Minnesota Food Charter Event and Online Input Findings
Executive Summary

Introduction

Over the past decade, there has been growing concern in Minnesota about rising rates for obesity and related chronic diseases. Projections around the social and economic costs to Minnesota for these public health issues reveal a compelling need to seek effective strategies to rapidly reduce the prevalence. Research suggests that poor diet – one that lacks enough healthy foods (like fresh produce and whole grains) and has too many unhealthy foods (like processed ‘junk food’) – is a major contributor to obesity and chronic disease. In evaluating food environments where people live, work, play and learn, it becomes clear that there are too many inexpensive, unhealthy food options and not enough affordable, healthy food options. To move the dial in a positive direction on obesity and chronic disease, food environments need to change for the better. This approach would make the healthy choice the affordable and easy choice for all Minnesotans.

Meanwhile, many Minnesotans have reservations about the state of their food supply. They are worried that its current design will not be adequate to support the future economic, social, and environmental vitality of the state. Public awareness about food has grown beyond the obesity issue, also focusing on cost, quality, methods of production, and policies associated with our food supply. Just as we need to formulate creative and effective strategies to address obesity, we also need to generate innovative solutions for existing challenges with our food supply.

These multi-faceted issues of food, health, agriculture and our future inspired the Minnesota Food Charter effort, a public campaign designed to engage the state’s residents in identifying key barriers to healthy food access and solutions to address them.
**Purpose of the Minnesota Food Charter**

The Minnesota Food Charter is a broad-based public process resulting in a document that will provide direction to ensure all Minnesotans have healthy, affordable, and safe food. This will build a legacy of health for future generations. Together we will understand where we need to go to improve access to healthy food and what it will take to get us there.¹ The Minnesota Food Charter document will be developed in 2014, using feedback from a two-phase public process and an evidence base of best practices to chart the agenda for our healthy food future.

The Minnesota Food Charter is intended to guide decision-makers across agencies, organizations, and sectors around necessary policy, systems and environmental changes that will contribute to healthy food access.

**Public Input Process for the Minnesota Food Charter**

The Minnesota Food Charter includes a robust public input process aimed at engaging Minnesotans and empowering residents to voice their concerns about healthy food access, and provide suggestions for strategies to resolve them. The process for developing the Food Charter involved over 2,000 Minnesotans through over 130 Food Charter Events, 400 responses to online worksheets, and over 50 listening sessions and interviews during 2013. Outreach to diverse communities throughout the state resulted in wide and varied participation across the state and many sectors, from rural to tribal to new immigrant to urban communities.

This report provides a summary of findings from the first phase of this multi-faceted public input process of the Food Charter. Findings were generated through an analysis process that included basic statistical calculation of quantitative information and coding and subsequent interpretation of qualitative information.

*What people shared during this input phase were their opinions and perceptions about healthy food access, by contributing feedback at one-hour events and online worksheets. The findings described in this report reflect these perspectives. It’s important for the reader to understand that these findings are not empirical evidence, but instead a summary of peoples’ perspectives generated during this broad-based campaign of input.*

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¹ Supported by the Statewide Health Improvement Program and the Minnesota Department of Health through funds granted by the Centers for Disease Control and Prevention.
Snapshot of Food Charter Findings

Minnesotans agreed that most people eat too many unhealthy foods and not enough healthy food, which contribute to obesity and related chronic diseases. They suggested the reasons for this issue are complicated and that things need to change when it comes to increasing our consumption of healthy foods. Some of the problem starts with individuals; other parts of the problem stem from a food supply that does not adequately support our collective health and well-being. Contributing factors include cost of food and production, individual skills and available time, climate/geography, food infrastructure, social and cultural dimensions, and economic, agriculture, and nutrition policy. Structural issues in our society, like inequality or wealth and health disparities are also core factors of this problem. The summary below gives a glimpse into the responses of the Food Charter input session participants.

Food Availability

The extent to which healthy food is available in a community is just one of the issues that affects peoples’ ability to consistently obtain healthy food in Minnesota. Food Charter participants say that it’s not as easy as it should be, suggesting that many communities and institutions lack a variety of affordable places where they can get the healthy food they want. In many cases, what is available is limited and of poor quality, particularly fresh produce or good quality meats. According to some participants, food safety regulations and the short growing season in Minnesota also compound the problem. A lack of healthy food options is not the only challenge. Whether one lives in rural, tribal, suburban, or urban communities, many people shared the perception that there is far too much unhealthy food available in all the places people get food.

How can we solve the problem of food availability?

People participating in the Minnesota Food Charter input process say that options like farmers markets should be more widely available in communities, as should high-quality, affordable, healthy offerings in small groceries in urban and rural centers. They also suggest that healthy foods reflecting diverse cultures should be more widely available. Facilities for breastfeeding mothers would make it easier to nurse a baby or pump breast milk in any setting. Some participants indicated that any place providing food (from vending machines to concession stands to schools to restaurants to stores to community meals) should serve healthy options. Institutional partnerships with local farmers are one way to achieve this. According to participants, policies, guidelines and incentives – created at the state, local, and organizational level – could be developed to encourage these changes.
Food Accessibility

Finding healthy food is just part of the equation; getting to that healthy food is another challenge. Many people encounter difficulty with access to healthy food. Participants in the Minnesota Food Charter identify several key challenges to healthy food accessibility. They observe in many communities, biking and walking are unsafe, due to a lack of sidewalks and bike paths. People with mobility issues (like those using a wheelchair), elderly residents, and families carrying groceries with small children in tow encounter similar issues. Minnesota’s winter weather conditions also make pedestrian and wheelchair access challenging. For many rural communities, Food Charter participants observe that residents have to travel long distances to get healthy food, requiring access to private or public transportation—which may not exist or is too costly. Part of this issue, they suggest, is that communities with a high number of low-income residents don’t have stores with high quality, affordable, healthy options.

How can we solve the problem of food accessibility?

People participating in the Minnesota Food Charter input process had several ideas for how to improve accessibility to healthy food. Some suggested that local government can play a helpful role, ensuring that sidewalks, bike paths, bus routes and farmers markets are located and maintained to support healthy food access. Participants also indicated that establishing policies and systems for food delivery services that target people with mobility and healthy food access issues could be helpful. Local and state government could partner with other organizations (like businesses or non-profits) to help open stores that sell healthy foods in communities that lack them. People also suggested that the food industry could offer more affordable, healthy and locally grown or produced options.

Food Skills

Many people involved in the Minnesota Food Charter identified a widespread lack of basic skills associated with healthy eating, gardening, meal planning and shopping for/selecting food, food budgeting, food preservation (including freezing and canning), cultural traditions associated with food, and even understanding the overall food system. Participants perceived this is true for individuals and institutions, suggesting that this situation becomes even more challenging when the issues of time and the widespread cultural value of convenience are factored in. Many suggested that the lack of knowledge and skills results in unhealthy choices and an unfamiliarity with healthy foods, which impact the health and well-being of Minnesota households. The lack of basic food skills is compounded by several
related challenges, suggest Food Charter participants, like a lack of equipment or access to a garden plot.

**How can we solve the problem of food skills?**

Minnesota Food Charter participants recommended a variety of options to address the widespread lack of food skills they identified. Educational institutions – from early childhood to K-12 to afterschool programs to community education resources – should provide learning experiences that build skills in meal planning, food budgeting, food safety, food preparation, gardening, and an overall understanding of the many dimensions of our food supply. These educational experiences could be supported by state requirements and public funding. Participants also suggested that local governments could create policies and partnerships that increased access to land for gardening.

**Food Affordability**

Many Food Charter participants suggested that cost is one of the most significant barriers to purchasing healthy food for many Minnesotans. They identified factors associated with food cost, indicating that fresh produce and unprocessed meats cost significantly more than unhealthy foods at stores, restaurants and cafeterias, and other outlets like farmers markets. Others suggested that some healthy foods (like beans, eggs, rice, or frozen vegetables) are, in fact, affordable, but people are not aware of these options. For people and institutions interested in purchasing locally or sustainably grown products, the cost can be out of reach. Some participants also suggested that certain stores and farmers markets that sell healthy foods do not accept WIC or SNAP/EBT, making it difficult for low-income people to purchase food there. Food programs – like food shelves or federal food support – oftentimes lack funding to offer healthy foods or have eligibility requirements that are time-consuming or limited. Some participants also suggested that low wages also played a role in food affordability, where food cost is one dimension of the problem and too few, adequate-paying jobs is another.

**How can we solve the problem of food affordability?**

Food Charter participants had several ideas for how to address the issue of food affordability, many of which focused on changes to policies and systems that decreased the cost of healthy food. Some ideas included: (1) increasing reimbursements to institutions that serve healthy foods, including those grown by nearby farmers, (2) providing matching ‘market bucks’ incentives for low-income shoppers to buy healthy food at farmers markets and grocery stores, (3) encouraging stores and farmers markets to accept SNAP/EBT, and
(4) offering incentives to stores that provide high quality, healthy options. Other suggestions included increasing prices of unhealthy foods to discourage people from buying them, and formulating policies and incentives that could reduce the cost of sustainably and organically produced foods. Finally, some participants indicated that policies like increasing the minimum wage could also help.

Food Infrastructure

Our food supply is a complex system, one that involves many inter-related components. Participants in the Minnesota Food Charter identified several systemic issues in our food supply that would benefit from policy and systems changes, with the overall goal of improving our access to healthy food.

Many participating in the Minnesota Food Charter expressed concern about the current design of our food supply coupled with the structure of our economic and political systems. The result, some suggest, is that consolidated, large, private interests have more say on decision-making, research, technologies, and practices associated with food and agriculture than communities and individuals do, and their priorities may not reflect the needs and interests of most Minnesotans. They point to state and federal food and agricultural policies, indicating that they do not do enough to encourage healthy food access and even inhibit it. Examples shared by Food Charter participants include the right to know about how food is produced; lack of a livable income for farmers and workers in the food system, public subsidies and access to capital and affordable farmland/equipment for small, diversified farmers and related processing businesses; and burdensome food safety and zoning regulations. Other participants suggest that many consumers don’t adequately understand what it takes to create a healthy, safe, and consistent food supply for a large population.

Other issues are at play as well, indicate some Food Charter participants. Given Minnesota’s short growing season, there isn’t enough investment in technologies and practices that could extend the growing season. Powerful, unregulated food marketing interests also influence peoples’ choices in unhealthy foods. People also expressed concern about the environmental and economic impacts of our current practices around food production.

How can we solve the problem of inadequate food infrastructure?

Food Charter participants offered numerous ideas for policy and systems changes that could improve the infrastructure and economics of our food supply. Responsive state and federal agricultural policies that provide subsidies for farms growing fruits and vegetables; incentives for those using sustainable agricultural methods; reductions in subsidies available for commodity crops; and creative strategies for small farmers to purchase affordable farmland would be helpful, some participants suggested. Public investment in regional distribution infrastructure development, an easing of zoning and regulations for farms that grow produce for local consumption, and investments in training and research
focused on small farms would also be useful improvements, according to Food Charter participants. Ensuring consistency in food safety/inspections regulations and their enforcement between state and local agencies is important to some Food Charter participants. Safety and fair compensation for farmers and workers in the food system would benefit from innovative policy and systems changes were also indicated.

Adjustments to nutrition policy at federal, state and local levels are significant to Food Charter participants. Restricting the availability of sugar-sweetened beverages and unhealthy junk foods in educational and healthcare organizations, through policies and guidelines, combined with an increase in healthy food offerings would be helpful. Policies that increase the cost of unhealthy items and regulate marketing and purchasing of unhealthy food and beverages should also be considered, suggest Food Charter participants. These efforts should be accompanied by public awareness campaigns around healthy eating. Programs and policies could be established that enable and encourage schools to have greater purchasing power for healthy options. Lasting public investment in community food assets like community gardens, seed banks, community kitchens, farmers markets and community supported agriculture farms should occur.

**Conclusion**

There are considerable, serious, and costly public health problems that arise out of the current design of our food supply. Widespread obesity and related chronic disease rates that occur as a result of consuming too much unhealthy food and not enough healthy food require comprehensive and far-reaching attention at local, regional, state and federal levels. The Minnesota Food Charter public input process generated perspectives and ideas from over 2000 of the state’s residents about the barriers and potential solutions to healthy food access. The findings outlined in this Executive Summary and the accompanying report synthesize the suggestions and concerns of these stakeholders, shared during nearly 130 public meetings.

People shared their concerns and ideas related to food availability, accessibility and affordability, as well as food skills and infrastructure. They identified cultural, social, and structural issues – from time to knowledge to habits and attitudes. Making the healthy choice the easy choice for all Minnesotans is a concept supported numerous individuals who participated in the public input phase of the Minnesota Food Charter, and they have conveyed their perceptions on what the problems and solutions are for achieving this aim.
Summary of Findings from Minnesota Food Charter Input

Purpose of the Minnesota Food Charter

The Minnesota Food Charter is a broad-based public process resulting in a document that provides direction to ensure all Minnesotans will have healthy, affordable, and safe food. This will build a legacy of health for future generations. Together we will understand where we need to go to improve access to healthy food and what it will take to get us there. The Minnesota Food Charter document will be developed in 2014, through an analysis of the evidence base, best practices to improve healthy food access, and findings from a public input process.

The Minnesota Food Charter will shape policies that affect schools, workplaces, healthcare settings, childcare centers and many places that food is produced, processed, distributed and consumed. The Minnesota Food Charter is intended to guide decision-makers across agencies, organizations, and sectors around necessary policy, systems and environmental changes that will contribute to healthy food access.

Minnesota Food Charter Phases and Timeline

There are several phases and components to the Minnesota Food Charter effort, including background research, solicitation of public input and engagement, document drafting and development, and ongoing communications with a wide base of stakeholders:

✓ A 9-month public input phase during 2013, which involved over 130 Food Charter Events hosted across Minnesota. Event hosts used a standardized event format, gathering peoples’ perspectives on barriers and solutions to healthy food access. Anyone could host a Food Charter Event for their stakeholders and were provided with the support and resources for a successful event. 31 of these events offered a specific focus on healthy food access in settings like healthcare, communities, worksites, schools and childcare (February through August, 2013)

✓ An online worksheet that nearly 400 people completed, asking the same questions around barriers and strategies for healthy food access that were posed at Food Charter Events, available for those who did not attend a Food Charter Event (February through August, 2013)

2 Supported by the Statewide Health Improvement Program and the Minnesota Department of Health through funds granted by the Centers for Disease Control and Prevention,
Nearly 50 listening sessions and individual interviews that provided nuanced perspectives on barriers and challenges to healthy food access in institutional settings (February through August, 2013)

Customized feedback sessions conducted with new immigrant farmers, community members, and food business owners; tribal communities; youth; and individuals with basic reading and English language skills (June through December, 2013)

Preparation of findings from the above sources of feedback (October – November, 2013)

Execution of online townhall forum so people across the state can learn about the results of public input process and contribute ideas and priorities. Preparation of findings from online townhall form (November 2013 – February 2014)

Background research into evidence on healthy food access barriers, best practices, effective policies, and demographic concerns (June 2013 – September 2014)

Simultaneous meetings in six regions of the state to share findings from Minnesota Food Charter public input process and identify shared priorities (January 2014)

Development of Food Charter document, prepared and reviewed by a multi-sector, diverse Food Charter drafting committee and Food Charter Steering Committee. Document will be based on findings generated from comprehensive public input process and relevant evidence base (December 2013 – June 2014)

Public launch of Food Charter document (October 2014)

Publication of Leader Guides that offer a detailed roadmap for improving healthy food access in schools, communities, childcare and healthcare settings, and worksites (2014 – 2016)

Public Input Process for the Minnesota Food Charter

The Minnesota Food Charter includes a robust public input process aimed at engaging Minnesotans and empowering residents to voice their concerns about and ideas for healthy food access.

The first phase of this input lasted from February through August, 2013. Food Charter Events were hosted by individuals, groups, and organizations interested in contributing to the public input process. Food Charter Event hosts volunteered for their role – anyone who wanted to host an event was welcome to do so and provided with a ‘turnkey’ Food Charter Event toolkit and a variety of resources to ensure success.

An online input option was available for individuals not attending a Food Charter Event. Additional listening sessions and community events were also hosted during this feedback
phase, with modifications to the input process to best meet stakeholders’ language, cultural and literacy needs.

This report provides a summary of findings from Minnesota Food Charter Events, online survey responses, and statewide in-person events like the 2012 Food Access Summit.

Two additional reports will also be generated that (1) summarize findings from over 50 targeted listening sessions and focus groups and (2) summarize findings from 5 different types of setting-specific Food Charter Events. Information generated from these feedback processes will also inform the Food Charter document, as well as the five setting-specific leader guides focusing on policy and systems changes to improve healthy food access in childcare, schools, worksites, healthcare and community settings.

Food Charter Events Summary

Between February and August of 2013, 131 Food Charter Events were held across the state. Hosted by diverse stakeholder groups in communities and regions throughout Minnesota, people contributed their individual perspectives on barriers to healthy food access and strategies that could reduce these barriers. A total of 369 online Food Charter worksheets were completed via the mnfoodcharter.com website. Nearly 2,000 people have contributed input during this phase. The below graphic shows the number of Food Charter Events hosted in each part of the state. The 20 statewide events include those events whose reach extended across the entire state, rather than focusing on one region.
### Region Represented

<table>
<thead>
<tr>
<th>Region Represented</th>
<th>Total Events in Each Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest</td>
<td>12</td>
</tr>
<tr>
<td>Northeast</td>
<td>17</td>
</tr>
<tr>
<td>Southwest</td>
<td>7</td>
</tr>
<tr>
<td>Southeast</td>
<td>8</td>
</tr>
<tr>
<td>Metro</td>
<td>38</td>
</tr>
<tr>
<td>Central</td>
<td>25</td>
</tr>
<tr>
<td>Statewide</td>
<td>20</td>
</tr>
</tbody>
</table>

### Setting

<table>
<thead>
<tr>
<th>Setting</th>
<th>Total Setting-Specific Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care</td>
<td>8</td>
</tr>
<tr>
<td>Community</td>
<td>17</td>
</tr>
<tr>
<td>Healthcare</td>
<td>2</td>
</tr>
<tr>
<td>Schools</td>
<td>12</td>
</tr>
<tr>
<td>Worksite</td>
<td>5</td>
</tr>
<tr>
<td>Low literacy</td>
<td>9</td>
</tr>
</tbody>
</table>

More Food Charter-related convenings are occurring in late 2013 to gather additional insights from new immigrant farmers and food entrepreneurs, agricultural workers, agricultural scientists, tribal communities, and rural farmers affiliated with statewide agricultural interest groups.

## Format of Minnesota Food Charter Events

Most Food Charter Events included in this report had a common format and were hosted by volunteers who registered to host a Food Charter Event for their constituency, group, or stakeholder base of interest. This common format consisted of an introductory video, a multiple-choice worksheet completed by all participants that included close-ended and open-ended questions, and small and large group discussions. Modified formats were used for low literacy, new immigrant, and youth audiences, as well as participants in the 2012 statewide Food Access Summit.

Worksheets and discussions at Food Charter Events included identification of and conversations about barriers and strategies related to healthy food access. The worksheet was aimed at measuring knowledge and perceptions about these issues. These worksheets were divided into five categories – Food Skills, Food Accessibility, Food Availability, Food Affordability, and Food Access, with questions that asked about the extent to which certain barriers and strategies in these categories were recognized by respondents. The questions contained in Food Charter Events were identical to those posed on the Food Charter online
worksheets. All feedback from Food Charter Events and online worksheets was combined into large spreadsheets for analysis, one for close-ended worksheet questions and another for open-ended worksheet and discussion questions.

**Methods for Analysis of Minnesota Food Charter Public Feedback**

Quantitative feedback from these events and online individual input was combined and categorized by theme (e.g. food skills) as well as section (e.g. barriers vs. strategies) to identify which items people feel most strongly about. Responses can also be sorted by region to explore geographical differences; these results are *not* included in this report. 

Qualitative feedback was first coded for the five Food Charter themes identified in the Food Charter Event and online worksheets: Food Skills, Food Accessibility, Food Affordability, Food Availability, and Food Infrastructure. Categories for “Culture” and “Other” were added for comments that did not correspond closely with the themes listed on Food Charter worksheets. More specific comments were then coded into secondary and tertiary themes within each primary theme and then analyzed for particular topics like ‘cooking classes’ or ‘agricultural policy’ or ‘farmers markets.’

**Outreach and Engagement to Communities with Highest Health Disparities**

To ensure participation from people who face healthy food access issues, Minnesota Food Charter staff undertook specific and sustained outreach to organizations and programs serving these individuals, with the guidance and involvement of Food Charter Steering Committee members. While overall health outcomes in Minnesota are better than many states across the country, we face some of the most serious disparities in obesity, chronic disease, food insecurity, and hunger in the nation. Engagement of organizations and community members who disproportionately experience these issues is critical to creating Food Charter that effectively captures the needs and ideas of these communities.

The focus of this effort was broad and included emergency food programs; tribal communities; farmers from rural communities; new immigrant farmers and farmers of color, workers, and food; nutrition education programs serving low-income individuals; and community members from diverse cultural backgrounds. Specifically:

- 4 Food Charter listening sessions were planned and hosted by American Indian Cancer Foundation (located at Dream of Wild Health farm, Shakopee Mdewankton Nation, Fond du Lac Reservation, and Little Earth of United Tribes residential community). Food Charter Events were also hosted in Bemidji and at Leech Lake Reservation. Targeted outreach with tribal community members in northern Minnesota will occur in December 2013.
• Farmers Legal Action group will host 2 Food Charter listening sessions with Hmong farmers and 10 listening sessions with Asian and Pacific Islander-serving organizations during December 2013

• Spanish-speaking agricultural workers and Latino community members contributed feedback to the Food Charter, at a variety of events hosted by City of Bloomington Division of Public Health, Main Street Project, and Centro Campesino

• The Association for the Advancement of Hmong Women in Minnesota has convened a Food Charter Event.

• Food Charter listening sessions were hosted for staff and participants of community action agencies, nutrition education and food programs serving low-income audiences in the Twin Cities.

• A ‘train the trainer’ session targeted on diverse communities and organizations was hosted by “Homegrown Minneapolis” (the City of Minneapolis’ food policy council), intended to stimulate interest in hosting Food Charter Events in culturally diverse communities across the Twin Cities.

**Food Charter Events and Online Worksheet Findings**

Minnesotans agree that most people eat too many unhealthy foods and not enough healthy food, which contribute to obesity and related chronic diseases. They suggest the reasons for this issue are complicated and that things need to change when it comes to increasing our consumption of healthy foods. While some of the problem starts with individuals and households; other parts of the problem stem from a food supply that does not adequately support our collective health and well-being. Contributing factors include cost of food and production, individual skills, climate/geography, food infrastructure, cultural attitudes and habits, structural/social issues, and economic, agriculture, and nutrition policy.

The summary below describes what Minnesotans have said about these barriers and their ideas for what to do about them, in order to increase access to healthy food for everyone.

**FOOD AVAILABILITY**

The availability of healthy food is an issue for numerous Minnesota communities. Food Charter participants suggest that many communities lack a variety of affordable places where they can get the kinds of healthy food they want. Community institutions, like worksites, schools, child care settings, universities, nursing homes, hospitals, and correctional facilities also have a long way to go in providing healthy options.
Participants pointed to some improvements in healthy food availability in recent years (like school salad bars and better snack options), but also suggest there are many factors still inhibiting availability of healthy food. Food Charter participants described these factors and contributed ideas for how to resolve these issues.

What do people say about availability of healthy food?

Community well-being and food availability has two sides to it, suggest Food Charter participants. One facet addresses the limitations of healthy food availability; another reflects an overabundance of unhealthy foods in our communities.

There is not enough availability of healthy food, say many Food Charter participants. In fact, 80% of participants agree that unhealthy food options are easier to get than healthy options where they live; some pointing to the wide availability of sugar-sweetened beverages as an example. Some Food Charter participants residing in suburban and some urban communities suggest that far too many fast food restaurants sell unhealthy foods and not enough outlets sell affordable, healthy foods where they live. Some also suggest that portion sizes at many restaurants are too large, and most don’t provide nutrition labeling for the foods they serve. Some participants observe that lower cost restaurants offer fewer healthy food options, and those restaurants that offer healthy options are more expensive.

Nearly 70% agree that schools offer too many unhealthy items in school stores, concession stands and vending machines. 82% of respondents agreed that public events like community celebrations and festivals sell or serve too many unhealthy options. 64% of Food Charter participants express concern about the extent of unhealthy, processed foods and inadequate fresh, healthy choices (like fresh fruits and vegetables) at food shelves and congregate dining facilities. Some participants were also concerned that unhealthy food items can be purchased with federal food support benefits, like SNAP/EBT.

Opinion is more divided over the availability of healthy items in several places where we work and live. 54% of Food Charter participants agree that there are inadequate healthy food options in their workplace cafeterias or vending machines; 46% disagree. 45% agree that hospitals and other healthcare facilities (like nursing homes) in their community do not offer adequate healthy options in their cafeteria or meals service; 55% disagree. 45% agree that many child care providers in their community don’t offer healthy snacks and meals; 55% disagree.

Geography and culture also influence the availability of healthy food options. Food Charter participants indicate that small towns and some urban neighborhoods lack grocery stores with an adequate variety of affordable, good quality; healthy options. In many cases, Food Charter participants report that people have to travel long distances or use time-consuming public transit to get to a grocery store with affordable, healthy choices. As a result, participants point to a reliance on corner stores and convenience stores to purchase foods
in these situations. Oftentimes, there are very few healthy options and an abundance of unhealthy options in these stores, according to participants. 62% agree that people with cultural, diet-related, or religious food preferences can have a hard time finding healthy foods that are familiar to them at stores, farmer markets, and food shelves in their community.

**There are complex reasons behind the lack of healthy food options in our communities.** Some Food Charter participants point to Minnesota’s short growing season and long winters as a factor that limits healthy food options and the overall supply of fresh fruits and vegetables. As a result, some participants suggest that the supply of fresh, healthy food raised at nearby farms is inadequate to meet the demand of larger institutions in many communities.

Access to farmers markets also appears to be an issue for some Food Charter participants. 20% indicate their community lacks a farmers market; 80% disagree. Despite the apparent prevalence of farmers markets in participant communities, several reported their farmers markets feature a limited variety of products and limited hours that don’t match the schedules of working people. 49% agree that products sold, hours and location of the farmers market that serves their communities do not adequately meet the community’s needs.

Furthermore, some participants point to food handling and food safety codes that make it challenging to prepare and serve healthy foods in certain settings like farmers markets or other community events.

**Healthy food for babies and children was also a concern for some Food Charter participants.** Communities do not do an adequate job of making it easy for nursing mothers to breastfeed their babies, suggest some participants. Others explained that schools and child care providers don’t have enough staff or money to purchase fresh fruits and vegetables. People also pointed to disparities in healthy food availability, indicating that higher income communities have better quality, more nutritious food in their schools than lower income communities.

**How can we solve the problem of food availability?**

Food Charter participants proposed numerous solutions that would help improve the availability of healthy food in Minnesota communities, many of which focused on important changes to policies, systems, and environments. Improving the availability of healthy options where people get food can reduce obesity and chronic disease, they suggest.

**Places that sell food should offer a larger and wider variety of healthy items.** Over 92% of participants agreed that local and regional agencies and organizations should work with existing stores to limit the amount of unhealthy options and improve the availability of affordable healthy food options, including foods familiar to many cultures. Participants
identified some of the places that people purchase food—grocery stores, corner and convenience stores, vending machines, fast food restaurants, airplanes, and community events—that would benefit from these types of partnerships. In order to make this easier, over 90% of Food Charter participants recommend that the food industry should provide more affordable, healthy and/or locally grown or produced food.

Other suggestions included increasing the variety of outlets in certain areas in Minnesota, like creating more farmers markets (including year-round markets), more stores offering healthy options, and more mobile markets/food trucks. 72% of Food Charter participants said it would be helpful for communities to develop policies or incentives to reduce the availability of unhealthy food options served by restaurants, convenience and corner stores, vending machines, and stores. Some Food Charter participants also recommended reducing the concentration and amount of fast food restaurants in suburban and rural communities. 79% of participants said it would be helpful for cities and community-based organizations to develop ‘healthy food guidelines’ that festivals and celebrations can use to reduce the amount of unhealthy options served at these events.

Institutions like schools, hospitals, worksites, and child care providers that serve food should also offer a larger and wider variety of healthy items, suggest many Food Charter participants. 94% indicated it would be helpful for hospitals and other healthcare facilities (like nursing homes) to improve availability of healthy food sold in their cafeterias and vending machines onsite. 93% of participants found it helpful for worksites to do the same. 95% indicated it would be helpful for schools to increase healthy food options and decrease unhealthy food items in school meals, vending machines, and concession stands. 95% said it would be helpful for organizations and agencies to work with child care providers to increase the amount of healthy food and decrease the amount of unhealthy food served for meals and snacks.

Other suggestions to improve availability of healthy food in institutional settings included establishing partnerships with local farmers and policies that encourage these institutions to buy and serve healthier items as ways to help fulfill this goal. 88% think it would be helpful for worksites to partner with local farmers markets or farms to provide ‘healthy food coupons’ or produce boxes delivered onsite for individual employees.

Healthy food also should be more available in hunger relief programs. Food Charter participants suggest connecting nearby farmers and grocers with food shelves and improving storage capacity of food shelves (e.g. refrigerators) would provide ways for food shelves and congregational dining programs to offer healthier options. 89% of participants said it would be helpful if communities partnered with food shelves and local stores to ensure that there are culturally specific healthy food options for members of diverse communities.
FOOD ACCESSIBILITY

An important dimension of healthy eating is the relative ease people have with getting to healthy food options. For many Minnesotans in rural, suburban, and urban communities, distance, weather, access to and cost of transportation options, and mobility are all critical issues that inhibit access to healthy food, suggest Food Charter participants.

What do people say about accessibility to healthy food?

Accessibility to healthy food disproportionately affects those who live in remote rural areas, are elderly, or do not have their own vehicle, report participants.

For people who use a bike or walk to get their food, safety and distance are concerns. In many communities, some Food Charter participants note, there are not enough safe options for people who walk or use a bicycle as their primary mode of transportation to get to places that offer healthy food. Just under one-third (32%) of participants indicate that people in their community are not able to walk or bike to get their food because it is unsafe. For some, places that offer healthy food options are too far from someone's home to bike or walk, suggest some Food Charter participants. According to some, in any Minnesota community the long winters mean temperatures can be too low to comfortably walk any distance and icy, snow-covered sidewalks, bike paths, and crosswalks can present safety issues.

Distances to stores and farmers markets are a challenge for people, particularly if they don’t have their own transportation, indicate some Food Charter participants. In rural and suburban communities, some participants report a lack of public transit options (including weekend bus schedules) and affordable transportation services. 40% agree that there aren’t stores selling healthy food close to where many people live in their community. While 60% of participants disagree, this difference in perspective may speak more to where they live rather than the actual extent of the problem. Participants also reveal that the distance many rural residents have to travel to get healthy food is costly in terms of gas money, even if they have their own car.

53% of Food Charter participants agree that people don’t have adequate access to transportation options like a car, bus, or ride to get to places that sell or provide healthy food; 47% disagree. This division of opinion may reflect the extent of participant familiarity with the issue of access to transportation for Minnesotans.

A variety of mobility issues can also inhibit access to healthy foods, report Food Charter participants. In many communities, there may not be adequate transportation, available motorized scooters, or food delivery options, reveal participants. For elderly people, using
public transportation or walking to purchase food can be a challenge because carrying food can be difficult, according to some; the same holds true for people with young children, where taking the bus or walking, managing a small child, and carrying food can be unwieldy. For people who have service dogs, some places that offer healthy foods will not permit them to bring their dogs, indicate some Food Charter respondents.

**How can we solve the problem of food accessibility?**

There are numerous solutions that could improve access to healthy foods for those who face mobility and proximity issues. Suggestions by Food Charter participants focused on infrastructure improvements at the community level, critical partnerships among key agencies, and establishment of important community amenities.

**Local communities should improve physical and transportation infrastructure to make it easier for people to get to places that provide healthy foods.** Food Charter participants recommend that cities should ensure there are sidewalks where people need them to reach places that offer healthy food. Over 92% agree that communities need to provide better and more affordable, widespread transportation systems, including public mass transit (buses and light rail) and public or non-profit ride services, as well as public, volunteer, and non-profit systems to coordinate private rides for people needing transportation.

**Accessibility to farmers markets is an important facet of community health.** Participants made several suggestions about how access to farmers markets can improve community health. Over 90% of participants recommended that communities without farmers markets should explore the possibility of starting one. In communities that already have a farmers market, over 92% of participants suggested that these markets should determine if its hours, location, food costs, and option of accepting SNAP/EBT benefits will increase access to healthy food for low-income community members. Some participants recommend that farmers markets should be easy to get to for low-income communities. They suggest that cities should carefully evaluate where to locate farmers markets, so that there is adequate access for the greatest number of community members like locating them on public transit lines during hours when there is bus service.

**Partnerships among public, private and non-profit partners can support innovative strategies that address the accessibility issue.** propose Food Charter participants. Options suggested by some participants included volunteer carpool networks and delivery of farm products at neighborhood drop sites. Over 92% agree that local and regional agencies and organizations should work with businesses to open food stores that sell affordable, healthy options in places where there are no stores. More than 90% agree that healthy food delivery services, especially ones that cater to seniors or people with no transportation, should be available and affordable and should offer food from farmers markets or local grocery stores.
FOOD SKILLS

A substantial majority of Food Charter participants identify a widespread lack of basic skills and knowledge associated with healthy eating, gardening, meal planning and selecting healthy food, food budgeting, cooking and food preservation (like freezing or canning), cultural traditions associated with food, as well as poor understanding of the overall food system. Many participants indicate this is true for individuals and institutions. This situation becomes even more challenging, when the issues of time and the widespread cultural value of convenience are factored in, according to respondents. Furthermore, some participants suggest there is conflicting and unreliable information about what constitutes ‘healthy food,’ constituting an added challenge.

What do people say about food skills?

When it comes food, many Food Charter participants suggest there is a specific skill-set needed by individuals in order to make healthy choices. Their characterization of this far-reaching food skills deficit involves many facets and factors.

A large number of children and adults lack a comprehensive skill set for how to plan and prepare healthy foods, including limited knowledge about quick and easy methods for preparing healthy food. 94% of Food Charter participants agree that people need to know more about how to cook, plan meals, create a food budget, and choose healthy options. Food preservation (canning, pickling, freezing) is a skill many people lack, say some participants.

Some participants indicate that this lack of skills means many adults are not modeling healthy eating behavior for their children or teaching them the food skills they need to make healthy eating choices. Better food skills will lead to better decisions about healthy eating, reveal some participants.

The roots of this problem are at home and at school, suggest Food Charter participants, where a diverse variety of food skills are no longer taught. 84% agree that most schools no longer teach students how to cook, plan meals, create a food budget, or choose healthy options. This issue is particularly important when it comes to young children, according to some participants. Some recommend that children learn food skills and develop a taste for healthy foods at a young age, arguing that people’s taste preferences are shaped at an early age, oftentimes by foods that are high in salt, sugar, and fat. These preferences make it hard for people to try new things and eat foods that are not highly processed, indicate some participants.

Understanding our food supply – all the components of what it takes for a society to have food – is also important, reveal Food Charter participants. Some suggest that people do not know enough about agriculture and the types and consequences of various approaches to
food production, food processing, the food industry, and the policies and regulations associated with these components.

**Having access to resources and equipment is also part of the food skills problem, suggest some Food Charter participants.** Sometimes people have food skills, but lack equipment – like pans or a stove – or have mobility issues that prevent them from being able to prepare their own food, according to some participants. 75% of participants agree that people need the equipment and utensils to prepare healthy, safe meals, like pots, pans, refrigerator or freezer. Others revealed that SNAP/EBT and WIC recipients may need to learn how to use their benefits and the ‘system’ to increase healthy food options available to them. As for gardening, 78% agree that people would like to grow their own food, but they don’t have land, time, equipment or know-how.

Time is also a resource, one that the vast majority of Food Charter participants indicated is in very short supply for many people. In fact, a lack of time was one of the primary factors identified by Food Charter participants that inhibit people from preparing and consuming healthy food. 87% of participants agree that people need more time to plan, shop for, and prepare healthy food items.

Finally, cultural traditions and knowledge around food play a key role in keeping people healthy, indicate Food Charter participants. 86% agree that people have lost their connection to healthy food traditions of their family or cultural background.

**The food skills deficit extends to institutions and the food industry, some participants shared.** According to them, there is not enough awareness about healthy eating, meal planning, and healthy food preparation in institutional foodservices. Some participants pointed to food companies as well, speaking to a need for education of decision-makers in food companies, so they better understand the impacts of the widespread availability of unhealthy, processed food on peoples’ health and well-being.

**How can we solve the problem of food skills?**

Food Charter participants proposed many solutions to address the widespread lack of food skills. From curricular content to new educational requirements to helping shape taste preferences for healthy food, respondents had numerous suggestions for policy and systems changes. More than 95% of respondents indicated that education programs targeting all ages should include content on healthy eating, including how to cook, plan meals, create a food budget, and choose healthy options.

**Certain skills and concepts will promote healthy eating and healthy behaviors, suggest Food Charter participants.**

Teaching food skills to people of all ages is critical, say participants. Including age-appropriate curricula (from early childhood through high school) to build skills in meal planning, cooking, gardening, canning, nutrition education, as well as food systems...
knowledge in school curricula would also be helpful, say 94% of Food Charter participants. Re-instituting statewide comprehensive ‘home economics’ or ‘family and consumer sciences’ requirements would be one way to accomplish this, suggested some. Community education courses, tip sheets distributed in stores and food shelves, cooking demonstrations at grocery stores and food shelves, samples of healthy food, or education through the SNAP/EBT program and at food shelves could improve adults’ skills in these areas as well, some participants revealed.

Some respondents proposed that shaping peoples’ taste preferences for healthy foods and willingness to try new foods is a critical component in healthy eating. Introducing healthy and new foods to children through their school foodservice is important so they can develop a taste for healthy foods.

Broadening the availability of learning opportunities associated with growing and preserving healthy food is also a priority for many Food Charter respondents. Gardening education should also be widely available in communities, suggest 94% of participants. Access to land for people interested in gardening should be widely available in all communities, as should the necessary equipment and supplies - so say over 94% of Food Charter respondents. Over 95% of Food Charter participants agreed that children in elementary and secondary schools should learn about agriculture, agricultural production, and how to garden through lessons during the school day and in after-school and summer programs. Education focused on how to store and preserve healthy food items for all ages, so people have better access to healthy foods during the winter months is a priority, they say.

All Minnesotans also need to understand the food system, and how agricultural practices and policies affect food cost, food availability, and the environment, say some participants. This information should be taught in schools and universities, and through public service announcements and community education classes, propose some.

**FOOD AFFORDABILITY**

The cost of healthy food was a significant concern to most Food Charter participants. Not only do they perceive that many healthy foods are costly, they also state that unhealthy options are oftentimes much more affordable than healthier alternatives. Food cost is only one facet of the issue; increasing poverty rates and low wages are the other side of the food affordability issue. Food Charter participants identified several key issues related to food affordability, as well as offering ideas for policy and systems changes that could address these issues.
What do people say about the affordability of food?

Many Food Charter participants suggested that cost is one of the most significant barriers to purchasing healthy food for many Minnesotans. Affordability works in a few different ways:

The cost of healthy food is a core part of the food affordability problem. Healthy items – like fresh fruits and vegetables or unprocessed meats – cost significantly more than unhealthy items, observe 78% of Food Charter participants. Whether at stores, restaurants, cafeterias, vending machines, farmers markets, or purchased through ‘community supported agriculture’ subscriptions, they suggest many healthy items are costly.

Numerous Food Charter participants also acknowledge that many people are interested in purchasing organically or sustainably grown foods – especially those raised by nearby farmers, but the costs of these foods are quite high relative to other options – for individuals and for institutions. 81% of participants agree that sustainably grown food is expensive. Opinion is split in nearly half among Food Charter participants, where 52% agree that food grown in Minnesota is expensive or hard to find.

Farmers markets are one venue where many people go to purchase healthy food, and 60% of Food Charter participants disagree with the notion that their Community’s farmers market is too expensive for people on a budget. 40% agree that their farmers market is too expensive for low-income customers.

While most agree that healthy food can be costly, many participants indicate that unhealthy food – defined by participants as highly processed with high levels of added sugars, salt, and fats – oftentimes costs far less than healthier items.

Others suggest that perception is part of the problem. People assume that healthy food is always more expensive, but that isn’t necessarily true. Most respondents think many consumers are unaware of how to eat healthfully on a budget; 85% of Food Charter participants agree that people are not aware of or familiar with low cost, healthy foods like brown rice or beans.

A lack of diversity in types of retail food options also contributes to the problem of food affordability, suggest participants. 83% agree that small grocery stores that offer high quality, healthy foods are rare in places with few people and/or high poverty rates. Some indicate that prices for healthy food items are higher at stores in many rural and mixed income urban communities than they are in higher income urban and suburban communities. Others also recount that large national competitors can undercut local stores and charge less for the foods they sell, putting locally grown healthy options sold by locally owned stores out of reach for many local buyers and creating an overall negative impact on local economies.

Limited acceptance of and enrollment in food support programs can make healthy food unaffordable, report some participants. Some respondents indicate that places people buy food – like stores or farmers markets – may not accept WIC or SNAP/EBT, making it hard for
low-income people to purchase healthy foods at these outlets. Some also share that many farmers markets lack financial incentive programs for SNAP/EBT users, putting the cost out of reach for low-income people. Income eligibility requirements of food shelves and federal food support programs can prevent many people from getting food they need. Turnaround time for getting approval to participate in these programs can also be too long, some participants say. Enrollment can also be an issue, suggest participants; some who are eligible for food support programs (like senior citizens) may not want to apply for food assistance programs or benefits, meaning they have fewer resources to purchase healthy food.

**How can we solve the problem of food affordability?**

Food costs, combined with low wages, make access to healthy food very challenging for a lot of Minnesotans, report Food Charter participants. They have offered many ideas to improve systems and policies to address the issue of food affordability.

**Instituting changes that can reduce the cost of healthy foods for individuals are an important step,** suggest Food Charter participants. 83% of participants believe that incentives like “market bucks,” that increase consumer purchasing power for healthy foods at farmers markets can help. A similar approach at food stores would also be helpful, say some participants. 93% say that increasing the number of farmers markets and stores that accept SNAP/EBT will also be helpful. While some participants expressed the need for reducing the cost of sustainably and organically grown items, they did not identify a clear strategy for how to do so.

Food Charter participants also suggest that increasing the cost of unhealthy foods can encourage consumers to purchase healthier options.

**Providing incentives for retailers and institutions can also help reduce the cost of healthy food,** say participants. 96% indicate that it would be helpful if institutions with foodservices (like schools and hospitals) purchased and served more healthy options grown by nearby farmers. Providing reimbursements to schools to support these food purchases would be useful, suggest some. Schools should provide longer school lunch periods and hold recess before lunch, propose some participants. Some also suggest the establishment of programs and policies that enable and encourage schools to have greater purchasing power so they can buy healthier options for school lunches, concessions, vending machines, and fundraisers.

Developing an incentive program for food retailers to offer a greater variety of high quality, affordable healthy foods, will also help indicated some participants, but they did not offer details on what this effort might look like.
Hunger relief agencies need extra assistance to be able to offer healthier items to program participants, suggest Food Charter participants. 96% agreed it would be helpful for programs that provide free and low-cost food to collaborate with interested partners to increase the amount of healthy foods available to program participants.

Increasing wages will go a long way in addressing the affordability of healthy food. Some Food Charter participants advocated for increasing the wages of producers of healthy food. Others recommended that the state should increase the minimum wage.

**FOOD INFRASTRUCTURE**

The infrastructure for Minnesota’s food supply has many facets, from agriculture to processing to transporting and delivering food – and the policies and systems that support these components. There are several dimensions of our food infrastructure that present barriers to healthy food access. Food Charter participants described these barriers and identified solutions for how to minimize them.

**What do people say about Minnesota’s food infrastructure?**

The current design of our food supply, combined with the structure of our economic and political systems, means that large, private interests have far more influence on decision-making around food and agriculture than communities and individuals do, suggest many Food Charter participants. Their priorities may not necessarily reflect the needs and interests of regular people, and some participants think that needs to change. On the private sector side, some participants agree there is too much consolidation in food and agriculture-related industries and suggest this also needs to change. On the public side, 80% of respondents agree that federal agriculture and nutrition policies do not reflect the needs and interests of a broad range of people, and 75% agree that we have too little say in what our community’s food environment looks like.

Many participants agree that state and federal policies about food and agriculture do not do enough to encourage healthy food access and the systems that support this access. In fact, participants indicate, sometimes these policies - nutrition and agriculture-related - inhibit access to affordable healthy food and encourage widespread availability of inexpensive, unhealthy food.

At present, the University is too influenced by large agricultural and food industry interests, according to some Food Charter participants. They suggest there is not enough public support and investment in alternative, diversified agriculture and healthy eating research. The University of Minnesota needs a greater range of influences on the educational,
outreach and research agendas and a much greater public investment in these programs, some participants propose.

Food marketing unduly influences peoples’ tastes and food purchases, suggest some participants. It is particularly harmful for children, as a lot of unhealthy food is marketed to children, some indicate.

**There is no where near enough supportive policy and programs for farmers of all sizes to grow healthy food for nearby communities and for entrepreneurs to develop the infrastructure needed to process and distribute this food at a regional scale**, indicate many Food Charter participants. 62% of participants agree that not enough farmers in their region grow food intended for nearby consumption. 92% agree that federal agriculture policies should make it easier and more affordable for farmers to grow a variety of healthy foods for consumers in their own region. 71% agree that for farmers interested in growing and selling healthy food within their region, there isn’t adequate infrastructure for harvesting, processing, storing, and distributing it.

Some report that growing healthy food for nearby communities involves a lot of financial risk for farmers, who have limited access to capital or financing, high equipment and labor costs, unaffordable health insurance, hard work, and low rates of return for small and medium sized family farms. 84% agree that the pay, benefits, and conditions for farmers and people who work in agriculture-related jobs are a concern. 75% agree that the cost of land and equipment is too high for farmers interested in growing healthy food items for local markets. Furthermore, some participants suggest that long-range economic development and planning by key agencies do not do enough to encourage the growth of small and medium sized food and agricultural enterprises.

Farmland access and farmland preservation are other inter-related dimensions of this issue, suggest some Food Charter participants. Some indicate that farmers who would like to grow healthy food for nearby communities and institutions lack adequate access to farmland, as do growers in urban communities. Opinions among participants vary on the availability of farmland in their region for farmers would like to produce fruits, vegetables, dairy, meats, and other food products for local markets: 41% agree and 59% disagree that there is not enough available farmland for these farmers.

**We need to create ways to extend the growing season in Minnesota**, say Food Charter participants. Some indicate that given the short growing season, we need greater public and private investment in season extension technologies and farming systems.

**People have strong opinions about the impacts of practices and technologies used to grow and process our food.** 84% of Food Charter participants agree that there is too much
reliance on chemicals, antibiotics, genetically modified organisms, and hormones in farming. 73% of them agree that current farming practices do not adequately protect soil, air, animals, and water. 89% of Food Charter participants agree that consumers don’t adequately understand what it takes to create a healthy, safe, consistent food supply for a large population. 76% agree that consumers don’t adequately understand just how environmentally safe agricultural production is.

**Regulations pose a variety of challenges across our food supply and need some adjustments to support access to healthy food for consumers**, according to Food Charter participants. 58% agree that there are too many regulations that farmers are required to comply with to make their operations efficient, productive, and profitable. Some also report that food safety regulations and related enforcement for on-farm processing and food preparation/sampling create substantial challenges. Zoning regulations in many communities also present obstacles for growers of many scales, suggest participants.

Food labeling regulations are another issue some Food Charter participants feel passionately about. Some say that consumers have the right to know how their food is produced. Others support the establishment of regulations that require food containing genetically modified organisms labeled for the consumer.

**Agricultural surplus presents challenges and opportunities to improve healthy food access**, suggest some Food Charter respondents. A lot of healthy food – like fresh fruits and vegetables – grown by Minnesota farmers goes unused and could be distributed for processing into other products and sold to interested buyers like institutions and individuals, say some participants. However, some observe that fresh fruits and vegetables spoil quickly, making it difficult for consumers, retailers and organizations (like food shelves) to offer a reliable supply of healthy food.

**How can we solve the problem of inadequate food infrastructure?**

Food Charter participants identified numerous and complex challenges in the infrastructure of our food supply. In fact, 71% of Food Charter participants agree that improving their community’s food will take a lot of work and seems overwhelming. Nonetheless, they also shared important ideas for how to solve these issues.

**We need more supportive policy and programs for farmers of all sizes to grow healthy food for nearby communities**, say participants. Several speak to the long-term goal of increasing the overall number of farmers and small and medium sized farms serving local markets for Minnesota. Some suggest the formation of responsive agricultural policy that provides more subsidies for smaller farms and farms that produce fruits and vegetables, while reducing subsidies for commodity crops. 92% said it would be helpful to create economic development initiatives and farmer risk management policy and programs that incentivize...
farmers to grow and sell healthy food to individual and institutional customers in their region. Others propose the Farm Bill provide incentives to farmers for the use of sustainable and organic food production methods. Policies and programs should be developed that improve storage and equipment options for farmers growing healthy food for nearby communities and an improvement in access to capital and financing, suggest several participants.

Some participants recognized the role of Minnesota’s land grant universities, suggesting state and federal funding for research into sustainable agricultural practices, other effective agricultural production methods, and the impact of genetically modified organisms on human, animal and landscape health. Some proposed funding to improve and expand educational and training resources for new food producers and small farmers provided by University of Minnesota Extension.

Farmland access is another issue that could be addressed through policy, indicate participants. 86% believe it would be helpful if policies and programs were developed to provide permanent access to affordable farmland and equipment for farmers who would like to produce food crops and other products intended for consumption in the same region. 81% think policies and programs that would provide permanent access to affordable farmland and equipment for farmers who would like to produce food crops and other products intended for consumption in the same region would be helpful.

Fair wages and benefits are also issues faced by farmers and workers in the food system. 91% of Food Charter participants indicated it would be helpful to implement policies, programs and research that addressed fair wages and benefits and the safety of farmers and other workers in agriculture and food-related industries.

Revisions to regulations can also strengthen local and regional production of healthy foods. Smaller farms and those farms that grow produce for local consumption should have fewer restrictions on land use, say some participants. Some also suggest that food safety and inspection codes, regulations and their enforcement should be clear and consistent across the state, for inspectors, decision-makers and stakeholders involved with farmers markets and foodservice at community events.

Policies and investments that develop the infrastructure and networks needed to process and distribute this food at a regional scale are also of interest to Food Charter participants (including meat processing plants and food aggregation and distribution facilities). 87% said it would be helpful to have more public funding to create and sustain healthy food environments in communities, regions and states—from growing food to eating food and everything in between. 93% stated that policies and programs to establish an infrastructure capable of harvesting, processing, storing and distributing healthy food grown within and for a region will be helpful. Some participants propose that the Farm Bill support the development of local distribution infrastructure and lower-cost healthy foods. Investments to develop technology to reduce food waste were also raised as an option.
Policies and programs should be established that strengthen community food assets like community gardens, seed banks, community kitchens, and community-supported agriculture farms, say some Food Charter participants.

On the retail side, policies and programs that provide funding for local food coops, farmers markets, innovation in retail food stores to increase healthy food sales, and expansion of healthy food retail in low-income communities were also suggested by some respondents.

**Changes in nutrition policy are critical to improving access to healthy food, suggest some Food Charter participants.** Nutrition policy at federal, state and local levels should restrict the availability of sugar sweetened beverages and 'junk food' in schools, childcare centers and hospitals. Policies at all levels should require these institutions to increase the amount of healthy food in these settings, suggested some respondents. Some participants also proposed that sugar-sweetened beverages and other unhealthy, processed foods be taxed at higher rates than healthy foods. Others also suggested that those who receive government food support should only be able to purchase healthy foods with this benefit. Federal policy should regulate the marketing of unhealthy foods and beverages to children, said some. Some participants also endorsed state policy that would mandate labeling of foods that contained genetically modified organisms.

Nutrition policy can play an important role in regulating food marketing of unhealthy foods and promoting the appeal and benefits of healthy foods, suggest some participants. Large-scale investment in food marketing and public awareness campaigns to make healthy eating and healthy food attractive to consumers, including social media and other related technologies and healthy food demonstrations and displays, were proposed by some respondents.

**CULTURAL ISSUES**

Many Food Charter participants described cultural factors that contribute to issues with healthy food access. Widespread cultural values and habits are part of the problem, according to some.

**How do cultural attitudes and habits influence access to healthy food and healthy eating behaviors?**

When it comes to healthy food access, many Food Charter participants identify several cultural components at play.

**The value of convenience to busy people and their families is important**, report many participants, who perceive that people are pressed for time and have to fit eating and family mealtimes into busy schedules, a result of the demands of family and work. Some suggest people simply do not have enough time and resources – or they think they don’t have the
time - to plan, shop, prepare, serve and grow healthy whole foods from scratch. The result – participants describe - can be an over-reliance on processed, convenience foods that are unhealthy and an under-consumption of healthy foods like fresh fruits and vegetables. It also means families are not sharing meals together as often as they used to, indicate some participants. In some cases, respondents suggest, people do not make healthy eating a priority, which impacts their food choices.

Social stigmas are a part of this puzzle, influencing the way people think about healthy eating. Food Charter participants identified several related to healthy food access, like negative associations with poverty, obesity, single parent households, participation in federal food support programs, charitable food program use, educational attainment, race and ethnicity. These stigmas, participants suggest, impact the types of policies we support and the choices that individuals might make. These stigmas can also shape public perception that obesity and related disease result from unhealthy individual choices, rather than a broader issue of unhealthy food environments.

Some Food Charter respondents also describe how attitudes can shape peoples’ perspectives on healthy eating, listing issues like the sense that healthy eating behaviors are elitist, low-income people don’t care about healthy eating, and that food purchased directly from farms or farmers markets is dirty. Some participants pointed to peer pressure or social pressure as an influence on individual’s food choices.

Cultural messages and priorities also drive eating behaviors, suggest some participants. Some cultural practices described by Food Charter participants explain individual food choices. Unhealthy food is used as a reward, indicates one participant. Others describe cultural and generational differences around what is ‘good to eat’ and connections between food and health. Distance from one’s culture and food traditions makes eating healthy harder, explain some participants. The frequency of eating disorders and its connection to a healthy diet were also raised as a factor by some participants.

Other messages and modeling healthy behaviors also present challenges, according to some participants. They point to mixed messages about healthy and unhealthy eating from the media, including frequently shifting recommendations on what constitutes a healthy diet, widespread marketing of unhealthy foods as linked to fun, and the perception by many that we live in a ‘fast food’ culture. Furthermore, marketing and messaging around food oftentimes does is not responsive to cultural difference, emphasizing dominant culture norms, preferences, and behaviors which therefore limits its impact.

Modeling healthy eating behaviors is also something participants addressed. Whether it’s modeling unhealthy eating behaviors in the household, or modeling unhealthy organizational behaviors (e.g. worksites with many unhealthy choices and no stated organizational commitment to healthy eating), behavioral modeling and norms are core to healthy eating.
Knowledge and skills around how to improve access to healthy food can also be barriers. Some participants expressed concern that there is too much disinterest in increasing access to healthy food among the populace, while others pointed to poor habits and attitudes about healthy eating and low consumer demand for healthy foods at stores. Some pointed to limited motivation for change by consumers, combined with a fear of change and the issue of entrenched habits around the current food system and consumer behaviors. Others spoke to a sense of powerlessness at changing large, entrenched systems as a significant cultural factor.

**How can we address these cultural challenges?**

Changing attitudes and behaviors can be very challenging. Food Charter participants were asked to suggest some approaches to shifting cultural attitudes. Some proposed the importance of mobilizing communities to influence policies that increase access to healthy food. Others indicated that as a society, we need to encourage a culture of food appreciation, where we value and sustain cultural traditions and take the time to prepare food.

Changing perceptions was a popular strategy. Specific strategies suggested by participants included changing public perceptions about healthy eating behaviors and healthy food environments through effective communications and messaging. This type of communications campaign can have numerous impacts, indicate participants, including changing perceptions about time and convenience of preparing healthy foods, empowering communities to galvanize positive change, enhancing cultural values around the importance of healthy food and healthy food systems, and heightening peoples’ appreciation around the full impact on our health and the food system of the widespread cultural value of inexpensive food.

Many also suggested undertaking effective, widespread efforts to encourage family meal time, food preparation at home, and increasing production of food in local communities.

**STRUCTURAL ISSUES**

Structural issues like a low minimum wage, wealth disparities, and institutional racism play important roles in the extent to which individuals, communities, and cultural groups have access to healthy food, suggest Food Charter participants. The major systems in our society are deeply entrenched, and it is challenging for grassroots communities to make the changes they feel are needed.

**What are structural issues that contribute to a lack of healthy food access?**
New immigrants experience an array of challenges that inhibit their access to healthy food, report some Food Charter participants. Language barriers, unfamiliarity with a new culture, lack of education, and low wages are some of the factors identified by participants.

Discrimination and lack of access to education and opportunity directly affect peoples’ ability to obtain healthy food, report some Food Charter participants. Some identified ways in which discrimination impacts people - what kind of jobs, education and training are accessible; what types of food and food stores are nearby; and what concerns most impact people and their communities. Lack of access to affordable technical and post-secondary education and training means that the low-wage jobs people can get don’t provide them with the money they need to purchase healthy food. Decreasing the stigma of poverty and using federal food support programs will increase enrollment in SNAP/EBT and provide more people who need financial help to purchase healthy food with the resources they need.

Public safety in communities can affect people’s ability to engage in growing food, say some participants. Some communities have serious issues with public safety – like crime and violence, making it difficult for community members to participate in activities like gardening.

Healthcare practice should do a better job of incorporating nutrition and a healthy diet, suggest some Food Charter respondents. Poor diet contributes to healthcare costs – for individuals and for society, some state.

Lack of influence on decision-making and public priorities by stakeholders and the public are major concerns of some participants. Several expressed concern about the extent of private industry’s influence on policy and the design of the US food system, including their involvement in the Farm Bill.

Some also pointed to the economic models that drive the design of the US food system and associated policies, as well as the collective hesitation at state and federal levels to spend more significant resources up front for long-term gains in public health, economic growth, and healthcare savings.

Other participants also pointed to mixed sentiment over the role of government and the public sector in strengthening peoples’ access to healthy food and reducing peoples’ access to unhealthy options.

How can we solve these structural issues?

Food Charter participants proposed some ideas for addressing these structural issues. Some recommended a greater cultural, age and economic diversity in representatives making policy decisions. Many indicated that the engagement of elected officials in supporting policies that encourage healthy eating, healthy food environments, and healthy
food infrastructure was critical to creating structural change. Further learning and political engagement around structural racism, systemic bias, and fostering peoples’ understanding of how these factors influence systems was also encouraged. Others suggested that people should have greater financial and educational support when they move from ‘welfare’ to work, so that people can afford to make healthy food choices. Some also suggested leveling the policy ‘playing field’ so that larger food and agriculture interests do not have more influence than those organizations representing grassroots interests. Finally, several participants suggested a shift in economic policy that would not only improve wages of many food and farm-related workers, but would also distribute wealth across the population in a more equitable way.

Conclusion

Food Charter participants convey concern about a variety of factors that contribute to healthy food access, specifically cost, time, skills, policies, resource distribution, influence over decision-making, transportation, and social and cultural issues. Suggestions to address these concerns include a wide variety of approaches, spanning many domains from field to table.

They strongly agree that education to improve food skills is important, as is the availability of healthy foods in stores, hunger relief programs, and institutions. They suggest that in order to achieve these goals, policies addressing agriculture, nutrition, zoning and land use, economic development, wages, and taxes are ripe for change. Individuals, schools, worksites, and other institutions need to be part of the solution. However, for real change to occur, government bodies need to create policy and related investments to facilitate these changes. This will ultimately create a culture and environment that encourages and supports healthy food access for all Minnesotans.

As Minnesotans consider the barriers and potential solutions to improve healthy food access for all, the picture that emerges is very complex. Participants generally agree that too many people make individual choices that do not support their health. As a society, we don’t cook enough; lack skills to plan, prepare and eat healthy foods; and consume too many unhealthy choices.

But the reasons for this reality also reveal some bigger, more systemic challenges. Healthy food can be expensive, and there is too often a wage gap that makes it impossible for many to cover the cost of healthy food and other day to day living expenses and necessities. So for many people on limited incomes, purchasing healthy food and having adequate transportation to get this food present real challenges. Furthermore, the systems that used to be in place – in schools and homes – to educate people on how to grow, select, plan and prepare healthy foods are no longer there. Food environments have changed substantially
too: unhealthy, highly processed foods are easy to get and very affordable, which compounds the problem. Our educational and cultural resources, combined with current design of our food environment, create a ‘perfect storm’ in terms of healthy food access.

That so many people lack the resources—time, money, knowledge and transportation—to obtain and prepare healthy food reflects a larger structural problem that has roots in policy, the design of our food system, and disagreement in our culture about what kind of food system we want. Many people would like a food system that features a wide variety of affordable, healthy items that are responsive to season, culture, and geography. They would like this food to be easy to get and afford, and reflect their values around agricultural production, processing technologies, and community well-being. People would like a more robust local food system—more gardens, more farmers markets, more local stores, and stronger food traditions. They would also like to have access to more food that is grown locally and/or with sustainable production practices, with minimal processing, chemical inputs, and genetic technologies. They want their food supply to be safe, with the ability to know where their food comes from, how it was grown, and what it is. They would also like to see more supportive policies, resources, and capital available to farmers interested in growing this kind of food.

Many feel that decisions around policy, investments, and research related to food production, processing, and eating are in the hands of too few—a concentrated group of powerful interests that do not necessarily reflect the diversity and best interests of the state or its residents. Yet people also acknowledge that many do not understand what it takes to produce, process, and distribute affordable, safe, healthy food to a large population. This tension speaks to the need to find common ground, carve a path that reflects the expertise and interests of diverse stakeholders, and provides a balance at multiple scales of ways and means to grow, distribute, obtain, and prepare foods that support the health and well-being of our diverse communities. Our future depends on it.