of facilitated discussions of pilot study findings to formulate recommendations for scaling to broader contexts. Develop a set of principles and/or recommendations for scaling the program to other food shelves, human services agencies, other community health centers and other geographies depending on findings from the first and second phases of the project.