

NORTH MINNEAPOLIS PRODUCE PRESCRIPTION

Landscape Report
August 2025

Plant
Based
Diet

Private Collection
Free Community
**RECIPE
BOOK**

guide to preparing delicious
plant-based meals

Prepared by:



Asian Media Access



FREEDOMWORKS
RECONSTRUCTING TO OUR FAMILY + COMMUNITY

**Lotus Health
Foundation**

EXECUTIVE SUMMARY

North Minneapolis faces a critical public health crisis characterized by disproportionately high rates of obesity, chronic diseases, and food insecurity that demands immediate and comprehensive intervention through culturally responsive Produce Prescription programs. This landscape report presents compelling evidence demonstrating that residents of the Camden (zip code – 55412) and Near North (zip code – 55411) neighborhoods experience significantly worse health outcomes compared to Hennepin County and the state of MN overall, with structural inequities and food access barriers serving as primary drivers of these disparities.

The analysis reveals that 72.2% of North Minneapolis residents are overweight or obese compared to 59.4% county-wide, while diet-related chronic diseases affect residents at rates 36-50% higher than county averages (SHAPE 2022 - Hennepin County Adult Data Book, Tables 1, 6, 7, 9). Also concerning is the fact that 74.7% of North Minneapolis residents surveyed by AMA have never heard of Produce Prescription programs, indicating a massive gap in awareness and access to potentially life-saving nutrition interventions (Asian Media Access' Cultural Diet & Nutrition Fair Survey, December 2024).

The landscape report also reveals that Asian and African communities in North Minneapolis face compounding health crises that make Produce Prescription programs not just beneficial, but essential for community survival. The data demonstrates that these communities experience the most severe health disparities in Hennepin County, with structural barriers that require targeted interventions addressing both immediate food access and long-term health outcomes.

Community input gathered through surveys and focus groups reveals that 70.8% of residents prefer voucher-based distribution systems that preserve choice and dignity while enabling access to culturally appropriate foods, providing clear guidance for program development that honors community preferences and values.

PART I: ADDRESSING HEALTH DISPARITIES THROUGH FRESH PRODUCE ACCESS

A. The Obesity and Overweight Crisis in North Minneapolis

North Minneapolis faces an unprecedented obesity crisis that serves as the foundation for numerous other health complications affecting community residents across generations. According to the SHAPE 2022 Hennepin County Adult Data Book, only 25.6% of Camden and Near North residents maintain a healthy weight, compared to 39.0% county-wide, representing a 13.4 percentage point disparity. Further, 38.1% of residents are classified as overweight compared to 34.4% county-wide, and 34.1% classified as obese compared to 25.0% county-wide. When combined, these statistics demonstrate that nearly three-quarters (72.2%) of Camden and Near North residents struggle with excess weight, compared to 59.4% county-wide, representing a 12.8 percentage point disparity and demonstrating the severity of the crisis. These outcomes reflect decades of structural disinvestment and systemic barriers to healthy living, underscoring the urgent need for comprehensive intervention addressing both individual and structural factors contributing to poor health outcomes (SHAPE 2022, Table 9).



Weight status based on Body Mass Index (BMI) calculation

Table 9	Sample Size	Underweight	Healthy weight	Overweight	Obese
	N	% ± 95% C.I.	% ± 95% C.I.	% ± 95% C.I.	% ± 95% C.I.
Hennepin County total	8,381	1.6% ± 0.4	39.0% ± 1.5	34.4% ± 1.5	25.0% ± 1.3
Minneapolis	3,782	2.4% ± 0.9	40.6% ± 2.3	32.4% ± 2.2	24.7% ± 2.0
Camden, Near North	1,007	*2.2% ± 1.6	25.6% ± 4.9	38.1% ± 4.6	34.1% ± 4.4
Central, Northeast, University, St. Anthony	938	*2.6% ± 2.3	43.5% ± 4.4	33.4% ± 4.2	20.5% ± 3.5
Phillips, Powderhorn	1,003	3.7% ± 2.1	38.3% ± 4.4	30.4% ± 4.2	27.6% ± 4.0
Calhoun-Isles, Longfellow, Nokomis, Southwest	834	*1.6% ± 1.4	45.1% ± 4.3	30.0% ± 4.2	23.3% ± 4.0
Selected race/ethnicity					
American Indian or Alaska Native	307	^2.0% ± 3.9	23.0% ± 7.6	28.8% ± 7.5	46.1% ± 8.4
Hispanic or Latino/a	425	^2.5% ± 3.1	23.3% ± 6.6	38.6% ± 7.3	35.6% ± 7.2
Non-Hispanic					
Asian or Asian American	323	^2.9% ± 7.0	45.6% ± 8.0	37.5% ± 8.4	14.0% ± 6.3
Southeast Asian	112	^1.8% ± 5.2	43.0% ± 13.1	32.4% ± 14.1	22.9% ± 12.9
Black or African American	921	*0.7% ± 0.5	25.3% ± 5.0	33.0% ± 5.1	40.9% ± 5.4
US-born Black	621	^0.8% ± 0.9	20.6% ± 6.2	28.9% ± 6.4	49.7% ± 6.7
Foreign-born Black	296	^0.6% ± 0.9	30.8% ± 8.3	38.0% ± 8.5	30.6% ± 8.9
White	5,970	1.4% ± 0.5	39.4% ± 1.8	34.9% ± 1.8	24.4% ± 1.6

The weight crisis disproportionately affects communities of color within North Minneapolis, with racial disparities that reveal the intersection of structural racism, economic disinvestment, and health outcomes. American Indian residents experience obesity at a rate of 46.1%, while US-born Black residents face a 49.7% obesity rate, and Hispanic/Latino residents experience a 35.6% obesity rate, compared to White residents at 24.4% (SHAPE 2022, Table 9 demographic breakdowns). These disparities reflect decades of discriminatory policies that have concentrated poverty, limited access to healthy food retail, restricted recreational opportunities, and created environmental conditions that make maintaining healthy weights significantly more challenging for residents of color. The obesity crisis in North Minneapolis cannot be understood as a matter of individual choices or personal responsibility, but rather as the predictable outcome of structural inequities that limit residents' access to the resources, opportunities, and environments necessary for healthy living.

Environmental and structural factors create multiple barriers to healthy weight maintenance that require systematic intervention rather than individual behavior change approaches. The food environment in North Minneapolis has been shaped by decades of grocery store redlining and disinvestment, creating food deserts where residents have limited access to full-service grocery stores offering fresh, affordable produce while fast food establishments and corner stores with processed food options proliferate throughout the community.

Economic constraints force many residents to prioritize calorie quantity over nutritional quality when making food purchases, while time poverty resulting from multiple jobs, caregiving responsibilities, and limited transportation options restricts opportunities for meal planning, preparation, and regular physical activity. The built environment presents additional challenges, with limited access to safe recreational facilities, parks that may lack maintenance or feel unsafe due to inadequate lighting or supervision, and neighborhood infrastructure that does not support walking, cycling, or other forms of active transportation that could contribute to healthy weight maintenance.

B. Disproportional Chronic Diseases Among Northside Residents

Residents of North Minneapolis experience significantly worse health outcomes across multiple indicators, creating a pattern of health inequity that demands immediate intervention through comprehensive approaches addressing both medical care and social determinants of health. The SHAPE 2022 data reveals that only 37.6% of Camden and Near North residents report very good or excellent health compared to 55.4% county-wide, representing an 18 percentage point health disparity gap that reflects profound systemic inequities affecting community well-being. The inverse relationship demonstrates the severity of the health crisis, with 22.9% of Camden and Near North residents reporting poor or fair health compared to just 13.2% across the county, meaning that Northside residents experience poor health at nearly double the county rate (SHAPE 2022, Table 1). These disparities indicate not only that residents face significant health challenges but also suggest limited access to preventive care, early intervention services, and chronic disease management programs that could improve health outcomes and quality of life.

Q: Summary measures Overall health

Table 1	Very Good or Excellent Health		Poor or Fair Health		Frequent Mental Distress	
	N	% ± 95% C.I.	N	% ± 95% C.I.	N	% ± 95% C.I.
Hennepin County total	8,528	55.4% ± 1.5	8,528	13.2% ± 1.1	7,961	14.2% ± 1.1
Minneapolis	3,892	52.8% ± 2.3	3,892	17.2% ± 1.8	3,549	20.0% ± 2.1
Camden, Near North	1,026	37.6% ± 4.6	1,026	22.9% ± 4.2	910	26.8% ± 5.4
Central, Northeast, University, St. Anthony	951	56.7% ± 4.3	951	15.8% ± 3.3	891	18.8% ± 3.5
Phillips, Powderhorn	1,077	42.1% ± 4.2	1,077	24.0% ± 4.0	933	21.6% ± 4.0
Calhoun-Isles, Longfellow, Nokomis, Southwest	838	61.1% ± 4.4	838	12.6% ± 3.7	815	17.9% ± 4.1
Selected race/ethnicity						
American Indian or Alaska Native	310	28.1% ± 8.1	310	29.4% ± 7.3	272	20.7% ± 6.4
Hispanic or Latino/a	493	40.9% ± 7.0	493	28.7% ± 6.4	348	22.1% ± 7.8
Non-Hispanic						
Asian or Asian American	325	52.3% ± 8.0	325	13.0% ± 5.6	297	14.3% ± 7.0
Southeast Asian	115	37.0% ± 12.9	115	*17.9% ± 11.2	103	*15.2% ± 14.7
Black or African American	970	46.7% ± 5.3	970	21.6% ± 4.1	817	15.9% ± 4.3
US-born Black	632	36.1% ± 6.9	632	27.2% ± 6.0	549	22.9% ± 6.3
Foreign-born Black	332	58.5% ± 8.0	332	15.3% ± 5.8	265	*6.5% ± 6.2
White	5,988	59.0% ± 1.8	5,988	9.5% ± 1.1	5,808	11.9% ± 1.3

The diabetes epidemic in Camden and Near North neighborhoods represents one of the most urgent health challenges requiring immediate intervention through improved nutrition access and comprehensive chronic disease management. According to the SHAPE 2022 data, 11.4% of Camden and Near North residents have been diagnosed with diabetes compared to just 7.6% county-wide, representing a 50% higher rate that demonstrates the disproportionate burden of this preventable condition (SHAPE 2022, Table 7). Racial disparities within the diabetes data reveal even more concerning patterns, with American Indian residents experiencing diabetes at a rate of 22.7%, Black residents at 15.1%, and Southeast Asian residents at 13.2%, compared to White residents at 6.3%. Additionally, 8.1% of Camden and Near North residents have been diagnosed with pre-diabetes or borderline diabetes, indicating a substantial population at immediate risk for developing full diabetes without intervention. Altogether, these statistics mean that over 19.5% of the community either has diabetes or faces immediate risk of developing the condition, representing a public health emergency that requires comprehensive intervention addressing both medical treatment and the social determinants that contribute to diabetes development and progression.

**Q: Have you ever been told by a doctor, nurse, or other health professional that you had...
Diabetes or sugar disease (Excluding gestational diabetes)**

Table 7	Sample Size	Ever had diabetes	Ever had borderline diabetes or pre-diabetes
	N	% ± 95% C.I.	% ± 95% C.I.
Hennepin County total	8,510	7.6% ± 0.8	7.8% ± 0.8
Minneapolis	3,884	7.2% ± 1.1	7.1% ± 1.1
Camden, Near North	1,015	11.4% ± 2.5	8.1% ± 2.3
Central, Northeast, University, St. Anthony	948	5.3% ± 1.7	6.9% ± 2.0
Phillips, Powderhorn	1,082	10.2% ± 2.5	6.5% ± 2.0
Calhoun-Isles, Longfellow, Nokomis, Southwest	839	5.8% ± 2.3	7.3% ± 2.5
Selected race/ethnicity			
American Indian or Alaska Native	312	22.7% ± 7.6	18.3% ± 7.7
Hispanic or Latino/a	491	14.0% ± 5.4	10.0% ± 5.7
Non-Hispanic			
Asian or Asian American	324	7.6% ± 4.3	*10.8% ± 6.4
Southeast Asian	113	*9.5% ± 9.2	*13.2% ± 12.5
Black or African American	966	15.1% ± 3.6	9.0% ± 3.4
US-born Black	627	16.3% ± 5.2	13.8% ± 5.5
Foreign-born Black	333	13.8% ± 5.6	^3.5% ± 4.6
White	5,978	6.3% ± 0.9	8.2% ± 1.0

Cardiovascular health disparities in North Minneapolis reflect the compound impact of chronic stress, limited access to healthy foods, economic insecurity, and structural health inequities that affect multiple generations of residents. The SHAPE 2022 data shows that 24.5% of Camden and Near North residents have been diagnosed with hypertension compared to 22.5% county-wide, and while this disparity appears smaller than diabetes rates, examination of racial breakdowns reveals more concerning patterns (SHAPE 2022, Table 6). American Indian residents experience hypertension at a rate of 37.1%, while Black residents face a 31.4% rate, demonstrating that communities of color within North Minneapolis bear disproportionate burdens of cardiovascular disease that contribute to premature mortality and reduced quality of life. These cardiovascular health challenges are directly linked to diet quality, with research consistently demonstrating that increased fruit and vegetable consumption can significantly reduce blood pressure and improve heart health outcomes, making Produce Prescription programs a critical intervention for addressing these disparities.



**Have you ever been told by a doctor, nurse, or other health professional that you had...
Hypertension, also called high blood pressure (Excluding gestational hypertension)**

Table 6	Sample Size	Ever had hypertension	Ever had borderline high or pre-hypertension
	N	% ± 95% C.I.	% ± 95% C.I.
Hennepin County total	8,532	22.5% ± 1.2	8.6% ± 0.9
Minneapolis	3,898	18.7% ± 1.7	7.5% ± 1.2
Camden, Near North	1,021	24.5% ± 3.6	6.6% ± 1.9
Central, Northeast, University, St. Anthony	949	14.3% ± 2.5	6.2% ± 2.1
Phillips, Powderhorn	1,084	22.0% ± 3.8	6.3% ± 1.8
Calhoun-Isles, Longfellow, Nokomis, Southwest	844	18.8% ± 3.7	9.7% ± 2.7
Selected race/ethnicity			
American Indian or Alaska Native	311	37.1% ± 8.2	*8.4% ± 5.0
Hispanic or Latino/a	488	15.2% ± 5.3	^4.5% ± 5.4
Non-Hispanic			
Asian or Asian American	323	20.6% ± 7.7	*10.8% ± 6.6
Southeast Asian	113	*17.0% ± 12.5	^8.3% ± 10.3
Black or African American	968	31.4% ± 4.6	7.2% ± 3.6
US-born Black	629	39.6% ± 6.3	8.8% ± 5.0
Foreign-born Black	333	22.1% ± 6.6	^5.4% ± 6.7
White	6,000	24.0% ± 1.5	9.9% ± 1.2

Mental health disparities compound physical health challenges and create additional barriers to managing chronic conditions, accessing healthcare services, and maintaining healthy behaviors that support overall well-being. The SHAPE 2022 data reveals that 26.8% of Camden and Near North residents experience frequent mental distress compared to 14.2% county-wide, representing a 12.6 percentage point gap that reflects the stress of living with economic hardship, chronic disease burden, discrimination, and limited access to mental health resources (SHAPE 2022, Table 1). The intersection of poor physical health, mental health challenges, and socioeconomic stressors creates a cycle that perpetuates health inequities and makes chronic disease management more challenging, as individuals struggling with depression, anxiety, or other mental health conditions may have difficulty maintaining medication regimens, attending medical appointments, or engaging in healthy behaviors such as regular physical activity and nutritious eating. This interconnection between mental and physical health underscores the importance of comprehensive interventions like Produce Prescription programs that can address multiple health factors simultaneously while reducing the financial stress associated with food insecurity and chronic disease management.

Q: Summary measures Overall health

Table 1	Very Good or Excellent Health		Poor or Fair Health		Frequent Mental Distress	
	N	% ± 95% C.I.	N	% ± 95% C.I.	N	% ± 95% C.I.
Hennepin County total	8,528	55.4% ± 1.5	8,528	13.2% ± 1.1	7,961	14.2% ± 1.1
Minneapolis	3,892	52.8% ± 2.3	3,892	17.2% ± 1.8	3,549	20.0% ± 2.1
Camden, Near North	1,026	37.6% ± 4.6	1,026	22.9% ± 4.2	910	26.8% ± 5.4
Central, Northeast, University, St. Anthony	951	56.7% ± 4.3	951	15.8% ± 3.3	891	18.8% ± 3.5
Phillips, Powderhorn	1,077	42.1% ± 4.2	1,077	24.0% ± 4.0	933	21.6% ± 4.0
Calhoun-Isles, Longfellow, Nokomis, Southwest	838	61.1% ± 4.4	838	12.6% ± 3.7	815	17.9% ± 4.1

C. High Food Insecurity

Food insecurity and barriers to accessing healthy, culturally appropriate foods serve as fundamental drivers of the health disparities documented throughout North Minneapolis, creating conditions that perpetuate chronic disease while limiting residents' ability to manage existing health conditions effectively. Asian Media Access' Cultural Diet & Nutrition Fair Access survey revealed significant challenges in food access, with community members reporting varying levels of difficulty obtaining fresh produce and culturally appropriate foods that support both nutritional needs and cultural identity (Asian Media Access Survey, December 2024). When residents were asked about accessing fruits and vegetables locally, 44.7% reported it was "very easy" and 42.1% found it "somewhat easy," while 10.5% noted some level of difficulty, this number representing hundreds of families facing barriers to basic produce access. These barriers become even more pronounced when examining access to culturally appropriate, affordable foods, with only 35.5% finding it "very easy" and 32.9% finding it "somewhat easy," while a combined 15.8% reported it as "somewhat difficult" or "very difficult."

Historical data demonstrates the severity of food insecurity affecting communities of color throughout Minnesota, with patterns that reflect decades of structural racism and economic disinvestment in communities like North Minneapolis. According to the Wilder Foundation's 2020 research, 83% of Black Minnesota residents experienced food insecurity compared to only 32% of White residents, representing a 51 percentage point racial disparity that underscores the systematic nature of food access barriers (referenced in focus group documentation). These disparities are not simply about individual economic circumstances but reflect discriminatory policies in housing, employment, education, and food retail that have concentrated poverty while limiting access to healthy food options in communities of color. The persistence of these disparities over time demonstrates that individual-level interventions are insufficient to address food insecurity, requiring systematic approaches that address both immediate food access needs and the structural factors that create and perpetuate these inequities.

Economic constraints create direct barriers to healthy food access that contribute to the elevated rates of diet-related diseases documented in North Minneapolis, with residents forced to make impossible choices between basic necessities that affect long-term health outcomes. The SHAPE 2022 data reveals profound connections between economic status and health outcomes, with residents living below 200% of the Federal Poverty Level reporting very good or excellent health at a rate of only 36.3% compared to 62.6% among those with higher incomes (SHAPE 2022, demographic analysis). This 26.3 percentage point gap demonstrates how financial constraints directly impact health status, as low-income residents must prioritize immediate survival needs such as housing, utilities, and transportation over health-promoting investments like nutritious food, preventive healthcare, or chronic disease management. The impact becomes even more stark when examining residents experiencing active economic distress, who report very good or excellent health at a rate of just 33.9% compared to 61.1% of those without economic distress, representing a 27.2 percentage point disparity that illustrates how financial stress directly compromises health and well-being.

Based on the data from Hennepin County, both Asian and Black seniors face significantly higher rates of food insecurity compared to their White counterparts, though the patterns differ between these communities. Southeast Asian seniors experience the highest rate of food insecurity at 48.2%, which is nearly nine times higher than the 5.6% rate among White seniors. Please refer to below Table 1 for details.

Table 1: Disparities by race and ethnicity among Hennepin County residents age 55+

Selected health indicators	Hispanic	American Indian or Alaskan Native	Asian or Asian-American	Southeast Asian (subset of Asian or Asian American)	Black or African American	White
Experienced unmet medical care needs during the past 12 months among those who needed care	20.8%	37.3%	24.4%	27.8%	31.8%	15.9%*
Having no usual place of care	24.1%	22.9%	13.3%	19.7%	23.5%	14.0%*
Experienced prescription insecurity during past 12 months among those regularly taking medication	19.6%	17.2%	10.5%	9.1%	16.1%	7.1%*
Experienced food insecurity during past 12 months	26.1%	25.8%	26.4%	48.2%	33.8%	5.6%*
Experienced frequent mental distress, where mental health was not good for at least two weeks during past 30 days	15.2%	17.6%	15.5%	21.8%	22.0%	8.6%

This stark disparity likely reflects the intersection of multiple factors including language barriers, cultural differences in navigating food assistance systems, lower income levels, and potential immigration-related challenges that may limit access to federal nutrition programs. The broader Asian or Asian-American category shows a more moderate but still elevated rate of 26.4%, suggesting that while food insecurity affects Asian communities broadly, certain subgroups like Southeast Asians face particularly acute challenges.

Black or African American seniors also experience substantially higher food insecurity rates at 33.8%, which is six times higher than White seniors and reflects longstanding systemic inequities in access to nutritious, affordable food. This disparity is compounded by the finding that 23.5% of Black seniors have no usual place of care and 31.8% experienced unmet medical needs, suggesting interconnected challenges in accessing both healthcare and adequate nutrition. The combination of food insecurity with limited healthcare access creates a particularly vulnerable situation for Black seniors, as poor nutrition can exacerbate chronic health conditions common in this age group. These disparities highlight the need for culturally responsive interventions that address both the structural barriers to food access and the underlying socioeconomic factors that contribute to these health inequities among minority senior populations, especially our targeted populations – Asian and Black American residents in North Minneapolis.

D. The Need for Produce Prescription Programs

Produce Prescription programs represent a critical intervention that directly addresses the identified barriers to healthy food access while supporting comprehensive chronic disease management and community empowerment. These programs work by enabling healthcare providers to "prescribe" fresh fruits and vegetables that participants can obtain at reduced prices or for FREE through vouchers, home delivery, or designated pickup locations, creating a direct connection between medical care and nutrition access that addresses both immediate food needs and underlying health conditions.

The economic impact extends beyond individual food costs to include reduced financial stress around grocery budgets, which frees up limited household resources for other necessities such as housing, utilities, medications, and healthcare expenses that support overall family stability and health. Cultural responsiveness represents another critical component, as programs can be designed to include culturally appropriate fruits and vegetables while providing nutrition education that builds on traditional food knowledge and cooking practices rather than imposing external dietary recommendations that may conflict with cultural preferences and community wisdom.

PART II. FINDINGS FROM AMA SURVEYS AND FOCUS GROUPS

Preferred Produce Distribution Methods

Led by our Northside Produce Rx Advisory Committee, we have supported an extensive community engagement process through surveys and focus groups. Our process revealed critical insights about resident preferences regarding receiving fresh produce that must inform program design to ensure effectiveness, cultural appropriateness, and community ownership of Produce Prescription initiatives. The Asian Media Access Cultural Diet & Nutrition Fair Access survey identified a massive awareness gap that represents both a significant challenge and an enormous opportunity for program expansion, with 74.7% of surveyed residents indicating they had never heard of "Produce Prescription" or "Fresh Prescription" programs (Asian Media Access Survey, December 2024). This finding demonstrates that despite the documented need for nutrition interventions in North Minneapolis, existing programs have failed to reach the majority of community members who could benefit from these services, suggesting that effective outreach and community engagement could dramatically expand program participation and health impact. The 25.3% who had some familiarity with the concept provide a foundation for peer-to-peer education and community ambassador programs that could leverage existing knowledge and relationships to build program awareness and trust.

Among survey participants who identified as experiencing food insecurity or being at risk for diet-related health conditions, clear preferences emerged for how they would prefer to receive fresh produce, with a strong emphasis on maintaining choice, dignity, and cultural appropriateness in program design. The overwhelming preference, expressed by 70.8% of participants, was for using vouchers with a set amount to purchase fresh vegetables and fruits at designated grocery stores or farmers' markets (Asian Media Access Survey, December 2024). This preference reflects important community values including the desire for choice and dignity in food selection, flexibility to shop when convenient and select quantities needed for family size and preferences, cultural appropriateness that allows participants to choose familiar foods while trying new items without waste, and community integration that enables shopping in regular retail settings rather than segregated or stigmatizing distribution sites with a set veggie box. The voucher preference also supports local economic development by directing purchasing power toward community retailers and farmers' markets while building on existing commercial relationships and infrastructure.

The secondary preference, expressed by 54.2% of participants, was for ordering online using a weekly code for a limited selection of fresh produce with free delivery, indicating significant interest in technology-based solutions that remove transportation barriers while maintaining convenience and accessibility. This preference demonstrates community openness to innovative delivery methods that can serve residents with mobility limitations, caregiving responsibilities, or work schedules that conflict with traditional distribution hours, while also providing safe access during health emergencies or seasonal weather challenges that might otherwise prevent food access. Additional popular options included weekly pickup of fresh produce boxes at designated clinics combined with health check-ups, and weekly home delivery of pre-selected produce boxes, suggesting that multiple distribution methods should be available to accommodate diverse community needs and preferences rather than implementing a single approach that may not serve all residents effectively.

Focus groups conducted with 30 North Minneapolis residents experiencing food insecurity provided detailed feedback on current food distribution experiences and preferences that reveal critical insights for improving program design and community satisfaction. Participants rated their current food shelf experiences on average in the C+ to B- range, with only one participant providing an A rating while three participants rated their experiences as D or below, indicating substantial room for improvement in service delivery, cultural responsiveness, and program design (Asian Media Access' Focus Group Documentation). The most consistent feedback across all focus groups was a universal preference for open shelf distribution where participants can choose their own foods rather than receiving pre-packaged boxes that do not allow for personal choice, dietary restrictions, cultural preferences, or family size considerations. Participants described feeling "forced to take food they don't need" in current systems that prioritize distributing pounds of food over meeting actual community needs and preferences, emphasizing that effective programs should focus on supporting distinct needs rather than achieving distribution volume metrics that may not reflect actual impact or satisfaction.

Cultural food availability and variety emerged as a critical concern requiring systematic attention in any Produce Prescription program serving the diverse communities of North Minneapolis. Focus group participants consistently identified the need for more cultural specialty foods and items supporting members with special dietary needs, better quality fresh fruits and vegetables that reflect the standards community members maintain in their own food purchasing, and diverse items beyond food including sauces, daily dry goods, paper products, diapers, and feminine hygiene products that support overall family well-being. Participants emphasized that effective food distribution should honor the cultural knowledge and preferences that community members bring while expanding access to familiar foods rather than expecting residents to adapt their cooking and eating practices to whatever foods happen to be available through assistance programs. The importance of fresh herbs for traditional cooking and home remedies, seasonal vegetables that support cultural celebrations and observances, and familiar staples that enable preparation of culturally appropriate meals emerged as essential components of any distribution system serving North Minneapolis's diverse African American, Asian American, and immigrant communities.

Community recommendations for improving food distribution emphasize the importance of dignity, respect, and cultural competency in all aspects of program design and implementation. Focus group participants provided specific suggestions including diversifying food shelf locations beyond traditional sites to improve accessibility and reduce stigma, increasing frequency of food access beyond weekly or monthly limits (which may not align with family income cycles or emergency needs), and designing better open shelf shopping opportunities that preserve dignity while ensuring food safety and program efficiency. Communication improvements were identified as critical, with participants noting that current food shelf information is difficult to find and navigate, while Facebook neighborhood groups and library flyers were identified as effective outreach methods that reach community members through trusted and familiar channels. Personal networks and word-of-mouth communication were noted as more effective than websites for sharing program information, suggesting that community-based outreach and peer education should be prioritized over digital marketing strategies that may not reach residents with limited internet access or digital literacy skills.

PART III. ANALYSIS OF NORTH MINNEAPOLIS FOOD ECOSYSTEM TO BETTER SUPPORT PRODUCE PRESCRIPTION PROGRAMS

For the 3rd part of this Landscape report, we focus on the Food Ecosystem in North Minneapolis, weaving together all the food system components (gardens, retail partners, healthcare integration, cultural community based organizations (CBOs), etc.) into a cohesive narrative that shows how they can work together under community leadership to support effective Produce Prescription programming. Following the Landscape Report Framework (along with diverse questions) provided by CDC Technical Support, Ms. Karen Shore, we worked alongside the Northside Produce Rx Advisory Committee to analyze each sector, and connected our findings back to the health disparities data and community preferences that drive the need for this comprehensive approach.

Northside Food Sectors

A. What farms and gardens can partner?

- 200+ active garden plots across North Minneapolis community sites
- A comprehensive list of community gardens (Webber, Camden, North Commons, etc.) included in Attachment #1 – Diverse Food Sectors List in 55411 and 55412
- Regional farm partnerships and urban agriculture connections through AMA's partners – Project Sweetie Pie and Northside Economic Opportunity Network (NEON)
- Cultural food production and preservation opportunities through Isuroon (Somali/East African), Lao Assistance Center (Southeast Asian communities), Masjid An-Nur (Pan African communities), La Doña Cervecería (Latino cultural hub)

The North Minneapolis food ecosystem centers around an extensive network of over 200 active garden plots distributed strategically across community sites, with established locations at Webber, Camden, North Commons, and numerous other neighborhood-based growing spaces that serve as cultural anchors for their surrounding communities. Many are led by University of MN's Master Gardeners (located at UROC, 2001 Plymouth Ave. N., Minneapolis, MN 55411). These gardens can represent more than simple food production sites; they could function as trusted distribution locations where Produce Prescription participants access fresh, culturally appropriate produce while engaging with educational programming that supports their health management goals under the coordinated leadership of Project Sweetie Pie.

Partnering with regional farms (ex. Hmong American Farmer Association) can extend this production network beyond community boundaries. Through a Community Supported Agriculture (CSA) system, North Minneapolis residents can be connected to broader agricultural resources while ensuring a year-round delivery system of diverse produce varieties. Simultaneously, cultural food production and preservation opportunities embedded within this network allow communities to maintain traditional practices while accessing fresh, health-promoting foods that align with both cultural preferences and clinical recommendations for chronic disease management, making it possible to access culturally relevant food options that support the traditional food practices of the community's diverse African, African American, Somali, Hmong, and Latino populations

B. What stores, pantries, or other sites are trusted and used?

- Trusted retail partners include Cub Foods, cultural grocery stores (ex. Good Deal Oriental Food at 1800 Lowry Ave N, Minneapolis, MN 55411) and halal markets (ex. Holy Land Minneapolis at 2513 Central Ave NE, Minneapolis, MN 55418).
- Community food pantries with established trust relationships through Shiloh Temple Food Shelf at 1201 W Broadway, Minneapolis, MN 55411, and Isuroon Halal Food Shelf (1600 East Lake Street, Suite 1, Minneapolis, MN 55407).
- Healthcare integration sites for comprehensive food service delivery with NorthPoint Health and Wellness Center at 2220 Plymouth Avenue North, Minneapolis, MN 55411

Our Partner, Project Sweetie Pie, has cultivated partnerships with trusted retail establishments that already serve as regular shopping destinations for community members, including Cub Foods locations, cultural grocery stores, and halal markets that understand and respect the diverse food traditions present in North Minneapolis. These retail partnerships may support the voucher-based approach preferred by Northside community members, allowing Produce Prescription participants to maintain dignity and choice in their food procurement while accessing the fresh produce recommended by their healthcare providers in familiar, comfortable environments.

Community food shelf sites with established trust relationships serve as additional access points, recognizing that effective Produce Prescription programming requires multiple options that accommodate diverse community preferences and circumstances. These sites can operate under community control, ensuring that programming decisions reflect resident priorities and cultural practices rather than external mandates, while healthcare integration sites provide comprehensive service delivery where participants can address multiple health and social needs during single visits. This approach reduces transportation barriers and increases program efficiency while maintaining the community-centered approach that residents have identified as essential for program success and long-term sustainability.

C. Where is the produce coming from?

- Local production sources from community gardens and regional farms, ex. Hmong American Farmer Association's delivery CSA packages
- Supply chain development including wholesale distribution and emergency sources through NEON partnerships
- Cultural food sourcing through specialty producers and importers, through Somali Mall, Hmong Mall, Afro Deli network connections

The produce supply chain orchestrated under Project Sweetie Pie's leadership draws from multiple sources designed to ensure both reliability and cultural appropriateness for North Minneapolis's diverse communities. Local production sources from the extensive community garden network provide fresh, seasonally appropriate vegetables while creating opportunities for community members to engage directly in food production and preservation activities that strengthen both individual health outcomes and community food sovereignty. Regional farm partnerships complement local production by expanding variety and ensuring consistent supply throughout growing seasons while maintaining focus on culturally relevant crops and organic or low-chemical production methods.

Further supply chain development includes wholesale distribution partnerships and emergency sourcing capabilities that provide program stability during seasonal transitions, weather disruptions, or other supply challenges that could impact participant access to prescribed produce. Cultural food sourcing through specialty producers and importers ensures that traditional vegetables remain accessible year-round, supporting the dietary patterns that contribute to both physical health and cultural identity maintenance, but both methods may encounter much higher purchase prices.

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D. How do people get to produce sites?

- A high number of Northside residents lack access to vehicles
- Transportation barrier solutions including public transportation, bike sharing, walking groups, volunteer drivers through local coordination
- Multi-access pickup sites accommodating technology barriers with NorthPoint Health & Wellness support
- SankofaPOWER GIS mapping can provide safe route optimization to access diverse food sectors, especially community garden sites

The Blue Line Extension represents the most significant infrastructure investment in North Minneapolis, fundamentally transforming transportation access and creating unprecedented connectivity between the Northside and regional food resources, healthcare facilities, and economic opportunities. This light rail development serves as the backbone of transportation planning for Produce Prescription programming as well, opening pathways to suburban grocery stores, regional farmers markets, and specialty food retailers that were previously difficult to access for many community members without personal vehicles, while SankofaPOWER's Geographic Information System (GIS) mapping capabilities optimize connections between Blue Line stations and community food access sites.

SankofaPOWER's mapping technology provides essential infrastructure for safe route planning and community navigation through the expanded food ecosystem, identifying the most accessible pathways between transit stations, participants' homes, and food access sites while highlighting potential safety concerns and transportation barriers. This technological approach leverages the transformative impact of light rail access while supporting community members in making informed decisions about how and when to access their Produce Prescription benefits across both neighborhood and regional resources. Transportation barrier solutions coordinated through SankofaPOWER can complement the Blue Line Extension with bus/bike routes, organized walking groups, and volunteer driver networks to better connect to food access sites.

This multi-access platform design accommodates varying levels of technology comfort and access, ensuring that digital divides do not prevent community members from fully utilizing both transit infrastructure and available food resources. This comprehensive approach recognizes that while the Blue Line Extension may dramatically improve regional connectivity, effective transportation access requires multiple options that serve residents with varying mobility needs, particularly those managing chronic health conditions or mobility limitations that may affect their ability to navigate traditional transit systems or walk long distances to food access points.

E. Where can people use prescriptions?

- Comprehensive redemption network including gardens, grocery stores, healthcare sites
- Seasonal and year-round options with cultural food access through area Asian cultural grocery stores, Isuroon Halal Food Shelf, Somali shopping malls and halal groceries
- Community-controlled distribution sites coordinated through Project Sweetie Pie, Pillsbury United Oak Park Garden and local cultural CBOs

If funding allows, our partner, Project Sweetie Pie, may help AMA coordinate a comprehensive produce distribution network that includes CSA delivery, community gardens, grocery stores, and healthcare sites, offering participants multiple pathways for accessing fresh produce. This network operates on principles of community control, ensuring that redemption sites reflect resident preferences and cultural practices while providing convenient access points throughout North Minneapolis neighborhoods. The redemption network extends beyond traditional retail locations to include seasonal farmers markets, cultural food festivals, and community events that celebrate food traditions while promoting health outcomes, as well as seasonal and year-round options ensure that Produce Prescription participants maintain consistent access to fresh, culturally appropriate foods.

The Northside Produce Rx Advisory Committee has emphasized the importance of community-controlled distribution sites operating under resident leadership and decision-making authority, ensuring that programming reflects authentic community priorities rather than external assumptions about food preferences or access needs. These sites serve dual functions as both redemption locations (ex. area community gardens) and community gathering spaces where participants can access nutrition education, cooking demonstrations, and peer support that enhance the health impact of their produce access while strengthening social connections and community resilience.

Implementation Partners Analysis

F. What partners and support are needed? Who is doing this work already? Who is trusted and who hires locally?

- Project Sweetie Pie as potential lead community partner
- Healthcare integration with NorthPoint Health & Wellness, NEON, Neighborhood HealthSource
- Technology and community capacity development
- Collaborative partnerships with AMA's existing North Minneapolis CBO partners, like: Frogtown/Rondo Black Church Alliance's Mpls Office, Hmong American Partnership, Lao Assistance Center, Somali Community Resettlement Services, etc.

Project Sweetie Pie (PSP) may serve as our lead community partner, bringing deep community trust, established relationships, and proven capacity to coordinate complex food access programming across multiple sites and populations within North Minneapolis. Their leadership extends across all dimensions of the food system, from direct service delivery to policy advocacy, uniquely positioning PSP to ensure that Produce Prescription programming operates as a genuine community-controlled health intervention rather than externally imposed programming that fails to reflect resident priorities and cultural practices.

The purpose of the SankofaPOWER initiative is to develop the NorthStar Urban Farm & Food Digital Platform, a community-powered website that connects North Minneapolis (zip codes 55411, 55412, and 55407) through food. In this Digital Platform, they plan to increase connectivity through various means:

- **NORTHSTAR URBAN FARM & FOOD DIGEST ("YELLOW PAGES"):** A dynamic multimedia resource providing real-time food information through interactive GIS maps to find food access points, environmental data, and demography. It also features community-created videos, AR/VR experiences, and podcasts documenting food traditions. The platform includes resource matching capabilities, connecting food surplus with community needs across urban farms and backyard growers.
- **NORTHSTAR URBAN FARM & FOOD REGISTRY ("WHITE PAGES"):** A comprehensive directory cataloging every food-related entity including community gardens, farmers' markets, food shelves, restaurants, and urban farms. The registry serves as a contact and collaboration hub facilitating connections between neighbors, organizations, and businesses for community food system development.
- **THE NORTHSTAR TRADING POST (BUSINESS & INVESTMENT HUB):** A marketplace for economic empowerment, offering opportunities for residents to start food businesses, access entrepreneurship training, and participate in collective investment in real estate including market spaces and commercial kitchens. The platform provides comprehensive business development support from startup guidance to funding acquisition for community-driven enterprises.
- **MINNEAPOLIS COMMUNITY BEAM (BUILDING ECONOMIC ASSETS & MEMORY):** A community-controlled database preserving cultural foods, oral histories, economic progress through searchable archives of interviews, photos, and documents with AI-assisted relationship mapping. The platform provides information, resources, policy advocacy tools for tracking local food/environmental policies and established a Community Data Hub for overall neighborhood wellbeing.

AMA and PSP's existing network of food access and health programming creates opportunities for collaboration and resource sharing that strengthen overall community capacity while avoiding duplication of services or competition for participants. This collaborative approach builds upon proven strategies and successful relationships while expanding the programming scope of Produce Rx to include clinical integration and a health outcome focus that distinguishes Produce Prescription programming from traditional food assistance approaches.

Additionally, collaborating with existing Community Based Organizations (CBOs) that have established community relationships brings complementary expertise in critical areas such as transportation, childcare, language interpretation, and cultural programming, all of which enhance Produce Prescription accessibility, increase referral pathways, and improve overall program effectiveness for diverse North Minneapolis Asian American and Black populations.

G. Who are health providers?

- Primary care, specialty care, and community health workers' (CHW) networks
- Potential Partners - NorthPoint Health & Wellness Center as anchor healthcare provider at the Northside, Rochester Clinic for community health programming, along with Neighborhood HealthSource for integrated social and health care services.

Primary care, specialty care, and community health workers' (CHW) networks within and connected to North Minneapolis provide the clinical foundation for Produce Prescription programming through established organizations, including NorthPoint Health & Wellness Center as the anchor healthcare provider, and Neighborhood HealthSource offering integrated health services that address both clinical and social determinants of health.

Current Produce Prescription programming in Minneapolis has demonstrated significant success through pilot initiatives coordinated by the Minneapolis Health Department since summer 2022. These evidence-based interventions operate through four federally qualified health centers (FQHCs) - Native American Community Clinic, Neighborhood HealthSource, People's Center Clinics and Services, and Southside Community Health Services - serving diverse populations including American Indian/Alaska Native communities, East African immigrants, Latino residents, and other BIPOC populations who face disproportionate rates of food insecurity and chronic diseases. The programs follow a structured four-stage model:

- 1) encompassing eligibility screening;
- 2) clinical referral;
- 3) home delivery through community partners like BrightSide Produce and Al-Maa'uu; and
- 4) ongoing support from community health workers and clinical staff.

The 2024 Evaluation data from 276 participants across all sites showed measurable improvements in health behaviors, with participants of People's Center and Southside reporting average increases of 1.15 servings of fruit and 0.89 servings of vegetables per day, while 89% of Southside participants reported being better able to manage their health conditions through program participation.

The City of Minneapolis' Produce Prescription model addresses critical health disparities by integrating clinical care with community-based food access, recognizing that food insecurity affects 37% of Minnesotans overall but disproportionately impacts 83% of Black residents and 70% of Latino residents. The home delivery approach removes transportation and time barriers while connecting participants to broader health and social services through partnerships with CHW Solutions and Volunteers of America. However, evaluation findings revealed that demand significantly exceeded available capacity, with 848 individuals screened for food insecurity and 413 identified as food insecure, yet only 181 ultimately participated in clinic-based programs due to resource limitations.

While participants reported high satisfaction with program convenience, quality, and value, sustainability challenges persist as current grant-based funding models are insufficient for long-term operation, highlighting the need for sustainable financing mechanisms such as Medicaid reimbursement, SNAP authorization, or integrated clinical funding to maintain and expand these vital health interventions across Minneapolis communities. These trusted healthcare providers have developed cultural competency and deep community relationships that enable effective communication about nutritional recommendations while respecting traditional food practices and cultural values that influence dietary decisions within North Minneapolis's diverse populations.

Minneapolis community health worker's networks extend clinical care into neighborhood settings through peer educators, home visits, and culturally specific programming coordinated across these partner organizations, reinforcing clinical recommendations while providing practical support for implementing dietary changes within existing cultural and economic contexts. This network approach ensures that health interventions extend beyond individual clinical encounters to include community-based support systems that promote long-term behavior change and improved health outcomes while maintaining the trusted relationships that make health programming effective within North Minneapolis communities.

Aside from incorporating lessons learned from the City of Minneapolis' report, AMA plans to work closely for healthcare integration with Produce Prescription programming with Rochester Clinic, NorthPoint Health & Wellness, and Neighborhood HealthSource. This can create seamless connections between clinical care and community-based food access, ensuring that Produce Prescription programming operates as a true healthcare intervention with measurable health outcomes rather than merely food assistance programming. These established North Minneapolis healthcare facilities bring complementary expertise in health service delivery and community support that strengthens the comprehensive approach to addressing health disparities through food system interventions. Our multi-partner approach enables community health workers to serve as effective bridges between clinical recommendations and community resources while providing healthcare providers with better understanding of the social and economic factors that influence their patients' ability to follow nutritional recommendations.

We are particularly committed to extending our reach to vulnerable populations through partnerships with specialized institutions, including recovery residential houses and ex-offender reentry facilities. Many residents of these facilities suffer from chronic diseases and face significant barriers to healthcare access, often falling outside the traditional patient networks of NorthPoint Health & Wellness and Neighborhood HealthSource. Through direct collaboration with Rochester Clinic, we will ensure that individuals in recovery programs and those transitioning from the criminal justice system can access Produce Prescription programming as part of their comprehensive care plans. These partnerships recognize that successful reintegration and recovery require addressing the fundamental health disparities that disproportionately affect these populations, with nutritious food access serving as a critical foundation for both physical healing and long-term stability. By creating specialized referral pathways and culturally responsive programming for these communities, we can extend the health benefits of our food system interventions to those who need them most while supporting their broader goals of recovery and successful community reintegration.

H. What capacity is needed?

- Capacity building through “Produce Prescription 101” CBOs Train-the-Trainer programs
- Technical assistance and support through Rochester Clinic with their “Plant-based Cultural Diets,” and “Food is Medicine” approaches

With 72.2% of Northside residents overweight or obese, chronic disease rates 36-50% higher than county averages, and 74.7% of community members unaware of existing nutrition support programs like Produce Rx, the scope and severity of health disparities require systematic responses (SHAPE 2022; Asian Media Access Survey, December 2024). Our responses must address both immediate food access needs and the underlying structural factors that perpetuate inequities across generations, while also improving Produce Rx education and outreach efforts. These efforts require CBOs with deep community connections, cultural competency, and health knowledge who can navigate both healthcare systems and community resources while advocating effectively for Produce Rx needs and program improvements.

AMA’s Cultural CBO partners understand the importance of supporting community health initiatives while building local capacity for community members to develop skills and experience in program coordination, health education, food system development, and community organizing. At the same time, we ensure that our program referral and implementation builds community capacity and leadership rather than relying exclusively on external expertise, creating sustainability and community ownership that supports long-term program success and expansion at Northside.

Technical assistance and support through Rochester Clinic's "Plant-based Cultural Diets" and "Food is Medicine" approaches can significantly enhance North Minneapolis Produce Rx implementation by providing evidence-based frameworks that integrate nutrition interventions with clinical care protocols and cultural food traditions. Rochester Clinic's expertise offers valuable guidance for training community health workers and clinical staff to effectively counsel participants on incorporating fresh produce into culturally relevant meal planning while establishing standardized protocols for produce consumption dosages and creating seamless referral systems between healthcare providers and community-based food access programs. This technical assistance would strengthen the connection between produce distribution and measurable health improvements, enhance provider confidence in making nutrition referrals, and ensure participants receive comprehensive support for translating fresh produce access into sustained dietary behavior change and improved chronic disease management.

I. Participant Engagement

Outreach strategy, enrollment methods, learning needs, follow-up programming:

- Partner – Project Sweetie Pie's extensive network
- Culturally responsive outreach through trusted community networks including NEON partnerships, Cultural celebrations and festival events, and area health fairs for community connections
- Multiple enrollment options accommodating diverse access needs with NorthPoint Health & Wellness, Isuroon community trust relationships, La Doña Cervecería cultural gatherings, etc.
- Education priorities aligned with cultural food traditions and health management through Rochester Clinic, Neighborhood HealthSource, Somali Community Resettlement Services' cultural programming, etc.

Culturally responsive outreach operates through trusted community networks that Project Sweetie Pie has cultivated over years of community organizing and service delivery, acknowledging that effective program promotion requires authentic relationships rather than mass marketing approaches that may not resonate with community members' communication preferences or cultural practices. This outreach strategy leverages existing social networks, cultural organizations, religious institutions, and community events to introduce Produce Prescription programming in contexts where community members feel comfortable asking questions and receiving information from trusted sources.

Multiple enrollment options accommodate diverse access needs, recognizing that community members have varying comfort levels with different types of institutions, technology platforms, and administrative processes that may create barriers to program participation if not carefully designed to respect cultural preferences and individual circumstances.

“Train-the-Trainer” education priorities align with cultural food traditions and health management approaches that honor existing knowledge and practices while introducing evidence-based nutrition information that supports chronic disease management and overall health improvement.

Follow-up programming maintains ongoing connection between participants and program resources while providing opportunities for peer support, healthy lifestyle skill development, and community building that enhance both individual health outcomes and community resilience. This part of programming includes cooking demonstrations, preservation workshops, gardening education, and health monitoring that integrate seamlessly with cultural practices and community events rather than creating additional obligations or competing with existing community activities and responsibilities.

PART IV. AMA'S RECOMMENDATIONS AND IMPLEMENTATION FRAMEWORK

The evidence presented in this landscape report provides compelling documentation of the urgent need for comprehensive Produce Prescription programming in North Minneapolis, where structural inequities have created a public health crisis characterized by disproportionately high rates of obesity, chronic diseases, and food insecurity that demand immediate intervention. With 72.2% of residents overweight or obese, chronic disease rates 36-50% higher than county averages, and 74.7% of community members unaware of existing nutrition support programs, the scope and severity of health disparities require systematic responses that address both immediate food access needs and the underlying structural factors that perpetuate these inequities across generations (SHAPE 2022; Asian Media Access Survey, December 2024). The community has provided clear guidance for program development through survey and focus group participation, with 70.8% preferring voucher-based systems that preserve choice and dignity, while 54.2% support online ordering with delivery to remove transportation barriers and improve accessibility for residents with varying schedules and mobility needs.

Asian Media Access commits to design a Produce Prescription program that goes beyond nutrition intervention, serving as a pathway to health equity, community empowerment, and food system transformation that can break the cycle of poverty, poor health, and limited opportunities that affects too many North Minneapolis residents.

By centering community preferences, addressing structural barriers, and building sustainable partnerships with healthcare systems, food retailers, and community organizations, our Northside Produce Rx program can create a transformative model that not only improves individual health outcomes but also strengthens community capacity for ongoing advocacy and systems change. The intersection of healthcare integration, cultural responsiveness, and community ownership creates opportunities for comprehensive impact that extends beyond individual program participants to influence broader patterns of health, food access, and community development throughout North Minneapolis.

The data presented throughout this report demands action that matches the scale and urgency of the documented health crisis, while community input provides a clear roadmap for program development that honors resident preferences and builds on community knowledge and assets. It calls for immediate action to address the health disparities, food insecurity, and chronic disease burden affecting North Minneapolis residents through comprehensive, culturally responsive Produce Prescription programming that centers community preferences and builds on existing community assets. Immediate implementation for AMA would prioritize the following steps, to:

1) Design a Produce Rx program with CDC's recommended best practices with a local clinic. We will follow the evidence-based 12-week intervention model, utilizing a voucher distribution format to maximize participant engagement along with educational opportunities provided by clinic staff or community health workers. This approach integrates fresh produce access with comprehensive skill-building activities to ensure participants can effectively utilize prescribed fruits and vegetables for chronic disease management and improved nutrition outcomes.

- For specialized institutions, our program may operate through coordinated on-site produce distribution that leverages existing facility infrastructure, including food pantry operations and community garden resources. Participants receive weekly produce allocations aligned with their clinical prescriptions, with pantry inventory strategically coordinated to complement prescribed fruits and vegetables and ensure consistent access throughout the 12-week intervention period.

2) Formalize a contract for clinic support from either Rochester Clinic (working with specialized institutions with high support needs) or Neighborhood HealthSource (with their existing patients, screened for eligibility), to expand Produce Prescription programming in North Minneapolis.

3) Develop voucher-based distribution systems that reflect the clear preference expressed by 70.8% of survey participants, enabling residents to shop at designated grocery stores and farmers markets while maintaining choice, dignity, and cultural appropriateness in food selection. This approach requires partnership development with local retailers including African markets along Central Avenue, Asian grocery stores throughout the metro area, and mainstream supermarkets willing to accept program vouchers while ensuring adequate selection of culturally appropriate produce items.

4) Host a comprehensive awareness campaign to address the 74.7% of residents who had never heard of Produce Prescription. AMA can develop multilingual introductory materials in Somali, Hmong, and English, community navigator programs that train trusted CBOs as program ambassadors, and partnerships with religious centers, cultural organizations, and community groups that already serve target populations through trusted and familiar channels.

With these comprehensive approaches, AMA's Produce Rx programming can promote sustained behavior change through repeated exposure, skill development, and community support, ultimately improving participants' ability to incorporate fresh produce into their daily dietary practices for better chronic disease management and overall health outcomes.

The medium-term development should focus on healthcare integration that embeds Produce Prescription services within routine medical care for residents managing diabetes, hypertension, obesity, and other diet-related chronic conditions that disproportionately affect North Minneapolis communities. Clinical staff training on program benefits, referral procedures, and cultural competency will ensure that healthcare encounters become opportunities for nutrition intervention and ongoing health support rather than simply treating symptoms of diet-related diseases without addressing underlying food access barriers.

Integration with community health worker programs, patient navigation services, and chronic disease management protocols can provide ongoing support for program participants beyond 12 weeks while connecting nutrition interventions with broader health promotion and disease prevention efforts.

Cultural food system development with PSP represents another critical medium-term priority, requiring partnerships with Asian grocery stores for culturally appropriate produce access, engagement with African markets and halal grocery stores for familiar foods, contracts with local farmers growing culturally specific produce, and development of cooking education programs that build on traditional knowledge while incorporating distributed produce items into familiar recipes and preparation methods.

Long-term sustainability requires policy integration and advocacy efforts that can support ongoing program operations while influencing broader food system and healthcare policy changes that address the root causes of health disparities in North Minneapolis. Medicaid reimbursement advocacy for “Food as Medicine” programs represents the most promising pathway toward sustainable funding, given growing recognition of nutrition's impact on healthcare costs and outcomes among patients with chronic conditions. Largely, healthcare system partnerships for population health investment can align institutional financial incentives with community health outcomes, particularly under value-based payment models that reward preventive interventions and health outcome improvements rather than simply providing more medical services.

Further development of community ownership can offer a stable foundation for long-term sustainability. Achieving this goal can include implementing resident leadership programs with on-going support from a Produce Rx Advisory Committee, prioritizing a community-led governance model which ensures that program expansion builds local capacity and agency, while creating advocacy power for broader food system and health equity change that extends beyond individual program participation to influence policy and structural change efforts.

Finally, the implementation framework must maintain community leadership and cultural responsiveness while building the partnerships, systems, and resources necessary for effective and sustainable program operations that can serve as a model for other communities facing similar challenges. Success will ultimately depend on centering community preferences and knowledge while addressing the structural inequities that create and perpetuate health disparities, food insecurity, and chronic disease burden in North Minneapolis.

Our Northside Produce Rx programming effort is uniquely positioned to lead this expansion through its deep community connections, cultural competency, and commitment to resident-centered programming, building on community strengths while advocating for the food ecosystem changes necessary to achieve health equity and food justice for all North Minneapolis residents for generations to come.

Final Note: The Potential Integration of Fresh Produce and Active Transportation.

The North Minneapolis food ecosystem network of community gardens, under Project Sweetie Pie's trusted leadership, enhanced by SankofaPOWER's innovative technological infrastructure, and transformed by the Blue Line Extension's unprecedented regional connectivity, represents a comprehensive model for community-controlled Produce Prescription programming that addresses both immediate food access needs and long-term transpiration and health equity goals. This integrated approach recognizes that effective health interventions require comprehensive community infrastructure that connects food access and active transportation for addressing persistent health disparities that have historically affected North Minneapolis residents.

In this broader context, the SankofaPOWER digital platform can serve as a critical bridge connecting residents to daily necessities while creating transformative change that addresses immediate food needs and contributes to longer-term transformation of food systems. AMA will leverage the Blue Line extension and the SankofaPOWER digital platform as key solutions to overcome food insecurity and accessibility barriers, mindfully integrating food accessibility and produce prescription with Active Transportation infrastructure, to build a healthier, more equitable future that serves all residents while creating a replicable model for other communities working to advance health equity and food justice in their own neighborhoods.

REFERENCES

Asian Media Access. (December 2024). Cultural Diet & Nutrition Fair Access Survey Results. Survey of 75+ community members, North Minneapolis.

Asian Media Access Focus Group Documentation. (2024). Food Insecurity and Accessibility Focus Groups. Six sessions with 30 total participants, North Minneapolis residents.

City of Minneapolis (2024) Food Rx Evaluation Report.

SHAPE 2022 - Hennepin County Adult Data Book. (2022). Camden, Near North Geographic Area Health Data. Tables 1 (Overall Health Summary), 6 (Hypertension), 7 (Diabetes), 9 (BMI/Weight Status), including demographic breakdowns by race/ethnicity, income, and education levels.

Wilder Foundation. (2020). Minnesota Food Insecurity by Race and Ethnicity. Referenced in community focus group documentation.