



Living Well

Neighborhoods have amenities to meet daily needs and live a healthy life.

What strategies are working?

ACCESS TO HEALTHY FOOD IS IMPROVING.

- The number of farmers markets has expanded. There are 35 markets throughout the city.
- With farmers markets accepting EBT (Electronic Benefit Transfer) cards and market bucks, low income households have greater access to fresh food. Lower income families are seeing that healthy food and farmers markets aren't just for rich people.
- The food and veggie RX enables families to get a prescription for fruits and vegetables. Because the prescription is calculated on family size, they can get more produce than they could otherwise afford.
- Community gardens are enabling households to grow their own produce.
- Interest in gardening is expanding. Thanks to the work of the City Health Department, the University of Minnesota and master gardeners, we went from one public housing high rise test garden to more than six gardens.
- We are finding new ways to share food. Groups have created a free food market and distributed food via a mobile food stand on a bicycle. Food left over at one market can be taken to another market.

THE BENEFITS OF COMMUNITY GARDENING EXTEND BEYOND THE ACT OF GARDENING.

- Community gardens make it easier for people to come together. People want to know who their neighbors are, and community gardens offer a place to meet neighbors in a casual atmosphere.
- Thanks to community gardens, new partnerships between neighborhood organizations and community groups have developed.
- Community gardening has spurred a greater consciousness about our air, water and environment.

WE BENEFIT FROM AN EXPANDED CONCEPT OF COMMUNITY INVOLVEMENT.

- There is a healthy mix of involvement — from high level community involvement on policies and ordinances to grass roots neighborhood activities. We benefit from community-led initiatives.
- When conflict arises, there is an effort to hear different perspectives. The system is not afraid of the community perspective. We can challenge the system in a positive way. When solutions come from those who are most affected, the outcome is better than a solution imposed by an institution. We are engaged. We learn from our mistakes. It may seem chaotic, but this is a positive development.
- We are doing a better job of including youth in our decision-making process. Many organizations are involving youth. Investing in young people is an effective vehicle for long-term change. For example, asking the kid with the lemonade stand to present a business plan helps that child succeed in the short term and gain a broader consciousness about how the world works.

BICYCLING, WALKING AND WELLNESS SERVICES ARE EXPANDING.

- Bike lanes are making biking safer and encouraging more people to bike. Neighborhood bike caravans are helping people get interested in biking for transportation.
- Nice Ride, the bicycle sharing service, listened to concerns about inadequate access in some areas. Now there are Nice Ride stations on the Southside. Nice Ride boosted participation on the Northside by partnering with community organizations, offering free test rides and giving away bike helmets.
- Free yoga, Zumba and fitness classes are offered at parks in neighborhoods that lack access to gyms.
- There is a greater commitment to ensure snow is cleared from sidewalks and bus stops, especially in areas with a high population of elderly people.
- Head Start is offering wellness checks and dental services to preschoolers.

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What strategies are not working?

OUR APPROACH TO THIS GOAL IS TOO WEAK.

- Using the term “amenities” in this goal isn’t appropriate. Access to public transportation, fresh food and safe housing is an essential – not an amenity. We need to talk about equity in stronger terms.
- Rather than making a commitment to solve problems, we rely upon goodwill efforts. This results in sporadic services that don’t solve disparities in housing, jobs and health care.
- The corner garden isn’t a solution: we still have hunger. We have a consciousness about issues such as hunger, but to make real change, we have to do more.

KEY ELEMENTS OF HEALTHY NEIGHBORHOODS ARE MISSING OR ARE IN SHORT SUPPLY.

- We lack affordable housing. There is a huge waiting list for affordable housing.
- People are being priced out of their neighborhood.
- Minneapolis lacks indoor play areas where kids can be active when it’s rainy or cold. Families have to leave the city to find an indoor park.
- Internet access is not equitable. With so much reliance upon website information and online applications, internet access is a necessity, not an amenity. There’s also a huge gap in services to help people learn to use computers.

LANGUAGE REMAINS A BARRIER.

- The City’s website is primarily in English, yet that’s where key information for immigrants is posted.
- The City makes important decisions at meetings that are held entirely in English. When major decisions are debated without interpretive services available, we are leaving non-English speakers behind.

THERE ISN’T ENOUGH FOCUS ON MAKING WALKING SAFER.

- There are areas where there is no safe place for pedestrians to cross the street. It doesn’t make sense to ask pedestrians — especially seniors and individuals with disabilities — to walk a few extra blocks to find a safe crossing area.
- We don’t recognize that walking is a form of transit. We don’t focus enough on pedestrians and their need to have safe ways to walk to places that provide food, health care and other necessities.

INADEQUATE TRANSPORTATION LIMITS OPPORTUNITIES.

- Access to health care, fitness centers and wellness programs is hindered by lack of public transportation. If you can’t get to a clinic for preventive health care or to a community center for a free fitness class, your health is jeopardized. We put too much emphasis on cars even when many households don’t have a car or only have one car.
- Bike lane markings are confusing. It’s hard to decipher what the markings mean.

HEALTH CARE DISPARITIES LIMIT THE ABILITY TO MAINTAIN OR IMPROVE HEALTH.

- There are too many instances where health care providers automatically assume that their minority and low income patients are using drugs. These patients don’t have the support system or confidence to protest this insulting assumption and ask to be treated with dignity.
- There is no spectrum of care for people facing long term health challenges, such as diabetes. They get a diagnosis at their first appointment, but aren’t given access to wellness services to ensure they manage their disease properly.
- The American Indian community faces an epidemic of heroin use. Intervention and preventive services are lacking. There aren’t enough beds for treatment. When people are released from inpatient treatment, there aren’t services to help them make a successful transition back to daily life.

Working in partnership, what strategies could we pursue?

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HELP PEOPLE HELP THEMSELVES.

- Help people understand the system and build community organizing skills so they can effectively advocate for change.
- Offer programs to teach people how to use computers to seek information and submit online applications.
- Ensure that public housing facilities offer free internet access.

TAKE ACTION TO IMPROVE PEDESTRIAN AND BICYCLIST SAFETY.

- Improve signage to help drivers better understand what bike lane markings mean.
- Ask for donated public relations services to launch a pedestrian safety campaign. Encourage drivers to avoid turning in front of pedestrians.

IMPROVE SERVICES THAT HELP RESIDENTS WITH HOUSING AND TRANSPORTATION.

- Offer a renter advocacy service to help renters get housing problems corrected.
- Support Regulatory Services' work to deal with bad landlords and improve substandard housing.
- Work to ensure an adequate supply of affordable, multi-family housing.
- Advocate for bus routes that go to supermarkets. Consider offering a voucher to ensure residents have one free weekly bus trip to buy food.

RETHINK HOW WE APPROACH COMMUNITY GARDENS AND THE DISTRIBUTION OF LOCALLY GROWN FOOD.

- Find ways to ensure community garden produce is sold or donated, rather than wasted. Consider changing the policy that prohibits the sale of produce grown on City lots.
- Incorporate an economic development component into community gardening. Allow the sale of community garden products, possibly with kids selling produce to earn some money for themselves. Find ways to grow food year-round. Involve youth and non-English speakers in winter food production.
- Encourage the Community Planning and Economic Development (CPED) department to change its policies regarding how lots are made available for urban farming. Re-evaluate requirements for leases, insurance and licensing so that more land can be made available for urban farming.
- Coordinate efforts between CPED and Homegrown Minneapolis to ensure information about lot availability is accurate.

HELP ENSURE ACCESS TO HEALTH CARE AND WELLNESS RESOURCES.

- Offer preventive health and dental care services in schools.
- Use mobile units to bring health services such as diabetes screening, mammograms, etc. to neighborhoods.
- Form a partnership between the City and the tribal community to offer drug intervention and treatment services.
- Advocate for a full spectrum of care for people facing long term health challenges, such as diabetes. Ensure these patients know about community wellness resources so they can manage their disease.
- Use the City's financial leverage to get hospitals and clinics to invest resources to ensure access to medical care and wellness resources.
- Support minorities and low income people in their efforts to advocate for fair and respectful treatment from health care providers. Teach health care professionals to avoid stereotyping these patients.

OFFER BETTER SERVICES TO NON-ENGLISH SPEAKERS.

- Translate more sections of the City's website into Spanish, Somali and Hmong so these non-English speakers know their rights and understand how to access services.
- Offer interpretive services at all meetings where key policy decisions or major actions are being discussed. That way, the people impacted by the decision are included.

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- Make sure all City departments make translation/interpretation services available.
- Improve street signs and traffic signals so they are less confusing to non-English speakers.

This conversation had representatives from City Coordinator's office, Community Planning and Economic Development, Health Department, Neighborhood and Community Relations, Gardening Matters, Highrise Residential Council and Waite House.