

Minnesota Department of Health
Statewide Health Improvement Program



***Community Healthy Food
Environment***

Guide to Implementation

Fiscal Years 2012 and 2013

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Community Healthy Food Environment

Implement policies and practices that create a community healthy food environment by building on existing local and/or regional partnerships and connections between institutions, businesses, and local growers to convene a council (named “Community Food Partnership”) designed to assess the community’s need for improved food literacy and access to healthier food choices (through farm to fork, healthier food outlets and nutrition labeling).

Description and Scope

Healthy food environments require a comprehensive and coordinated approach to assessment, education, advocacy, systems change, and policy development. A Community Food Partnership (CFP) will provide a framework for communities to develop priorities, identify target audiences, and create strategic plans to address the most pressing issues in their area.

CFPs will concentrate on reducing access to sodium, added sugar, and fat, while increasing access to fruits and vegetables by improving policies, systems, and environmental changes in farm to fork, healthier food outlets, and nutrition labeling practices.

In the context of SHIP, the community healthy food environment strategy is comprised of three components:

1. Farm to Fork
2. Healthier Food Outlets
3. Nutrition Labeling

Outcomes

Standardized outcomes for required strategies are still under development. Strategies will be measured primarily on policy, systems and environmental change outcomes and health behavior change outcomes and then linked through literature projections to health care cost savings.

Evaluation Measures		
Policy, Systems, Environmental Changes Existing tools or MDH database	Health Risks and Behavior Change Existing tools or medical records	Cost Savings Actual savings or literature projections

Which Comes First: Policy Adoption or Practice Change?

There is no “one size fits all” approach to implementing PSE changes in the community healthy food environment, or any environment. Several factors can affect how changes occur in any given setting. A few may include, but are not limited to, civic engagement, grassroots movements, political will, interest and commitment among community partners, and capacity.

In an ideal world, grantees would raise awareness of community healthy food priorities and needs (and components of this strategy that would potentially fulfill these needs), support community partners to implement practice (including system and environmental) changes and then sustain these changes by adopting a policy. In other cases, it may work to create the policy first and then implement the practice changes to support and enforce the policy.

Ultimately, the goal is for CFPs to implement healthy food changes and to sustain these changes with policy adoption. The order in which this occurs is not important.

Health Behavior Changes

The Farm to Fork, healthier food outlets, and/or nutrition labeling components of the Community Healthy Food Environment strategy will each focus on the four behavior changes most likely to improve overall health outcomes:

1. Reduced consumption of sodium
2. Saturated fat
3. Added sugar
4. Increased consumption of fruits and vegetables

Requirements

- Convene and engage Community Food Partnership (CFP).
- Conduct a community needs assessment.
- Select at least one component (Farm to Fork, healthier food outlets, and/or nutrition labeling) based on a needs assessment that includes input from local public health, growers, businesses, and institutions like public housing, parks and recreation, schools, colleges, hospitals/clinics.
- Identify high need audiences and develop intervention plans that are feasible within their specific setting and time frame.
- Choose one, two, or all three of the strategy components but each component must include efforts to improve all four behavior changes.
- Focus on environmental changes, system improvements, and policies that are sustainable.

Target Populations

- Neighborhoods, community gathering places, or worksites with limited access to healthy food choices
- Audiences with no or limited access to healthcare
- Stores or restaurants with no point of purchase nutrition information
- Corner stores with no or limited fresh fruit and vegetables selections

Addressing Disparate Populations

Identifying disparate audiences in this context requires assessing things like barriers to healthy food choices and/or access to health care. These two factors are examples of indicators that point to health inequity and disparity. It is the role of the CFP to identify the highest-need audiences in their area and which component will have the greatest impact on that audience.

Recommended Partners

- Employers
- Health Care
- Businesses
- Local government representatives
- Local farmers and growers
- School wellness groups
- Other local public health agencies
- Regional Food Policy Councils
- State Health Department

Planning and Assessment for *Community Food Partnership*

1. **Assemble your Community Food Partnership (CFP) and conduct a needs assessment.**
 - A. Choose health care representatives, businesses, government officials, local farmers and growers, school wellness committees, residents, parks and recreation centers and other community members that best serve your situation and goals.
2. **Connect with your *regional* food policy council** so that networking can begin to occur.
 - A. To better understand the opportunities of bringing together diverse sectors over food-related goals see: <http://www.foodsecurity.org/FPC/>.
 - B. In addition, begin to understand the access points for local foods in your area. A place to start is the MN Grown Wholesale database at <http://www3.mda.state.mn.us/whlsale/>.
3. Engage your team in a discussion about **improving access to healthier food choices and the economic benefits of success**. You may need to begin your discussions individually but eventually you will want all partners to meet together. Begin with sustainability in mind.
4. **Assess the current situation in your area**. There are many ways to assess community nutrition, both formally and informally. Design an assessment process that makes the best use of time and interests but identifies highest need populations.

Some resources include:

<http://www.morris.umn.edu/healthyeating/foodassessment/>
<http://www.ers.usda.gov/publications/efan02013/>
<http://www.foodsecurity.org/CFAguide-whatscookin.pdf>

5. Come to a consensus on which of the three components (Farm to Fork, healthier food outlets, nutrition labeling) to **select and develop an action plan(s)** designed to implement strategy components (see component-specific guidance for more information). Prioritize the plan based on feasibility, cost, resources, impact, and sustainability.
6. **MDH will be providing standardized tools for evaluation.**

Community Healthy Food Component 1: *Farm to Fork*

Description and Scope

A food system can be defined as all the processes involved in feeding people: growing, harvesting, processing, packaging, distributing, marketing, preparing, consuming, disposing and recycling. Farm to Fork efforts work toward creating and supporting the development of a local and regional food system. This component implements Farm to Fork policies, systems and environmental changes through practices that include community gardens, farmers' markets and farm to institution (workplace, higher education, childcare, senior dining, hospitals, etc.) with focused intent on reaching communities with the highest health disparities.

Health Behavior Changes

The ultimate goal of Farm to Fork is to reduce state health care expenditures by improving the health status of Minnesotans. Farm to Fork primarily focuses on behavior changes that increase fruit and vegetable consumption and decrease consumption of processed high sodium, saturated fat and sugar foods by increasing access to fresh, healthy local foods widely sold to institutions or available through community markets.

Addressing Disparate Populations

Poverty in Minnesota is higher in rural areas (12.4% based on 2009 model estimate from Economic Research Service) but may be more dispersed compared to population-dense urban areas (10.3%). SHIP grantees must look closely within their communities for health risk disparities including food access, income, obesity and chronic disease rates and prioritize Farm to Fork work in these communities first.

Settings

Town-, city-, reservation-, county-, or region-wide community settings (with the exception of schools. If schools are selected, this would be a school strategy, not a component of a community strategy. Refer to the Farm to School Guide to Implementation and Evaluation for more information).

Recommended Partners

- Regional Food Policy Council
- Local Food Policy Council
- Institutional representatives
- MN Department of Health
- Community Officials

Planning and Assessment for *Farm to Fork*

1. Upon completion and selection of the CFP Plan, assemble members of the local and/or regional Food Policy Council with interest or influence on Farm to Fork efforts. Have the group identify other partners that should be part of the planning and/or implementation process.
2. From the CFP Plan, a more specific work plan will need to be created. Identify the barriers and strengths of the particular setting and community that the Partnership plan identified. Identify the action items that would have the most significant impact in the short and long term.
3. Assemble a team of key stakeholders. Choose diverse partners that best serve your situation. Engage your team in a discussion of Farm to Fork and the opportunities for this work you have identified. You may need to begin your discussions individually but eventually you will want all partners to meet together. Begin with sustainability in mind.
4. Develop an action plan designed to implement Farm to Fork. Prioritize the plan based on impact, feasibility, resources, and sustainability. Share this plan with MDH.
5. MDH will be providing standardized tools for evaluation.

Potential Milestones for Planning and Assessment of *Farm to Fork*

- Needs assessment completed.
- Team identified and assembled.
- Goals identified.
- Action plan written.

Implementing *Farm to Fork*

1. Determine the roles of the various partners involved in the plan's implementation. Provide support to partners as needed, such as assisting with gathering the information and resources they need to complete their tasks.
2. Ensure ongoing communication between partners during the implementation phase.
 - A. Be aware of appropriate communication methods. For example, it is best to avoid especially busy times, such as during deliveries, when calling food service staff. Also remember that community members involved may not have timely access to email. Ask partners the best and worst time to reach them, as well as their preferred method of communication and be respectful of their needs.
3. Be sure to deliver on your commitments made in the plan.
4. Meet with your team to review the initial action plan and the progress made thus far.
 - A. Continue to gather additional input from key stakeholders.
 - B. Review progress, setbacks, obstacles and unforeseen opportunities.
 - C. Finalize the action plan so next steps are clearly identified. Action plans should clearly identify goals, steps, responsible party, timeline, budget, resources, and outcome measures, including plans for sustainability.
 - D. Continue to look for opportunities to link local work with regional work in the area.
5. Facilitate training opportunities based on the needs that are identified and the prioritized action plan. Do not forget to provide training to decision makers to help them understand: the importance of the food system; the limited access the identified community has to healthy, local foods; the role of these factors in the rising rates of chronic disease and skyrocketing health care costs; and changes your CFP has identified as necessary to address these issues.
 - A. Refer to the SHIP calendar for technical assistance (TA) that MDH might be able to provide on this or other selected components.
<http://www.health.state.mn.us/healthreform/ship/calendar/index.html>
 - B. Educate and generate interest and excitement with stakeholders on Farm to Fork.
6. Network with other SHIP grantees
7. Plan your educational outreach and promotion activities.
 - A. Get the word out about your work! Engage students, decision makers and community partners in the promotion of selected Farm to Fork practices.
8. Present the action plan and progress to key decision makers and community groups.

9. Hold follow-up meetings with the CFP and larger team to review action plan, priorities, identify next steps and existing barriers.

Potential Milestones for Implementing *Farm to Fork*

- Action plan finalized.
- Roles of partners clearly communicated.
- Regular, on-going communication with partners is provided.
- Trainings/workshops/other support provided.
- Farm to Fork initiatives promoted as planned

Sustaining Long-Term *Farm to Fork* Changes

1. Continue to provide learning opportunities for community partners on *Farm to Fork* and food systems development. Engage the CFP and Regional Food Policy Council as much as possible.
2. Actively promote adopted practices to the community.
 - A. Identify, recruit and enlist champions for *Farm to Fork*. It is critical that the enthusiasm, knowledge and drive for the work come from multiple individuals, not reliant on one or two active parties.
 - B. Funding to continue *Farm to Fork* work will be necessary.
 - C. Support on-going resource development.
3. Conduct evaluation of *Farm to Fork* activities. Communicate these findings with partners.
4. Identify purchasing policies, practices and any other practices that, if changed, would provide long-term support to healthy eating. Educate partners on these policies and practices. Gather support and work to institutionalize these changes.
5. Update the action plan. Develop future plans and funding proposals to further advance Farm to Fork initiatives, especially those that support long-term changes within the community and the region.

Potential Milestones for Sustaining Long-Term *Farm to Fork* Changes

- Local food sourcing practices implemented
- Evaluation conducted.
- Future action plan completed.
- Policies and written practices changed to support Farm to Fork

Additional *Farm to Fork* Resources

- **Fair Food Network.** <http://www.fairfoodnetwork.org/>
- **Iowa Food Systems Council.** <http://www.iowafoodsystemscouncil.org/cultivating-resilience/>
- **From Farm to Fork: A Guide to Building North Carolina’s Sustainable Local Food Economy.** <http://www.cefs.ncsu.edu/resources/stateactionguide2010.pdf>
- **Morris Health Eating.** <http://www.morris.umn.edu/healthyeating/>
- **MN Institute for Sustainable Agriculture.** www.misa.umn.edu
- **Regional Sustainable Development Partnerships.** Included is a report on “Local and Regional Foods in MN” as well as potential partners throughout Minnesota. <http://www.regionalpartnerships.umn.edu/>
- **Headwaters Food Sovereignty Council.** <http://mnfoodsystems.ning.com/page/about-hfsc>
- **USDA Economic Research Service.** State fact sheets and county-level data can be accessed. www.ers.usda.gov

Community Healthy Food Component 2: *Healthier Food Outlets*

Description and Scope

Families depend on food outlets like corner stores for grocery needs when transportation options are limited and full service grocery stores are not within walking distance. Often these outlets have limited healthy food options.

Communities are recognizing the connection between the local food environment and residents' nutrition and health. Research demonstrates that "food deserts," defined as areas that lack access to supermarkets and other sources of affordable healthy food, contribute to obesity and poor health outcomes. Food desert scenarios exist in many Minnesota communities.

One piece of the solution to this complex problem is to improve access to healthy food in these areas by expanding food outlets' capacity to sell healthy foods. Small corner stores are abundant in communities where supermarkets are missing, but they typically sell only packaged foods high in fat, sodium and sugar.

Health Behavior Changes

The ultimate goal of increasing the capacity of food outlets to sell healthier food choices is to reduce state health care expenditures by improving the health status of Minnesotans. The food outlet component primarily focuses on the behavior changes that increases fruit and vegetable consumption and decreases consumption of high sodium, saturated fat and sugar foods by making fresh, healthy local foods available in local food outlets.

Addressing Disparate Populations

Poverty in Minnesota is higher in rural areas (12.4% based on 2009 model estimate from EARS) but may be more dispersed compared to population-dense urban areas (10.3%). SHIP grantees must look closely within their communities for health risk disparities including food access, income, obesity and chronic disease rates and prioritize Healthier Food Outlet work in these communities first.

Settings

Local food outlets in areas that lack access to supermarkets or other sources of healthier food options.

Recommended Partners

- Regional Food Policy Council
- Local Food Policy Council
- Local Retail Association
- Local Compliance Representatives
- MN Department of Health
- Community Officials

Planning and Assessment for *Healthier Food Outlets*

1. Before engaging with potential partners, you may want to answer some preliminary questions:
 - Who are the healthier food retail advocates across different sectors?
 - What initiatives in healthier food retail are underway already locally and regionally?
 - What is the extent and nature of existing healthier food retail activities?
 - Are specific neighborhoods, localities being targeted for redevelopment activities which may support healthier food retail initiatives?
 - Are there current policy-related initiatives that support or could be expanded to support improving food retail options?

Answering these questions will assist you in identifying which key partners should be engaged for promoting and supporting healthier food retail activities. The questions above can be focused in the regions or neighborhoods you have designated as “underserved” for retail access in your area. With an initial understanding of healthier food retail activities across your region, you will be well positioned to serve as an effective intermediary.

2. Assemble the members of the CFP and/or Regional Food Policy Council with interest or influence on healthier food outlet efforts.
 - A. Have the group identify other partners that should be part of the planning and/or implementation process. Encourage the selection of diverse partners that best serve your situation and begin a discussion on the opportunities and barriers to attaining healthier food outlets in high need areas.
3. Identify the action items that would have the most significant impact in the short and long term. Thoughtfully planning and prioritizing healthier food retail activities that you and your partners will engage in can increase your likelihood of successful implementation. Consider the following:
 - *Geographic availability barriers to healthier food.* These are areas where there are limited numbers of retailers who offer healthier food options. This includes areas where there are simply a limited number or any food retailers or areas where there may be food retailers, but where those retailers don’t typically offer healthier food options.
 - *Affordability barriers to healthier food.* These are areas where healthier food options are available for purchase, but are not affordable to many residents.
 - *Limited access to quality, healthy food.* These are areas where healthier food options, like fresh fruit and vegetables, may be available, but residents’ ability to get quality products is limited, usually because of distribution or storage limitations.
4. Develop a general plan that will support food outlet owners in making fresh local produce and healthier food choices more visible, affordable, and attractive to neighborhood residents.

5. MDH will be providing standardized tools for evaluation.

Potential Milestones for Planning and Assessment of *Healthier Food Outlets*

- Needs assessment completed.
- Team identified and assembled.
- Goals identified.
- Action plan written.

Implementing *Healthier Food Outlets*

1. Determine the roles of the various partners involved in the plan's implementation. Provide support as needed to partners such as assisting with gathering the information and resources they need to complete their tasks.
2. Identify food outlets in the target area(s) and together with the food outlet owners, decide what kind of changes might improve healthy food access to potential customers.
 - A. Consider the demographics of nearby residents so that any new healthier food items align with cultural practices.
 - B. Assist with procurement, signage, marketing, pricing, store design and layout. Ensure ongoing communication with the store owners during the implementation phase to identify and address perceived barriers early in the process.
 - C. Be aware of appropriate communication methods. For example, it is best to avoid especially busy times, such as during deliveries, and consider that store owners may not have timely access to email. Ask partners the best and worst time to reach them, as well as their preferred method of communication and be respectful of their needs.
3. Work with local sanitation officers, city code enforcement, environmental health, and law enforcement to ensure the food outlet is in compliance throughout implementation.
4. Meet with your team regularly to review the initial action plan and the progress being made for work with food outlets.
 - A. Continue to gather additional input from key stakeholders.
 - B. Review progress, setbacks, obstacles and unforeseen opportunities.
 - C. Finalize action plan so next steps are clearly identified. Action plans should clearly identify goals, steps, responsible party, timeline, budget, resources, and outcome measures, including plans for sustainability.
 - D. Continue to look for opportunities to link the local work with regional work in the area.
5. Facilitate training opportunities for food outlet owners based on the needs that are identified and the prioritized action plan. Do not forget to provide training to key stakeholders to help them understand: the importance of the food system; the limited access the community you have identified has to healthy, local foods; the role of these factors in the rising rates of chronic disease and skyrocketing health care costs; and changes your CFP has identified as necessary to address these issues.
 - A. Refer to the SHIP calendar for TA that MDH might be able to provide on this or other selected strategy components.
<http://www.health.state.mn.us/healthreform/ship/calendar/index.html>

- B. Educate and generate interest and excitement with stakeholder. Get the word out about your work by engaging students, decision makers and community partners in the promotion of healthier food outlets.
6. Network with other SHIP grantees
7. Present action plan and progress to key decision makers, and community groups.

Potential Milestones for Implementing *Healthier Food Outlets*

- Action plan finalized.
- Roles of partners clearly communicated.
- Regular, on-going communication with partners is provided.
- Trainings/workshops/other support provided.
- Food outlet initiatives promoted as planned

Sustaining Long Term *Healthier Food Outlets* Changes

1. Continue to provide learning opportunities for food outlet owners and partners on Healthier Food Outlets and sustainable food systems development. Engage the CFP and Regional Food Policy Council as much as possible.
2. Actively promote adopted practices to the community.
 - A. Identify, recruit and enlist champions for healthier food outlets. It is critical that the enthusiasm, knowledge and drive for the work come from multiple individuals, not reliant on one or two active parties.
 - B. Funding to continue healthier food outlets may be necessary.
 - C. Support on-going resource development.
3. Conduct an evaluation of healthier food outlet activities. Communicate these findings with partners.
4. Identify purchasing policies, practices and any other practices that, if changed, would provide long-term support to food outlet owners. Educate partners on these policies and practices. Gather support and work to institutionalize these changes.
5. Update the action plan. Develop future plans and funding proposals to further advance healthier food outlet initiatives, especially those that support long-term changes within the community and the region.

Potential Milestones for Sustaining Long-Term *Healthier Food Outlets* (To Be Customized by Grantee)

- Local food sourcing practices implemented
- Evaluation conducted.
- Future action plan completed.
- Policies and written practices changed to support healthier food outlets

Additional *Healthier Food Outlets* Resources

- **Communities Putting Prevention to Work.** healthycornerstores.org/
- **Healthy Corner Stores – What Works?** Marketmakeovers.org/mmtv/guest/Hannah-laurison/part-1-market-makeovers-what-works
- **SHIP Healthy Corner Stores Initiative – Minneapolis.** www.ci.minneapolis.mn.us/dhfs/ship-cornerstores.asp
- **Planning for Healthy Places.** www.phlpnet.org/php/products/healthy-corner-stores

Community Healthy Food Component 3: *Nutrition Labeling*

Description and Scope

Changing individual behavior is difficult and it is made more difficult when environments in which people make decisions do not support healthful behavior choices. Nutrition labeling is a key factor in helping individuals who have made a commitment to making healthier food choices. Most consumers underestimate the number of calories and fat in away-from-home foods. At the same time research shows most consumers would like to see nutrition information at places where they go out to eat.

The Patient Protection and Affordable Care Act authorized the Food and Drug Administration to establish and enforce national menu labeling standards but they are only applicable to retail food chains and vending machine owners with 20 or more locations. Mom and pop restaurants and independent vending machine operators are abundant throughout Minnesota. Creative approaches are needed to help these smaller establishments provide point-of-purchase nutrition information to consumers to decrease the discrepancy between the perceived and actual nutrition content.

Health Behavior Changes

The ultimate goal of increasing point-of purchase nutrition information to consumers is to reduce state health care expenditures by improving the health status of Minnesotans. The nutrition labeling component primarily focuses on the behavior changes that decrease the over consumption of sodium, saturated fat, and added sugar by providing enough information for consumers to make an informed choice.

Addressing Disparate Populations

Poverty in MN is higher in rural areas (12.4% based on 2009 model estimate from EARS) in MN but may be more dispersed as compared with the population dense urban areas (10.3%). SHIP grantees must look closely within their communities for health risk disparities including food access, income, obesity and chronic disease rates and prioritize component initiatives in these communities first.

Settings

Restaurants and vending operations exempt from the Patient Protection and Affordable Care Act.

Recommended Partners

- Regional Food Policy Council
- Local Food Policy Council
- Local Retail Association
- Health Care Professionals
- MN Department of Health
- Community Officials

Planning and Assessment for *Nutrition Labeling*

1. Before engaging with potential partners, you may want to answer some preliminary questions:
 - Who are the nutrition labeling advocates across different sectors?
 - What initiatives in nutrition labeling are underway already locally and regionally?
 - What is the extent and nature of existing nutrition labeling activities?
 - Are there employers, restaurants, or colleges interested in wellness activities that might support nutrition labeling initiatives in their establishments?
 - Are there current policy-related initiatives that support or could be expanded to support improving point-of-purchase nutrition labeling?

Answering these questions will assist you in identifying which key partners should be engaged for promoting and supporting nutrition labeling activities. The questions above can be focused in the regions or neighborhoods you have designated as “underserved” for nutrition labeling in your area. With an initial understanding of point-of-purchase nutrition information activities across your region, you will be well positioned to serve as an effective intermediary.

2. Assemble the members of the CFP and/or Regional Food Council with interest or influence in nutrition labeling efforts. Have the group identify other partners that should be part of the planning and/or implementation process. Encourage the selection of diverse partners that best serve your situation and begin a discussion on the opportunities and barriers to creating point-of-purchase labeling initiatives in high need areas.
3. Identify the action items that would have the most significant impact in the short and long term. Thoughtfully planning and prioritizing nutrition labeling activities that you and your partners will engage in can increase your likelihood of successful implementation. Consider the following:
 - *Locating nutrition information sources* – Work with restaurants and vending machine owners to procure nutritional information from vendors, databases, laboratory analyses, or other reasonable sources.
 - *Promoting a commitment to wellness* – Be proactive in educating stakeholders on the connection between informed choice, individual behavior change, and the role of nutrition labeling in overall wellness.
 - *Providing marketing opportunities* – Assist participants in marketing their efforts so they are perceived as being concerned about their customers health, responsive to their needs, and more proactive than chain restaurants.
4. Develop a general plan that will support nutrition labeling policies and efforts.
5. MDH will be providing standardized tools for the evaluation of required strategies.

Potential Milestones for Planning and Assessment of *Nutrition Labeling*

- Needs assessment completed.
- Team identified and assembled.
- Goals identified.
- Action plan written.

Implementing *Nutrition Labeling*

1. Determine the roles of the various partners involved in the plan's implementation. Provide support as needed to partners such as assisting with gathering the information and resources they need to complete their tasks.
2. Identify food retailers and vending machine locations in the target area(s) and together with the food retail owners, decide what kind of changes might improve point-of-purchase information to potential customers.
 - A. Assist with procurement, signage, marketing, pricing, menu or vending machine design and layout.
 - B. Ensure ongoing communication with owners during the implementation phase to identify and address perceived barriers early in the process.
 - C. Be aware of appropriate communication methods. For example, it is best to avoid especially busy times, and consider that the owners involved may lack timely access to email. Ask partners the best and worst time to reach them, as well as their preferred method of communication and be respectful of their needs
3. Meet with your team regularly to review the initial action plan and the progress being made for work with food retailers.
 - A. Continue to gather additional input from key stakeholders.
 - B. Review progress, setbacks, obstacles and unforeseen opportunities.
 - C. Finalize action plan so next steps are clearly identified. Action plans should clearly identify goals, steps, responsible party, timeline, budget, resources, and outcome measures, including plans for sustainability.
 - D. Continue to look for opportunities to link local work with regional work in the area.
4. Facilitate training opportunities for food retail owners based on the needs that are identified and the prioritized action plan. Do not forget to provide training to key stakeholders to help them understand: the importance of the food system; the limited access the community you have identified has to healthy, local foods; the role of these factors in the rising rates of chronic disease and skyrocketing health care costs; and changes your CFP has identified as necessary to address these issues.
 - A. Refer to the SHIP calendar for TA that MDH might be able to provide on this or other selected strategy components.
<http://www.health.state.mn.us/healthreform/ship/calendar/index.html>

B. Educate and generate interest and excitement with stakeholder. Get the word out about your work by engaging students, decision makers and community partners in the promotion of point-of-purchase nutrition labeling.

8. Network with other SHIP grantees

9. Present action plan and progress to key decision makers, and community groups.

Potential Milestones for Implementing *Nutrition Labeling*

- Action plan finalized.
- Roles of partners clearly communicated.
- Regular, on-going communication with partners is provided.
- Trainings/workshops/other support provided.
- Nutrition labeling initiatives promoted as planned

Sustaining Long Term *Nutrition Labeling* Changes

1. Continue to provide learning opportunities for food retailers and partners about nutrition labeling. Engage the CFP and Regional Food Policy Council as much as possible.

2. Actively promote adopted practices to the community.

A. Identify, recruit and enlist champions for healthier food outlets. It is critical that the enthusiasm, knowledge and drive for the work come from multiple individuals, not reliant on one or two active parties.

B. Funding to continue nutrition labeling may be necessary.

C. Support on-going resource development.

3. Conduct an evaluation of point-of-purchase activities. Communicate these findings with partners.

4. Identify policies and practices that will provide long-term support for nutrition labeling. Educate partners on these policies and practices. Gather support and work to institutionalize these changes.

5. Update the action plan. Develop future plans and funding proposals to further advance nutrition labeling, especially those that support long-term changes within the community and the region.

Potential Milestones for Sustaining Long-Term *Nutrition Labeling* Changes

- Local food sourcing practices implemented
- Evaluation conducted.
- Future action plan completed.
- Policies and written practices changed to support nutrition labeling

Additional *Nutrition Labeling* Resources

- **Centers for Disease Control and Prevention.**
http://www2.cdc.gov/phlp/winnable/menu_labeling.asp
- **Harvard Article.** <http://www.harvardjol.com/wp-content/uploads/2010/07/587-610.pdf>
- **Public Health Law Center.**
http://www.healthyeatingresearch.org/images/stories/her_research_briefs/her_menu_labeling_brief_06_29_09_final.pdf
- **Guidance for Nutritional Analysis.**
www.kingcounty.gov/...uidanceNutritionalAnalysis.ashx
- **Nutrition Labeling: You Have the Right to Know.**
<http://www.cspinet.org/menulabeling/handouts.html>