Community Food Assessment for the Cities of Bloomington, Edina and Richfield

City of Bloomington Division of Public Health

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Community Food Assessment for the Cities of Bloomington, Edina and Richfield

Developed by the City of Bloomington Division of Public Health
December 2013

Acknowledgments

This community food assessment resulted from the hard work and engagement of many partners across the cities of Bloomington, Edina and Richfield. We extend our appreciation to the following groups:

- Community members (including residents of the three cities, volunteers and program staff from local social service providers and local faith leaders)
- Members of the Bloomington, Edina and Richfield Community Food Partnership
- Members of the community food assessment task force
- City staff from the three cities

For more information, visit http://www.health.state.mn.us/ship.

Terra Soma, LLC, a local food systems consulting firm, provided design and execution support.

This publication was made possible through funding from the Statewide Health Improvement Program (SHIP) of the Minnesota Department of Health.

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Executive Summary

Background

Since 1977, the City of Bloomington Division of Public Health has provided health services to the cities of Bloomington, Edina and Richfield (BER). In 2012 and 2013, Bloomington Public Health undertook a community food assessment as part of the Statewide Health Improvement Program (SHIP). The main goal of this assessment is to better understand the barriers and opportunities to increasing healthy food access as a way to impact obesity and related chronic diseases across BER. As rates of obesity and related chronic diseases have risen nationally, the cities have supported programs, partnerships and policies that cultivate healthy, active communities. Since 2009, Bloomington Public Health has received support from SHIP to collaborate with communities, schools, worksites and healthcare providers to reduce the risk of chronic disease by targeting poor nutrition, physical inactivity and tobacco use across BER.

What is a Community Food Assessment?

A community food assessment (CFA) is a collaborative process for community members, public agencies, non-profit organizations and other concerned entities to share in learning about a community's food environment, including assets, opportunities and challenges that strengthen or diminish community health. The findings from a community food assessment lead to:

- A shared understanding of the community's food environment; and
- Evidence based recommendations responding to these findings.

Guiding question

This assessment aims to inform community members and organizations throughout Bloomington, Edina and Richfield about strengths and challenges associated with obtaining healthy food in the three cities, using the following question to guide its design and execution:

> *To what extent is healthy food[1] **accessible[2], affordable[3]** and **available[4]** to low-income residents in Bloomington, Edina and Richfield?*

The resulting findings and recommendations of this assessment provide guidance to each city and relevant organization in determining actions to take in their city to increase the accessibility, affordability and availability of healthy foods to all their residents.

Methodology

Who was Involved?

A core feature of CFA is the involvement of diverse stakeholders in the design, information gathering and interpretation, development of findings and recommendations and creation of a useful dissemination strategy. To inform the development of the project, the City of Bloomington Division of Public Health consulted with the following groups between June 2012 and October 2013:

[1] Healthy foods are fresh fruits and vegetables, whole grains, fat-free and low-fat milk and milk products, lean meats, poultry, fish, beans, eggs and nuts that are low in saturated fat, trans fats, cholesterol, salt (sodium), and added sugars (Centers for Disease Control and Prevention, 2010).
[2] Accessible foods are healthy foods that are easy to obtain near where people live, regardless of their mobility or access to transportation.
[3] Affordable foods are healthy foods in which people are able to buy or obtain within their household grocery budget.
[4] Available foods include familiar and healthy foods that are easily obtainable through a variety of sources year-round.

Community Food Partnership – A multi-sector, multi-city group composed of over 20 individuals and representatives from organizations concerned with healthy food access that collaborate to address mutual interests around food and community health. Members met seven times between May 2012 and October 2013 to guide the assessment questions and data sources, review data and help formulate and confirm findings, review and affirm recommendations, refine draft reports and help determine an effective dissemination strategy for the report and its results.

Community Food Assessment Task Force – A small group of nine individuals, composed of some Community Food Partnership members, staff from the three cities and other community members committed to food and health issues, met three times with Bloomington Public Health staff during the fall of 2012. This group reviewed data and discussed its implications and how it is reflected in the challenges and realities of their stakeholder bases.

City Staff and Key Stakeholders – Public Health staff met with seven local organizations and city staff from nine separate departments across BER to review CFA findings and provide insight about city and community initiatives and programming as well as factors that may impact availability and accessibility of affordable healthy food.

City of Bloomington Division of Public Health – The lead agency for this effort, Bloomington Public Health oversaw the CFA process and report development.

Terra Soma, LLC – A local food systems consulting firm contracted to assist public health staff with the design and execution of this assessment.

Main Components of the Community Food Assessment

Community food assessments are intended to provide insight into a community's food environment, while strengthening networks and mobilizing partners to share information and foster necessary changes identified through the assessment process. Thus the methodology for this type of effort includes convening and connecting with stakeholders and gathering relevant information to better understand a community's food issues. The main components of the CFA include primary data, secondary data, findings and recommendations.

Data Collection

Secondary Data: Findings and recommendations in this assessment were based partially on existing data and research, including local, state and national health surveys, the U.S. Census Bureau, literature reviews of research around food security and the Minnesota Departments of Health, Education, and Employment and Economic Development. This information helped reveal the extent, location and gaps of existing food related resources and the overall health and economic profile of people who live in the three cities.

Primary Data: To better understand issues related to the accessibility, affordability and availability of healthy foods for low-income residents of BER, Bloomington Public Health received input from community members during the fall of 2012 through a combination of focus groups and key informant interviews.

> **Focus Groups:** Four focus groups were conducted, with a total of 36 community members living or working in BER. One focus group consisted of low-income seniors[5] living in an Edina housing complex, two consisted of community members who utilize the community dining and food shelf[6]

[5] Senior is a person who is at least 65 years of age.
[6] Food Shelf "means a non-profit organization that: 1) Operates with the intent of distributing prepackaged and/or fresh foods and personal care items to individuals and families at reduced or no cost; 2) Receives, holds, and distributes prepackaged and/or fresh foods and personal care items; and 3) Is analogous to a grocery/convenience store." (Minnesota Department of Health, 2003) A food shelf may include a permanent location where community member visit to receive provisions or a community-based site where food is dropped off and distributed to community members.

services located in BER and one consisted of staff from community food service programs serving BER residents.

Key Informant Interviews: Bloomington Public Health staff conducted six key informant interviews. Each interview was tailored to the specific key informant's role in food access, but the themes of food accessibility, affordability and availability for low-income BER community members remained the central focus of each interview. Interviews were conducted with a grocery store manager from a large supermarket in Bloomington, an ethnic grocery store owner from Bloomington, an ethnic grocery store owner from Richfield, a Richfield clergy member, a Bloomington clergy member (who also operates a food shelf out of the church) and a former resident who uses an EBT card, receives food assistance and volunteers at a local food shelf.

Recommendations Development

Several key findings surfaced from the information and perspectives gathered through the CFA process. Public Health staff used these findings and consulted with CFP members and city staff to develop recommendations for how best to move forward to increase the accessibility, affordability and availability for low-income residents of BER. Final recommendations are based on a combination of accepted best practices, including exemplary initiatives in other communities as well as evidence and evaluation-based data.

Limitations

Community food assessments should not be considered a comprehensive research project and are better understood as an information-rich civic engagement initiative designed to describe a community's food environment, including gaps, assets and resources, and what can be done to improve it. Assessments vary in size, scope, focus and the extent of stakeholder participation. Budget, timeline and availability of human resources can dictate the extent and diversity of community engagement as well as the breadth and depth of information collected and analyzed.

The information in this assessment is limited by the types of available data and the extent of input received by involved community members during July 2012-October 2013. Thus, the information and findings are not an exhaustive reflection of food environments across the three cities, but rather a starting point for further exploration.

This assessment does not focus on institutional food access and therefore does not investigate food programs or food access associated with local schools, community and transitional housing, hospitals or other institutional food service providers.

Findings

The following list of key findings incorporates both the primary and secondary data. Findings from the assessment reveal that the availability of healthy foods is adequate, but accessibility and affordability of healthy foods present challenges to low-income residents. Therefore, while the findings and recommendations focus on all three, there is a strong emphasis on accessibility and affordability.

Key Finding #1: Communication and Engagement
Opportunities exist for cities, organizations and programs that offer food-related services and products to expand healthy and safe offerings and increase participation of a low-income and culturally specific audience through more robust community engagement (including outreach and increased client involvement in advising and decision-making).

Key Finding #2: Community Food Assets[7]
While grocery and resturant options provide adequate availablity to healthy foods across BER, there are gaps in healthy food accessibility, affordability and availability of community food assets (e.g. farmers markets, Community Supported Agriculture[8] (CSA), food shelves and community meal programs) for low-income residents of the three cities.

Key Finding #3: Food Access for those with Limited Mobility
Due to multiple factors such as difficult weather conditions, limited public transportation options, financial barriers and safety concerns, healthy food access is difficult for low-income and/or homebound senior residents and those with limited mobility.

Key Finding #4: Inter-Agency Collaboration
Across BER, there is a need and interest for increased communication and collaboration among community food service programs[9], agencies and organzations that assist residents having difficulties accessing healthy food.

Key Finding #5: Resources for Food Skills Development and Food Access Information
There is a need for increased options and greater awareness of educational opportunities and resources for accessing healthy, affordable food options, nutrition and healthy food preparation.

Recommendations

After analyzing data and input collected from over 150 individuals, agencies and organizations across the three cities, the following recommendations have been developed through a collaborative process involving many of the stakeholders who helped guide the CFA, contributed perspectives and reviewed information.

Recommendations developed as a part of this community food assessment were based on three primary sources:

1. Findings generated during the Community Food Assessment;
2. Review of best and promising practices demonstrated by research and evaluation data; and
3. Recommendations informed by local key stakeholders in response to findings.

The recommendations address all three dimensions of this CFA's guiding question – accessibility, affordability and availability.[10]

Communication and Engagement

Recommendation #1: Enhance communication and engagement between organizations and their client base – Develop a plan and system to help organizations utilize client/customer feedback for improvement of programs and services.

Recommendation #2: Improve education and outreach – Communicate regulations and procedures to businesses interested in offering healthy food options to the public. Communicate safe food

[7] Community Food Assets are resources within a community, beyond grocery stores and restaurants, where people can purchase or obtain food such as farmers markets, community gardens, food shelves, community dining facilities, low-cost food programs and food delivery services.
[8] Community Supported Agriculture (CSA) farms charge a flat fee for a 'membership share', which entitles the member to weekly deliveries of a box of locally grown produce to a drop site throughout the growing season. Boxes are delivered to a central site in a given neighborhood or workplace for members to pick-up. Some CSA farms sell partial and full shares, accept staggered payments or SNAP/EBT and offer various types of financial aid.
[9] Community Food Service Programs are established operations involving the provision of food to community members in need of food outside of retail sources. These programs may include community dining facilities, food shelves, emergency food providers, low-cost food programs and food delivery services that serve individuals and families who are in need, homeless, homebound or otherwise eligible for services.
[10] Recommendations are listed in alphabetical order; no one recommendation is more important than another.

preparation and handling standards utilized by community food service programs and food safety information to patrons.

Community Food Assets

Recommendation #3: Improve healthy food affordability at grocery stores – Monitor success of the Department of Human Services, Minnesota Grocers Association and Minnesota Grown pilot project, which offers five dollar coupons to Supplemental Nutrition Assistance Program recipients who purchase produce using their Electronic Benefits Transfer card.[11] Then explore possibility of expanding project to grocery stores across BER.

Recommendation #4: Strengthen farmers market services and collaborations – Develop comprehensive plan to 1) improve farmers market access for low-income residents and 2) improve collaborations between farmers markets and community food programs[12] across the three cities.

Recommendation #5: Ensure community food service programs meet the needs of diverse, low-income residents – Evaluate if location, schedule, food offerings and promotions are reaching out to and meeting the needs of those with limited mobility, culturally diverse and senior low-income residents of BER. As a result of evaluation, make necessary changes to increase diverse, low-income participation in these programs.

Food Access for those with Limited Mobility

Recommendation #6: Address transportation and mobility issues – Analyze transportation and pedestrian mobility issues associated with healthy food access. Develop recommendations and an action plan to ensure that existing and potential food delivery, transportation and resources better meet the needs of low-income residents with mobility and transportation barriers.[13,14]

Recommendation #7: Establish food access alternatives – Develop on-site programming to increase access to affordable healthy food where low-income, senior and homebound residents live.[15]

Inter-Agency Collaboration

Recommendation #8: Plan for collaboration – Develop a joint planning process with interested organizations and programs to determine specific goals and steps that will result in a coordinated effort to best meet the healthy food access needs of low-income residents served by these organizations and programs.[16] Include development of plan and strategy to oversee, guide and sustain the recommendations of this assessment.

Recommendation #9: Improve quality and safety of food – Support collaboration between appropriate parties and community food service programs to increase the quality of food, strengthen food handling, food safety procedures and relevant organizational guidelines. Include the development of appropriate systems, tools and processes to support implementation.

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[11] Additional information about State pilot to incentivize EBT users to purchase fresh produce at grocery stores, http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&dID=153912

[12] Options include: (1) Increase produce donations to food shelves; investigate need and feasibility of accepting WIC at Edina Farmers Market; (2) create coordinated work plans for farmers markets across the three cities to institute shared marketing strategy to increase participation of multicultural and low-income community members (including multicultural promotion strategies and continuation of Market Bucks Program); (3) promote partnership between farmers markets, community gardens, and local food shelves to share information, cross-promote services/programs and increase donations of produce to food shelves.

[13] Mobile food shelf delivery (e.g. East Side Neighborhood Services model), transportation to and from food shelves.

[14] Pedestrian access issues include lack of sidewalks, icy, rainy, and snowy sidewalks, and busy traffic patterns.

[15] Examples include: “Pay As You Go” Community Supported Agriculture model. (http://www.gotthenac.org/content/13347); single-serving healthy meal exchange program in senior complexes; ‘healthy cooking on a budget’ courses for seniors and homebound in apartment buildings; and buying club model for Fare For All participants.

[16] For example: needs of transient and homeless, professional development of agencies’ staff, food delivery options (e.g. mobile food pantries or food delivery programs), shared storage facilities and equipment, joint funding efforts and staff/volunteer trainings).

Recommendation #10: Increase local food production – Convene interested organizations, agencies and city departments to explore land use options, related zoning needs and potential for joint initiatives in community and market gardening expansion and year-round food production.[17]

Resources for Food Skills Development and Food Access Information

Recommendation #12: Assess Accessibility and Promotion – Evaluate and adjust affordable healthy eating related education resources to best meet low-income community needs, determining adequacy of promotion, location, eligibility requirements and cost for participation.

Recommendation #13: Explore and Expand Partnerships – Explore increasing the participation of local community organizations such as libraries and congregations to further engage in healthy food access education, resources and programming.

Conclusion

Food security is an essential attribute to a healthy society. As obesity and chronic disease rates continue to rise in the U.S., it is important to address potential disparities that may affect an individual's or family's ability to obtain accessible, affordable and available healthy foods in their community. In the case of Bloomington, Edina and Richfield, major disparities in these areas are income, age and mobility. Those with low income and related social conditions such as mobility and transportation access face added hardships in obtaining healthy foods. This disadvantage may lead to increased rates of chronic disease and risk factors among those populations.

This community food assessment investigates the ability of low-income populations to obtain accessible, affordable and available healthy foods in BER. It is evident from this research that accessibility and affordability are the greatest barriers to healthy eating among this population, particularly senior and mobility limited persons.

The recommendations provided in this assessment, if implemented in the community, will help reduce these identified barriers by focusing on five key areas: communication and engagement, community food assets, food access for those with limited mobility, interagency collaboration and resources for food skills and food access.

The Bloomington, Edina, Richfield Community Food Assessment serves as resource and guide in building community based collaborations and actions to increase the accessibility, affordability and availability of healthy food in the three cities.

[17]For example: hydroponic and greenhouse growing systems.

Definitions

Accessible foods are healthy foods that are easy to obtain near where people live, regardless of their mobility or access to transportation.

Affordable foods are healthy foods in which people are able to buy or obtain within their household grocery budget.

Available foods include familiar and healthy foods that are easily obtainable through a variety of sources year-round.

Community Food Assessment (CFA) is a community engagement and research initiative that gathers information and involves residents to better understand the strengths and weaknesses of the local food environment and to inform decision-making and improvement strategies.

Community Food Assets are resources within a community, beyond grocery stores and restaurants, where people can purchase or obtain food such as farmers markets, community gardens, food shelves, community dining facilities, low-cost food programs and food delivery services.

Community Kitchens are commercial kitchens that offer food processors, farmers and caterers a relatively inexpensive place to license and conduct food processing activities.

Community Food Service Programs are established operations involving the provision of food to community members in need of food outside of retail sources. These programs may include community dining facilities, food shelves, emergency food providers, low-cost food programs and food delivery services that serve individuals and families who are in need, homeless, homebound or otherwise eligible for services.

Community Supported Agriculture (CSA) farms charge a flat fee for a 'membership share', which entitles the member to weekly deliveries of a box of locally grown produce to a drop site throughout the growing season. Boxes are delivered to a central site in a given neighborhood or workplace for members to pick-up. Some CSA farms sell partial and full shares, accept staggered payments or SNAP/EBT and offer various types of financial aid.

Federal Food Support Programs are federal programs such as SNAP/EBT (formerly known as food stamps) and WIC that provide financial resources and may also offer supplemental food and nutrition assistance for eligible low-income individuals and families.

- *SNAP/EBT* – The aim of the Supplemental Nutrition Assistance Program (SNAP) program is to help recipients sustain healthy diets by making costly food items like fresh fruits and vegetables more affordable to those with low-incomes through the provision of supplemental money to purchase these foods. Electronic Benefit Transfer (EBT) cards are a federally funded payment option available at participating stores. The SNAP program distributes funds for food purchases through EBT cards.
- *WIC* – The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) helps prevent and reduce premature births by supplementing the diet of pregnant women, as well as mothers with infants and children up to age five. WIC benefits are often distributed as specially designed checks to pay for essential items like milk, eggs, baby formula, beans, and cereals and, more recently, fresh produce. Recipients of WIC are required to learn about prenatal, breastfeeding and child nutrition as part of their enrollment in the program.

Food Insecurity means "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways." (Life Sciences Research Office, 1990)

Food Shelf "means a non-profit organization that:

- Operates with the intent of distributing prepackaged and/or fresh foods and personal care items to individuals and families at reduced or no cost;
- Receives, holds, and distributes prepackaged and/or fresh foods and personal care items; and
- Is analogous to a grocery/convenience store." (Minnesota Department of Health, 2003)

A food shelf may include a permanent location where community member visit to receive provisions or a community-based site where food is dropped off and distributed to community members.

Grocery Stores are permanent retail stores that sell packaged and/or fresh foods. There are three categories of grocery stores used in this assessment including *convenience store/limited grocer*, *ethnic market/small grocer* and *supermarkets*:

- *Convenience store/limited grocer* includes stores that sell limited high-convenience and/or basic food items that people commonly use and can quickly access, such as milk, prepared foods, soft drinks and some produce;
- *Ethnic market/small grocer* includes non-chain grocery stores that sell a greater diversity of food and household merchandise items than convenience stores but offer less variety than supermarkets and are usually locally owned. In addition, ethnic markets sell culturally diverse food items;
- *Supermarket* includes stores that offer a wide variety of food products such as packaged, frozen, prepared foods and perishable items like produce, meat and dairy, along with other household merchandise items such as paper products and cleaning supplies.

Note: There are no cooperatively owned grocery stores within Bloomington, Edina or Richfield; therefore they are not included in this definition or study.

Healthy Foods are fresh fruits and vegetables, whole grains, fat-free and low-fat milk and milk products, lean meats, poultry, fish, beans, eggs and nuts that are low in saturated fat, trans fats, cholesterol, salt (sodium), and added sugars (Centers for Disease Control and Prevention, 2010).

Market Gardening "is the commercial production of vegetables, fruits, flowers, and other plants, on a scale larger than a home garden, yet small enough that many of the principles of gardening can be applied. The aim, as with all farm enterprises, is to run the operation as a business and to make a profit" (Bachman, 2002).

Senior is a person who is at least 65 years of age.

Bloomington, Edina and Richfield Community Food Assessment

Background

Since 1977, the City of Bloomington Division of Public Health has provided health services to the cities of Bloomington, Edina and Richfield (BER). In 2012 and 2013, Bloomington Public Health undertook a community food assessment as part of the Statewide Health Improvement Program (SHIP). The main goal of this assessment is to better understand the barriers and opportunities to increasing healthy food access as a way to impact obesity and related chronic diseases across BER. As rates of obesity and related chronic diseases have risen nationally, the cities have supported programs, partnerships and policies that cultivate healthy, active communities. Since 2009, Bloomington Public Health has received support from SHIP to collaborate with communities, schools, worksites and healthcare providers to reduce the risk of chronic disease by targeting poor nutrition, physical inactivity and tobacco use across BER.

The Scope of the Issue

Overall in the U.S., 14.5% of all households and 20.0% of households with children were food insecure in 2012. In the same year, the prevalence of food insecurity was highest in those households with the lowest income and suburban food insecurity in that year was 12.7%. (USDA Economic Research Service, 2013) In Minnesota, approximately 10.6% of people live at or below the federal poverty line and 25.5% of people live at or below 200% of the poverty line. While Whites account for the greatest number of people living in poverty in all three cities, a greater proportion of populations of color live in poverty than Whites. (U.S. Census Bureau, 2006-2010)

Food insecurity and poverty may have an impact on individual's and families' ability to maintain quality diets and afford healthy food, including fresh fruits and vegetables. These socio-economic factors may lead to increased risk of chronic disease and obesity. The federal food support programs SNAP/EBT and WIC ease financial barriers to food access for low-income and food insecure families and individuals. In 2010, 1,548 Bloomington residents, 288 Edina residents and 964 Richfield residents were enrolled in the SNAP program. (U.S. Census Bureau, 2006-2010) In 2011, 2,546 Bloomington residents, 324 Edina residents and 2,122 Richfield residents were enrolled in the WIC program. (Appendix B: Table 14)

Recent research has found an association between chronic disease risk factors (hypertension and high cholesterol) and food insecurity. (Seligman, Laraia, Kushel, 2010) In the U.S., age-adjusted estimates of physician diagnosed diabetes have increased more than 2% between 1994 and 2010 with 8.1% of those 20 years and older having diabetes in 2010. (National Center for Health Statistics, 2013) Minnesota has experienced a similar rise in diabetes prevalence, with 6.7% of adults reporting being told by a doctor they had diabetes in 2010. This estimate is up from 5% in 2004. (Centers for Disease Control and Prevention, 2013)

Obesity increases the risk of numerous health conditions, including coronary heart disease, stroke, high blood pressure, Type II diabetes, certain forms of cancer, elevated cholesterol, liver and gallbladder disease and mental health conditions. (Centers for Disease Control and Prevention, 2011) According to the CDC Behavioral Risk Factor Surveillance System, in 2012, 27.6% of the U.S. population was obese and 35.8% were overweight. In Minnesota, 25.7% of the population was obese and 37.3% were overweight. (Centers for Disease Control and Prevention, 2013) According to the Survey of the Health of All Populations and the Environment, in 2010, 20.4% of the Hennepin County population were obese and 38.8% were overweight (Hennepin County, 2010).

Introduction

The process and outcomes of the Bloomington, Edina and Richfield Community Food Assessment are the next step in an ongoing effort by the three cities to improve and ensure the health and well-being of residents. Since 2009, with support from the Minnesota Department of Health's Statewide Health Improvement Program (SHIP) and Blue Cross and Blue Shield of Minnesota's ***do.***town® initiative[18], the three cities have implemented numerous efforts to improve access to healthy food, including:

- Improving availability of healthy foods served at schools, preschools, worksites, local parks, recreation and other city-managed facilities;
- Supporting farmers markets to hold cooking demonstrations and accept WIC/EBT/SNAP on-site;
- Increasing the overall number of community garden plots;
- Increasing community garden donations to food shelves of fresh produce; and
- Promoting healthy eating choices by engaging residents through the ***do.***town® effort.

What is a Community Food Assessment?

A community food assessment (CFA) is a collaborative process for community members, public agencies, non-profit organizations and other concerned entities to share in learning about a community's food environment, including assets, opportunities and challenges that strengthen or diminish community health. The findings from a community food assessment lead to:

- A shared understanding of the community's food environment; and
- Evidence based recommendations responding to these findings.

Guiding question

This assessment aims to inform community members and organizations throughout Bloomington, Edina and Richfield about strengths and challenges associated with obtaining healthy food in the three cities, using the following question to guide its design and execution:

> *To what extent is healthy food **available, accessible and affordable** to low-income residents in Bloomington, Edina and Richfield?*

The resulting findings and recommendations of this assessment provide guidance to each city and relevant organization in determining actions to take in their city to increase the accessibility, affordability and availability of healthy foods to all their residents.

Methodology

Who was Involved?

A core feature of community food assessments is the involvement of diverse stakeholders in the design, information gathering and interpretation, development of findings and recommendations and creation of a useful dissemination strategy. To inform the development of the project, the City of Bloomington Division of Public Health consulted with the following groups between June 2012 and October 2013:

Community Food Partnership – A multi-sector, multi-city group composed of over 20 individuals and representatives from organizations concerned with healthy food access that collaborate to address mutual interests around food and community health. Members met seven times between May 2012 and

[18] ***do.***town® was an 18 month pilot collaboration, sponsored by Blue Cross and Blue Shield of Minnesota, among the cities of Bloomington, Edina and Richfield to improve community health by fostering public discussion and action to make the healthy choice the easy choice. ***do.***town® was launched in September of 2011.

October 2013 to guide the assessment questions and data sources, review data and help formulate and confirm findings, review and affirm recommendations, refine draft reports and help determine an effective dissemination strategy for the report and its results.

Community Food Assessment Task Force – A small group of nine individuals, composed of some Community Food Partnership members, staff from the three cities and other community members committed to food and health issues, met three times with Bloomington Public Health staff during the fall of 2012. This group reviewed data and discussed its implications and how it is reflected in the challenges and realities of their stakeholder bases.

City Staff and Key Stakeholders – Public Health staff met with seven local organizations and city staff from nine separate departments across BER to review CFA findings and provide insight about city and community initiatives and programming as well as factors that may impact availability and accessibility of affordable healthy food.

City of Bloomington Division of Public Health – The lead agency for this effort, Bloomington Public Health oversaw the CFA process and report development.

Terra Soma, LLC – A local food systems consulting firm contracted to assist public health staff with the design and execution of this assessment.

Main Components of the Community Food Assessment

Community food assessments are intended to provide insight into a community's food environment, while strengthening networks and mobilizing partners to share information and foster necessary changes identified through the assessment process. Thus the methodology for this type of effort includes convening and connecting with stakeholders and gathering relevant information to better understand a community's food issues. The main components of the CFA include primary data, secondary data, findings and recommendations.

Data Collection

Secondary Data: Findings and recommendations in this assessment were based partially on existing data and research, including local, state and national health surveys, the U.S. Census Bureau, literature reviews of research around food security and the Minnesota Departments of Health, Education, and Employment and Economic Development. Information collected through these and other sources included:

- Demographic data on chronic disease, income, age, race and ethnicity;
- Prevalence of chronic disease and its risk factors;
- Types of community food assets including locations, hours, types and quantity of vendors at farmers markets and farm stands; CSA drop sites; location, hours and types of services provided by community food service programs including food shelves and dining programs; and locations and quantity of plots in community gardens;
- Locations and types of grocery stores and restaurants; and
- Public transit routes as well as programs providing transportation services to or from food sources, such as food delivery programs and special transportation services for seniors and the disabled.

This information helped reveal the extent, location and gaps of existing food related resources and the overall health and economic profile of people who live in the three cities.

Primary Data: To better understand issues related to the accessibility, affordability and availability of healthy foods for low-income residents of BER, Bloomington Public Health received input from community members during the fall of 2012 through a combination of focus groups and key informant interviews.

Focus Groups: Four focus groups were conducted, with a total of 36 community members living or working in BER. One focus group consisted of low-income seniors living in an Edina housing complex, two consisted of community members who utilize the community dining and food shelf services located in BER and one consisted of staff from community food service programs serving residents of BER.

Focus group questions to low-income residents were aimed at gathering information about daily food practices such as where participants obtained their food from, transportation to and from food sources, frequency of food purchases, satisfaction with the quality and quantity of foods consumed and the amount of fresh and healthy foods consumed. Other focus group questions were intended to identify barriers to healthy food access, suggested changes to increase healthy food consumption, access to culturally specific foods and awareness and use of local community food assets. Focus group questions to community food service program staff focused on gathering information about the main barriers to healthy food access by clients, the extent of existing organizational practices to increase healthy food access, barriers to increasing healthy food access and possible changes needed to improve their capacity to increase healthy food offerings.

Key Informant Interviews: Bloomington Public Health staff conducted six key informant interviews. Each interview was tailored to the specific key informant's role in food access, but the themes of food accessibility, affordability and availability for low-income BER community members remained the central focus of each interview. Interviews were conducted with a grocery store manager from a large supermarket in Bloomington, an ethnic grocery store owner from Bloomington, an ethnic grocery store owner from Richfield, a Richfield clergy member, a Bloomington clergy member (who also operates a food shelf out of the church) and a former resident who uses an EBT card, receives food assistance and volunteers at a local food shelf.

Recommendations Development

Several key findings surfaced from the information and perspectives gathered through the CFA process. Public Health staff used these findings and consulted with CFP members and city staff to develop recommendations for how best to move forward to increase the accessibility, affordability and availability for low-income residents of BER. Final recommendations are based on a combination of accepted best practices, including promising initiatives in other communities as well as evidence and evaluation-based data.

Limitations

Data presented in this report are a combination of demographic descriptions and qualitative evaluations of the community. Findings are determined based on demographic representation in the cities and their associations with food security on a national level obtained through national measures and data sources. This information is cross-examined against qualitative field assessments to form a more accurate estimate of the food security condition in Bloomington, Edina and Richfield, but does not produce quantifiable measures of food security at this level.

Community food assessments should not be considered a comprehensive research project and are better understood as an information-rich civic engagement initiative designed to describe a community's food environment, including gaps, assets and resources, and what can be done to improve it. Assessments vary in size, scope, focus and the extent of stakeholder participation. Budget, timeline and availability of human resources can dictate the extent and diversity of community engagement as well as the breadth and depth of information collected and analyzed.

The information in this assessment is limited by the types of available data and the extent of input received by involved community members. Thus, the information and findings are not an exhaustive reflection of food environments across the three cities, but rather a starting point for further exploration.

This assessment does not focus on institutional food access and therefore does not investigate food programs or food access associated with local schools, community and transitional housing, hospitals or other institutional food service providers.

This community food assessment included outreach to staff across the three cities and key stakeholders already invested in healthy food accessibility, affordability and availability with more limited engagement of grassroots stakeholders, due primarily to budget and time constraints. Other quantitative information, like extensive surveys of city residents, was beyond the reach of available resources for this effort.

Findings

Information and feedback collected during the course of the community food assessment provides a portrait of each of the three cities and their respective food environments with an emphasis on the accessibility, affordability and availability of healthy foods. This section offers city level descriptions of relevant population characteristics, community food assets and other related information, followed by several insights gained from community member feedback.

City Profiles

Each city involved in this assessment demonstrates a unique profile with respect to healthy food access. This section of the assessment report offers an overview of the demographics and healthy food resources in each city.

City of Bloomington

Income and Poverty – Bloomington is the 5th largest city in Minnesota, with an estimated population of 82,893. In Bloomington, 7.3% of the population lives at or below the federal poverty line and 20% lives at or below 200% of the federal poverty line (U.S. Census Bureau, 2010; U.S. Census Bureau, 2006-2010). Interstate 35W separates the city into east and west. Low-income residents are more highly concentrated east of Interstate 35W, compared with those residents west of the interstate. The estimated median annual household income is $46,211 for the east side Bloomington and $67,184 for the west side. (U.S. Census Bureau, 2006-2010) Unemployment for the city has remained near 5% for much of 2012 and 2013, based on estimates through July, 2013 (Minnesota Department of Employment and Economic Development, 2013).

In 2012, 59% of children enrolled in school on the east side of the city received free or reduced price school meals, compared with 30% of children enrolled on the west side of the city. (Minnesota Department of Education, 2013)

Household incomes for those at or above retirement age (65) is approximately half that of those between 44 and 64 years. This lower income level may affect a retired person's food budget and mobility. Nearly one-third of owner-occupied households in Bloomington are owned by people 65 and older. The Bloomington Housing and Redevelopment Authority (HRA) administers the Section 8 Housing Choice Voucher Program for over 525 families, 20 units of Public Housing, and the Rental Homes for Future Homebuyers Program.

Age – In Bloomington, 5% of the total population is under 5 years of age,16% is between 5 and 19 years of age, 60% is between 20 and 64 years of age and 19% is 65 years of age or older. (U.S. Census Bureau, 2010)

Race and Ethnicity – Nearly 80% of the population is White, 7.2% is Black or African, 6.0% is Asian, Native Hawaiian and other Pacific Islander, 6.8% is Hispanic or Latino, 3.7% is some other race and 3.1% are two or more races. In Bloomington, poverty rates among Whites are significantly lower than Blacks, and Hispanics or Latinos of any race. (U.S. Census Bureau, 2006-2010)

During the 2012-2013 school-year, in the Bloomington School District, 45% of K-12 students were identified as racial and ethnic minorities, with 14% identified as Hispanic. (Minnesota Department of Education, 2013)

Grocery Stores and Community Food Assets –Healthy food resources in Bloomington include:

Grocery Stores – There are seven supermarkets, 29 convenience/limited grocery stores and five ethnic markets/small grocery stores in Bloomington. An analysis of the healthy food offerings at Bloomington grocery stores is outside of the scope of this assessment. Seven of these stores accept WIC and 35 accept SNAP/EBT. In East Bloomington, convenience /limited grocery stores, ethnic markets/small grocery stores and supermarkets are more densely concentrated than in West Bloomington. These locations, along with bus service on weekdays and weekends, help make healthy food available and accessible for low-income residents.

Community Gardens – There are various spaces dedicated for gardening in Bloomington, including community garden plots run by the city or other organizations such as faith-based organizations, garden plots available at residential complexes for residents only and garden plots available for people to grow food to donate to food shelves. Plots are available to the public at five locations in Bloomington and some charge a nominal fee. Most of the gardens provide gardening tools for participants use, some offer classes or provide seeds and plants and will mentor those new to gardening.

Farmers Market and Farm Stands – There is one farmers market in Bloomington. In 2013, there were 47 vendors at the Bloomington Farmers Market, located at Civic Plaza. The market provides designated parking to increase accessibility for people with limited mobility and accepts SNAP/EBT and WIC. All products sold at the Bloomington Farmers Market must be locally grown. There are no farm stands located in Bloomington.

CSA Drop Sites – Several CSA farms deliver boxes of local, seasonal food to seven drop sites in Bloomington for their subscribers. Some of the CSA drop sites are near bus stops. One CSA farm accepts EBT cards; five offer payment plans, sliding scale fee or other forms of financial aid to assist low-income customers.

Community Food Service Programs – Bloomington has four food shelves open to the public, including Volunteers Enlisted to Assist People, the largest single location food shelf in the state which serves residents from Bloomington, Edina and Richfield and South Minneapolis, and three small supplemental food shelves. There are two mobile food shelf drop sites located at apartment buildings within city limits, but these services are limited to residents only. There is one Fare For All[19] drop site, two meal delivery programs for homebound residents, four grocery delivery services (two are private, large businesses and two are social service initiatives), two community dining programs and 11 housing facilities that provide meals for senior residents.

City of Edina

Income and Poverty –Edina has an estimated population of 47,941, with 3.7% of its residents living at or below the federal poverty line and 11% living at or below 200% of the poverty line. (U.S. Census Bureau, 2006-2010; U.S. Census Bureau, 2010) There is one low-income census tract in Edina's the southeast corner which is home to a complex of five buildings containing Public Housing and Section 8 housing with a total of 424 subsidized units. US Census data shows that Edina is one of the most affluent cities in Minnesota, with the 60th highest median household income level in the state, $79,535. Unemployment for the city has remained near 4.5% for much of 2012 and 2013, based on estimates through July, 2013 (Minnesota Department of Employment and Economic Development, 2013).

In 2012, 9% of children enrolled in Edina public schools received free or reduced price school meals. (Minnesota Department of Education, 2013) Household income among those at or above the retirement age of 65 is approximately $45,000, higher than the state median of $34,000 for the same age group. In

[19] Fare for All offers program participants an array of fresh produce, meats, dairy products and non-perishable items at very low cost and is open on a certain day and time each month.

the city's low-income area, the 65 and older population is larger than that of greater Edina, with 51% of the population 65 or older compared to 21% in all of Edina. The median income of these seniors is also lower than that of the city as a whole, with those 65 or older in the southeast corner having a median household income of approximately $30,000, slightly below the state median and $15,000 below all Edina Seniors. (U.S. Census Bureau, 2006-2010) There are 5 HUD project- based subsidized buildings within city limits with a total of 424 subsidized units. In addition, some Edina residents receive tenant-based subsidies through the Section 8 Housing Choice Voucher Program.

Age – In Edina, 5% of the total population is under 5 years of age, 20% is between 5 and 19 years of age, 55% is between 20 and 64 years of age and 21% is 65 years of age or older. (U.S. Census Bureau, 2006-2010)

Race and Ethnicity – In Edina, 88.1% of the population is White, 3.1% is Black or African, 6.1% is Asian, Native Hawaiian and Other Pacific Islander, 2.3% is Hispanic or Latino, 2.7% identify as some other race or two or more races. In Edina, poverty rates among Whites are significantly lower than Blacks or Africans. (U.S. Census Bureau, 2006-2010)

During the 2012-2013 school-year, 19% of K-12 students enrolled in the Edina School District were identified as minorities, 4% of students were identified as Hispanic. (Minnesota Department of Education, 2013)

Grocery Stores and Community Food Assets – Edina offers an array of healthy food resources, but has fewer community food service programs than both Bloomington and Richfield.

Grocery Stores – In Edina, there are 15 grocery stores, including six supermarkets, six convenience/limited grocery stores, and three small grocery stores. An analysis of the healthy food offerings at all Edina grocery stores is outside of the scope of this assessment. Three of these stores accept WIC and 12 accept SNAP/EBT. There are no ethnic markets in the city. Edina's low-income area is in or near a concentration of supermarkets and convenience stores/limited grocery stores, but it is not near ethnic markets/small grocery stores. The weekday bus service makes it convenient to access these stores.

Community Gardens – The City of Edina piloted a community garden in summer 2013, which offers garden plots to city residents at a nominal fee, and an Edible Playground Garden that is open to families of registered playground program participants.

Farmers Market and Farm Stands – Edina has two farmers markets. The City-run market has 32 vendors including those selling locally grown produce and an extensive variety of other locally produced foods product such as breads and specialty bakery goods, candies, jams and other items. The Edina Farmers Market began accepting SNAP/EBT at the beginning of its 2013 market season but does not accept WIC. In 2013, Fairview Southdale Hospital opened the Farm to Fairview Farmers Market with four vendors who sell a variety of locally grown produce. The Farm to Fairview market does not accept EBT or WIC. Edina has one privately owned farm stand open seven days a week during the summer growing season.

CSA Drop Sites – There are four CSA farm drop sites in Edina, only one of which is located near low-income dense residential areas and a bus line.

Community Food Service Programs – Given the substantially smaller number of low-income residents in Edina, there are fewer community food service programs within city limits. There is one community dining site located in a housing complex that serves senior residents. There are four meal and four grocery delivery services. There are two mobile food shelf drop sites located at apartment buildings within city limits, but these services are limited to residents only. There are no Fare For All drop sites in Edina. Healthy, low-cost or free food options in Edina are limited, which presents challenges for low-income and senior residents with mobility issues and fixed incomes.

City of Richfield

Income and Poverty – Richfield is a first-ring suburban community with an estimated population of 35,228 and greater ethnic diversity and higher poverty rates than Bloomington, Edina and Minnesota. In Richfield, 11.8% of the population lives at or below the federal poverty line and 32.4% lives at or below 200% of the federal poverty line. In 2010, the estimated median annual household income for Richfield was $51,549. Ten out of 12 census tracts in Richfield have 20% or more of its population living at or under 200% of poverty. (U.S. Census Bureau, 2010; U.S. Census Bureau, 2006-2010) (200 Unemployment for the city has remained near 5% for much of 2012 and 2013, based on estimates through July, 2013. (Minnesota Department of Employment and Economic Development, 2013)

In the 2011-2012 school-year, 65% of children enrolled in Richfield public schools received free or reduced price school meals. (Minnesota Department of Education, 2013) The median household income for those at or above retirement age (65) was approximately $35,000, half that of those below retirement age. (U.S. Census Bureau, 2006-2010)

There are 270 units that are part of the Section 8 Housing Choice Voucher in Richfield and 25 subsidized housing units under the Kids at Home Program. There are two Richfield apartment complexes that provide subsidized housing and 10 HRA subsidized single family units located within the city.

Age – In Richfield, 7.5% of the total population is under 5 years of age; 16% is between 5 and 19 years of age, 62.5% is between 19 and 64 years of age, and 14% is 65 years of age or older. (U.S. Census Bureau, 2006-2010)

Race and Ethnicity –In Richfield, 69.8% of the population is White, 18.3% is Hispanic or Latino, 9.2% is Black or African; and nearly 14% are some other or two or more races. In Richfield, poverty rates among Whites are significantly lower than Blacks or Africans, and Hispanics or Latinos of any race. (U.S. Census Bureau, 2006-2010)

During the 2012-2013 school-year, in the Richfield School District, 68% of K-12 students were identified as racial and ethnic minorities and 37% of students were identified as Hispanic. (Minnesota Department of Education, 2013)

Grocery and Community Food Assets – Richfield offers a variety of options for obtaining healthy food. Richfield's community food assets include:

> **Grocery Stores –** In Richfield, there are four supermarkets, 12 convenience/limited grocery stores and six ethnic markets. An analysis of the healthy food offerings at all Bloomington grocery stores is outside of the scope of this assessment. Convenience stores/limited grocery stores and supermarkets are distributed evenly throughout the city. Five of these stores accept WIC and 24 accept SNAP/EBT. The ethnic markets/small grocery stores are more densely concentrated in the eastern and southern areas of the city.
>
> **Community Gardens –** Richfield has two community gardens available to the public, one managed by the City of Richfield and the other managed by a church. The garden run by the City of Richfield charges a nominal fee for the use of a plot and offers 184 plots to the community. The church-based garden offers the opportunity to tend a communal garden space that donates 100% of its produce to a local food shelf.
>
> **Farmers Market and Farm Stands –** Richfield has two farmers markets. The Saturday market at Veterans Park has 22 vendors and Wednesday market at Lyndale Gardens has 13 vendors. The markets sell locally grown produce, meats, foods prepared on-site, as well as other products like honey, maple syrup, flowers and bedding plants. The Richfield markets accept SNAP/EBT and WIC. There is one farm stand open seven days a week during the growing season, owned by a farmer operating a farm near the Twin Cities.
>
> **CSA Drop Sites –** Richfield has no CSA drop sites within city limits.

Community Food Service Programs – Given the high number of low-income residents, Richfield has the need for diverse and accessible community food services. There are two community dining facilities in Richfield and a mobile food shelf drop sites located at an apartment within city limits, but this service is limited to residents. Richfield residents also make use of community food service programs in south Minneapolis and Bloomington. There is one Fare For All drop site in Richfield and two meal delivery services run by social service agencies. There are four grocery delivery services for Richfield, of which two are commercially owned and two are run by social service agencies.

Findings from Primary Data

Several insights about the accessibility, affordability and availability of healthy foods for low-income residents surfaced from key informant interviews and focus group discussions. The following is a summary of the feedback from the community members who participated in these interviews and focus groups.

Key Informant Interview Feedback

Accessibility – Driving was identified as the primary transportation method of most customers and clients that frequent the stores or food shelf where informants work. Actions taken by key informants to increase accessibility to healthy food for customers and clients include the offering of healthy recipes, nutrition classes, healthy food preparation and chronic disease management classes. Barriers identified to accessing healthy food for customers and clients included hours of operation for some food programs as well as feelings of shame or embarrassment around needing assistance to obtain food. Both ethnic grocery store owners expressed difficulty in accessing a variety of culturally specific foods or fresh produce from local farmers. The key informant working for a large supermarket identified customer demand as an important factor in increasing accessibility of healthy food.

Affordability – All six key informants mentioned the price of food as greatly influencing their customers' ability to obtain healthy foods. Two key informants expressed great concern about increasing struggles community members faced, such as job instability and rising rental rates that may impact family food budgets. The key informant who operates a small food shelf identified a limited budget as a barrier to purchasing a variety of healthy food choices for clients. Both the large supermarket and one of the ethnic markets offer discounts and deals on healthy food options.

Availability – All key informants reported an increase in demand of healthy food items in their stores or at the food shelf from all customers, not only low-income customers. Seasonality and cost of healthy food impacted the offering for all key informants except for the large grocer, who was able to provide more affordable and healthy products year-round due to the supermarket's ability to purchase food in large quantities and at wholesale prices. The two ethnic grocers interviewed were unclear about city licensing and regulation around providing a wider variety of healthy food options such as foods processed onsite or products directly purchased from farmers. Two key informants explained the difficulties around food shelf capacity in obtaining, storing and offering fresh produce to clients. The EBT and food shelf user said it can be difficult to get fresh fruits and vegetables from the food shelf because produce offered may already be at or past peak freshness.

Focus Group Feedback

Accessibility – Most focus group participants obtain their food from large supermarkets, food shelves and community dining sites. Senior respondents depend more heavily on public transportation, rides from friends and family members, home delivery and transportation services than non-senior respondents who primarily use their own vehicles to obtain food. For senior respondents, proximity of food assets to their home or a bus line greatly influences the quality and type of food they are able to access. Major barriers to food access identified by senior participants include transportation, cost and quantity of food sold at grocery stores, and concern for their physical safety when walking or using public transportation. Senior respondents expressed interest in participating in accessible community garden programs as a method of

increasing their healthy food options. While senior respondents acknowledged farmers markets as a source for healthy foods, they were not seen as highly accessible due to transportation and mobility barriers. Accessibility to healthy foods for non-senior respondents was strongly linked to affordability, not mobility. Additional barriers to accessibility identified in focus groups included lack of cooking skills and nutrition knowledge; and a low awareness level or misconception about accessing community food assets, nutrition and cooking learning resources.

Affordability –Several senior participants use low-cost or free community food service programs such as local food shelves, mobile food shelf deliveries, government food assistance programs and Fare For All. The bulk of focus group respondents consume the majority of their weekly meals at home and at community dining services; very few get frequent meals from restaurants. Although healthy food is widely available across the three cities, the perception of healthy food affordability is a large concern. For non-senior respondents, food cost was the greatest factor influencing the places they obtained food. Barriers such as transportation costs and the limited variety of affordable healthy single-serving food options were identified by senior respondents. Barriers to healthy food affordability identified by non-senior respondents included low wages and the high rent and gas costs.

Availability – Because senior respondents are likely to shop at supermarkets close to their home or close to a bus line, the available options of healthy food are limited to the particular offering of a few stores. Several senior respondents were unsatisfied with the quality of produce offered by these large supermarkets. For non-senior respondents, availability may depend on the sale items at supermarkets and offerings at food shelves and meal programs. Several respondents confirmed that it was difficult to create healthy balanced meals solely from food shelf offerings. Available food for senior respondents is strongly tied to issues of accessibility while available food for non-senior respondents was tied to issues of affordability.

Discussion of Findings

Focus groups, key informant interviews and insights from the Community Food Partnership and Task Force, revealed affordability and accessibility as the top barriers to obtaining healthy food among low-income residents of Bloomington, Edina and Richfield.

Affordability presents greater obstacles to obtaining healthy food than availability and accessibility for low-income residents of the three cities.

Thirty-two percent of households in Richfield and nearly 20% of households in Bloomington subsist on an income less than 200% of poverty. The number of children living in poverty is evidenced by the high rates of children receiving free and reduced school lunch. In 2012, this rate was 39% in Bloomington and 65% in Richfield. (U.S. Census Bureau, 2006-2010; Minnesota Department of Education, 2013)

When asked about barriers they faced in eating healthy foods, focus groups with low-income residents and other key informant interviews consistently listed price as a major barrier.

> *"I'm very satisfied (with the fresh, whole foods eaten at home), but you can't do it all the time because you run out of money."* (Low-income resident)

A number of low-income residents discussed the need to carefully shop for low prices so they could afford food throughout the month. They also expressed a need to pick up food at the food shelf more than once a month, the current limit at one of the local food shelves, in order to reduce food expenditures at local grocery stores.

> *"I wish VEAP was more than once per month – less spoilage. It means I can only eat salad for four days right after that distribution." (Low-income resident)*

Some community food program staff expressed concern that programs providing free or reduced price food are underutilized by minority populations. In Bloomington, 49% of residents living at or below the federal poverty level are White non-Hispanic, 16% are Hispanic of any race and 26% are Black. Of those living in poverty in Edina, 77% are White non-Hispanic, 3 % are Hispanic of any race and 17% are Black. In Richfield, 34% of residents at or below the federal poverty level are White non-Hispanic, 27% are Hispanic of any race and 27% Black-27%. (U.S. Census Bureau, 2006-2010) Possible barriers to utilization of these food assets by culturally diverse communities may include language, a low level of awareness of about program eligibility and participation, and lack of culturally specific food offering, promotion and staff.

> *"There are not as many ethnic groups participating in our program. People may come once or twice to check the program out, but don't come back. One issue is that we aren't providing culturally appropriate foods."* (Community food program staff)

According to focus group discussions with community food program staff, healthy food is more expensive to provide to residents seeking help though community food programs. Fresh fruit and vegetables cost more and are less readily available to their programs. Garden gleaning[20] programs and donation campaigns at farmers markets and community gardens can increase the amount of produce available at no cost to the food shelves. In Bloomington alone, fresh produce contributions from the farmers markets more than doubled from 2012 (2,183 pounds) to 2013 (6,023 pounds) after a market gleaning and donation campaign was implemented in the summer of 2013.

City and community food program staff discussed the abundance of land available in the three cities that could be used for urban and suburban agriculture. The land of faith communities across BER was mentioned several times as land that could potentially be turned into community gardens for low-income residents, "giving gardens" to supply food shelves and meal programs or market gardens that could support small, agricultural endeavors.

> *"I wish we had a community garden for our apartment. There are garden plots but it's not shared for the community, where everyone can participate and benefit. It's for the individuals who rent the plots."* (Low-income senior)

Community food program staff discussed the need for more educational opportunities for clients to effectively use their food resources; budgeting, food preparation and preservation were mentioned as ways to make obtaining healthier foods more affordable. The University of Minnesota Extension program does offer a very limited number of nutrition education programs locally. Evaluation of similar programs in other states showed that healthy behaviors and skills were acquired by participants and maintained over three years of follow-up. (Wardlaw and Baker, 2013**)** Another study concluded that nutrition education offered through higher education Extension Services is effective for improving health behaviors and decreasing health care costs for low-income people. (Dollahite J, Kenkel D, Thompson CS, 2008)

Expanding the variety and extent of community food assets to increase affordability of foods, and effectively reduce access barriers can have a positive impact on food affordability. Increasing awareness of programs that address the affordability of healthy foods, such as EBT and WIC options at farmers markets, Market Bucks[21], Fare For All, community gardens, campaigns to increase healthy food

[20] Gleaning is the collection of left over produce or food items from farm fields, gardens, orchards and farmers markets.
[21] The Market Bucks program, supported by Blue Cross and Blue Shield of Minnesota and the Minnesota Department of Human Services, offers a $5 match for every $5 a SNAP recipient spends at participating farmers markets. (http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&dID=158883)

donations to food shelves and education programs can improve the affordability of healthy foods for low-income residents.

Accessibility emerges as a challenge for some low-income residents, particularly seniors. For example, the greatest number of requests coming into an organization serving Edina residents is for transportation assistance for homebound seniors. This may be due in large part to geographic gaps in public transportation options throughout Edina. (Appendix C: Maps 4&7) Public transportation service and routes are determined primarily on where markets and commercial business are located and in high population areas. Those in residential areas of the three cities have less convenient options for public transportation. (Appendix : Maps 2-8) Mobility issues can have a substantial impact on an individual's or family's access to healthy foods. These issues may include difficulty navigating the public transportation system with mobility assistance devices such as walkers or multiple grocery bags, a lack of convenient transportation routes, a lack of sidewalks or unsafe walking conditions for pedestrians. Low-income senior residents shared that traveling by bus can cause safety concerns:

> *"Sometimes where these busses stop isn't safe. You have to cross four lanes. People are turning and you have to cross, they will hit you."* (Low-income senior)

The cost of transportation can also be an issue, especially for those with limited mobility and low-incomes:

> *"The basic problem is how to get somewhere with our limitations and ages… Sometimes we pay taxies to take us [to the store] and it costs us $18 round trip."* (Low-income senior)

Community food program staff shared that transportation is a problem for many food shelf clients. Even though one food shelf provided over 2,000 rides home in one year to clients who came by bus, the need is much greater. One solution to this issue can be to provide additional mobile programs that can deliver food or meals to residents with transportation and mobility issues. There are limited food delivery programs for homebound residents in the three cities. Increasing and expanding mobile food shelf initiatives and dissemination of information regarding transportation opportunities provided by the cities and other organizations may reduce the access barriers for low-income residents.

Discussions with community food program staff and city program staff reveal that a number of community food/meal programs are underutilized by people of color and new immigrant groups. Getting people connected to available resources is difficult.

> *"I've noticed that the families are in need of food. People don't really know where to go for food resources. People are afraid to go to unknown areas or places because they are afraid of being asked for documentation."* (Clergy)

Another barrier mentioned by both community food program staff and low-income residents was the reluctance of some residents to access community food programs when they had difficulty affording healthy food. Advocates mentioned that they are seeing more situational poverty among people and they are often embarrassed to ask for help or unfamiliar with where to go. This sentiment was supported in focus groups with low income residents:

> *"It's the stigma, there's so much shame, especially in the suburbs about being not well-to-do."* (Low-income resident)

Availability of healthy food in the three cities for low-income residents is relatively strong. Residents have many options to obtain healthy food, including retail, restaurant and seasonal venues. Numerous grocery stores are located throughout the three cities (Appendix C: Maps 3-5), including full-service

grocery stores, specialty ethnic grocers serving specific cultural foods and convenience stores. Many restaurants are located throughout the three cities.

All three communities have at least one farmer's market and community garden plots. Bloomington and Richfield have several community food services programs. Edina and Richfield both have a farm stand providing health food options. There are also several CSA farm drop sites throughout Bloomington and Edina. (Appendix C: Maps 6-8).

Both community food program staff and low-income residents voiced concern over healthy food offerings of community food programs. Food shelves and meal programs are trying to offer more healthy food options but face barriers of price and availability of fresh produce and other healthy foods. Storage issues such as space and time between distributions can play a part in the amount of fresh produce a food shelf can accept and the quality of the produce by the time it is distributed to a food shelf client. The quality of produce when it arrives at the food shelf is often very good but may need to be eaten soon after bringing it home before it begins to lose freshness. Focus group participants reported that upon arrival at the food shelf, some packaged foods are at or near expiration. One explanation for this may be that the type of donations limits the quality and quantity of healthy foods available to residents. The type of food available at community food programs may not always meet the health needs of residents.

> *"Food shelf produce is usually fine the day you bring it home. You need to pay attention to expiration and you have to eat things in a certain order to keep it from going bad. It weighs on you to feel forced to eat certain things on certain days."* (Low-income resident)

While some barriers to healthy food offerings at community food programs were identified, many low-income focus group members also expressed gratitude for such programs:

> *"It's nice to get a hot meal for people who can't afford it."* (Low-income resident)

There was some concern voiced by community members, city staff and community food program staff over unhealthy menu options and food preparation and safety measures.

> *"Sometimes groups serve the same meals they were making 30 years ago – or the meal they grew up on, which might not always be the best option. Education is a challenge."* (Community food program staff)

Community food program staff also mentioned that more cooperation between organizations such as sharing storage space, publicizing each other's programs and collaborating to make better use of available resources:

> *"There's plenty of food out here – we need a better system of utilizing it, taking advantage of it. You can't take the big thing of fruit because you can't distribute it in one night and you have no place to store it. If we coordinated, we could get things to the other organization that has the storage*." (Community food program staff)

City and community food program staff expressed the desire to collaborate to build a more effective and efficient system to increase the availability and accessibility of affordable healthy foods for low-income residents. They also fully endorse the need to work together to disseminate information and provide education and opportunity to low-income residents to solve the underlying issues that have led to their inability to consistently access and afford healthy food.

The following list of key findings incorporates both information gathered from various data sources about the three cities as well as input from BER residents, program staff, city and community food program staff

and others about the accessibility, affordability and availability of healthy food for low-income residents. Findings from the assessment reveal that the availability of healthy foods is adequate, but accessibility and affordability of healthy foods present challenges to low-income residents. Therefore, while the findings and recommendations focus on all three, there is a strong emphasis on accessibility and affordability.

Key Finding #1: Communication and Engagement
Opportunities exist for cities, organizations and programs that offer food-related services and products to expand healthy and safe offerings and increase participation of a low-income and culturally specific audience through more robust community engagement (including outreach and increased client involvement in advising and decision-making).

Key Finding #2: Community Food Assets
While grocery and resturant options provide adequate availablity to healthy foods across BER, there are gaps in healthy food accessibility, affordability and availability of community food assets (e.g. farmers markets, CSAs, food shelves and community meal programs) for low-income residents of the three cities.

Key Finding #3: Food Access for those with Limited Mobility
Due to multiple factors such as difficult weather conditions, limited public transportation options, financial barriers and safety concerns, healthy food access is difficult for low-income and/or homebound senior residents and those with limited mobility.

Key Finding #4: Inter-Agency Collaboration
Across BER, there is a need and interest for increased communication and collaboration among community food service programs, agencies and organzations that assist residents having difficulties accessing healthy food.

Key Finding #5: Resources for Food Skills Development and Food Access Information
There is a need for increased options and greater awareness of educational opportunities and resources for accessing healthy, affordable food options, nutrition and healthy food preparation.

Recommendations

After analyzing data and input collected from over 150 individuals, agencies and organizations across the three cities, the following recommendations have been developed through a collaborative process involving many of the stakeholders who helped guide the CFA, contributed perspectives and reviewed information.

Recommendations developed as a part of this community food assessment are based on three primary sources:

1. Findings generated during the Community Food Assessment;
2. Review of best and promising practices demonstrated by research and evaluation data; and
3. Recommendations informed by local key stakeholders in response to findings.

The recommendations address all three dimensions of this CFA's guiding question – accessibility, affordability and availability.[22]

Communication and Engagement

Recommendation #1: Enhance communication and engagement between organizations and their client base – Develop a plan and system to help organizations utilize client/customer feedback for improvement of programs and services.

[22] Findings are listed in alphabetical order followed by their respective recommendations listed in alphabetical order. No one recommendation is more important than another.

Recommendation #2: Improve education and outreach – Communicate regulations and procedures to businesses interested in offering healthy food options to the public. Communicate safe food preparation and handling standards utilized by community food service programs and food safety information to patrons.

Community Food Assets

Recommendation #3: Ensure community food service programs meet the needs of diverse, low-income residents – Evaluate if location, schedule, food offerings and promotions are reaching out to and meeting the needs of those with limited mobility, culturally diverse and senior low-income residents of BER. As a result of evaluation, make necessary changes to increase diverse, low-income participation in these programs.

Recommendation #4: Improve healthy food affordability at grocery stores – Monitor success of the Department of Human Services, Minnesota Grocers Association and Minnesota Grown pilot project, which offers five dollar coupons to SNAP recipients who purchase produce using their EBT card.[23] Then explore possibility of expanding project to grocery stores across BER.

Recommendation #5: Strengthen farmers market services and collaborations – Develop comprehensive plan to 1) improve farmers market access for low-income residents and 2) improve collaborations between farmers markets and community food programs[24] across the three cities.

Food Access for those with Limited Mobility

Recommendation #6: Address transportation and mobility issues – Analyze transportation and pedestrian mobility issues associated with healthy food access. Develop recommendations and an action plan to ensure that existing and potential food delivery, transportation and resources better meet the needs of low-income residents with mobility and transportation barriers.[25,26]

Recommendation #7: Establish food access alternatives – Develop on-site programming to increase access to affordable healthy food where low-income, senior and homebound residents live.[27]

Inter-Agency Collaboration

Recommendation #8: Improve quality and safety of food – Support collaboration between appropriate parties and community food service programs to increase the quality of food, strengthen food handling, food safety procedures and relevant organizational guidelines. Include the development of appropriate systems, tools and processes to support implementation.

Recommendation #9: Increase local food production – Convene interested organizations, agencies and city departments to explore land use options, related zoning needs and potential for joint initiatives in community and market gardening expansion and year-round food production.[28]

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[23] Additional information about State pilot to incentivize EBT users to purchase fresh produce at grocery stores, http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&dID=153912

[24] Options include: (1) Increase produce donations to food shelves; investigate need and feasibility of accepting WIC at Edina Farmers Market; (2) create coordinated work plans for farmers markets across the three cities to institute shared marketing strategy to increase participation of multicultural and low-income community members (including multicultural promotion strategies and continuation of Market Bucks Program); (3) promote partnership between farmers markets, community gardens, and local food shelves to share information, cross-promote services/programs and increase donations of produce to food shelves.

[25] Mobile food shelf delivery (e.g. East Side Neighborhood Services model), transportation to and from food shelves.

[26] Pedestrian access issues include lack of sidewalks, icy, rainy, and snowy sidewalks, and busy traffic patterns.

[27] Examples include: "Pay As You Go" Community Supported Agriculture model. (http://www.gotthenac.org/content/13347); single-serving healthy meal exchange program in senior complexes; 'healthy cooking on a budget' courses for seniors and homebound in apartment buildings; and buying club model for Fare For All participants.

[28] For example: hydroponic and greenhouse growing systems.

Recommendation #10: Plan for collaboration – Develop a joint planning process with interested organizations and programs to determine specific goals and steps that will result in a coordinated effort to best meet the healthy food access needs of low-income residents served by these organizations and programs.[29] Include development of plan and strategy to oversee, guide and sustain the recommendations of this assessment.

Resources for Food Skills Development and Food Access Information

Recommendation #11: Assess Accessibility and Promotion – Evaluate and adjust affordable healthy eating related education resources to best meet low-income community needs, determining adequacy of promotion, location, eligibility requirements and cost for participation.

Recommendation #12: Explore and Expand Partnerships – Explore increasing the participation of local community organizations such as libraries and congregations to further engage in healthy food access education, resources and programming.

Conclusion

Food security is an essential attribute to a healthy society. As obesity and chronic disease rates continue to rise in the U.S., it is important to address potential disparities that may affect an individual's or family's ability to obtain accessible, affordable and available healthy foods in their community. In the case of Bloomington, Edina and Richfield, major disparities in these areas are income, age and mobility. Those with low income and related social conditions such as mobility and transportation access face added hardships in obtaining healthy foods. This disadvantage may lead to increased rates of chronic disease and risk factors among those populations.

This community food assessment investigates the ability of low-income populations to obtain accessible, affordable and available healthy foods in BER. It is evident from this research that accessibility and affordability are the greatest barriers to healthy eating among this population, particularly senior and mobility limited persons.

The recommendations provided in this assessment, if implemented in the community, will help reduce these identified barriers by focusing on five key areas: communication and engagement, community food assets, food access for those with limited mobility, interagency collaboration and resources for food skills and food access.

The Bloomington, Edina, Richfield Community Food Assessment serves as resource and guide in building community based collaborations and actions to increase the accessibility, affordability and availability of healthy food in the three cities.

[29] For example: needs of transient and homeless, professional development of agencies' staff, food delivery options (e.g. mobile food pantries or food delivery programs), shared storage facilities and equipment, joint funding efforts and staff/volunteer trainings).

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Appendix

Appendix A: Organizations that Contributed and Informed the Bloomington, Edina and Richfield Community Food Assessment

Table 1: Over 150 community members and organization from across Bloomington, Edina and Richfield contributed to the formation of this assessment, in representation of the following groups*

Contributed

1. Bloomington and Richfield Community Education
2. Cedarcrest Church, Bloomington
3. City of Bloomington
    a. Public Health
    b. Environmental Health
    c. Housing Redevelopment Authority
    d. Human Services
    e. Parks and Recreation
    f. Planning and Economic Development
4. City of Edina
    a. Housing Redevelopment Authority
    b. Environmental Health
    c. Parks and Recreation
5. City of Richfield
    a. Environmental Health
    b. Housing Redevelopment Authority
    c. Parks and Recreation
    d. Public Safety
6. Community Food Assessment Taskforce
7. Community Food Partnership
8. ***do***.town®
9. Edina Resource Center
10. Good in the Hood
11. Loaves and Fishes
12. Store to Door
13. Terra Soma Consulting, LLC
14. University of Minnesota Extension Services, Simply Good Eating
15. VEAP

Informed

1. All groups listed under contributed column
2. Aaran Halal Market, Bloomington
3. Community members using Creekside Community Center
4. Community members using Loaves and Fishes services
5. Community members using VEAP services
6. Community member using and volunteering at Good in the Hood
7. Edina Community Dining
8. El Jalapeño Market
9. Episcopal Community Services
10. Haven of Hope Food Shelf, Bloomington
11. Hope Presbyterian Church, Richfield
12. Meals on Wheels
13. Metro Transit
14. Rainbow Grocery, Bloomington
15. Residents of Yorktown Continental Apartments, Edina
16. Residents of Bloomington, Edina and Richfield
17. Saint Bonaventure Catholic Community Food shelf
18. Saint Nicholas Church, Richfield

*In alphabetical order.

Appendix B: Secondary Data Sources

Population

Table 2: Population	Bloomington	Edina	Richfield
Population in 2010	82,893	47,941	35,228
Change Since 2000	-2.7%	+1.1%	+2.3%

(Source: U.S. Census, 2000, 2010)

Table 3: Age of Population	Bloomington	Edina	Richfield
0 – 5 years	5%	5%	7.5%
5 to under 19 years	16%	20%	16%
19 – 64 years	60%	54%	62.5%
65 and older years	19%	21%	14%

(Source: U.S. Census, 2010)

Table 4: Household and Family Size	Bloomington	Edina	Richfield
Average Household Size	2.27	2.29	2.33
Average Family Size	2.87	3.00	3.04

(Source: American Community Survey, 2006-2010 5-year estimates)

Table 5: Race	Bloomington	Edina	Richfield
White	79.7%	88.1%	69.8%
Black or African	7.2%	3.0%	9.2%
Asian, Native Hawaiian and Other Pacific Islander	6.0%	6.1%	6.2%
American Indian	0.4%	0.2%	0.8%
Some other race	3.7%	0.7%	10.4%
Two or more races	3.1%	1.8%	3.5%

(Source: US Census, 2010)

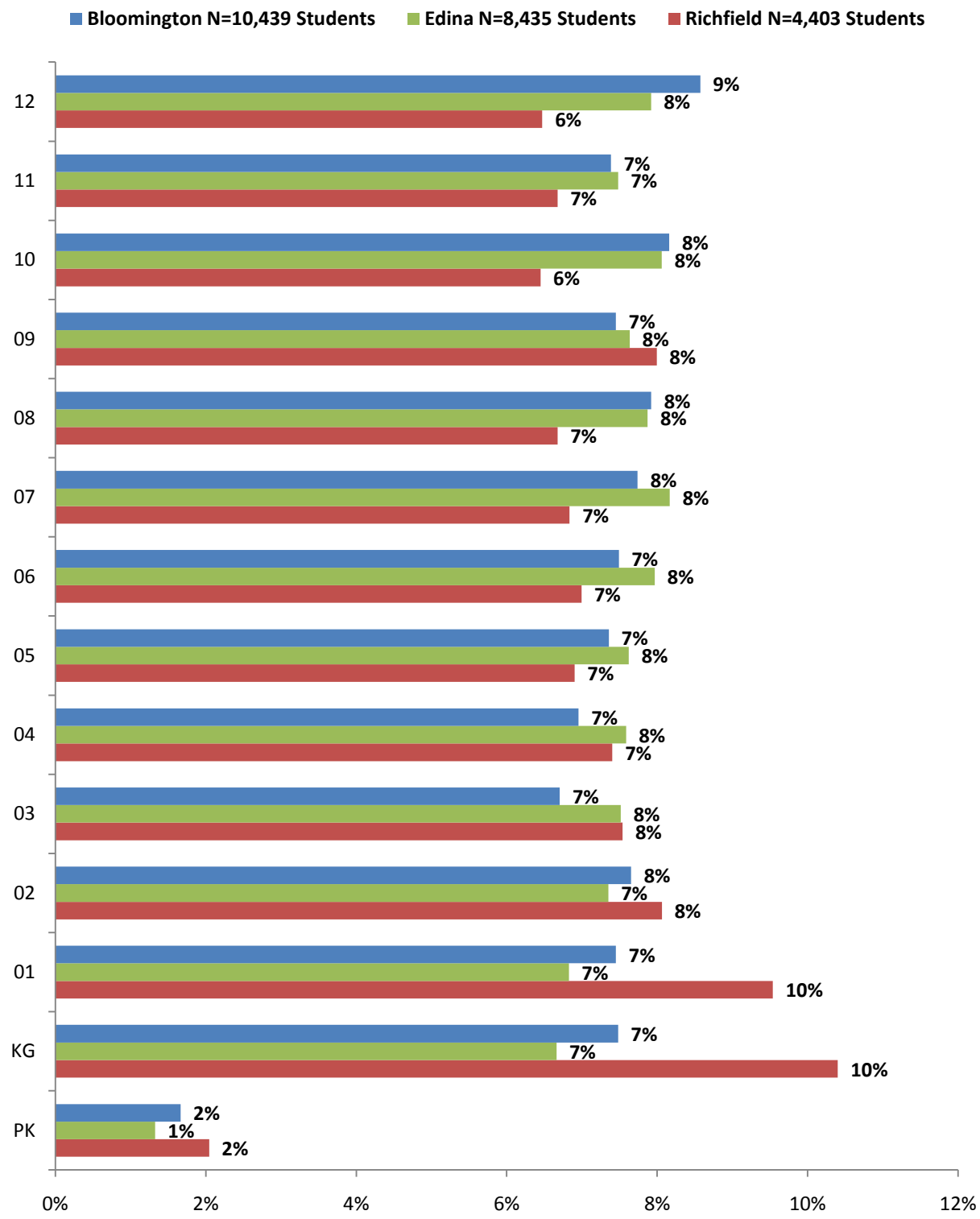
Table 6: Ethnicity[30]	Bloomington	Edina	Richfield
Hispanic or Latino	6.8%	2.3%	18.3%
Not Hispanic or Latino	93.2%	97.7%	81.7%

(Source: US Census, 2010)

[30] Latino ethnicity and race are not out of the same total, each is a percentage of the total population. They are different questions on the Census form and therefore are displayed in two tables in this document. Typically, individuals who report their race as "Some other race" or "Two or more races" report their ethnicity as Hispanic/Latino.

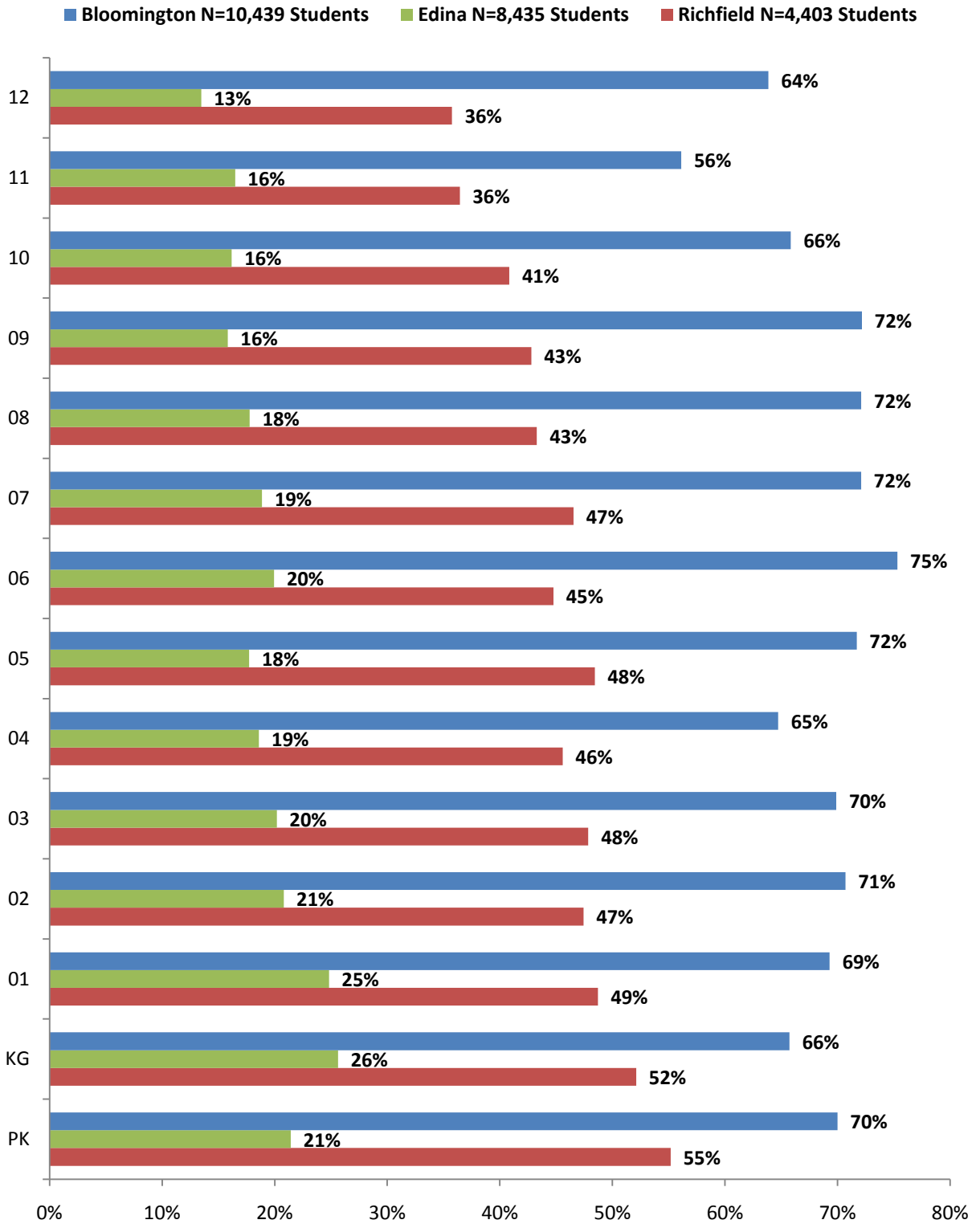
2012-2013 Student Enrollments

Figure 1: Percent of Students in Each Grade by District



(Source: Minnesota Department of Education, 2013)

Figure 2: Percent Minority Students by District and Grade Level



(Source: Minnesota Department of Education, 2013)

Income and Poverty

Table 7: National, State, County and City Unemployment, August 2013

	U.S.	Minnesota	Hennepin County	Bloomington	Edina	Richfield
Unemployment Rate	7.3%	4.8%	4.8%	4.7%	4.2%	4.5%

(Source: Minnesota Department of Employment and Economic Development, September, 2013)

Table 8: Estimated Household and Per Capita Income in 2006-2010

City/State	Minnesota	Bloomington	Edina	Richfield
Estimated Median Household Income	$57,243	$59,458*	$79,535	$51,549
Estimated per capita Income	$29,582	$34,400	$56,781	$26,638

**The estimated median annual household income for East Bloomington was $46,211; for West Bloomington, it was $67,184. (Based on 2006-2010, 5 year Estimates by 2010 census tracts)*

(Source: American Community Survey 2006-2010, 5-year Estimates)

	Minnesota	Bloomington	Edina	Richfield
Total	$57,243	$59,458	$79,535	$51,549
Householder 15 to 24 years	$28,693	$33,846	$36,090	$34,057
Householder 25 to 44 years	$64,639	$59,715	$100,983	$56,651
Householder 45 to 64 years	$70,338	$80,688	$106,411	$62,007
Householder 65 years and over	$34,152	$43,292	$44,888	$34,832

** As defined by the U.S. Census Bureau: A **Householder** is the person, or one of the people, in whose name the home is owned, being bought, or rented. If there is no such person present, any household member 15 years old and over can serve as the householder. Two types of householders are distinguished: a family householder and a nonfamily householder. A family householder is a householder living with one or more people related to him or her by birth, marriage, or adoption. The householder and all people in the household related to him are family members. A nonfamily householder is a householder living alone or with nonrelatives only.*

(Source: 2006-2010, 5-year American Community Survey estimates (in 2010 inflation-adjusted dollars)

Table 10: Low-Income Population 2006-2010

	Minnesota	Bloomington	Edina	Richfield
Below 100% of Poverty	10.6%	7.3%	3.7%	11.8%
Below 200% of Poverty	25.6%	19.5%	11.0%	32.4%

(Source: American Community Survey 2006-2010, 5-year estimates)

Table 11: Below 100% of Poverty by Race/Ethnicity

	Minnesota %(margin of error)	Bloomington % (margin of error)	Edina % (margin of error)	Richfield % (margin of error)
White	8.2% (+/-0.1)	5.0% (+/- 0.8)	3.4% (+/-0.7)	7.8% (+/-1.5)
Black or African American	34.7% (+/-1.4)	27.1% (+/-10.9)	21.6% (+/-12.8)	30.0% (+/-9.0)
American Indian and Alaska Native	36.6% (+/-2.0)	17.1% (+/-19.0)	0.0% (+/-6.9)	45.5% (+/-30.0)
Asian	16.9% (+/-1.1)	11.0% (+/-5.7)	1.7% (+/-1.4)	6.3% (+/-4.8)
Native Hawaiian and Other Pacific Islander	14.0% (+/-7.8)	-	0.0% (+/-47.5)	100.0% (+/-24.2)
Some other race	22.3% (+/-2.3)	15.4% (+/-5.1)	2.0% (+/-3.6)	17.1% (+/-10.3)
Two or more races	20.1% (+/-1.3)	6.0% (+/-3.9)	2.3% (+/-4.0)	19.6% (+/-9.6)
Hispanic or Latino origin (of any race)	23.9% (+/-1.3)	17.1% (+/-6.3	6.0% (+/-4.4)	19.1% (+/-6.8)
White alone, not Hispanic or Latino	7.7% (+/- 0.1)	4.6% (+/-0.7)	3.3% (+/-0.7)	6.4% (+/-1.3)

(Source: American Community Survey 2006-2010, 5-year estimates)

Federal Food Support Programs

Table 12: Stores with WIC and SNAP/EBT Resources

	Bloomington	Edina	Richfield
WIC	7	3	5
SNAP/EBT	35	12	24

(Data collected by City of Bloomington Division of Public Health, 2012)

Table 13: Free and Reduced Price Lunch Enrollment 2006-2012

School Year	Bloomington*	Edina	Richfield
2007-2008	3140 (31%)	535 (7%)	2291 (56%)
2008-2009	3359 (33%)	501 (6%)	2268 (56%)
2009-2010	3670 (36%)	617 (7.7%)	2446 (62%)
2010-2011	3985 (39%)	667 (8%)	2590 (64%)
2011-2012	4102 (39%)	741 (9%)	2714 (65%)

**In 2012-2013, 30% of students from West Bloomington were enrolled in free and reduced price lunch; 59% of students from East Bloomington are eligible for free and reduced price lunch.*

(Source: Minnesota Department of Education, 2012)

Table 14: Unduplicated Count of Minnesota WIC Participants for Calendar Year 2012				
	Women	**Infants**	**Children**	**Total**
Bloomington	796	755	1105	2656
Edina	101	103	1516	360
Richfield	502	478	785	1765

(Data Source: Minnesota WIC Information System)

Housing

Low-Income Housing

Bloomington, Edina, and Richfield all provide low-income housing for their residents, although the waiting lists to obtain the housing are often closed.

- The Bloomington Housing and Redevelopment Authority (HRA) administers the Section 8 Housing Choice Voucher Program for over 525 families, 20 units of Public Housing, and the Rental Homes for Future Homebuyers Program.
- In Edina, there are 5 HUD project- based subsidized buildings with a total of 424 subsidized units. In addition, some Edina residents receive tenant-based subsidies through the Section 8 Housing Choice Voucher Program.
- There are 270 units that are part of the Section 8 Housing Choice Voucher in Richfield and 25 subsidized housing units under the Kids at Home Program. There are two Richfield apartment complexes that provide subsidized housing and 10 HRA subsidized single family units located within the city.
- The three cities participate in additional programs that serve low-income families —programs such as the federal Neighborhood Stabilization Program, the Foreclosure Purchase Incentive Program, the Livable Communities Act, and the Community Development Block Grant.
- There are housing complexes in each of the cities subsidized through HUD programs, IRS tax credits, or both.

(Data collected by City of Bloomington Division of Public Health, 2012)

Table 15: Total Owner- and Renter-Occupied Households by Persons 65 Years and Older			
	Bloomington	**Edina**	**Richfield**
Total number of owner-occupied households	24,737	15,455	9,618
Percentage of households owned by persons 65 years and older	32% (7,924)	33.8% (5,221)	28.1% (2,701)
Total number of renter-occupied households	11,168	5,217	5,200
Percentage of households rented by persons 65 years and older	17.6% (1,971)	33.6% (1,752)	16.0% (832)

(Source: American Community Survey 2006-2010, 5-year estimate)

Homelessness

Every three years, the Wilder Foundation (Wilder Foundation, 2012) conducts an interview survey of all homeless individuals on one night. Their 2009 study revealed that, on that night, 4,035 individuals in

Hennepin County were homeless, with 86% of those living in shelters and 14% not living in shelters. The study found that nearly half of the homeless in Minnesota are children, youth, and young adults. There is not city specific data available on homelessness in BER.

Health, Weight and Nutrition

Table 16: Adult Weight Status Based on Body Mass Index Calculation*

	Hennepin County	South Suburbs**	Household Income <200% of FPL (Hennepin County)	Household Income ≥200% of FPL (Hennepin County)
Normal	45.7%	45.9%	42.8%	46.4%
Overweight	32.8%	32.9%	29.2%	33.5%
Obese	20.4%	19.8%	26.4%	19.1%

*BMI Calculated from self-report height and weight
** South Suburbs include the cities of Bloomington, Eden Prairie, Edina, Fort Snelling and Richfield
(Source: 2010 Adult Survey of the Health of All Populations and the Environment [SHAPE])

Table 17: SHAPE Adult Health Survey Question

Have you ever been told by a doctor or other health professional that you have . . .	Hennepin County	South Suburbs*	Household Income <200% of FPL (Hennepin County)	Household Income ≥200% of FPL (Hennepin County)
Diabetes or sugar disease?	5.3%	5.9%	9.2%	4.1%
Borderline diabetes, pre-diabetes, or high blood sugar?	4.2%	5.4%	4.1%	4.2%
Heart attack, angina, or stroke (any of these 3)?	4.9%	5.9%	6.4%	4.3%
Hypertension?	16.8%	19.4%	20.1%	15.3%
Borderline or pre-hypertension?	8.6%	9.7%	6.9%	9.1%
High blood cholesterol?	32.4%	38.1%	28.2%	33.1%

* South Suburbs include the cities of Bloomington, Eden Prairie, Edina, Fort Snelling and Richfield
(Source: 2010 Adult Survey of the Health of All Populations and the Environment [SHAPE])

Table 18: Percentage of Adults Meeting Healthy People 2010 Nutrition and Exercise Guidelines

	Hennepin County	South Suburbs*	Household Income <200% of FPL (Hennepin County)	Household Income ≥200% of FPL (Hennepin County)
2 or more servings of fruit/day	62.7%	60.8%	55.9%	64.2%
3 or more servings of vegetables/day	29.5%	31.3%	21.2%	31.7%
30 minutes of moderate	34.8%	35.9%	31.4%	35.7%

physical activity at least 5 days/week				
20 minutes of vigorous physical activity at least 3 days/week	42.0%	40.7%	38.3%	43.4%

(Source: 2010 Adult Survey of the Health of All Populations and the Environment [SHAPE])
* South Suburbs include the cities of Bloomington, Eden Prairie, Edina, Fort Snelling and Richfield

Table 19: SHAPE Children's Health Survey Question

Do you know the child's current weight?	Hennepin County	Suburban Areas	Low Income	Not Low Income
Yes	81.0%	84.0%	70.2%	85.6%
No	7.4%	6.4%	12.4%	5.3%
Not sure	11.6%	9.6%	17.4%	9.1%

(Source: 2010 Child Survey of the Health of All Populations and the Environment [SHAPE])

Table 20: SHAPE Children's Health Survey Question

Has a doctor, nurse, or other health professional recently told you that the child weighs too much, too little, or is at the right weight?	Hennepin County	Suburban Areas	Low Income	Not Low Income
Too little	3.8%	3.0%	4.3%	3.7%
Right weight	73.6%	75.7%	66.5%	76.3%
Too much	6.0%	4.8%	12.5%	3.5%
No one has ever said	16.6%	16.5%	16.7%	16.5%

(Source: 2010 Child Survey of the Health of All Populations and the Environment [SHAPE])

Table 21: SHAPE Children's Health Survey Question

Do you think the child weighs too much, too little, or is at the right weight?	Hennepin County	Suburban Areas	Low Income	Not Low Income
Weighs too little	5.3%	4.1%	7.7%	4.5%
Right weight	89.9%	90.1%	83.5%	90.6%
Weighs too much	5.9%	5.8%	8.8%	5.0%

(Source: 2010 Child Survey of the Health of All Populations and the Environment [SHAPE])

Table 22: SHAPE Children's Health Survey Data

Total number of servings child consumed yesterday	Hennepin County	Suburban Areas	Low Income	Not Low Income
Consumed 1 or fewer sugar-sweetened drinks	80.1%	82.2%	66.3%	86.0%
Consumed 2 or more servings of fruit	79.1%	79.0%	74.8%	80.9%
Consumed 3 or more servings of vegetables	19.3%	18.3%	20.4%	18.8%

Consumed 4 or more servings of dairy	24.9%	25.0%	17.2%	28.2%

(Source: 2010 Child Survey of the Health of All Populations and the Environment [SHAPE])

Table 23: SHAPE Children's Health Survey Question

During the past week, on how many days did most or all of the family members who live in the household eat at least one meal together?	Hennepin County	Suburban Areas	Low Income	Not Low Income
0 days	1.3%	0.7%	2.4%	0.8%
1 or 2 days	13.1%	13.4%	17.6%	11.2%
3 or 4 days	21.7%	21.0%	25.8%	19.9%
5 or 6 days	23.6%	25.0%	16.6%	26.6%
All 7 days	40.4%	39.9%	37.7%	41.5%

(Source: 2010 Child Survey of the Health of All Populations and the Environment [SHAPE])

Table 24: SHAPE Children's Health Survey Question

In the past year, have you or another family member talked with the child about eating healthy foods like fruits and vegetables?	Hennepin County	Suburban Areas	Low Income	Not Low Income
Never	2.0%	1.6%	3.5%	1.3%
1 time	4.0%	4.2%	7.0%	2.5%
2 times	7.2%	7.0%	11.4%	5.2%
3 or more times	86.8%	87.2%	78.1%	91.0%

(Source: 2010 Child Survey of the Health of All Populations and the Environment [SHAPE])

Table 25: 2010 Minnesota Student Survey Results for Bloomington, Edina, and Richfield

	6th Grade Males	6th Grade Females	9th Grade Males	9th Grade Females	12th Grade Males	12th Grade Females
Overweight/obese	Not asked	Not asked	27%	14%	22%	14%
Percent reporting they think they are overweight at the present time	14%	16%	15%	23%	17%	23%
Ate 5 or more servings of fruits and vegetables yesterday	25%	23%	24%	20%	23%	19%
Drank at least one soda yesterday	48%	38%	49%	35%	58%	43%

(Source: 2010 Minnesota Student Survey, Bloomington, Edina and Richfield School Districts)

Table 26: 2010 Minnesota Student Survey Results for Bloomington, Edina, Richfield, All Grades Combined

	Do not receive free/reduced price lunch	Receive free/reduced price lunch

	(self-report)	(self-report)
Overweight/obese according to self-report	17%	27%
Ate 5 or more servings of fruits and vegetables yesterday	24%	18%
Drank at least 1 soda yesterday	10%	18%

(Source: 2010 Minnesota Student Survey, Bloomington, Edina and Richfield School Districts)

Community Food Assets

Community Kitchens

Currently, Bloomington, Edina, and Richfield do not have any community kitchens. Individuals interested in creating one would need to be aware of two state statutes that regulate such kitchens: (1) non-hazardous foods can be produced without a license if the profit is less than $5,000 per year, and (2) the Pickle Bill allows low-hazardous foods that are not a threat to the public to be processed at home. Residents interested in finding a facility where they can prepare food or offer food preparation and preservation classes are usually referred to area churches, most of which (about 90%) have commercial-grade kitchens. If churches sponsor an event, they are exempt from licensing, but someone involved with the kitchen must be trained in food safety.

(Data collected by City of Bloomington Division of Public Health, 2012)

Farm Stands

There are two farm stands — one in Richfield and one in Edina. Operated by the Severs family, they offer the same type of produce and the same hours. With the exception of some fruit from other states, most farm stand produce is Minnesota grown. The hours for the farm stands are 10:30 a.m. to 6:30 p.m. Monday through Friday, and 10:00 a.m. to 6:00 p.m. Saturday and Sunday. The stands are open from the end of June to the end of August. Policies governing farm stands dictate that stands considered as transient merchants – temporary vendors. In Bloomington and Richfield transient merchants are required by city code to be licensed and are restricted to locations they can operate. However, farmers who have cultivated the product on their own land are exempt from the licensing fee but not the restrictions.

Table 27: Bloomington, Edina, Richfield Farmers Markets

Location	# of Vendors	Types of Food Products	Accepts EBT?	Accept WIC? If so, # of WIC vendors?	Close to Transit?
Bloomington Civic Plaza	47	Locally grown or produced	Yes	Yes, 9 WIC vendors	Yes
Edina Centennial Lakes Park	32	Locally grown or produced	Yes	No	Yes
Fairview Hospital	4	Locally grown or produced	No	No	Yes
Lyndale Gardens	13	Locally grown or produced	Yes	Yes, 2 WIC vendors	Yes

(Data collected by City of Bloomington Division of Public Health, 2012)

Richfield Veterans Park Market	22	Locally grown or produced	Yes	Yes, 5 WIC vendors	Yes

CSA Farm Deliveries

About 17 CSA (Community Supported Agriculture) farms deliver boxes of local, seasonal food to drop sites in Bloomington and Edina. The cost of membership with these farms depends on the type of membership an individual selects: full share or half share, weekly or every other weekly delivery, and number of weeks during the summer. Full shares range from $420 to $1,025. Of the 17 CSA farms that deliver to Bloomington and Edina, two accept EBT and two indicate that they offer either financial aid or a sliding scale fee option. The two farms that accept EBT have drop sites relatively close to bus stops. Another four CSA farms deliver to drop sites that are somewhat near to transit stops. Focus group participants who knew about CSA deliveries said that the requirement to pay the full subscription at the beginning of the season was financially prohibitive for them. Some said that they would be interested in subscribing in a CSA program if the payments could be spread out over time and if they could use food shelf points to do so.

(Data collected by City of Bloomington Division of Public Health, 2012)

Table 28: Bloomington Food Shelves

Organization	***Address***	***Hours***	***Types/Amounts of Food Served***	***On Transit Line?***
VEAP	9728 Irving Avenue South. Moving to 9600 Aldrich South beginning early January 2014.	Mon, Tue, Wed, Fri- 8 am - 4pm, and Thu 8 am-7 pm	Seven day supply of food including nonperishable items, fresh produce, bread, meats, hygiene items, and infant items	Yes
Masjid Ar Rahman (MCC)	8910 Old Cedar Road	All hours	There is a cabinet where non-perishable food items are located for community members to take.	Yes
Good in the Hood (at Cedarcrest Church)	1630 E. 90th St.	5-8pm, first and third Tuesday of each month	Canned vegetables, canned soup, pasta, spaghetti and tomato sauce, cereal, snacks, cookies, candies, juice, eggs, milk, variety of meat, pork, chicken, beef products, fresh produce.	Transit line a block and a half away.
Saint Bonaventure Catholic Community	901 East 90th Street	11am-1pm Tuesday	Two grocery bags of non-perishable food for residents in need who live in Bloomington and Richfield.	No

(Data collected by City of Bloomington Division of Public Health, 2012)

Table 29: Community Dining

Organization	Program	City	Cost	Language Assistance	Participant Demographics
Creekside Community Center	City Diner Senior Dining	Bloomington	$3 suggested donation if client completes a nutrition form and is 60 years or older	English & Spanish, language line available	Mainly 65-90 years of age, more females than males, more individuals, some couples, mainly white, a few Asians
Creekside Community Center	Loaves & Fishes Evening Dining	Bloomington	None	None unless there is a volunteer who speaks another language	60% white; some Asians, Latinos, and African Americans; infants to 90-year-olds; mostly working poor age 30 to 50 or senior citizens
Good in the Hood		Bloomington		English, ESL, Spanish, Russian-based on volunteer availability	Large White representation including a strong Russian Ukraine population with limited English skills, strong Afro American population, some growing Latino participants, some native Americans, Nigerians and other Africans.Not many Somali, Age: Most 18-64 years of age
Edina Senior Dining	Community Dining Program	Edina	$3.50 suggested donation	Usually clients bring a friend or their own interpreters. Limited translations available on request.	60 years of age and older, client base is predominantly White
Senior Dining at Richfield Community Center	Community Dining Program	Richfield	$3.50 suggested donation	Usually clients bring a friend or their own interpreters. Limited translations available on request.	60 years of age and older, about 99% white

Hope Presbyterian Church	Loaves & Fishes Evening Dining	Richfield	None	English only	Infants to seniors, mostly white and African American, some Latino and Native American

(Data collected by City of Bloomington Division of Public Health, 2012)

Table 30: Fare For All Programs

Program	Drop Sites	Cost of Meal for Participant	Hours	Type of Publicity	Demographics of Users
Richfield Community Center	Richfield Community Center	Produce pack $10, meat only pack $11, regular pack (produce & meat only) $20, monthly specials $25 to $30	1-3 p.m.	Recreation services, flyers, occasional press releases	Older adults, families with children, Hispanic & White
Creekside Community Center	Bloomington Creekside Community Center	$10 to $20 food packages	10-11 a.m.	City web site, flyers at Creekside Center, libraries, subsidized housing places in Bloomington, listed in Human Services Community Resource catalog, E- updates sent by the city regarding city services, Creekside's monthly calendar of activities, Sun current newspaper press releases	Information unavailable

(Data collected by City of Bloomington Division of Public Health, 2012)

Table 31: Meal Delivery Programs

Organization	# of Meals Served	Location	Types of Food Available	Cost	Demographics of Participants
Meals on Wheels, Richfield	1,085 per month	Richfield	Regular, diabetic, vegetarian, some special diets	$3.90	Currently 38 to 99 years old, 90% White
Meals on Wheels, Edina	Delivery 5 days/week, M-F	Edina	Usually warm meal, vegetable, starch, protein, some days dessert, 8 oz juice or milk	$4.50*	Majority White, ethnicity not recorded, about 6 under 65 years of age are disabled, most are 80 years of age
Meals on Wheels, Bloomington	1,850 per month	Bloomington	Regular, diabetic meals	$4.50	Unknown

Table 31: Meal Delivery Programs

Organization	# of Meals Served	Location	Types of Food Available	Cost	Demographics of Participants
Open Arms	800 per week	Twin Cities metro	Weekly delivery: 5 frozen entrees, soup, salad, sandwich, fresh fruit, desserts, milk. Clients may choose from about 10 menus.	No cost	Must be living with HIV/AIDS, cancer, MS, ALS, or other illnesses on a case-by-case basis. Race, ethnicity, age, & income very diverse.
Optage Senior Dining, Bloomington*	Over 1,000 per month	Bloomington	Weekly delivery: Choice of more than 80 home-delivered frozen meals. May order entrée alone or full meal.	Complete meal $6,50; Entrée only $4.50	Unknown

* Note: Program started in October of 2013

(Data collected by City of Bloomington Division of Public Health, 2013)

Table 32: Commercial Delivery Services

Organization	Number of Meals Served	Services Provided	Cost
Coburn's Delivers	900+ orders per day across Twin Cities	Food and meal delivery	$5 to $20 delivery fee, depending on amount ordered and timing
Store to Door	In 2011, over 18,000 deliveries to over 1,400 households	Grocery & prescription delivery every two weeks. Drivers bring groceries to kitchen, unload food, & help open cans & jars.	Sliding scale based on income, age, household size. $3 to $15 delivery fee. Client pays for own groceries.*
Lunds and Byerly's	Dependent on order	Online shopping, food delivery, grocery pick-up at selected Lunds	$9.95 delivery fee; $4.95 pick-up order fee
Home Instead Senior Services	Plan individualized for each client	Home health care services at all levels, including food delivery and preparation	Private pay company, no waivers. Costs depend on level & hours of care.

(Data collected by City of Bloomington Division of Public Health, 2012)

Grocery Stores and Restaurants

Table 33: Grocery Stores	Bloomington	Edina	Richfield
Supermarket	7	6	4
Convenience store	20	6	9
Limited grocery store	9	3	3
Ethnic market	5	0	6

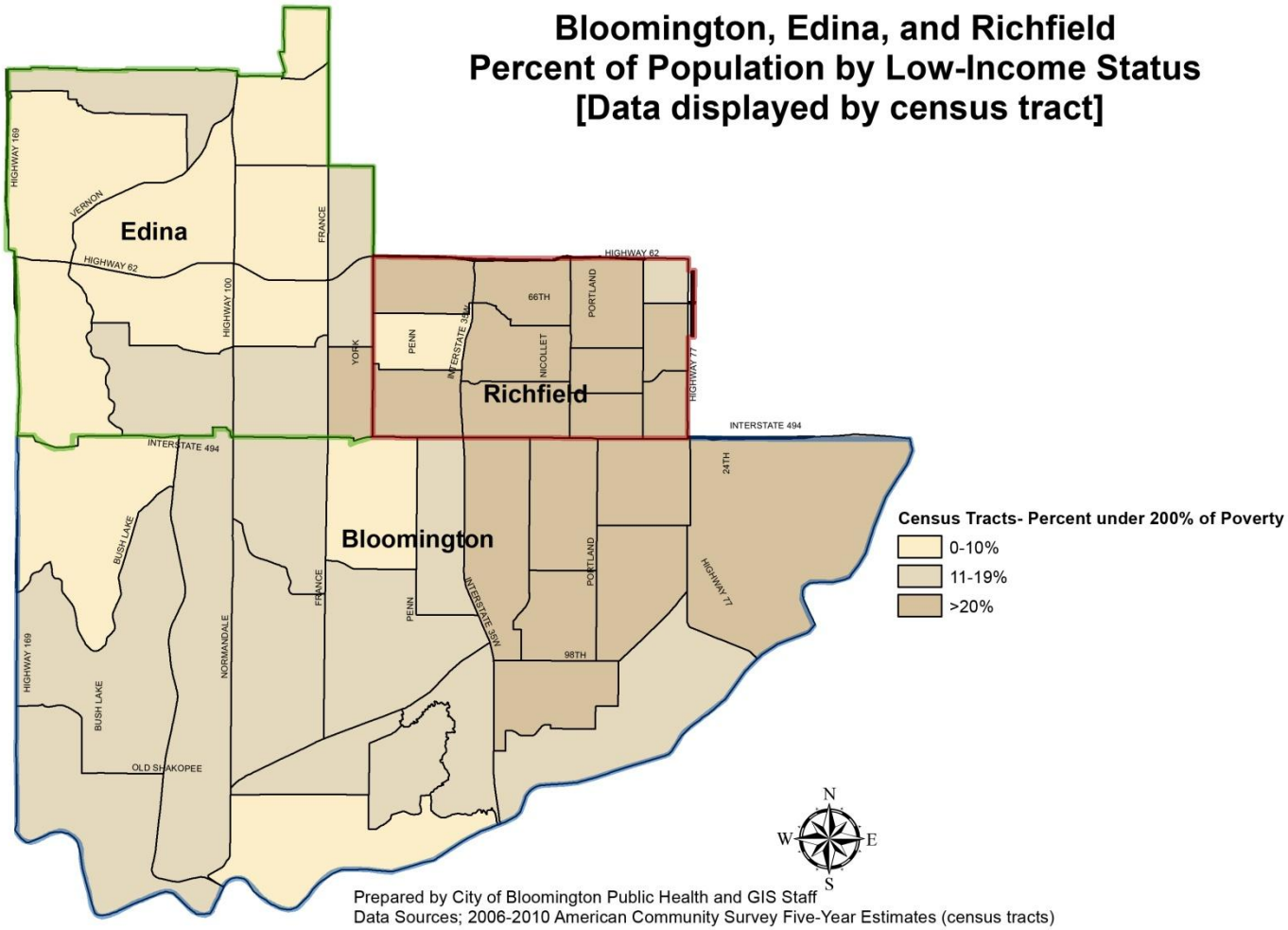
(Data collected by City of Bloomington Division of Public Health, 2012)

Table 34: Numbers and Types of Restaurants	Bloomington	Edina	Richfield
Local	60	31	28
Local fast food	2	1	0
Local chain	2	10	0
Local chain/fast food	0	2	0
Fast food	0	19	0
Fast food/chain	44	7	27
Chain	29	22	13
Concessions	5	9	6

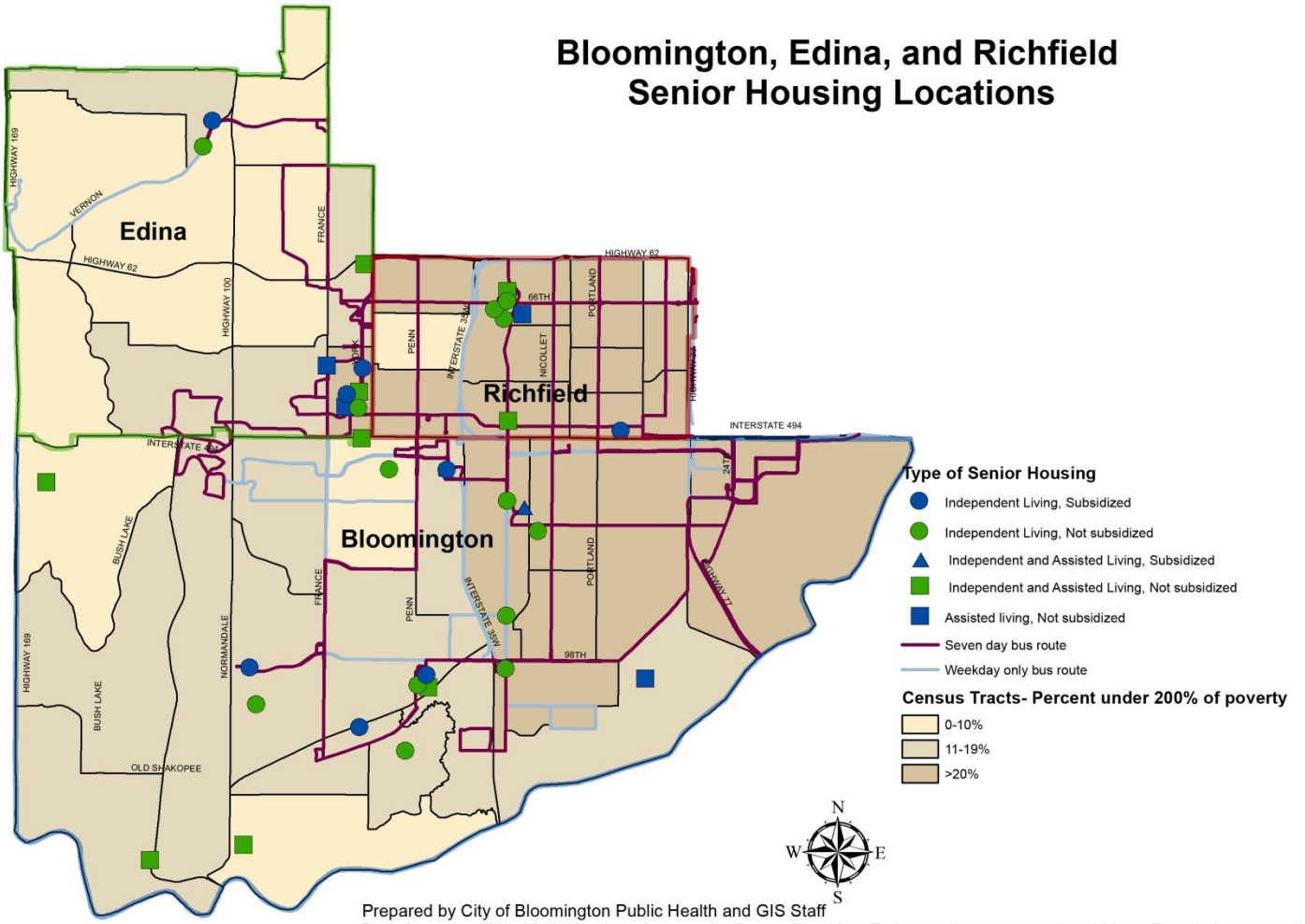
(Data collected by City of Bloomington Division of Public Health, 2012)

Appendix C: Maps

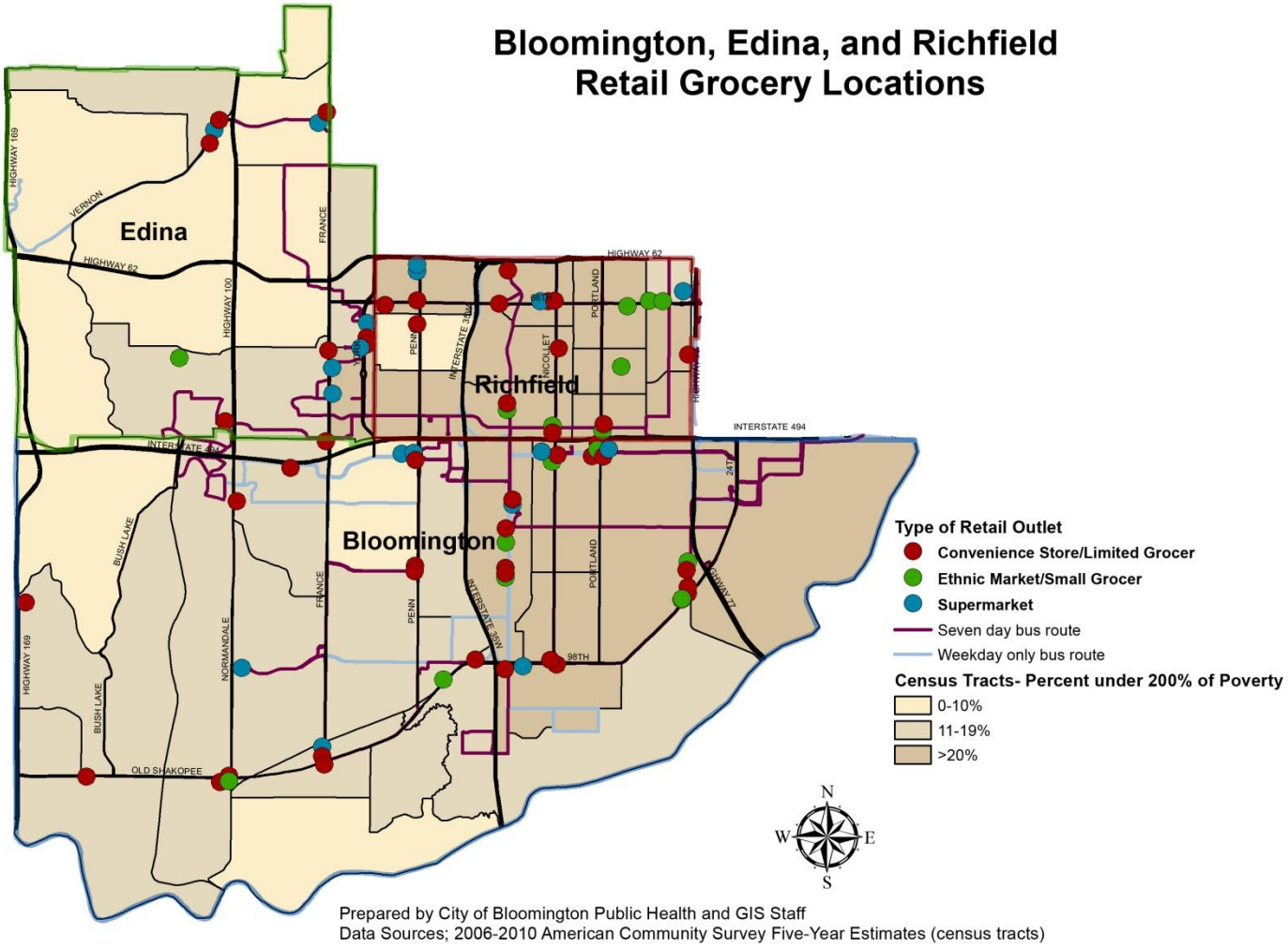
Map 1: Bloomington, Edina, and Richfield Low-income Areas



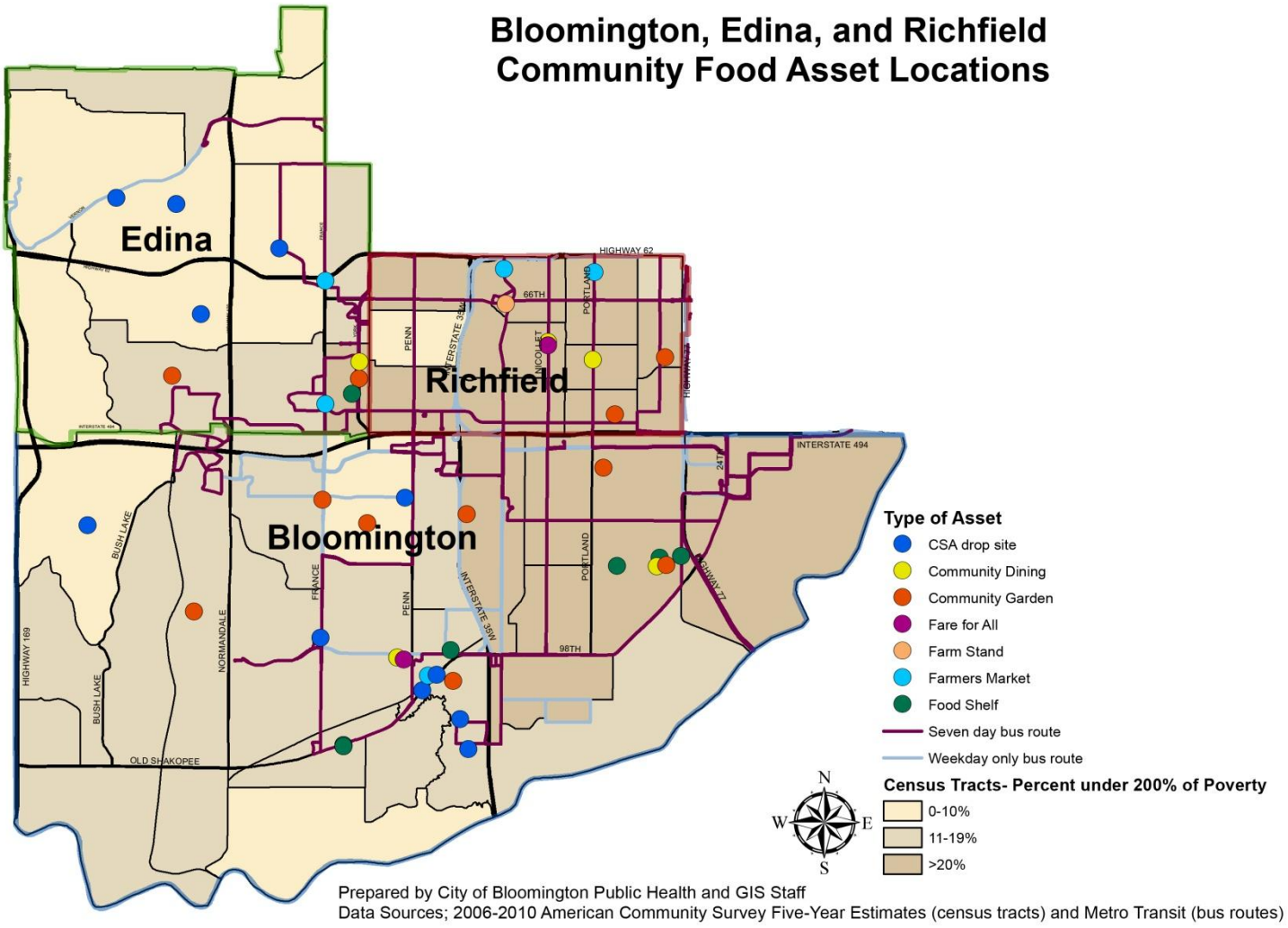
Map 2: Senior Housing



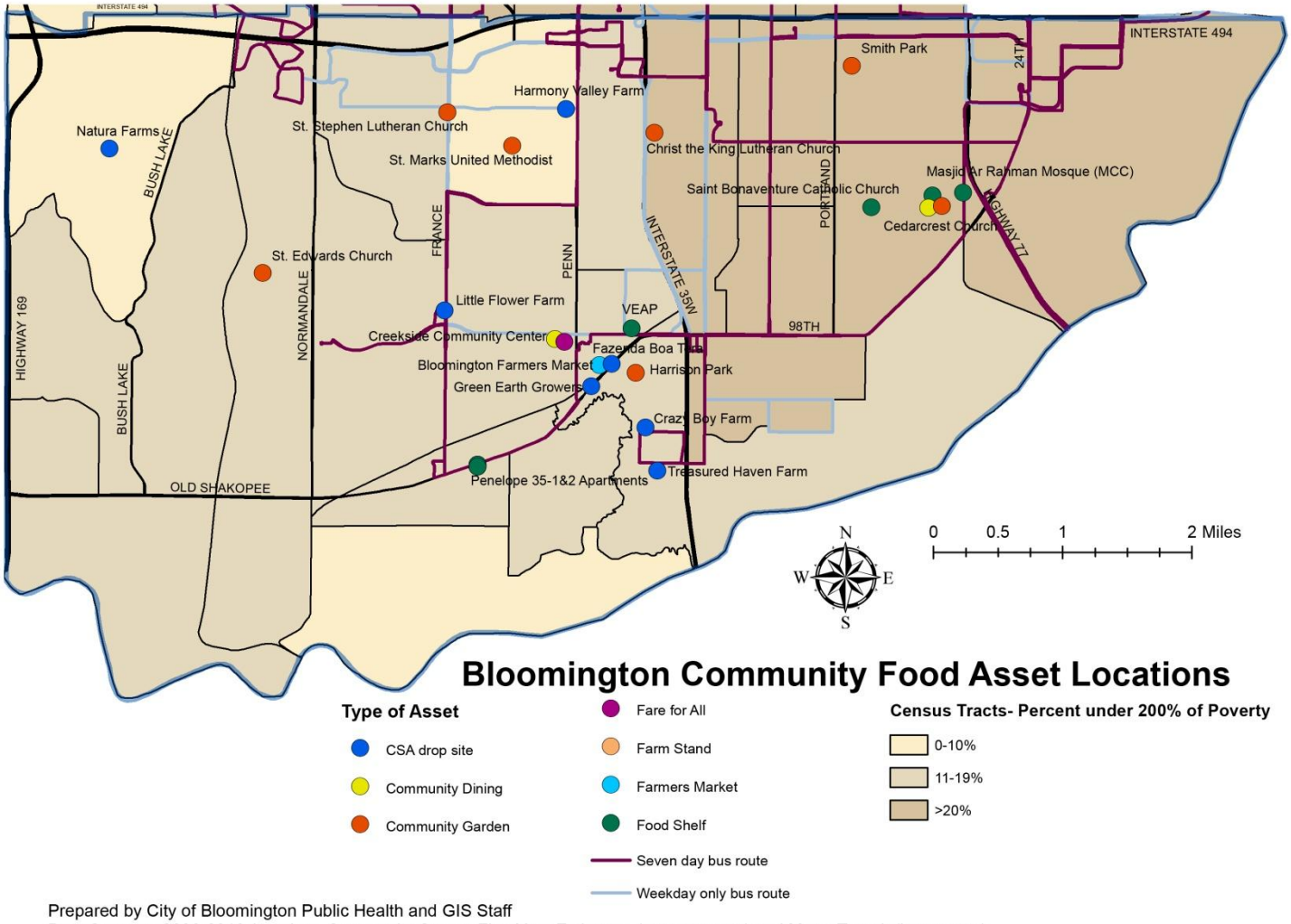
Map 3: BER Grocery Store Locations



Map 4: BER Community Food Asset Locations

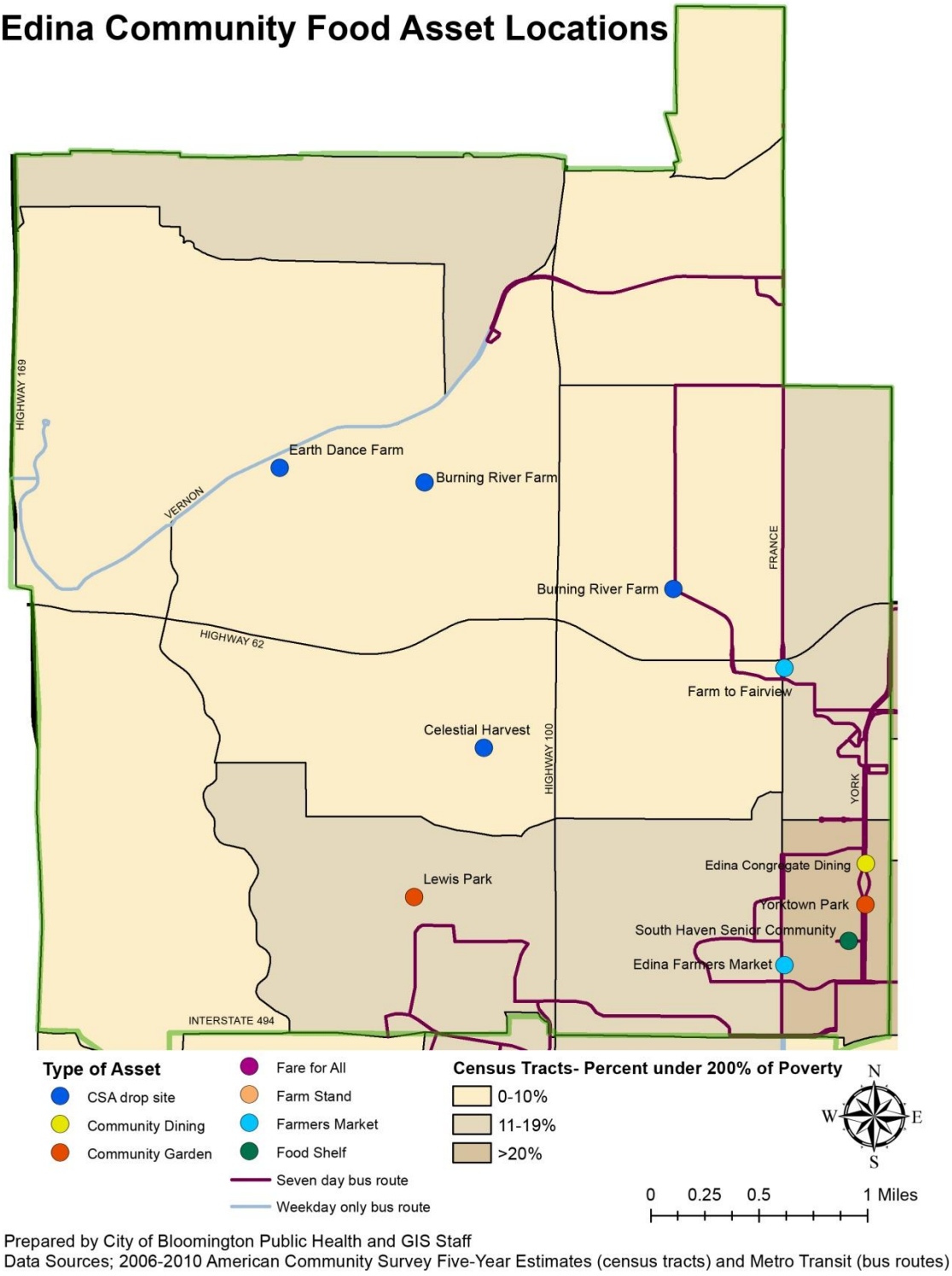


Map 5: Bloomington Community Food Asset Locations



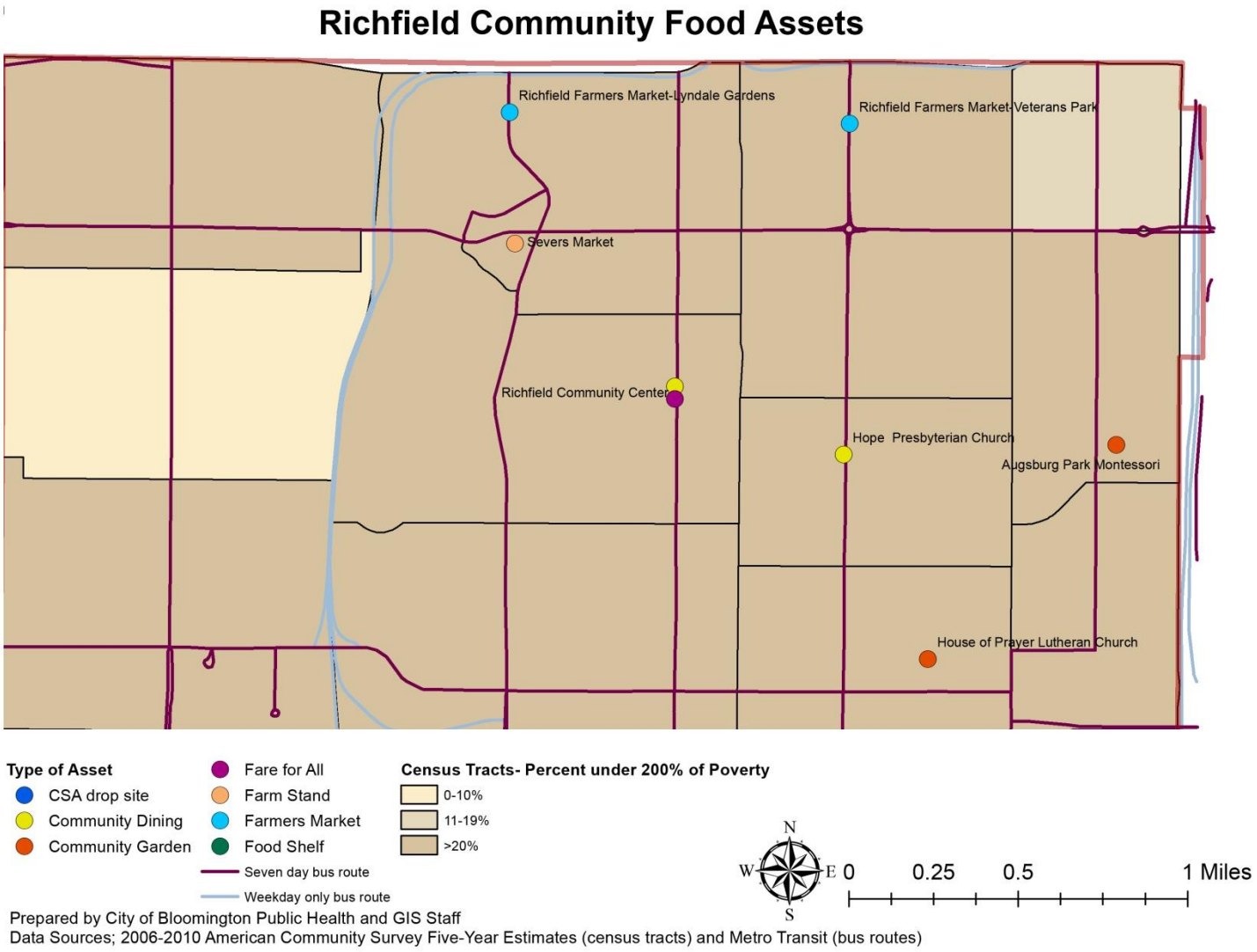
Prepared by City of Bloomington Public Health and GIS Staff
Data Sources; 2006-2010 American Community Survey Five-Year Estimates (census tracts) and Metro Transit (bus routes)

Map 6: Edina Community Food Asset Locations



Prepared by City of Bloomington Public Health and GIS Staff
Data Sources; 2006-2010 American Community Survey Five-Year Estimates (census tracts) and Metro Transit (bus routes)

Map 7: Richfield Food Assets and Relief Locations



Prepared by City of Bloomington Public Health and GIS Staff
Data Sources; 2006-2010 American Community Survey Five-Year Estimates (census tracts) and Metro Transit (bus routes)

Appendix D: Focus Group Questions

Questions for Community Food Program Staff Focus Group

1. Let's start by having you introduce yourselves—and any agency or organization with which you are affiliated—and name your favorite fresh food at this time of year.
2. Please talk about what you are currently doing related to making food available and affordable to low income residents in the Bloomington-Edina-Richfield community.
3. To what extent does your work focus on increasing the availability and/or affordability of healthy foods for low-income residents?
   a. What efforts are you making in this regard?
   b. What challenges are you facing in making healthy foods available at affordable prices?
   c. What changes will be needed in order to make more healthy food available to low-income residents?
4. Regarding the availability and affordability of food—and, in particular, healthy food—for the people you serve, what do you observe and/or hear from them?
5. What are the major barriers you face in your food advocacy work as it relates to offering healthy food to the low income population (e.g., too expensive, people don't want it, expires too soon, can't stock enough, etc.)? What will it take to reduce or eliminate these barriers?
6. What does your organization do with unhealthy food donations such as high fat snacks and day-old bakery items? Does your organization have a policy related to this issue? If not, have you or are you thinking about having one?
7. Do you have further comments about making more healthy food available to and affordable for low-income residents of Bloomington-Edina-Richfield?

Questions for Low-income Seniors Focus Group

1. To get us thinking about food, please tell us your name and one of your favorite fresh foods at this time of year.
2. Where do you eat most of your meals (e.g., home, restaurant, senior center, church)?
3. We have several questions about the food you eat at home.
   - Where do you get the food you eat at home (e.g., grocery stores, farmers markets, food shelves, home/community garden)?
   - How do you get this food (e.g., mode of transportation, delivery services)?
   - Why do you go to these particular stores, markets, or other places to get food?
   - How often do you shop for or go out to bring food home?
   - How satisfied are you with the food you have for eating at home?
   - What, if any, foods do you eat at home that are fresh, whole, and/or locally grown?
   - How satisfied are you with the fresh, whole, and/or locally grown food you eat at home? How satisfied are you with the amount of healthy food you eat at home? Do you wish you could eat more healthy food at home?
4. Next we have several questions about eating outside of your home:
   - When you don't eat at home, where do you usually eat (e.g., senior center, restaurant, someone else's home)?
   - [If participants mentioned going to restaurants, ask:] You mentioned going to restaurants. What types of restaurants do you usually go to?
   - How many times a week or month do you eat meals outside your home?

- Why do you go to these places to eat (e.g., like the food offered, like the community, don't know how to prepare the food at home, don't have the energy to prepare the food at home, etc.)?
- How do you get to these places (e.g., car, bus, walk, get rides with others)?
- What do you like about these meals?
- What do you not like about these meals?
- What, if any, fresh, whole or minimally processed, and/or locally grown foods are served at these settings?
- How satisfied are you with the fresh, whole, or locally grown food you eat in these settings?

5. How many times a week or month do you eat fast food (food prepared quickly and inexpensively, such as hamburgers, pizza, and fried chicken)? Why do you eat fast food (e.g., cost, time, convenience, location)?
6. What are your biggest challenges or problems in getting the kind and amount of food you want to have (e.g., cost, transportation, storage, refrigeration)?
7. What changes would be necessary for you to eat more fresh, whole, and locally grown food?
8. If you want to have certain cultural foods, are you able to get them? Are you satisfied with the type, amount, and cost of the cultural foods you can get? Do you go to certain places to shop or eat because of the cultural foods they have available?
9. In the last few years, there has been a growing interest in farmers markets and community gardening. How interested are you in farmers markets and/or community gardening?
10. What other comments do you have about making it possible for people to have enough healthy food?

Questions for Low-income Residents Focus Groups

1. To get us thinking about food, please tell us your name and one of your favorite fresh foods at this time of year.
2. Where do you eat most of your meals (e.g., home, restaurant, senior center, church)?
3. We have several questions about the food you eat at home.
   - Where do you get the food you eat at home (e.g., grocery stores, farmers markets, food shelves, home/community garden)?
   - How do you get this food (e.g., mode of transportation, delivery services)?
   - Why do you go to these particular stores, markets, or other places to get food?
   - How often do you shop for or go out to bring food home?
   - How satisfied are you with the food you have for eating at home?
   - What, if any, foods do you eat at home that are fresh, whole, and/or locally grown?
   - How satisfied are you with the fresh, whole, and/or locally grown food you eat at home?
4. Next we have several questions about eating outside of your home:
   - When you don't eat at home, where do you usually eat (e.g., restaurant, someone else's home, community center)?
   - [If participants mentioned going to restaurants, ask:] You mentioned going to restaurants. What types of restaurants do you usually go to?
   - How many times a week or month do you eat meals outside of your home?
   - Why do you go to these places to eat (e.g., like the food offered, like the community, don't know how to prepare the food at home, don't have the energy to prepare the food at home, etc.)?
   - How do you get to these places (e.g., car, bus, walk, get rides with others)?
   - What do you like about these meals?

- What do you not like about these meals?
- What, if any, fresh, whole or minimally processed, and/or locally grown foods are served at these settings?
- How satisfied are you with the fresh, whole, or locally grown food you eat in these settings?

5. How many times a week or month do you eat fast food (food prepared quickly and inexpensively, such as hamburgers, pizza, and fried chicken)? Why do you eat fast food (e.g., cost, time, convenience, location)?
6. What are your biggest challenges or problems in getting the kind and amount of food you want to have (e.g., cost, transportation, storage, refrigeration)?
7. What changes would be necessary for you to eat more fresh, whole or minimally processed, and locally grown food?
8. If you want to have certain cultural foods, are you able to get them? Are you satisfied with the type, amount, and cost of the cultural foods you can get? Do you go to certain places to shop or eat because of the cultural foods they have available?
9. In the last few years, there has been a growing interest in farmers markets and community gardening. How interested are you in farmers markets and/or community gardening?
10. What other comments do you have about making it possible for people to have enough healthy food?

Appendix E: Key Informant Interview Questions

Questions for Ethnic Grocers

1. Please describe your store—location, size, years in business.
2. Please describe your customers—for example, where do they live, how do they travel to your store, what are their income levels, what are their ethnicities, what are their shopping patterns, what seems most important to them related to obtaining food?
3. What types of fresh, whole or minimally processed, and locally grown food do you carry in your store year round? Are there certain healthy foods that you carry only during specific seasons?
4. How do you decide which healthy (fresh, whole or minimally processed, locally grown) food you sell in your store?
5. Does your store have a plan for promoting healthy foods? If so, please tell me about it.
6. What seems to affect which and how many healthy foods your customers buy?
7. Do you make any special efforts to encourage your customers to buy healthy foods (e.g., placing healthy foods in prominent locations, promoting healthy foods with special coupons, having healthy food demos and sampling)?
8. Would you like to carry certain healthy foods that you don't now carry? If so, what prevents you from stocking those healthy foods?
9. Do your customers ever talk with you about wanting certain healthy foods? If so, what do they say?
10. Does your store do anything to help your customers learn more about nutrition and how to prepare nutritious foods—for example, giving out recipes or nutrition fact sheets, or having someone give food preparation demonstrations in the store?
11. Do you think your store offers enough healthy choices to meet your customers' demands? If not, what changes would have to take place in order for you to offer more healthy foods?
12. Do you think there might be ways to offer healthy food at lower prices? If so, what changes would have to take place in order for you to offer healthy food at a lower price?
13. Do you have any other comments related to selling healthy food?

Questions for Large Grocery Store Managers

1. Please describe your store—location, size, years in business.
2. Please describe your customers—for example, where do they live, how do they travel to your store, what are their income levels, what are their ethnicities, what are their shopping patterns, what seems most important to them related to obtaining food?
3. What types of fresh, whole or minimally processed, and locally grown food do you carry in your store year round? Are there certain healthy foods that you carry only during specific seasons?
4. How do you decide which and how many healthy foods you stock in your store?
5. What seems to affect which and how many healthy foods your customers buy? What seems to affect which and how many healthy foods your low-income customers buy?
6. Do you stock certain healthy foods to meet the demand of specific cultural or ethnic groups? If so, has this changed over the past few years? If it has changed, how? What do you think will be happening in the next 5 years related to demand for healthy food by specific cultural or ethnic groups?
7. Would you like to carry certain healthy foods in your store that you do not now carry? If so, what prevents you from carrying those items?
8. Do you make any special efforts to encourage your customers to buy healthy foods (e.g., placing healthy foods in prominent locations, promoting healthy foods with special coupons, having healthy food demos and sampling)?
9. Do your customers ever talk with you about wanting certain healthy foods? If so, what do they say?

10. Does your store do anything to help your customers learn more about nutrition and how to prepare nutritious foods—for example, giving out recipes or nutrition fact sheets, or having someone give food preparation demonstrations in the store?
11. Do you think your store offers enough healthy choices to meet your customers' demands? If not, what changes would have to take place in order for you to offer more healthy foods?
12. Do you think there might be ways to offer healthy food at lower prices? If so, what changes would have to take place in order for you to offer healthy food at a lower price?
13. Do you have any other comments about selling healthy foods to low-income customers?

Questions for Clergy

1. Please tell me about your congregation—size, ethnicity, income level, family composition, occupations, and anything else that might help us understand who they are. How long have you been working with this congregation?
2. How would you describe your congregation's food situation—for example, what percentage would you say struggle to get enough food to eat, and what percentage probably have enough to eat but seem to not have much healthy food? What are their major challenges related to getting enough and healthy foods?
3. In what ways is your church/congregation involved in making food available to low-income residents in the community (e.g., food shelves, community dining)? For how many years has this been the case? In the past, did your church have any other programs in place to help low-income community members obtain food? If so, please tell me about them and why they are no longer functioning.
4. What types of foods do you make available? Where do you get the food? What do people need to do to get the food (e.g., come to certain locations, volunteer to help with the food in some way)?
5. How do people become aware of your food program? What, if any, requirements must individuals meet in order to take part in your food program?
6. What types of healthy foods are you able to make available to those you serve? Does that vary by season? What affects how much healthy food you can make available to those you serve?
7. Would you like to make more healthy foods available to those you serve? If so, what prevents you from doing so?
8. Do the people you serve ever talk about wanting certain healthy foods? If so, what do they say?
9. Does your church do anything to help people learn more about nutrition and/or how to prepare nutritious foods—for example, giving out recipes or nutrition fact sheets, or having someone give food preparation demonstrations in the church?
10. Does your church have any nutrition guidelines or policies related to the foods served at the church, such as food served after services or at other events held at the church?
11. What changes would have to take place in order for your church to make more healthy foods available to those you serve?
12. Do you have any other comments related to making healthy food available to low-income individuals in your community?