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

City of Bloomington Division of Public Health

Executive Summary

Public Health
Prevent. Promote. Protect.
Bloomington Public Health Division

Statewide Health Improvement Program **SHIP** HEALTH REFORM

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.

---

[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 #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.

---

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