

# HEALTH EQUITY GUIDE



A resource for implementing Food Charter strategies to ensure healthy food access for all



**Minnesota  
FOOD CHARTER**  
For Our Healthy Future



## WHAT IS THE MINNESOTA FOOD CHARTER HEALTH EQUITY GUIDE?

Food is a great way to improve health equity. This resource offers tools, information, stories, and strategies for community-based organizations and individual decision-makers wishing to improve access to healthy food for their communities.

**If you work with community members on food or health issues,** this guide offers important information to help you improve access to healthy food and reduce diet-related chronic disease for communities most affected by these issues.

**If you are part of a local or state institution or agency working on healthy food-related policy and systems changes,** this guide provides useful resources to effectively undertake health equity-oriented work in partnership with the communities you serve.

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# WHAT IS THE MINNESOTA FOOD CHARTER?

Minnesota's leaders in health, agriculture, hunger, and nutrition worked together with thousands of other Minnesotans to create the Minnesota Food Charter—a shared roadmap for creating access to healthy, affordable, and safe food for all of the state's residents.

Developed through a broad-based public process that included members of many of our state's diverse communities (such as tribal nations, new immigrant farmers, food workers, urban growers, youth, rural seniors, individuals with mobility issues, and limited-resource families), the Food Charter describes proven, actionable policy and systems changes that can alleviate root causes of health disparities and chronic disease in Minnesota. Encompassing nearly 100 strategies, the Food Charter has the power to strengthen food skills; create healthier food environments where we work, learn, live, and play; and build a healthy food infrastructure for all Minnesotans.

## WHY DOES THE MINNESOTA FOOD CHARTER FOCUS ON HEALTH EQUITY?

Not all Minnesotans are on a level playing field when it comes to healthy food access and diet-related disease. The Food Charter describes cultural and structural barriers experienced by these residents, offering proven strategies that address institutional and economic inequality, human rights concerns, and access to influence and decision-making.



“For coalitions and organizations striving to advance health equity, food can be a unifier, and a powerful way to make change.”

**Vayong Moua**  
Center for Prevention at  
Blue Cross and Blue Shield  
of Minnesota

## CALL TO ACTION



## LEARN

Explore Food Charter strategies designed to advance health equity



## SHARE

Distribute the Food Charter and Health Equity Guide to your partners



## ACT

Identify and implement Food Charter strategies that advance health equity and meet your objectives, using the Health Equity Guide and other resources to support your work

# FOOD CHARTER STRATEGIES

## ADVANCING HEALTH EQUITY

The Minnesota Food Charter contains many policy and system change strategies that are proven to be effective in advancing health equity from farm to table. These strategies can be implemented at all scales—from an individual organization or community to federal policy.

### FOOD SKILLS

Offer adequate support for curriculum development and use, teacher training, and school resources, toward the goal of basic food skills for every Minnesota middle-school student.

Increase funding available for schools to obtain necessary facilities upgrades, kitchen equipment or other food preparation and teaching resources.

Ensure adequate state and federal funding for healthy food skills-related education for SNAP/EBT and WIC participants.

Establish accessible, adequate gardening plots, equipment-lending libraries, garden education options, and seed and seedling giveaways.

Ensure support and training needed for tribal communities to host culture camps focusing on traditional foods and related teachings.

Offer knowledge and resources needed by food harvesters to harvest wild rice; catch, gather, and preserve fish, plant foods, and berries; and tap, process, and store maple syrup and sugar.

### FOOD ACCESSIBILITY

Include healthy food access as an important component of local governments' overall infrastructure and transportation planning.

Install and maintain sidewalks, metered crosswalks, and bike paths on routes that provide access to stores, hunger relief programs, farmers markets, community gardens, and other food sources.

Put bus routes near community food sources and coordinate bus schedules with those sources' open hours.

Ensure food stores and farmers markets are located in places easily reached by bus, bike, or foot.

Establish affordable food-delivery services that bring food from local stores and farmers' markets to seniors, individuals with mobility issues, and people without transportation.

Ensure ongoing, adequate support for existing food-delivery options, such as Meals on Wheels and free or reduced cost delivery services.

### FOOD AFFORDABILITY

Offer incentive programs for consumers, such as 'market bucks' and 'veggie prescription' programs for healthy food purchases at stores and farmers markets.

Streamline regulations so more farmers who sell food at farmers markets or elsewhere can accept WIC and SNAP/EBT.

Create incentives for Minnesota businesses to pay all employees living wages.

Develop a 'healthy food financing' initiative that provides funding, incentives, low-cost financing, and tax breaks for healthy food-related enterprises (such as new food stores offering affordable, healthy options in communities that need them, or regionally-focused food distribution companies).



## FOOD AVAILABILITY

Provide support (such as tax breaks or incentives) to stores, restaurants, and other places that serve and sell food to limit the number of unhealthy options and improve the availability of affordable, healthy foods, including foods familiar to people of many ethnicities.

Enact staple foods ordinances at state, county, or municipal levels to ensure corner stores and other small markets stock a greater variety and amount of healthy foods.

Offer affordably priced native products, such as wild rice, bison, and other traditional foods, at tribally owned facilities that sell and serve food, including casinos, meals programs, and stores.

Establish policies and incentives that limit the availability of unhealthy foods and increase the availability of healthy foods served in schools, childcare centers, group homes, and hospitals.

Offer native communities more nutritious, culturally familiar foods as part of USDA commodity program.

Increase the amount of healthy foods, decrease the amount of unhealthy foods, and provide a greater variety of healthy foods that are culturally familiar to customers distributed by food banks and food shelves.

Increase resources available to hunger relief programs for obtaining and storing healthy foods, including food grown by nearby farmers and foods familiar to customers' cultures.

Permit hunger relief programs to choose to accept or redistribute food supplied by food banks, in order to meet healthy food guidelines established by food shelves.

Strengthen community food assets, including community gardens, seed banks, community kitchens, and community-supported agriculture farms.

Provide a wider variety of food sources in communities with few options for healthy food, such as farmers' markets, mobile markets, or community-supported agriculture delivery sites.

## FOOD INFRASTRUCTURE

Increase investment in systems for season extension, season moderation, food preservation systems and technologies, including financing and grants for growers.

Secure resources for tribal nations to purchase equipment and develop businesses that support harvesting wild rice; catching, gathering, and preserving fish, plant foods, and berries; and tapping, processing, and storing maple syrup.

Create technical assistance and training opportunities for farmers to sell new products and access new markets.

Implement farmland-access recommendations developed by organizations that serve farmers. For example, prioritize family farms in local comprehensive plans, building codes, land use and restrictions, taxing structures, and other local policy initiatives.

Establish affordable statewide liability, specialty crops, and health insurance programs for small farmers.

Create and offer training (classes and written materials) in multiple languages, with a focus on basic farm ownership, food production, and farm management skills.

Provide comprehensive, culturally appropriate training for small entrepreneurs who sell foods at cultural events, such as powwows, community feasts, and farm-based dinners.

Disseminate information and conduct training for food and farm-related workers on federal and state labor laws, with accompanying promotion and materials in multiple languages. Improve enforcement, training, and dissemination of federal and state labor laws and workplace and food safety regulations—including promotion and materials in multiple languages.

Develop comprehensive policy and related resources to ensure adequate housing for workers employed seasonally in agriculturally-related businesses.

Strengthen relationships between federal agencies and tribal communities to increase access to agency resources that support tribal communities' traditional foods practices.

Meet sovereign tribal nations' stated needs for food safety education, food protection, and foodborne illness response.

Establish councils of traditional foods gatherers to advise tribal communities on food-related needs and issues.

Support food policy councils at local, regional, and state levels.

Develop comprehensive policy and related resources to ensure adequate housing for workers employed seasonally in agriculturally-related businesses.

“Healthy food means a connection to the source of your food, having access to beneficial, culturally-specific foods and having a safe place to enjoy them with your family and loved ones.”

**DeVon Nolen**

*Food Activist; Farmers Market Manager,  
West Broadway Farmers Market*

# HOW DO WE DO IT?

## FOOD CHARTER STORIES IN ACTION

Many Minnesotans are working together to provide everyone with the healthy, safe, and affordable food they need. These efforts seek to create healthy food environments where we work, live, learn, and play; build stronger food skills; and support farmers and workers who make these healthy foods possible. To help you think about what you can do, here are some examples of people who have put Food Charter strategies to work in their communities.



### FARM *to* CHILDCARE

According to the Institute of Medicine, nearly 30% of young children in the US are overweight, an indicator for adult obesity and diet-related chronic disease. Because it's never too early to develop healthy eating habits, child care centers are a great place for young children to learn about and eat healthy food. In St. Paul, a thoughtfully developed, culturally responsive partnership between the Institute for Agriculture and Trade Policy, the Community Action Partnership of Ramsey & Washington Counties Head Start, and the Hmong American Farmers Association (HAFA) is bringing farm-fresh food to children at Head Start centers. These Head Start centers reach children who are more likely to suffer from hunger and poor access to healthy food.

Every two weeks a new food item grown at the nearby HAFA farm is part of the centers' menus. The project also sponsors visits for the children and their families to the farm, where they harvest food and do other hands-on activities. The farm visits help children learn about the food they eat and connect to the farmers who grow it. Research shows that a diet high in healthy foods can set the stage for a lifetime of health.

### FOOD CHARTER STRATEGIES

Increase number and capacity of farm-to-school programs.

Establish policies and incentives that limit the availability of unhealthy foods and increase the availability of healthy foods served in schools, child care centers, group homes, and hospitals.

# HEALTH

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# on the SHELF

Because healthy food can be more expensive and harder to get than unhealthy food, low-income people run a higher risk of obesity and diet-related diseases. That's why it's important that food shelves offer healthy options.

That's why Bloomington's Division of Public Health partnered with VEAP, Minnesota's largest food shelf, to change its donation system to highlight healthy food options. These partners also developed a new kitchen at VEAP, where cooking classes and food samples using healthy foods available in the pantry help food shelf clients use the healthy food offered to them. "While many people know what foods are needed for a healthy diet, cooking healthy meals on a limited budget can be very challenging," said Joan Bulfer, Public Health Division nutritionist.

VEAP now freezes donated fresh produce for year-round distribution and has updated how they accept this food to streamline collection of donated produce from gardeners and farmers markets. "We are very proud of this project because many community stakeholders worked together to create its great success and broad reach," said María Regan Gonzalez, Health Promotion Specialist with the Public Health Division.



## FOOD CHARTER STRATEGIES

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Increase the amount of healthy foods, decrease the amount of unhealthy foods, and provide a greater variety of healthy foods that are culturally familiar to customers distributed by food banks and food shelves.

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Increase resources available to hunger relief programs for obtaining and storing healthy foods, including food grown by nearby farmers and foods familiar to customers' cultures.

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Permit hunger relief programs to choose to accept or redistribute food supplied by food banks, in order to meet healthy food guidelines established by food shelves



# GROCERY BUS

Research shows that low-income communities lacking easy access to a full-service grocery store are more likely to have disproportionately higher rates of obesity and diet-related chronic disease. An innovative collaboration—The Fair Food Access Campaign—involving neighborhood residents and a number of community agencies including the Zeitgeist Center for Arts & Community, CHUM, Duluth LISC, Community Action Duluth, and the Duluth Community Garden Program, shows promise in addressing healthy food access as a way to combat this public health issue. Not only did this low-income neighborhood lack a proper grocery store, they reported, but there were also none to be found even within a mile’s walk, requiring many neighborhood residents to rely on unhealthy and over-priced food choices available at nearby convenience stores.

Though Lincoln Park still lacks a full-service grocery store, neighborhood residents can now take advantage of a new Duluth Transit Authority Express bus route that takes them directly to a West Duluth supermarket, thanks to a pilot program funded by the DTA with funds to support community engagement from the Center for Prevention at Blue Cross and Blue Shield of Minnesota. Buses with bins to hold bags of groceries travel the route several times each Tuesday, giving neighborhood residents without vehicles easier access to healthy, reasonably priced food.

## FOOD CHARTER STRATEGIES

Include healthy food access as an important component of local governments’ overall infrastructure and transportation planning.

Ensure food stores and farmers markets are located in places easily reached by bus, bike, or foot.



SOURCE: Britannica, Online Leech Lake Reservation

# GROWING & GATHERING

## FOR BETTER HEALTH

Tribal communities suffer disproportionately from diet-related diseases—resulting from a long, painful history of colonization that persists today. Tribal members of the Leech Lake Reservation are addressing food-related health issues with a multi-pronged approach to growing and gathering.

A Leech Lake Tribal College community garden with raised beds and a greenhouse serves as a model for community members interested in growing fresh produce in their own gardens. Free community education classes use the garden to demonstrate principles of seed saving, companion planting, organic gardening, composting, and season extension.

The Leech Lake Band of Ojibwe has also partnered with the Red Lake Nation and the White Earth Tribal and Community College to sponsor events for community members on traditional practices for gathering foods such as wild rice, berries and mushrooms, teaching icefishing methods including decoy carving, and sessions on preparing and preserving these foods.

“Partnerships are what keep us going,” says Amanda Shongo of the Leech Lake Band Health Division. “Every couple of months we connect, and coordinate, and keep on the same page.”

## FOOD CHARTER STRATEGIES

Ensure support and training needed for tribal communities to host culture camps focusing on traditional foods and related teachings.

Offer knowledge and resources needed by food harvesters to harvest wild rice; catch, gather, and preserve fish, plant foods, and berries; and tap, process, and store maple syrup and sugar.

Establish accessible, adequate gardening plots, equipment-lending libraries, garden education options, and seed and seedling giveaways.

Increase adults’ opportunities to learn food skills at schools, worksites, community education classes, hunger relief programs, and food stores.

Increase investment in systems for season extension, season moderation, food preservation systems and technologies, including financing and grants for growers.

Invest in development and implementation of effective food systems planning for communities and regions across Minnesota.

# MAKING THE CASE FOR HEALTH EQUITY

Research reveals who we are, where we live, and how much we earn are the biggest factors in how likely we are to have obesity and diet-related chronic diseases; fair economic and social conditions for everyone can change this.

## WHAT WE FACE

This is particularly true in Minnesota, where we have one of the widest gaps in health between white residents and people of color in the nation.<sup>1</sup> According to the Minnesota Department of Health<sup>2</sup>, these health inequities arise from discriminatory policies and institutional racism, such as:

- **Wage disparities** that account for two-thirds of the racial income gap<sup>3</sup> and substantially higher poverty rates for children of color
- **Mortality rates** for African American and American Indian infants that are twice the rate of white infants
- **A racial divide in transit travel time**, affecting access to work, school, healthy food, and physical activity
- **Insufficient access to safe and stable housing**, including discriminatory mortgage lending and housing rental practices

- **Historical trauma**, resulting from longstanding institutionalized oppression, such as slavery and colonial federal policies toward Native American tribal nations
- **War, violence, and displacement** experienced by refugees
- **Unjust treatment** by law enforcement and the criminal justice system

## WHAT WE NEED

The Minnesota Department of Health recommends all Minnesotans need:

- Access to economic, educational and political opportunities
- The capacity to make decisions and effect change for themselves, their families and their communities
- Clean air, water, and soil and safe places to live, learn, work, and play
- Culturally competent and appropriate health care

## REAL-LIFE BARRIERS TO HEALTHY FOOD ACCESS



### INCOME & TRANSPORTATION

Many low-income people have limited access to affordable transportation and face lengthy travel times to reach sources of affordable, healthy food.



### INCOME & LANGUAGE

New immigrant farmers, who grow a lot of Minnesota's healthy, fresh food, lack reliable access to affordable farmland, seeds, equipment, and insurance. Language also presents a barrier, as many resources and organizations that serve farmers are only available in English.



### INCOME & HOUSING

Many food processing jobs in rural Minnesota are seasonal, temporary, and low-paying. Adequate, affordable housing for these workers is often unavailable and can lack space and equipment to store and prepare healthy food.



### ILLNESS

Many people who hunt and gather food—from deer to fish to wild rice to berries—suffer from long-term, devastating health effects caused by tick-borne diseases, on a dramatic rise in Minnesota. These illnesses can prevent people from getting and consuming these healthy foods, therefore increasing use of low-cost, unhealthy options.

<sup>1</sup>[minnesotabudgetbites.org/2014/04/30/all-hands-on-deck-for-health-equity/#.VfAjK1Viko](http://minnesotabudgetbites.org/2014/04/30/all-hands-on-deck-for-health-equity/#.VfAjK1Viko)

<sup>2</sup>[www.health.state.mn.us/divs/chs/healthequity/ahe\\_leg\\_report\\_020414.pdf](http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf)

<sup>3</sup>[policylink.app.box.com/equity-brief](http://policylink.app.box.com/equity-brief)

# SHARED UNDERSTANDINGS OF CHANGE AND HEALTH EQUITY

An important first step in health equity-focused Food Charter work is to have shared understanding among partners of important concepts. If you are a decision-maker or practitioner in a health-related agency, understanding viewpoints of community-based leaders working at the intersection of food, health, and agriculture can help you be an effective, responsive partner.

**EMPOWERMENT** How individuals, groups, or communities gain greater control over decisions and actions affecting their health

**FOOD JUSTICE** A food system controlled and determined by consumers who are a part of the system. Food produced in this system is nutritious, affordable, culturally appropriate, grown with care for the well-being of farmers, workers, land, and animals and communities exercising their right to grow, sell and eat healthy food

**FOOD SOVEREIGNTY** The right of peoples to healthy, culturally appropriate food grown through ecologically sound methods and to define their own food and agriculture systems (*Forum for Food Sovereignty. (2007). Declaration of Nyéléni. Sourced from: [www.nyeleni.org/spip.php?article290](http://www.nyeleni.org/spip.php?article290)*).

**HEALTH DISPARITIES** Differences in the incidence, prevalence, mortality and burden of disease and other adverse health conditions among specific population groups, including age, culture, gender, disability, geographical location, immigrant status, race/ethnicity, refugee status, socio-economic status, and sexual orientation. These differences often negatively affect groups experiencing systemic discrimination that creates greater socio-economic barriers to health

**HEALTH EQUITY** Reaching the highest level of health possible for all people, by valuing everyone with focused, ongoing efforts to address inequalities, historical and contemporary injustices, and elimination of health disparities

**HEALTH EQUITY LENS** Comparison of how more and less advantaged social groups are doing when considering individual and population health, including unique concerns of disadvantaged groups, such as impact of policies and practices on economic, social, and built environments that generate health inequities

**HEALTH INEQUITY** Avoidable, unjust differences in health status between more and less socio-economically advantaged groups, caused by systemic differences in social conditions that determine health

**POLICY, SYSTEMS AND ENVIRONMENTAL CHANGES** Changes to organizational and legislative policies, infrastructures, and physical environments to make healthy choices easier and accessible to all

**SOCIAL DETERMINANTS OF HEALTH** Social, economic and environmental factors influencing individual and population health. Inequities in distribution of money, power, and resources from local to global levels lead to differences in health outcomes

**STAKEHOLDER** Individual or group affected by the issue

**STRUCTURAL RACISM** A system of social structures that generates and perpetuates lasting, cumulative race-based inequities

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“Health is something we create as a society and as communities, not something an individual can purchase or produce alone.”

**Advancing Health Equity in Minnesota, Minnesota Department of Health 2014**



## ARE YOU A COMMUNITY-BASED ORGANIZATION?

Working on health equity or food justice? Interested in the Food Charter? Use this planning tool and reflect together with your partners to assess and adjust your approach for maximum impact.

### PARTNER

*Develop diverse, inclusive partnerships and leadership*

- Can you identify community members who understand or care about the issue you're addressing?
- Which community members have strong networks with people most affected by the issues being addressed?
- Which community members are comfortable working with institutional partners?
- Which partners connected to mainstream institutions can provide culturally competent resources, influence, and knowledge to help advance your work?
- Do lead staff represent the communities served by this effort?

### ENGAGE

*Involve affected stakeholders*

- How will community members be involved in the design, decision-making, and implementation of your work?
- How will you obtain, document, use, and share community input?
- How will materials and services be developed and shared with community members (e.g. single or multiple languages, online or printed media, etc.)?

### LEARN

*Understand key concepts for effective, food-focused health equity work*

- Do your partners understand how structural inequality results in health disparities for communities you serve?
- Do your partners understand how health disparities experienced by the community it serves are connected to food justice and the affordability, accessibility, and availability of healthy food?
- Do your partners understand the food system, its impact on health, food justice, and 'big lever' strategies that can benefit communities they serve?
- Do your partners understand how policy and systems changes can improve health outcomes for communities experiencing health disparities?

### SHOW

*Use data and promising practices to explain needs and identify best approach*

- Which data or types of evidence help explain the need for your health equity work?
- What do the data or evidence tell you about the population that is most affected by the problem or the goal?
- Which specific populations benefit and which are burdened by programs or policies that are currently in place?
- How will you assess whether or not your work reflects the interests and needs of various communities?

### ACT

*Identify strategies and target resources to address root causes of health disparities*

- What is the problem you're trying to solve or the goal you're trying to achieve through collaboration?
- What is the program or policy that is proposed or currently in place that relates most closely to the problem or the goal?
- What Minnesota Food Charter challenges and strategies address your health equity priority?

### TELL

*Make the case and share stories of success and impact*

- Do you have a communications plan with goals, target audiences, key messages, supporting data, appropriate channels for messaging, and trained spokespersons who are trusted messengers for the communities your effort serves?
- Do you have partners with communications experience who can help guide and implement your communications plan?

### MEASURE

*Address health equity in evaluation efforts*

- Do you have an evaluation plan in place that measures the impact and effectiveness of your strategies?
- Is the evaluation designed with health equity and inclusion in mind, so that the approach is useful and meaningful for stakeholders and partners served by this effort?



## ARE YOU A LOCAL OR STATE INSTITUTION?

Are you a public health practitioner? Elected or appointed official? Government staff working on health equity? Use this planning tool, reflecting with your partners to assess and adjust your approach for effective food-focused health equity work.

- What are the strengths of your proposed collaboration?
- In your proposed collaboration, where are there gaps in representation and reach within the communities you wish to impact? Who are potential partners capable of filling these gaps?
- How can you be as inclusive as possible in planning the program?
- Do your partners from mainstream institutions have knowledge and experience working across cultural difference?
- Are community members involved as partners provided stipends for their contributions? Are meetings scheduled around their availability and located conveniently for them?

- Are your engaged stakeholders members of the cultural communities this effort serves?
- Are engagement activities scheduled in locations and at times that are more convenient for the community than your agency?

- Do staff and partners understand how structural inequities result in health disparities for communities you serve?
- Have you evaluated how diversity and structural racism are addressed within your organization? Do you have an equity workplan in place to address this?
- Do your partners understand frameworks and approaches to food justice and healthy food access preferred by communities they serve?

- Which specific populations benefit and which are burdened by proposed programs or policies?
- What are you trying to change over time?
- How would your efforts affect the community you serve?

- How does your intended approach reflect a health equity lens?
- What specific, proven policy and systems change strategies can you find that can serve as a model to address your health equity priority?
- What funding or resources are available to support your work?
- Do you provide the community with the technical assistance and training needed to communicate and build support for ongoing efforts?

- Do you have a systematic way to determine the effectiveness of your communications efforts?
- Does your communications plan target influencers who can help your effort?
- Does your communications plan target stakeholders served by your effort?

- Do you use evaluation findings to help strengthen your organization's capacity to undertake health equity-focused work?
- Do you use evaluation findings to adapt your approach as you go to understand what works, for whom, under what conditions, and to determine whether health inequities have decreased, increased, or remained the same?
- Do you share the results of your evaluation with the communities served by your effort through trusted sources and messengers?

# COMMUNICATING HEALTH EQUITY

Effective communication is important; a solid communications plan can make the difference between success and failure. Be strategic!

## STEPS FOR EFFECTIVE COMMUNICATION

### 1 IDENTIFY FOOD CHARTER STRATEGIES

Pick actions that work for you and your partners.

### 2 IDENTIFY COMMUNICATIONS GOALS

Establish shared agreement about what your communications effort should achieve and how you'll measure progress.

### 3 DEVELOP BRAND AND POSITION

Create a brief, clear description of who you are, what you're doing, and what you're trying to achieve, like an attractive, one-page fact sheet. Make sure it justifies the need for your work; data can help. Use consistent font and language in writing and speaking. Have a website or social media presence.

### 4 DEFINE TARGET AUDIENCES

ID specific audiences you'll need to inform and connect with to help foster change. Are there certain decision-makers who need more information? Stakeholders who support these changes (e.g., county commissioners, city council member, organizational decision-makers, legislators, committee members, etc.)?

### 5 CHOOSE CHANNELS AND TACTICS

ID best ways to reach your audiences and how best to use them. These 'channels' might include a key person with the right relationship, an event like a conference or meeting, a newsletter or Facebook page, or an email exchange or conversation at the right time with the right person.

### 6 DEVELOP MESSAGING

Here are some clear, simple key messages you can use for your communications work:

- Minnesotans lack equal access to healthy, safe, and affordable food where they live, learn, work, and play.
- There's a real cost to society when healthy, safe food isn't accessible and affordable for everyone, such as increased rates of obesity and diet-related diseases. As a result, healthcare costs rise for all of us, and worker productivity decreases due to poor health.
- Social and economic inequities are key contributors to diet-related health disparities and need to be eliminated to create health equity for all. Structural racism (historical, cultural, and institutional dynamics that routinely advantage white people and produce ongoing, adverse outcomes for people of color and American Indians) results in disproportionately higher rates of obesity and diet-related chronic disease for many Minnesotans.
- Identifying and implementing policies and programs that can address these costly, unfair health inequities will improve everyone's health.
- Together, Minnesota's leaders in health, agriculture, hunger, and nutrition, with thousands of other residents, created a roadmap—the Minnesota Food Charter—that, if followed, will ensure all Minnesotans have access to healthy, safe, and affordable food.
- The Minnesota Food Charter offers many policy and systems change strategies that address diet-related health disparities and advance health equity for all.

### 6 EXECUTE PLAN

Create and follow your plan, using channels and tactics to convey your message in a systematic way. Monitor and share progress based on your goals.

## NEED HELP?

This helpful resource from the W.K. Kellogg Foundation provides an easy-to-use template to create a strategic communications plan and tactics.

[www.wkkf.org/resource-directory/resource/2006/01/template-for-strategic-communications-plan](http://www.wkkf.org/resource-directory/resource/2006/01/template-for-strategic-communications-plan)

## RESOURCES AND TOOLS

**MINNESOTA FOOD CHARTER** A shared roadmap developed by thousands of Minnesotans with proven policy and systems changes that will improve access to safe, affordable, and healthy food for all.  
[www.mnfoodcharter.com](http://www.mnfoodcharter.com)

**ADVANCING HEALTH EQUITY IN MINNESOTA: A REPORT TO THE LEGISLATURE** Describes how health disparities resulting from structural racism disproportionately impact people of color and tribal nations in Minnesota. (*Minnesota Department of Health, 2014*)  
[www.health.state.mn.us/divs/chs/healthequity/ahe\\_leg\\_report\\_020414.pdf](http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf)

**A PRACTITIONER'S GUIDE FOR ADVANCING HEALTH EQUITY: COMMUNITY STRATEGIES FOR PREVENTING CHRONIC DISEASE** Offers tools and stories of policy and systems changes that improve health outcomes for communities experiencing health disparities (*Centers for Disease Control, 2013*)  
[www.cdc.gov/nccdphp/dch/pdf/HealthEquityGuide.pdf](http://www.cdc.gov/nccdphp/dch/pdf/HealthEquityGuide.pdf)

**BETTER HEALTH THROUGH EQUITY: CASE STUDIES IN REFRAMING PUBLIC HEALTH WORK** Provides effective approaches, helpful ways to use data, and effective examples of health equity work (*American Public Health Association, 2015*)  
[www.apha.org/~/\\_/media/files/pdf/topics/equity/equity\\_stories.ashx](http://www.apha.org/~/_/media/files/pdf/topics/equity/equity_stories.ashx)

**HEALTHY PEOPLE 2020: EXPLORE RESOURCES RELATED TO THE SOCIAL DETERMINANTS OF HEALTH** Webpage with numerous resources for health equity-oriented community-based policy and systems changes (*US Department of Health and Human Services*)  
[www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/addressing-determinants](http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/addressing-determinants)

**COMMUNITY TOOLBOX: HEALTH TOOLS FOR COMMUNITY-BASED ORGANIZATIONS COMMUNITY TOOLBOX** One-stop website with many best practices, resources, and tools to undertake effective community-based health equity work (*Work Group for Community Health and Development, University of Kansas*)  
[ctb.ku.edu/en](http://ctb.ku.edu/en)

**TOOLS FOR COMMUNITY ACTION** Resources for effective grassroots collaboration, planning, strategic communications, evaluation, and other aspects of food justice and health equity work (*Centers for Disease Control*)  
[www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/](http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/)

**RACIAL EQUITY RESOURCE GUIDE** Offers data, curriculum, resources, and tools to help people and organizations achieve racial equity. (*W.K. Kellogg Foundation*)  
[www.racialequityresourceguide.org/index.cfm](http://www.racialequityresourceguide.org/index.cfm)

**RACIAL EQUITY GUIDE** Helpful organizational assessment tools for health equity work (*City of Seattle*)  
[www.seattle.gov/Documents/Departments/RSJI/RacialEquityGuide\\_FINAL\\_August2012.pdf](http://www.seattle.gov/Documents/Departments/RSJI/RacialEquityGuide_FINAL_August2012.pdf)

**HEALTH EQUITY RESOURCE GUIDE FOR STATE PRACTITIONERS ADDRESSING OBESITY DISPARITIES** Provides tools and information for public health agencies working on health equity issues (*Centers for Disease Control*)  
[www.cdc.gov/Obesity/Health\\_Equity/pdf/toolkit.pdf](http://www.cdc.gov/Obesity/Health_Equity/pdf/toolkit.pdf)

**RACIAL EQUITY IN THE FOOD SYSTEM** A report describing policy and systems changes that will reduce racial injustice in the US food system (*Center for Social Inclusion*)  
[www.centerforsocialinclusion.org/ideas/food-systems/](http://www.centerforsocialinclusion.org/ideas/food-systems/)

**FEEDING OURSELVES: FOOD ACCESS, HEALTH DISPARITIES, AND THE PATHWAYS TO HEALTHY NATIVE AMERICAN COMMUNITIES** A report describing policy and systems changes to improve healthy food access for tribal nations (*Echo Hawk Consulting, 2015*)  
[www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm\\_475566](http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_475566)

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For more information on research, references, and findings associated with the Minnesota Food Charter and a digital copy of the Minnesota Food Charter Health Equity Guide, go to [www.mnfoodcharter.com](http://www.mnfoodcharter.com) or contact [info@mnfoodcharter.com](mailto:info@mnfoodcharter.com)



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