Minnesota Food Charter Setting Specific Findings Report

Because Minnesotans consume as much as two-thirds of their daily food intake within the places they work, play and learn, a substantial focus of the Minnesota Food Charter was to analyze the challenges and opportunities within these settings to improve healthy food access. This report is a synthesis of Food Charter input from people knowledgeable about food environments in these specific settings, including schools, child care, healthcare, worksites and communities (including retail food environments and the emergency food system). The results of these interviews, listening sessions, and setting-specific Food Charter Events provide a portrait of systemic challenges related to healthy food access in the institutions where most Minnesotans work, live, learn, and play.

BACKGROUND

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 effort 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 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 document will be developed in 2014, through an analysis of the evidence base, best practices to improve healthy food access, and findings from a robust public input process. 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.

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.
5 additional documents will be developed as part of the Minnesota Food Charter initiative. These leader guides will describe specific barriers and recommended strategies for how to increase access to healthy food in institutions where most Minnesotans learn, play, live, and work, like schools, child care and healthcare settings, communities, and worksites. Food Charter Leader Guides for schools will be completed in 2014. Work will commence on leader guides for schools and communities in 2014, with their completion in 2015. Leader guides for healthcare and child care settings will be completed by the close of 2016.

**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 nearly 150 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)

- 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. People interested in convening Food Charter Events had the option of hosting a ‘general input session’ or one that focused on one of five specific settings (including schools, childcare and healthcare settings, worksites, and communities), with materials and resources specific to the particular event.

Additional listening sessions and key informant interviews were also convened during this feedback phase to solicit specific expertise from practitioners who were knowledgeable about the five settings.

This report provides a summary of findings from Minnesota Food Charter Events, listening sessions, and focus groups that provided feedback specific to five institutional settings: schools, healthcare and childcare settings, communities and worksites.

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 nearly 150 ‘general input’ Food Charter Events. Information generated from all these feedback processes will inform the Food Charter document and the five setting-specific Leader Guides focusing on policy and systems changes to improve healthy food access in child care, 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.

<table>
<thead>
<tr>
<th>Region Represented</th>
<th>Total Events in Each Region</th>
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<tbody>
<tr>
<td>Northwest</td>
<td>12</td>
</tr>
<tr>
<td>Northeast</td>
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<tr>
<td>Southwest</td>
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<tr>
<td>Southeast</td>
<td>8</td>
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<tr>
<td>Metro</td>
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<td>Central</td>
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<td>Statewide</td>
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<table>
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<tr>
<th>Setting</th>
<th>Total Setting-Specific Events</th>
<th>Total Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care</td>
<td>8</td>
<td>39</td>
</tr>
<tr>
<td>Community</td>
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<td>230</td>
</tr>
<tr>
<td>Healthcare</td>
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<td>21</td>
</tr>
<tr>
<td>Schools</td>
<td>12</td>
<td>184</td>
</tr>
<tr>
<td>Worksite</td>
<td>5</td>
<td>67</td>
</tr>
</tbody>
</table>

More Food Charter-related events are occurring in late 2013 to gather additional insights from new immigrant farmers and food entrepreneurs, agricultural workers, agricultural

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2 Food Charter Event hosts self-selected their region during the online registration process and these numbers represent that.
scientists, tribal communities, and rural farmers affiliated with statewide agricultural interest
groups.

Format of Minnesota Food Charter Events

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, with a focus on a specific setting. 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. For setting-specific Food Charter Events, participants received a worksheet that
included close- and open-ended questions specific to that particular setting.

Worksheets and discussions at all Food Charter Events included identification of and
conversations about barriers and strategies related to healthy food access. The worksheet
was aimed at measuring perceptions of the importance and relevance of these issues within
the particular setting. The worksheets were divided into five categories – Food Skills, Food
Accessibility, Food Availability, Food Affordability, and Food Infrastructure, with questions
that asked about the extent to which certain barriers and strategies in these categories were
recognized by respondents. All feedback from Food Charter Events 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 setting-specific Food Charter events and online individual input
were 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.

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. More specific comments were then coded into
secondary and tertiary themes within each primary theme and then analyzed for particular
topics like ‘gardening’ or ‘institutional policies’ or ‘guidelines.’
School Setting Findings

This section offers a synthesis of feedback from individuals who are knowledgeable about healthy food access in school settings. The results of these interviews, listening sessions, and school-specific Food Charter Events provide a portrait of systemic challenges related to healthy food access in school settings. The most popular solutions focus on a combination of training, guidelines, partnership and engagement, funding increases, curriculum development, and assessment tools.

Background

Residents of Minnesota have reason to be concerned about children’s health and related implications for the future. Over the past twenty-five years, rates of obesity and overweight for children of all ages in the US have tripled. Depending upon their age approximately ten percent of children and youth in Minnesota are obese or overweight, which has also contributed to an increase in related diseases like type 2 diabetes, once only seen in adults. This issue raises long-term concerns about the future health status of Minnesotans and economic impacts that result, such as increased healthcare costs, worker absenteeism, and quality of life.

For all of us, obesity and related chronic diseases are closely tied to how easy it is to obtain affordable, healthy food³. And for those concerned about Minnesota’s children and their health, exploring where schools fit into the equation is a key piece of the puzzle. Minnesota Food Charter participants point to two key needs relative to schools, children, and youth: school food environments and acquisition of food skills. Since children spend so much of their time in school settings – during the school day, after school, at school events, and at summer programs - having adequate access to healthy food in school environments is critical.

Fast Facts about Childhood Obesity, Healthy Food Access, and School Food Environments in Minnesota

- In 2012, the food insecurity rate among children under 18 in Minnesota was 16.7% or 212,050 children.
- 14% of 2 – 4 year olds are obese who are members of low-income families in Minnesota. 14% of 10 – 17 year olds are obese in Minnesota.
- 14.6% of Minnesota’s children live in poverty.
- Poverty and its impacts on health and food security are felt much more acutely by communities of color in Minnesota, adversely affecting children in these communities. Statewide, poverty rates for communities of color range from nearly twice to four times that of their white counterparts.
- In Minnesota, more than two-thirds of students eat school-cooked meals, according to the state Education Department. About 29 percent of the state’s schoolchildren qualify for free or reduced-priced meals.
- 71% of Minnesota schools participate in Farm to School programs, according to the USDA (2011 – 2012 school year).
- Between 1989 and 2011, obesity rates among Minnesota’s children and youth went from 8.7% to 12.6%. These rates peaked in 2002 above 13% and are slowly declining.
- Changes in federal guidelines, combined with investments by the Minnesota legislature, have substantially improved school food environments in recent years, including an increase and funding, equipment and training for school foodservice staff, school districts, and their vendors. Children now eat substantially more whole grains, fresh fruits and vegetables, and other foods cooked from scratch at school. They also have less access to unhealthy items sold at school concessions, in vending machines, and as part of school fundraisers and a la carte options.

Context

The majority of children in Minnesota spend at least some of their time in a school setting, which means they may regularly eat meals or snacks at school. Food served at school comes from a variety of sources. It may be prepared onsite by a foodservice worker who may

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be employed by the school district or a foodservice or catering company. It may be provided by an instructor, or it may be sent from home by a family member or guardian. Food may be purchased from a vending machine, a concession stand, a snack cart, school fundraisers or may be served as a birthday treat or celebration. Because so many children in Minnesota consume food provided by schools, it’s important to examine the barriers and solutions surrounding healthy food access for Minnesota’s schools.

School Setting Food Charter Input

Feedback from school participants focused on healthy food access in schools came from several sources: individual interviews, listening sessions, Food Charter Events that used a worksheet specific to school food environments, and Food Charter Events that included some questions relevant to school food environments. There were 12 Food Charter Events focused on healthy food access in schools, and 127 Food Charter Events that included some questions on school food environments. A total of fourteen people participated in a Twin Cities-based listening session focused on encouraging healthy school environments. Eight interviews focused on school food environments occurred across the state.

<table>
<thead>
<tr>
<th>Location</th>
<th>Metro</th>
<th>Metro Interviews</th>
<th>International Falls</th>
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<tbody>
<tr>
<td># Participants</td>
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<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Description</td>
<td>Nutrition Services Director for a suburban school district (3), Public Health Law Center representative, School health consultant, Minnesota Department of Education Nutrition Services</td>
<td>Nutrition Services Director for an urban district (2), Farm to Institution consultant, School health consultant, Elementary Principal in a suburban school district</td>
<td>Nutrition services director in a rural school district (3), High School Principal of a rural school district</td>
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School Setting Food Charter Findings

Minnesota Food Charter participants were asked to consider healthy food access in the context of school and identified several important facets of this issue:

- Schools are food environments with several affected stakeholders groups, including district and school administrators, parents, students, and foodservice professionals
- As food environments, schools offer food in many contexts – snacks, breakfast and lunch, vending machines and a la carte options, concession sales, celebrations, fundraisers and others
• School food is not only available during the school day, but also at school performances and athletic events, community education, after-school and summer enrichment programs

• Schools can be learning environments about many aspects of food in formal and informal ways for students and the professionals who work with them

These dimensions informed participants’ observations about the barriers to healthy food access and the strategies to improve access to healthy food in schools. They responded with ideas for professional development and training of key staff, shifts in state standards and related curriculum, implementation of policies that improve healthy food access on school grounds, and engagement of key stakeholders in developing and sustaining suggested solutions.

Food Charter participants described several constraints that influence healthy food access in schools. Due to federal and state education policies, schools are forced to focus on test scores not healthy foods. Low engagement of families in schools, combined with schools’ inability to control what foods students bring from home, compound this problem. Some participants also pointed to a lack of common definition by community members about what constitutes healthy food. Furthermore, some participants observed that schools are under intense pressure to fulfill many roles in a community, and they cannot be the only institution that makes healthy eating a priority.

When asked what the ideal school food environment would look like, respondents from rural and urban communities alike suggested that school foodservice programs would serve fresh, whole foods, featuring abundant, locally sourced products where many more students would eat school lunch. But, a food environment is a complex place, and there are many factors that challenge schools to offer healthy foods to their students, from budgets to facilities to curriculum to behavioral norms to policies.

Food Affordability

People participating in the Minnesota Food Charter public input process frequently point to the cost of healthy food as a core issue when it comes to healthy food access. Schools are no exception.

**Barriers** – There was disagreement among school setting participants about the extent to which cost is a factor: 50% agree that fresh, healthy food is expensive, putting many healthy options out of reach for school foodservices. 50% disagreed. Some school foodservice directors pointed to challenges involved in offering far more healthy options and far fewer unhealthy options at school. Many school foodservices must generate revenue to sustain the school meal program; schools near restaurants face competition for student dollars, so
feel pressure to sell foods students will buy. Yet, only 43% of participants agreed that removing unhealthy options for sale (like vending machines and school fundraisers) would reduce much needed revenue. 57% disagreed. Some participants expressed concern about the issue of ‘charge backs,’ money from foodservice budgets going to the school’s general fund to cover things like water and electricity. Some participants said that in many cases schools are overcharging meal programs for these services.

**Solutions** - Some participants suggested that decision-makers spend a day in a school to better understand the challenges and costs experienced by school foodservices. Others emphasized the connection between healthy food and student academic performance, calling on policymakers to support schools financially so that they can promote healthy foods.

Increasing school foodservice budgets so schools are able to purchase and prepare healthy, local food and provide adequate training and staff to cook food from scratch was also recommended by participants.

**Food Availability**

Increasing the availability of healthy food options in schools has been a focus across Minnesota for the last several years. Federal policy changes, combined with state-level support, have resulted in substantial shifts in school food environments. Widespread creativity, engagement and commitment from school districts and supportive partners have already improved healthy food access. Some participants have observed a lot of energy and conversations about healthy school environments underway that should continue.

Opinion was divided among participants about the availability of healthy food in Minnesota schools. 58% concur that schools offer too many unhealthy food options and not enough healthy food options, including the cafeteria, classroom, concession stands, vending machines, and fundraising activities. Slightly over 40% disagreed. Some participants suggested that schools should only serve and promote healthy items and avoid promoting unhealthy foods through a la carte items and concessions. Many participants suggested schools need to say they will only provide healthy items and enforce that decision.

Leadership can be an issue in some cases, as is adequacy of funding. 76% of respondents agreed that in some cases key leaders (like school administrators and staff) do not identify improving school food environments as a priority or even oppose efforts to improve school food environments. Yet, when the leadership demonstrates commitment, 74% of participants agree that there isn’t enough funding to coordinate, communicate, plan and implement substantial, lasting changes to school food environments.
**Barriers** – From an implementation standpoint, participants identified several barriers to making healthy food more available in school settings. Broad-based, wide-ranging support for school programs is needed, including more financial resources, and engagement from parents and administration, suggest some participants. Parental support for creating healthy school food environments is critical; 69% of participants agree that in some cases, parents resist changing school policies and practices that would reduce the availability of unhealthy foods at or during school. Furthermore, 88% of participants agreed that sometimes policies intended to improve the school food environment are created, but are unclear or lack a means to enforce them. 87% of respondents agreed that there can be a lack of communication or coordination of effort to carry out efforts to improve the school food environment.

Another problem, indicate some participants, is the use of unhealthy foods as rewards for students or for school fundraisers. Unhealthy foods in vending machines and concession stands also present problems, suggest some. Some participants suggested that school wellness committees and wellness policies associated with healthy eating need to be strengthened and enforced.

As for students, some participants pointed to the lack of time students have to get their food, sit down, and eat lunch. Participants mentioned that short lunch periods not only make it difficult for students to eat, they also contribute to food waste. One participant also expressed concern about new federally-mandated calorie limits were leaving kids hungry and hurting the program.

**Solutions** – Participants pointed to recent accomplishments to make healthy food more available in Minnesota schools. In fact, many participants indicated that foodservice programs at their schools were working well and serving healthy foods. Sourcing locally grown foods from nearby farmers has dramatically increased statewide. Many schools have started gardens. Schools across Minnesota have increased the amount of healthy foods (like fresh fruits and vegetables) served at school meals were listed as examples. Some participants mentioned recent federal changes to the school food program in the Healthy Hunger Free Kids Act were beneficial and should not be changed. These types of activities will encourage children to adjust and appreciate new, healthy options, suggested some participants.

Yet more can be done. Many participants identified school-based and district-wide wellness committees as an effective strategy for changing school food environments. Respondents indicate that there is strength in numbers: wellness committees that include teachers, paraprofessionals, school nursing staff, and students are integral to making lasting changes in schools. Some suggested that schools and school districts need to be held accountable for implementing and enforcing the wellness policies they pass. From a policy standpoint,
some participants recommended that school wellness councils should be expanded, and the state should provide training and assistance so these wellness councils are successful.

Do staff have time to participate in these types of committees? Opinion was divided among participants. 35% agreed that school and district staff do not have time available to serve on a wellness committee or spend the time that it takes to make changes to school food environments, while 67% disagree.

Policies that support the types of healthy eating goals established by these wellness committees can include things like healthy foods at school celebrations, permitting water bottles and healthy snacks during class, and serving fresh fruits at staff meetings, all of which were proposed by participants. Some suggested eliminating sugar-sweetened beverages in school settings, and establishing systems so parents can control what children purchase at the school store or concession stands. Some participants also recommended that schools should expand the time available for students to eat lunch, to ensure they have time to finish and enjoy their meals.

Sustained funding for school lunch and public health efforts to work on school wellness, such as SHIP, were acknowledged by participants as critical factors in sustaining changes. 81% of participants agreed that funding to hire professional expertise and necessary equipment/supplies would be helpful to coordinate and support district wellness work that focuses on healthy food environments in schools.

Food Skills

Many Food Charter participants suggest that food skills are one of the most pressing issues when it comes to healthy food access. In school environments, food skills are just as important for the students as for foodservice professionals, indicate some participants. Many respondents agreed that most children do not understand the food system and lack basic food skills, which are no longer widely taught in schools or at home:

- 85% of respondents agree that children lack knowledge of healthy foods from their own cultures and the cultures of their classmates
- 95% of participants agree that most children lack a basic understanding of agriculture and the connections between the food they eat and what it takes to grow and distribute it
- 91% of respondents agree that most children do not learn basic gardening, healthy meal planning, and cooking at school
- Some participants observe that children’s taste preferences are a component of ‘food skills. Many students are unaccustomed to healthy, homemade food and prefer processed and fast foods.
Some participants suggested a link between academic performance to healthy eating and basic food skills to healthy food choices by students as justification for strengthening food skills of Minnesota’s students.

**Barriers** - 87% confirm that district and state-level educational requirements do not provide adequate support for schools to improve student knowledge around healthy eating, cooking, gardening and agriculture. 91% of participants agree that there is not adequate availability of extracurricular and summer educational programs that focus on healthy eating, gardening, food preparation, healthy meal-planning, healthy food traditions and agricultural sciences in school districts across Minnesota. Some participants indicate that nutrition, cooking, gardening, and food systems education are not offered at all in certain schools. 90% of participants agree that state-mandated learning standards are not adequately tied to student learning around healthy eating, food preparation skills, and gardening. Yet time is an issue for some schools; participants identified a lack of time available to organize school gardens as well as a lack of space for these gardens.

Furthermore, many foodservice professionals do not know how to plan, prepare, or procure healthy, fresh foods for school meals (including food safety practices for locally grown produce), report some participants.

**Solutions** - The most commonly identified opportunity for improving school food environments by participants was expanding cooking and nutrition education programs in schools, with the ultimate goal of building student skills in gardening, cooking, healthy eating, meal planning, and literacy around agriculture and food systems. 84% of participants agreed that state educational standards could be changed to require students to know how to garden, cook and make healthy food choices. Some participants also suggest a role for foodservice staff and teachers to encourage students to try new foods and make healthy choices during school meals. Learning opportunities associated with healthy eating, suggest some, should be integrated between the cafeteria and the classroom.

Some proposed that professional development opportunities for teachers and creation of curricular materials to help incorporate nutrition education content into lesson plans are worthwhile steps. Several participants indicated that statewide expansion of school gardening is also important. Some respondents also suggested that these types of educational efforts somehow involve parents, improving their food skills in healthy meals planning and preparation as well.

Participants also recommended strengthening the food skills of foodservice professionals through training opportunities. Some respondents indicated that improving healthy food access in schools requires district wide involvement to develop educational standards surrounding food skills education. Leadership, staff training and development, and wellness committees could help to implement these plans.
Food Infrastructure

Infrastructure is the system that moves food to students – an interconnected network of policies, systems, procedures, people, equipment, networks, and providers. Food Charter school setting participants identified many facets of school food infrastructure that impact healthy food access at schools.

Barriers - 78% of participants agree that many schools lack the time, equipment, staff and space to prepare fresh, healthy meals from scratch or develop new menus. Budgets and a lack of staff were identified by participants as the most significant challenges to increasing access to healthy foods at schools. Space is also a concern, suggest some participants; many schools do not have adequate cold storage to store perishable foods like fresh fruits and vegetables. Seasonality is also an issue; fresh, local produce is mostly available in Minnesota when school is not in session, revealed some participants.

Even with proper equipment, time and space, 69% agree that many school foodservice personnel lack experience preparing fresh, healthy foods from scratch. Procurement is also complicated for many schools.

71% of respondents agree that building efficient purchasing relationships between schools, school districts and local growers is a challenge. These challenges include the added cost and logistics of purchasing directly from a local producer than a wholesale distributor as well as requirements for insurance and certifications that local farmers lack. That said, 63% of participants disagreed that schools are unable to get, purchase, and serve affordable, healthy food grown by nearby farms; 37% agreed.

These resource and facilities issues are compounded, some participants suggest, by complex federal regulations.

Solutions – Food Charter participants offered support for numerous solutions designed to improve school food infrastructure, including procurement partnerships, recognition and incentives, and training. According to 94% of participants, long-term funding and support provided to school districts for networking, coordination, equipment, supplies, and participation to make lasting changes to school food environment. 91% recommended that funds be made be available to purchase equipment, remodel school kitchens, and train school foodservice staff to safely prepare healthy, locally grown food from scratch.

Recognition, training and development of healthy school food champions and key staff were supported by many participants. 92% of participants affirmed the need for widely available, affordable or free training and development opportunities associated with improving school food environments for school administrators, school nurses, school foodservice staff, and
interested school and community stakeholders. 92% supported the formation of a regional network of healthy school food leadership across school districts in a region to provide critical professional development and expert feedback, to encourage adoption of successful efforts tried in other member districts. Some suggested that school districts and schools can recruit and support school-based champions who see healthy school food environments as a priority and position them to articulate the barriers and influence change. A participant also suggested that the Minnesota Department of Education start recognizing schools that exemplify support for healthy eating.

93% of participants affirmed that school districts can appoint and actively support an effective district-wide wellness committee with strong leadership, clear goals, and annual wellness plans to achieve identified healthy eating goals. To encourage skillful participation in these efforts, 89% agreed that widely available skill-building and technical assistance that focuses on how to execute effective communications for school wellness initiatives is needed.

Procurement was another area that generated numerous recommendations by participants. 93% agreed that creating efficient and affordable systems for farmers, school food distributors, and school foodservice personnel to order and distribute food could be developed, with funding support to develop these systems. 86% agreed that the formation of regional networks of food service directors can be developed and supported on an ongoing basis to facilitate regional menu development and joint food purchasing would be helpful. For example, proposed a participant, small rural school districts could work together to purchase healthy food in bulk and jointly negotiate with vendors and food manufacturers. One participant suggested using group purchasing techniques to demand healthier and more appealing options from vendors. 83% agreed that farmers need incentives and support to grow, sell and distribute healthy food for nearby school foodservices. Some recommended that state policy be enacted to support the expansion of Farm to School programs.

**Creating Supportive Networks for Healthy School Food**

Cultivating effective partnerships in support of lasting changes to school cafeterias and classrooms is critical to success, according to some Food Charter participants, who emphasized the importance of getting the whole school community on board – including teachers, students, and parents. Cultivating the support of school administrators was viewed by many participants as crucial to the success of school- and district-based healthy eating efforts. Other participants recommended that champions within school foodservice should be identified and supported. 81% of participants agreed that healthy eating efforts in school buildings do not effectively recruit supportive parents and community stakeholders to participate. Some participants pointed to the role of state agencies and the importance of
the state departments of health, agriculture, and education working together to support healthy food environments in schools.
# Child Care Setting Findings

## Background

This section offers a synthesis of feedback from individuals who are knowledgeable about healthy food access in child care settings. The results of these interviews, listening sessions, and child care-specific Food Charter Events provide a portrait of systemic challenges related to affordability and availability of healthy foods, combined with a need for comprehensive training around food, food safety, healthy eating, and gardening for child care providers. The most popular solutions focus on a combination of training, guidelines, funding increases, curriculum development, and assessment tools.

## Context

Minnesota parents are among the most likely to be in the workforce, as compared to other states. This has significant implications for healthy food access and young children, in the context of child care.

- 73.2% percent of Minnesota’s children under age 6 have all parents in the labor force, meaning 295,164 of these children may require care in a child care setting
- 73% of preschool age children in Minnesota spend at least 29 hours per week in child care
- 90% of the human brain is fully developed by age 3 while diet and activity habits are being formed
- 22.4% of Minnesota households with children are food insecure
- Slightly more than 20% of preschoolers are overweight or obese
- In Minnesota, less than 40% of child care providers attend nutrition and physical activity training 1x/year; offer children nutrition and physical activity education 3x/year have nutrition and physical activity policies

The time is ripe for Minnesota to make lasting changes that will aid in the prevention of childhood obesity.

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7 http://www.healthdisparities.umn.edu/prod/groups/med/@pub/@med/@hdresearch/documents/content/med_content_426015.pdf
9 http://www.healthdisparities.umn.edu/prod/groups/med/@pub/@med/@hdresearch/documents/content/med_content_426015.pdf
Food served in child care settings comes from a variety of sources. It may be prepared onsite by the provider or a foodservice worker, or it may be purchased from a foodservice company or caterer. It may be sent from home by a family member or guardian. Because palates and habits around eating are formed in early childhood, it’s important to cultivate food skills and an open mind about eating healthy food. Early childhood education presents the ideal opportunity to do so.

Some child care providers utilize the Child and Adult Care Food Program\textsuperscript{10} (CACFP). This program provides healthy snacks and lunches to child care centers, home day care, after school programs and a variety of other settings. As a program of the USDA, CACFP provides reimbursement to child care providers for serving healthy meals and snacks based on nutrition standards for meal patterns. However CACFP can do even more to support wellness in child care settings.

And yet there are many other options for increasing healthy food in child care settings. Providing adequate storage for a baby’s first food, breast milk, is important. More child care centers are beginning to utilize Farm to Child Care programs, which have the potential to make profound and lasting changes on the health of children and their knowledge of healthy foods\textsuperscript{11}.

**Child Care Setting Food Charter Input**

Feedback from participants focused on healthy food access in child care settings came from several sources: individual interviews, listening sessions, Food Charter Events that used a worksheet specific to food environments in child care settings, and Food Charter Events that included some questions relevant to food environments in child care settings. There were 8 Food Charter Events focused on healthy food access in child care settings, and 127 Food Charter Events that included some questions on food environments in child care settings. A total of six people participated in a Twin Cities-based listening session focused on encouraging healthy food environments in child care settings. Eleven individual interviews focused on food environments in child care settings also took place.

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<thead>
<tr>
<th>Focus Groups and Key Informant Interview Description</th>
<th>Metro Listening Session</th>
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<td>Description</td>
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<td>Director of large childcare center,</td>
<td>In home childcare provider, Chef and</td>
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Child Care Setting Food Charter Findings

Participants provided feedback for four major domains: food accessibility, food availability, food affordability, and food skills. Findings for each of these domains are listed below.

**Food Availability**

A key component for young children and healthy eating in child care settings is the extent to which healthy and unhealthy foods are available. Some participants indicate that early childhood settings should help young children develop healthy habits around food and eating. In considering what a healthy food environment is like, some interviewees indicated that meals in their child care setting should, “set a pattern for them for their lives,” with a variety of options prepared from whole ingredients and including lots of fruits and vegetables. Variety is particularly important, some respondents suggest, so that children become comfortable with trying new foods, including those from different cultures.

**Barriers - Availability of healthy food in child care settings is part of the problem, Food Charter participants suggest.** 74% agreed that many child care providers don’t serve an adequate variety of foods. Of the foods and beverages served in child care settings, 74% agree that too many unhealthy foods are served for meals and snacks and 69% agree that children are served too much fruit juice and/or sugar-sweetened beverages. 82% agree that unhealthy food is used too often as a reward or for celebrations in child care settings. Many children have allergies, suggest some interviewees, and it can be difficult to find a variety of foods that meet the needs of all of the children in a center. 67% agree that child care staff don’t have the ability or resources to meet the special dietary needs of children with specific needs.

Standards or guidelines are part of the problem, many Food Charter Event participants suggest. 68% agree that many child care providers lack nutrition standards to minimize unhealthy and processed foods served to children for snacks and meals. 76% agree that many child care providers don’t have nutrition guidelines in place to guide parents in packing healthy snacks and meals for their children. However, 51% of participants disagree
that the state of Minnesota does not have strong enough state-level ‘healthy eating’ regulations in place for child care providers.

Vendors who provide food to child care centers are also part of the problem, indicate participants. Oftentimes, participants report, foods are marketed to providers as ‘healthy,’ when in fact they are high in sugars or other unhealthy ingredients. Furthermore, once contracts with foodservice providers are signed, it is more difficult to ensure that they will offer healthy options.

**Solutions** – Several policies can be developed to increase the amount of healthy food served in child care settings, at federal, state, and center levels. At the federal level, the Child and Adult Food Program (which reimburses child care providers for meals and snacks) should only allow healthy food purchases. While minimum guidelines are already established, participants indicate that more could be done to strengthen them.

The state has a role to play in solving the challenge of healthy food availability in child care settings. 79% of participants indicated it would be helpful for to have stronger state-level guidelines and training to ensure healthy food availability in child care settings. Participants suggested that child care licensing should include requirements for serving healthy foods. 72% suggest that these policies should limit the amount of sugar-sweetened beverages served to children by child care providers. Some participants pointed to low participation rates by diverse cultural communities and the need for targeted outreach to ensure their enrollment in CACFP.

95% of Food Charter participants agree that child care providers should have access to any easy way to purchase healthy foods from nearby farmers that they can serve to children.

Others suggested policy and systems changes that child care providers can implement to improve the amount of healthy foods served to young children. Having a self-assessment tool that would enable child care centers to assess their food environment and develop a clear action plan to improve it would be very helpful, according to 92% of respondents. Child care providers could adopt healthy food guidelines, say 100% of participants, that greatly limit the amounts of unhealthy foods and sugar-sweetened beverages served to children for rewards, meals, snacks and celebrations. 100% of respondents agree that water should be freely available for children in child care settings. Some participants suggested that for child care providers who prepare and serve snacks and/or meals to children, menus should be developed that offer healthy foods that are in season and grown nearby. 71% of participants agreed it would be helpful for child care providers to request that caterers or food service contractors provide healthier food choices. For centers offering care for young children, some participants suggested they provide support for breastfeeding and feeding babies breast milk.
**Food Accessibility**

For child care providers, easy access to healthy food can be challenging. If they live far away from a grocery store or lack space and equipment to store healthy food, these factors can limit their capability to provide healthy options to children.

**Barriers** – Some participants report that some child care providers do not live near a grocery store, so they purchase large quantities of food at one time. This means storing perishable items – like large quantities of fresh fruits and vegetables - can be a challenge in some childcare settings. 58% agree that many child care providers don’t have a comfortable place for breastfeeding mothers to nurse their children, yet 72% disagree with the statement “many child care providers don’t have adequate storage space for bottled breast milk brought by parents for their children”.

**Solutions** – Ideas for solving the challenge of food accessibility were less clear to participants. One participant indicated that child care providers should have access to any easy way to purchase healthy foods from nearby farmers that they can serve to children. 100% of participants agree that child care centers should provide support for breastfeeding and feeding babies breastmilk.

**Food Affordability**

When it comes to serving healthy food to children in child care settings, cost is a critical factor for providers.

**Barriers** - The cost of healthy food can be a barrier for child care providers. Some suggest that providers who purchase food directly from local farmers may incur increased costs for liability insurance. Some participants indicated that unhealthy foods (e.g. processed carbohydrates like crackers and chips) are inexpensive, and the price of locally grown food fluctuates so much that planning budgets becomes a challenge. Perception is also an issue when it comes to healthy food, suggest some participants; according to them, some child care providers believe that healthy food costs more than unhealthy food. Yet, despite that perception, only 36% of participants agreed that it is too expensive or impractical to purchase and serve healthy food options in child care settings.

**Solutions** – Making healthy food less expensive for child care providers is critical, say some participants. For example, increasing reimbursement rates by federal food reimbursement programs would be very helpful indicated some participants. Providing incentives to serve healthy and locally grown foods will help reduce the cost, suggested some. Expanding programs that link nearby farms to child care are one way to accomplish this, observed some.
Food Skills

Knowing where one’s food comes from, how to grow it and prepare it, understanding healthy food choices, and being open to trying new foods are important aspects of the broad notion of ‘food skills.’ Many participants described several barriers and solutions related to food skills and healthy food access.

Barriers - Capacity and knowledge of the child care providers themselves can present challenges to healthy food access, suggested some participants. Limited nutrition knowledge and food preparation skills of some providers is also a factor when it comes to healthy food options in child care settings, indicated some participants. With respect to training opportunities, 59% agree that child care staff don’t have enough access to affordable professional development on nutrition or food preparation. Opinion is more divided on availability of age-appropriate healthy eating resources; 54% agree that child care staff don’t have access to nutrition and healthy eating curricula or materials for preschool aged learners.

This lack of training and knowledge impacts children. 79% of participants agree that child care providers do not offer enough learning opportunities for children associated with nutrition, healthy food choices, the importance of mealtimes, meal setting and clean-up, growing food, and the connection between eating and farming.

Solutions – Policies around child care licensing could improve this situation. Some participants suggest that child care licensure should include requirements for providers to have ongoing nutrition education. Educational resources for providers to fulfill this requirement should include nutrition knowledge, cooking, meal planning, and how to encourage children to try new foods during scheduled meal times. Some participants suggested funding be made available to design engaging curriculum focused on healthy eating. Technical support will also be required to ensure that child care providers get the resources they need to improve their knowledge base around healthy eating, including curriculum and other support.

Training is critical – from food safety to cooking and serving healthy food to teaching young children. Most suggestions focused on child care providers, but parents were also included. 97% of participants recommend that staff who prepare food for child care providers should be trained in nutrition and food safety, as well as how to make food appealing to different ages. 90% of respondents also propose that child care providers should be required to participate in annual professional development focusing on nutrition and early childhood education. 86% said it would be helpful for child care providers to receive regular training on how to effectively meet the special dietary needs of children with specific needs; others affirmed that training for child care providers on how to make healthy foods appealing to
young children would be helpful. 87% said it would be helpful for child care providers to receive training on state food safety codes and requirements, while 82% said it would be helpful for food safety inspectors to provide nutrition educational resources to child care providers during licensing and inspections. 100% of participants agreed that implementing a communications strategy to target parents and child care providers to inform them about healthy eating in child care settings would be helpful.

Mealtimes and curricula both present learning opportunities for young children. 90% of participants agreed that child care providers should offer age-appropriate, standards-based nutrition education to young children. 100% of respondents proposed that mealtimes in child care settings should provide a supportive environment for young children to learn about and practice healthy eating skills and trying unfamiliar foods. Using family-style meals can encourage this learning, indicated some participants. 95% agreed that child care providers should sit and eat with children at mealtime, modeling healthy eating behavior, including eating the same foods and beverages as the children. Introducing gardens as part of early childhood curriculum also offers children a chance to engage with food, suggest some.
Healthcare Setting Findings

This section offers a synthesis of feedback from individuals who are knowledgeable about healthy food access in healthcare settings. The results of these interviews, listening sessions, and healthcare-specific Food Charter Events provide a portrait of systemic challenges related to availability of healthy foods, combined with a need for strong leadership and comprehensive, enforceable guidelines around food offerings, food procurement, healthy eating, and patient/employee wellness in healthcare settings. The most popular solutions focus on a combination of leadership development, policies, guidelines, and changes to foodservice.

Background

There are numerous types of healthcare settings in Minnesota – among them are hospitals, rehabilitation facilities, institutional hospice and psychiatric care, and elder care facilities. These diverse types of healthcare institutions provide food to patients and employees, including cafeterias, foodservice, onsite restaurants, vending machines, and special events. Since healthy food is a critical part of well-being, healthcare organizations are a logical place to improve access to healthy food for their stakeholders – employees and patients alike.

Hospitals and other healthcare settings can play a role in promoting nutrition and supporting local farmers through food purchasing practices. These healthcare institutions large purchasing power can support socioeconomic health while supporting the physical health of those they serve and employees\(^\text{12}\). Whether you work in a healthcare facility or not, nearly everyone will receive healthcare services, which positions the healthcare setting as an important player in supporting healthy food access. In many metropolitan areas, including Duluth, the proportion of workers employed in healthcare exceed 20 percent\(^\text{13}\).

And while healthcare settings have an opportunity to influence healthy food access, many have started doing just that, with Farm To Hospital programs providing locally grown food, and establishing on site farmers markets or serving as CSA drop offs\(^\text{14}\). Others, such as Hennepin County Medical Center have established on site food shelves with an emphasis on


providing healthy foods to families with children. The Healthy Food In Healthcare has attracted nearly 500 hospitals and food service contractors nationwide. Yet the healthcare field still has work to do. With immense purchasing power and staggering number of people either employed or using healthcare services, the reach is great.

**Healthcare Setting Food Charter Input**

Feedback from participants focused on healthy food access in healthcare settings came from several sources: individual interviews, listening sessions, Food Charter Events that used a worksheet specific to food environments in healthcare settings, and Food Charter Events that included some questions relevant to food environments in healthcare settings. There were 2 Food Charter Events focused on healthy food access in healthcare settings, and 127 Food Charter Events that included some questions on food environments in healthcare settings. Two healthcare-focused listening sessions occurred: one in the Twin Cities with 6 participants; and one in Greater Minnesota with 3 participants. 3 interviews were conducted with professionals who are knowledgeable about food environments in healthcare settings.

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<td>Hospital Nutrition Manager</td>
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<td>Wellness Coordinator at rural hospital, Vice president of marketing and communications at a rural hospital, Sr. Vice president of clinic operations at a rural hospital</td>
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<td>Assistant chief of pediatrics, Hospital health and sustainability consultant, Public Relations coordinator for large health system</td>
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**Healthcare Setting Food Charter Findings**

Some healthcare Food Charter participants suggested that healthcare organizations should be leaders in promoting healthy food environments, providing a model for the broader community. Others suggested that healthcare facilities need to establish more concrete policies and guidelines to support healthy eating onsite as a part of this effort. A cross-
sector group or committee in these organizations could formulate specifics of this approach, with representation from multiple departments to develop a vision and clear goals for their institutional food environment.

Participants described what a healthy food environment would look like in healthcare settings. In hospital cafeterias, some participants suggested that the healthy choice would be the default choice, with more fruits, vegetables, and whole grains in hospital meal service programs. Some participants emphasized procuring healthy food grown by nearby producers and establishing onsite gardens that grow food for the hospital foodservice. To accomplish this vision, staff training and purchasing guidelines are priorities.

Some participants affirmed the need for improvement with respect to healthy food access in all types of healthcare organizations, indicating that Minnesota enjoys a history of effective public health initiatives and the support of many healthcare workers for increasing access to healthy food. Despite the challenge of making significant changes in large organizations, this legacy of support, innovation, and knowledge about systems change – demonstrated by a history of advocacy around reducing tobacco use - will make it easier to take steps required to improve food environments in healthcare settings, suggested some participants. Some respondents called on decision-makers in healthcare organizations to show leadership and make the healthy decision for Minnesota, while others pointed to a lack of investment in healthy food goals by leadership of healthcare organizations.

**Ways of Thinking about Food, Health, and Healthcare**

Creating healthy food access in healthcare settings requires not just adjustments in institutional practice, but also a shift in paradigms about the role that food plays in sustaining our health. Many participants emphasized the need for a broad view of the role healthcare facilities play, moving from an approach of ‘treating disease’ to ‘promoting health.’ This change in philosophy means that healthcare organizations would view promotion of healthy eating as an important part of this expanded mission, suggested a participant. Another felt strongly that the emphasis on “healthy food” was too limiting; issues of hunger, sustainability, and health need to be addressed together. Some Food Charter respondents pointed to issues of hunger and food access, community engagement by healthcare organizations in food and health issues, and comprehensive models of assessment that include the design of the community food environment and its impact on human health.

**Solutions** – Numerous respondents emphasized the importance of a multi-disciplinary approach to promoting healthier foods and integrating healthcare organizations efforts around healthy food access with the broader community. To accomplish this aim, one participant proposed that decision-makers establish statewide benchmarks for healthcare systems that would measure progress towards supporting a healthy community food system.
This type of new requirement that healthcare facilities participate in community needs assessments could encourage them to look at these issues systematically, suggested a participant.

Some participants also affirmed the importance of partnership, where healthcare organizations can collaborate with other agencies to promote a better food system. They offered examples like working with hunger relief organizations to provide healthy foods to low-income community members; partnering with a university to develop a cooperatively owned greenhouse; or working with state agencies to address issues like an overabundance of antibiotics in our food supply.

**Food Availability**

Participants express concern about the types of food served in healthcare settings. 88% of participants affirmed that healthcare facilities offer too many unhealthy and highly processed foods in vending machines, cafeterias, and meal service for their patients and employees. 76% said that many healthcare facilities do not offer enough healthy food options to patients and employees in their vending machines, cafeterias, and meal service.

**Barriers** - 81% of participants agree that while many healthcare facilities pay attention to food cost, food safety, and compliance with dietary guidelines, they do not pay enough attention to the extent of unhealthy foods available onsite, the sources of these foods, and organizational values around the types and quality of food sold and served. One particular wrinkle, indicated a participant, is that healthcare organizations derive income from the sales of unhealthy foods like sugar-sweetened beverages.

**Solutions** – Participants offered support for several solutions designed to improve policy and systems for healthcare settings, as well as increasing access to healthy food for patients outside of healthcare settings. These proposed recommendations encompass food policy, foodservice procurement, healthcare provision, community food security, and worksite wellness efforts.

100% of respondents said it would be helpful for healthcare facilities to establish a ‘food team’ charged with developing a healthy food plan for the organization, including members from food and nutrition services, purchasing, administration, nursing, and clinicians. These kinds of teams can initiate efforts like becoming fast food-free’ and ‘junk food-free’ zones, an idea supported by 88% of participants. Eliminating sugar-sweetened beverages onsite is one such effort, supported by some respondents. 100% of participants affirmed that groups convening meetings and conferences by and for healthcare organizations could adopt healthy food policies and practices for these events that support healthy eating behavior. Some participants indicated that consulting expertise is available to provide coordination and support for these types of changes within healthcare settings.
In order to make and sustain changes to improve healthy food access in healthcare settings, 100% of participants agree that a leadership development program for healthcare facility decision-makers can be established to increase knowledge and interest in improving food environments in their facilities.

As for increasing the variety of options for healthy food onsite, 94% of respondents supported the idea of healthcare facilities offering a ‘Veggie Rx’ initiative that prescribes the consumption of fresh fruits and vegetables to patients. Others augmented this idea, suggesting a food shelf onsite featuring healthy foods can meet the needs of low-income patients and encourage healthy eating. 94% affirmed that offering a farmers market onsite that is available to employees, patients, and visitors would also be helpful. Maintaining fruit and vegetable gardens at healthcare facilities that are available for employees, patients and use in foodservices onsite was also supported by 88% of participants. As for other summer activities, a participant suggested offering a Summer Meals Program for children onsite. Some respondents also recommended making healthy options more appealing in cafeterias and patient foodservice. Ensuring that facilities for nursing mothers are readily available at all types of healthcare organizations would be helpful, suggested some.

To support employee wellness, 86% of participants affirm that healthcare facilities can offer affordable subscriptions to employees for ‘community supported agriculture’ shares, where boxes of healthy food grown by nearby farmers are delivered each week.

**Food Accessibility**

Participants did not speak in great detail about the accessibility of healthy food relative to healthcare environments, however some indicated that healthcare systems should support breast feeding without providing detail on what this would entail.

**Food Affordability**

Food Charter participants explored the cost of healthy food in the context of healthcare organizations in a variety of ways and provided broad perspectives from food served onsite to issues of community food security and the impact on low-income patients.

**Barriers** - Participant perspectives varied around food budgets at healthcare organizations. 44% of respondents agree that healthcare facilities lack the funds, equipment, space, and staff to prepare fresh, healthy food for patients and employees. Listening session participants had a much stronger opinion on the topic and identified issues of insufficient budgets and vendor challenges as clear barriers. Some participants reported that in many cases the nutrition services budget includes both hospital cafeteria costs and dietitian staff time. They did not feel like the budget was sufficient to support both programs and serve healthy, whole foods in the cafeteria. Other participants emphasized the prohibitive cost of locally grown foods.
Cost of healthy food is a barrier for many low-income patients, some participants indicated. Healthcare organizations oftentimes do not address issues of hunger and healthy food access for individual patients - representing a missed opportunity, according to some.

**Solutions** – Food Charter participants proposed solutions for cafeterias in healthcare organizations. They suggested a variety of strategies, including no longer expecting cafeterias in healthcare organizations to generate a profit, using point of purchase promotions to encourage healthy food purchases by customers, reducing the prevalence of sugar sweetened beverages, and organizing tasting events where patients and staff try healthy foods from a variety of cultures.

Some participants also mentioned healthy eating considerations in physician treatment of patients, including assessment of a patient’s food security by physicians accompanied by facilitation of enrolling eligible patients in SNAP.

**Food Infrastructure**

Many decisions are required to effectively manage an institutional food environment. Healthcare facilities face complex challenges when it comes to feeding patients, employees and visitors. Food perishability, staff training, available equipment and storage space, and diverse dietary needs are all factors in decision-making. The ‘system’ of food infrastructure at healthcare facilities offers a variety of opportunities for changes that can increase access to healthy food.

**Barriers** – Many Food Charter participants identified purchasing guidelines (or a lack thereof) developed by healthcare organizations as a key barrier to healthy food access. 87% of respondents agreed that oftentimes, healthcare facilities do not have purchasing guidelines that can increase the amount of healthy food options served to patients and employees, including healthy food grown by nearby farmers. 63% of participants agreed that many healthcare facilities lack knowledge about their options for creating purchasing guidelines and practices that reflect their organizational values (e.g. how food is grown or processed). In many cases, suggest some participants, a healthcare organization’s food purchasing team and their vendors lack the necessary knowledge to include healthy food requirements in contract language.

Some participants also identified numerous vendor challenges, pointing to issues like vendor contracts that inhibit the ability to purchase antibiotic free chicken at a reasonable price. Some also pointed to the complex logistics of working with multiple individual growers versus one large supplier. Some respondents mentioned that vendors were reluctant to switch to healthier vending machine options, even if that is what the organization requested, or when vendors agreed to offer healthier options in vending machines, they continued to stock less healthy options if they were out of the healthier options that had been ordered.
Some participants reported that healthcare organizations have vendor contracts with no healthy food requirements at all. Yet, even with healthy food requirements in the contract, some did not feel like they had any way of holding vendors accountable for maintaining healthier items.

**Solutions** – Participants supported a variety of practical solutions to improve healthy food access in healthcare settings, focusing on purchasing, budgeting, and menu design. 100% of participants agreed that healthcare facilities can develop purchasing preferences and contract requirements for their food distributors, foodservice providers, and ‘group purchasing organizations’ to comply with a healthy food plan developed by the organization. 100% agreed that healthcare facilities can set purchasing guidelines that reflect their organizational values associated with how food is grown and processed and how workers and farmers are paid and treated. 100% of participants supported the idea that healthcare facilities design their menus to substantially increase their purchases of healthy food grown by nearby farmers that they serve to patients and employees.

94% of respondents agreed that healthcare facilities can increase their foodservice budget to serve more foods that are cooked from scratch, purchased from nearby farmers, and reflect organizational values around how food is grown and processed and how workers and farmers are paid and treated.

Food waste was also a consideration. 93% of participants agreed that healthcare facilities can develop a food waste policy that includes donating excess food and diverting food to a composting program or nearby farms for feeding livestock.

Policy beyond the walls of healthcare organizations would help make these ideas a reality. Investment for local growers to raise more fruits and vegetables was identified by some participants as an important initiative requiring sustained support from government. This investment would require changing national agricultural subsidies, so that production of fruits and vegetables was encouraged and investing in infrastructure such as processing and storage facilities that could be available for local producers.
Worksite Setting Findings

This section offers a synthesis of feedback from individuals who are knowledgeable about healthy food access in worksite settings. The results of these interviews, listening sessions, and worksite-specific Food Charter Events provide a portrait of systemic challenges related to availability of healthy foods at work, combined with a need for strong leadership and comprehensive, enforceable guidelines around food offerings, food procurement, healthy eating, and employee wellness initiatives. The most popular solutions focus on a combination of healthy eating guidelines, improvements to worksite food environments, and support for healthy eating-related employee wellness benefits.

Background

The majority of Minnesota’s population spends a significant portion of their time at work. Current Employment Statistics show there are 2,806,187 total Minnesotans employed in nonfarm jobs. From a healthy food access standpoint, many of the state’s residents eat food and/or purchase food at where they work. Whether they bring their own food or buy it in a vending machine, cafeteria, or nearby store or restaurant, Minnesotans experience a variety of issues with respect to healthy food access while they’re at work. As some Food Charter participants point out, employers need to understand that employee health impacts the bottom line for an organization. Healthy eating and healthy food environments at work are key facets of this issue.

Worksite wellness, which generally includes healthy eating at work, provides a significant return investment for employers. Medical costs fall about $3.27 for every dollar spent on wellness programs and is an effective way towards better health outcomes and more productive at work times.

How do some Food Charter participants characterize the state of food environments in many worksites? Respondents seem to agree that worksites and employers do not adequately support healthy eating onsite, due in part to a lack of policy and/or healthy eating guidelines. Organizations such as the American Heart Association and the American Stroke Association have provided recommended nutrition standards and food procurement for foods and beverages available in the work place, aimed at creating a healthy nutrition environment. They also note that there is either an overabundance of unhealthy food, a shortage of

15 https://apps.deed.state.mn.us/lmi/ces/Results.aspx.
16 http://dash.harvard.edu/bitstream/handle/1/5345879/Workplace%20Wellness%20Programs.pdf?sequence=1.
healthy food, or both, in cafeterias and vending machines. Local institutions, such as the University of Minnesota School of Public Health, have adopted their own guidelines\(^\text{18}\).

Food environments and support for healthy eating habits in many workplaces have room for improvement, say some Food Charter participants. What kinds of food are available, how much time people have to eat it, the type of setting people have for meals, and employer support for healthy eating behaviors are all facets that employers should consider. Providing novel opportunities for employees to access food, such as farmers markets located on site or CSA drop off points, can encourage healthy eating as well.

**Worksite Setting Input**

Feedback from participants focused on healthy food access in worksites came from several sources: individual interviews, listening sessions, Food Charter Events that used a worksheet specific to food environments in worksites, and Food Charter Events that included some questions relevant to food environments in worksite settings. There were 5 Food Charter Events focused on healthy food access in worksite settings, and 127 Food Charter Events that included some questions on food environments at work. Two worksite-focused listening sessions occurred: one in the Twin Cities with 5 participants; and one in Greater Minnesota with 6 participants. 2 interviews were conducted with professionals who are knowledgeable about food environments in worksite settings.

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<td><strong>Description</strong></td>
<td>State agency worksite wellness coordinator, Worksite wellness coordinator for large private corporation, worksite wellness consultant, County level SHIP coordinator, Minneapolis Heart Institute Foundation</td>
<td>Members of a community coalition focused on preventing heart disease in southern Minnesota</td>
<td>Worksite wellness lead for large health insurance company, Director of private worksite wellness consulting company</td>
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Worksite Setting Food Charter Findings

Organizational and Cultural Issues

Organizational policy and leadership set the tone and supportive infrastructure for a worksite that supports healthy food choices by employees and offers a healthy food environment for them. Food Charter participants affirm the importance of top-level support and vocal leadership on healthy food access at worksites, including policy and systems changes designed to improve worksite food environments. As some participants observe, employers should support comprehensive worksite wellness policies and consistently implement them. Healthy eating is a major part of this effort. It is also important to note that the size of the worksite will influence both the barriers and solutions. While there may be a scale of influence opportunity for larger employers, smaller employers may be able to make changes more quickly and easily.

Barriers - Why should worksites care about healthy food, if it’s not the focus of their business? Employee wellness, healthcare costs, and increased productivity all reflect the rationale for ensuring that workers have access to healthy food during their work day. 88% of participants agree that many worksites don’t have a healthy eating policy in place that determines what kind of healthy or unhealthy food is available for employees at work. 88% also agree that worksites don’t have measurable healthy eating goals that they can work toward.

83% of Food Charter participants agree that many employers don’t have top leadership involved in publicly supporting an organizational culture of healthy eating. 77% agree that many employers don’t provide clear, consistent messages about the importance of making healthy food choices. 81% of Food Charter respondents also agree that many employers don’t have dedicated staff time to support healthy eating efforts in the workplace.

There was less agreement among participants about other barriers. 68% agree that many employers don’t have programs or benefits in place that encourage people to make healthy food choices, while 29% disagreed. There may be several factors for this disagreement.

Strategies - When asked what types of policy and systems changes could help support healthier food environments at worksites, Food Charter participants suggested numerous approaches. 91% of participants agree that improvements employers make be based on approaches that are proven to be effective.

86% of Food Charter participants think it would be helpful for employers to create a healthy eating initiative that establishes measurable goals and provides healthy options in the cafeteria, company store, vending machines, special events and meetings. 92% of
Respondents recommended that employers establish wellness committees and healthy eating guidelines, which may encourage and support a healthier food environment for employees. This wellness committee can guide healthy eating efforts, with involvement from leadership across the organization and a written work plan. Examples of policies that seek to improve healthy food access at work proposed by some participants include labeling foods or providing nutritional information in cafeterias; ensuring water is always available to employees; reducing or eliminating sugar-sweetened beverages sold onsite; providing access to a kitchen onsite so employees can bring food from home to eat; increasing healthy options at events and meetings; decreasing portion sizes served onsite; and providing flexible work schedules for employees so that they go to the farmers market or prepare healthy meals.

The above efforts can be integrated with a ‘stages of change’ approach to health promotion, suggest some participants, where policies and systems changes are implemented and promoted over time to insure sustainability, buy-in, and feasibility. One caveat to keep in mind, suggested a respondent, is the need for partnerships and resources to implement the above strategies for smaller businesses.

Messaging and communication from leadership may also be helpful in the effort to improve eating habits at work; 74% of participants thought it would be helpful for top leadership in an organization to communicate healthy eating messages.

Other strategies generated more mixed support. 62% of participants indicated that evaluation of management on the level of involvement and support they provide to healthy eating efforts at work would be helpful; 38% indicated it would not be helpful. 60% of respondents said it would be helpful to have a paid staff person charged with guiding and sustaining healthy eating efforts that benefit employees; 39% indicated this strategy would not be helpful.

**Food Availability**

Food Charter participants described several issues with the availability of healthy food at work, noting numerous options for improvement. In general, respondents agree that much needs to be done to create healthier work-based food environments.

**Barriers** - 91% of participants agreed that worksites offer too many unhealthy options in their cafeteria. 85% agree that cafeterias in many worksites don’t provide nutrition information about menu choices to help employees make healthy choices. 85% of participants agree that many worksites don’t offer healthy options in their vending machines and stores. 83% agree that many worksites offer too many sugar-sweetened beverages in vending machines and cafeterias. Some also indicated that healthy foods – snacks and
meals - are not available for purchase at work. 74% agree that special events, celebrations, conferences and meetings at worksites oftentimes feature unhealthy foods. 89% of participants agree that employers don’t have farmers markets onsite for employees to purchase fresh, healthy foods.

Opinion was more mixed on the extent to which employers support breastfeeding for their employees who are nursing mothers. Some participants indicated that many employers do not do enough to promote breastfeeding. 56% agreed that many worksites do not offer adequate facilities and incentives to encourage and support employees who are breastfeeding mothers, while 43% disagreed.

**Strategies** – Food Charter participants proposed numerous policy and systems changes that would improve the availability of healthy foods for people at work, from facilities to offerings to amenities.

Some participants recommended that employers support breastfeeding by providing private space and encouraging an organizational culture of respect for breastfeeding mothers. 95% also indicated that employers provide adequate facilities, resources, and incentives to encourage and support employees who are breastfeeding mothers.

As for food options at worksites, some Food Charter participants suggested that employers provide opportunities for employees to purchase affordable and healthy meals onsite, whether at employee cafeterias or by partnering with local businesses like food trucks or restaurants. 84% said it would be helpful for employers to decrease portion sizes and offer a specially featured healthy meal in their cafeterias every day. 95% proposed that employers increase the availability of fresh fruits and vegetables, whole grains and healthy beverages wherever food is sold or offered to employees. 84% indicated that food sold at worksites be labeled to identify and encourage healthy selections and that vending machines have healthy snacks; 92% said it would be helpful for employers to label foods for sale at worksites to identify and encourage healthy selections. 89% of participants said it would be helpful if employers provided nutritional information wherever food is sold or served by employers in worksites.

Healthy food amenities could also help, suggested participants, 83% of whom agreed it would be helpful if employers offered a weekly farmers market onsite.

**Food Affordability**

Food Charter participants had less to say about the cost of healthy food and its impact on healthy food access at work. It’s clear from responses that participants think healthy options should be more affordable, and unhealthy options should cost more.
Barriers – The cost of 84% agree that unhealthy options at work are less expensive than healthy options. 73% agree that many worksites offer healthy options in the cafeteria, but they are expensive.

Strategies - 77% of participants said it would be helpful if employers decreased the cost of healthy options and increase the cost of unhealthy options in the worksite cafeteria, store and vending machines. 83% of participants agreed that employers could provide reduced -fee subscriptions for weekly boxes of produce delivered to the worksite from nearby farms.

Food Skills

Employers have a role to play in improving the food skills of employees, suggest Food Charter participants. While no clear barriers were identified from respondents participating in Worksite Setting Food Charter Events, participants identified key opportunities. Some respondents suggested that worksites provide opportunities for employees to learn about food preservation, season extension, and small space gardening.

Food Infrastructure

The infrastructure at worksites involved with providing food to employees is complex and presents real opportunity for helpful policy and systems changes to increase employee access to healthy food.

Barriers – Food Charter participants pointed to several key infrastructural barriers that inhibit access to healthy food at worksites. 89% agree that many employers do not have purchasing guidelines that can increase the amount of healthy food options served to employees, including healthy food grown by nearby farmers. 89% agree that many employers lack knowledge about their options for creating purchasing guidelines and practices that reflect their values associated with how food is grown and processed and how workers and farmers are paid and treated. 82% agree that when using catering services, many worksites don’t have guidelines for ordering healthy foods.

Solutions – Food Charter participants described numerous efforts that employers can make to improve healthy food access at work, many of which are described as organization-wide policy and systems changes that would influence procurement, contracting, types of food served and sold, and employee wellness programs. These proposals are listed in previous sections.
Community Setting Food Charter Findings

Community Setting Food Charter Input

Feedback from participants focused on healthy food access in community settings came from several sources: individual interviews, listening sessions, Food Charter Events that used a worksheet specific to food environments in community settings, and Food Charter Events that included some questions relevant to food environments in community settings.

There were 17 Food Charter Events focused on healthy food access in community settings, and 127 Food Charter Events that included some questions on food environments in community settings. Two types of listening sessions were convened that addressed healthy food access in community settings: one focusing on hunger, the other focusing on retail food access.

The below tables provide details on the listening sessions and key informant interview conducted as part of the Minnesota Food Charter input process focusing on healthy food access in community settings.

### Community Settings - Hunger and Healthy Food Access Listening Sessions

<table>
<thead>
<tr>
<th>Focus Group and Key Informant Interview</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Metro</td>
</tr>
<tr>
<td># Participants</td>
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</tr>
<tr>
<td>Location</td>
<td>Metro</td>
</tr>
<tr>
<td>Description</td>
<td>Neighborhood Food Shelf Director (1), Congregate Meal Facility (2), Emergency Food Network (3)</td>
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</tbody>
</table>

### Community Setting – Retail Stores and Healthy Food Access Listening Session & Interview

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<tr>
<th>Location</th>
<th>Metro Listening Session</th>
<th>Greater Minnesota Key Informant Interview</th>
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</thead>
<tbody>
<tr>
<td># Participants</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Description</td>
<td>City of Minneapolis (2), Minnesota Farmer Market Association, Latino Economic Development (2), Produce Distributor, Caribou Coffee, WIC,</td>
<td>Dietitian consultant to a chain of convenience stores in Western Wisconsin and Eastern Minnesota</td>
</tr>
</tbody>
</table>
Community Setting Food Charter Findings

Background

So much of the food people eat and the eating choices many make are dictated by the design of the broader community’s food environment. Participants attending community setting Food Charter Events shared many insights, describing challenges and opportunities that can improve community food environments. From amenities like farmers markets to transportation to healthy food options, communities can undertake an array of efforts to improve access to healthy food for all residents.

Community food access issues may include lack of places to buy healthy and affordable food, inadequate transportation to obtain food, an overabundance of inexpensive, unhealthy food, and limited time and skills for healthy food preparation. These factors thus lead to greater consumption of less nutritious, ready to eat meals. The American Planning Association has recognized that food access is not only a health issue but also a community development and equity issue.

Furthermore, one cannot ignore the economics of food access. In Minnesota, the 3 year average (2010-2012) of food insecure households was 235,865 or 10.6%; very low food secure households was 107,550 or 4.8%. There are many federal nutrition programs supporting food insecure households, such as Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), which has seen an 83.3% change in participation in the past 5 years. And although an entitlement program, only 73% of eligible persons were enrolled (FY 2010). Of those enrolled, 62% are considered working poor. SNAP also serves as an economic stimulus to the community, generating business at local grocery stores, new SNAP benefits trigger labor and production demand, ultimately increasing household income and triggering additional spending.

Beyond SNAP, programs such as Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and The Emergency Food Assistance Program (TEFAP) have

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provided healthy food to pregnant women and their young children and food banks and food shelves across the state.

Food banks and food shelves now provide increasing amounts of fresh produce and other healthy foods. Novel programs, like Fare For All, run by the Emergency Foodshelf Network, offer produce and frozen meats at a reduced cost to anyone who is interested. Organizations such as Hunger-Free Minnesota fund many pilots and programs aimed at increasing the capacity of the emergency food.

In considering the overall profile of community food environments across Minnesota - from agriculture to the consumer, Food Charter participants indicate that consumers lack the knowledge, skills, time, and funds to purchase, prepare, and grow healthy foods on their own. There is also an overabundance of unhealthy foods, and a lack of healthy foods available to certain communities, particularly those with cultural needs or those living in certain neighborhoods. On the agricultural end of the spectrum, existing government policy does not do enough to support farmers that grow a variety of crops and products intended for nearby consumption. Furthermore, licensing and code issues inhibit the sale of healthy food grown nearby in stores and farmers markets.

**Food Accessibility**

Getting to affordable, healthy food is an important piece of the puzzle. For many this can be a challenging endeavor, according to Minnesota Food Charter participants.

**Barriers** - In considering access to healthy food, participants agree that transportation is a key issue for many. 77% of respondents agree that many people lack access to affordable transportation options to reach a store that sells affordable, healthy food. Some participants indicate that transportation to grocery stores for people in rural areas or for those without their own car is challenging and often requires a significant amount planning. 86% agree there is not adequate availability of affordable, healthy foods within walking distance of where many people live. 80% of respondents concur that for people who would like to buy affordable, culturally specific food items like certain fruits and vegetables, some must travel long distances to be able to buy them.

**Strategies** - Food Charter participants proposed several solutions to address accessibility issues. Some felt strongly that people who do not have individual automobiles - especially seniors and those with a low income - need to be able to get to grocery stores and farmers markets. Some participants indicated that food retailers and farmers markets should be placed on public transit lines in communities across the state.
In order for communities to identify and implement effective solutions to the accessibility issue, 88% said it would be helpful to provide widespread training and professional development programs for community development and planning professionals associated with improving healthy food access for communities.

85% of respondents also said it would be helpful to provide incentives to establish small grocery stores that emphasize healthy food, neighborhood involvement, and culturally specific items in communities with healthy food access issues. Some participants also suggested that a statewide initiative increase the number of convenience stores and gas stations that are WIC vendors.

**Food Affordability**

According to Food Charter participants, healthy food costs too much for many; unhealthy food remains too inexpensive. The cost of healthy food speaks as much to wages as it does to the actual price of the food itself. Solutions that effectively address the problem of healthy food affordability are diverse, touching on incentives, changes in food relief programs, and the cost of living.

**Barriers** – 72% of Food Charter participants agree that healthy food costs too much for many people to purchase recommended amounts for daily consumption. Moreover, some participants point out that healthy foods often cost more than unhealthy food. Some Food Charter participants point out that too many jobs do not pay a living wage, therefore people cannot afford healthy food. For many struggling to pay for healthy food, 66% of participants agree that the only money many households have for food is what they receive through SNAP/EBT, which is not enough to meet their needs.

When people are unable to afford food, many visit emergency food relief programs like food shelves. Some Food Charter participants point to the challenge that food shelves have with sourcing affordable or free healthy foods to give to program participants. One participant indicated that food support programs spend too much money on administration instead of partnering with other organizations to decrease administrative costs and increase funds available to purchase healthy food.

**Strategies** – Food Charter participants proposed numerous options for improving the affordability of healthy food. Some participants advocated for financial incentives that encourage healthy eating among people participating in food support programs like SNAP, like a “double buck” program where people who use SNAP benefits at a farmers market receive get extra money to spend on fresh fruits and vegetables. Some participants pointed to the importance of promotional campaigns to encourage participation in these programs. Innovative community supported agriculture models targeting low-income communities are
another way to increase access to healthy food, suggested some participants. The source of support for these incentive initiatives should come from local governments and their partner organizations, suggested some respondents.

As far as local and state taxes and incentives, some participants proposed a special sales tax on sugar-sweetened beverages. 84% of participants also said local and state governments could provide tax incentives to encourage food providers (e.g. restaurants, stores, food service providers) to offer healthy food options at an affordable price.

Some participants also point to wages - increasing the number of jobs that pay a living wage is an important step to take to ensure the affordability of healthy food.

Improving the availability of healthy food options at emergency food relief programs was a priority for many Food Charter participants. Some suggested the need for active partnerships between hunger relief organizations, local and state government, and other non-profits. Additional funding for food shelves to continue to make infrastructure improvements that enable them to store healthy food options like fresh produce was suggested by some, as was increasing the overall amount of fresh fruits and vegetables throughout the hunger relief system via gleaning and gardening initiatives. Some participants also suggested increasing the expertise of food shelves in effectively and safely handling and attractively merchandising/displaying fresh foods.

**Food Skills**

Food Charter participants point to a widespread deficit of important skills associated with growing, cooking, and eating healthy food.

**Barriers** - 87% of Food Charter respondents agree that people lack the knowledge and skills to purchase and prepare healthy foods on a budget. 73% agree that people lack knowledge about what a healthy diet is. The results of this knowledge gap are complex. Some participants suggest that people have not developed a taste for healthy foods and prefer unhealthy foods. Others indicate that people do not know what foods are healthy and are often confused by packaging that claims that processed foods are healthy. Some report that many people value convenience and do not know how to plan meals or prepare them. Others also indicate that children do not learn healthy eating from their parents and cannot make their own healthy food choices as a consequence.

In addition to basic skills around nutrition, meal planning, cooking, and healthy eating, other food skills issues are a problem. Some people do not understand food safety procedures and keep products past their expiration dates, say some participants. 89% agree that people
lack knowledge about food storage and healthy food preservation, as well as access to equipment and facilities for preserving and storing healthy food.

**Strategies** - What can be done about this food skills deficit experienced by so many of the state’s residents? Food Charter participants proposed numerous systems and policy changes that could strengthen food skills at a population scale. Some suggested that adults, students, and preschoolers should learn about the importance of healthy eating and the impact that diet has on the food system. Others recommended that adults need to learn how to plan meals and shopping trips efficiently. Community education could play a role in this, some thought, where programs that increase cooking and healthy eating skills for all ages could be implemented, including the formation of a network of community-based cooking educational resources. 88% of respondents agreed that communities could create sites where residents can prepare and preserve fresh foods to consume throughout the year, including trained experts to offer advice and equipment for canning.

Gardening skills are also valued by Food Charter participants, some of whom recommended expansion of opportunities for people to grow their own food through projects like community gardens. Educational programs should also be offered, some suggested, including lessons on how to grow fruits and vegetables in small spaces.

**Food Availability**

A key part of a healthy diet is the easy availability of affordable, healthy food across a community. Food Charter participants considered the issue of healthy food availability in communities across Minnesota, identifying barriers and solutions focused on policy and systems changes. Some expressed concern

**Barriers** - 90% of Food Charter participants attending Community Setting Food Charter Events agree that unhealthy food is widely available and affordable in many communities — much more so than the availability and affordability of healthy food. Some expressed concern that large stores carry lots of unhealthy foods, especially highly processed foods that are high in sodium, while many small corner stores do not sell healthy food. 65% of respondents agreed that charitable food programs do not offer an adequate variety of healthy food options that are culturally acceptable. Others pointed out that it can be difficult in some communities for people to find culturally appropriate foods.

Participants observed other issues of concern. 83% agreed that people can purchase unhealthy foods using SNAP benefits (food stamps), which could influence healthy food choices. Some indicated that many people who are sick or elderly rely on food that is delivered to them; thus they cannot make their own decisions about food, and sometimes
the food that is available to them is unhealthy. 74% agreed that nursing mothers can have a difficult time locating a place to breastfeed while they are not at home.

**Strategies** - Participants proposed several systems and policy changes to respond to these barriers. A key priority for many involves the reduction of unhealthy food options in many outlets across a community. 87% of participants agreed that public agencies and community programs could create standards outlining their commitment to healthy, sustainable food for catering contracts, summer park programs, public safety officer on site meals, etc. Some respondents indicated that people should donate fruits and vegetables to emergency food relief programs, rather than donating unhealthy processed foods. Others suggested that networks of food shelves and congregate dining sites can create healthy food guidelines, offering healthier options to program participants. 69% of participants agree that it would be helpful to place restrictions on what types of food can be purchased with SNAP benefits.

In addition to identifying ways to reduce the availability of unhealthy food, participants proposed numerous ideas for increasing the availability of healthy food. Some indicated that there should be more stores that sell healthy food in low-income areas. 83% of respondents agreed it would be helpful if public agencies and social service programs partnered with stores to increase the availability of affordable healthy food and decrease the amount of inexpensive, unhealthy food. Some suggested that an initiative to provide consulting expertise to rural grocers and restaurants to expand healthy offerings and minimize unhealthy offerings. Others suggested that there should be more farmers markets, especially in areas without grocery stores, and more farmers markets should accept EBT. In order to make these initiatives successful, 89% of participants agreed that it would be helpful to implement strategic communications campaigns that increase awareness of affordable, healthy food options for low-income shoppers could be funded and implemented.

As a strategy, establishing healthy food guidelines in community institutions was popular among participants. 76% agreed that it would be helpful if faith communities and related efforts could establish healthy eating guidelines for their celebrations, events, foodservices, and food contributions. 84% said it would be helpful for public facilities across the state to establish healthy food guidelines for concessions, vending, and foodservice that greatly increases the availability of healthy foods and decreases the availability of unhealthy foods. Some participants encouraged serving healthy foods at school and community events, while others suggested that schools and hospitals purchase food grown by local farmers.

Developing policy or voluntary standards at municipal or state levels that define a minimum amount of healthy foods like whole grains and fresh produce carried by retailers was suggested by some participants.
Other community resources could be improved in order to increase availability of healthy food in communities. Some participants indicate that food support programs need to be available for all community members, including those who do not speak English or do not have proof of citizenship. Ensuring strong, effective management of existing programs that increase access to healthy food is also a priority for some. Finally, 89% of participants thought it would be helpful if public housing acted as a hub for community food access through mini markets, on-site feeding programs or community kitchens.

**Food Infrastructure**

Food Charter participants agree that several dimensions of the infrastructure associated with growing, processing, distributing, selling and preparing foods present opportunities for policy and systems change to increase healthy food access. The wide-ranging nature of food infrastructure meant much of the input from participants cut across many domains.

**Barriers** - Food Charter participants pointed to food marketing, government policy and regulations, and even the weather as infrastructure obstacles to healthy food access. 82% of respondents agree that state and federal policy doesn’t favor production of fresh produce. Subsides are only available for commodity crops. Some participants indicated that local farmers do not grow enough healthy fruits and vegetables for local consumption. For those who wish to grow their own food, 88% of participants agree that people do not always have access to a garden plot. The cold climate and short-growing season in Minnesota compound the issue of food production and the extent of the supply of fresh produce, suggest some participants.

Regulation and funding also present obstacles. One Food Charter participant pointed to the challenge involved in increasing taxes to support government programs that provide or subsidize healthy food. 82% of respondents agree that regulations and licensing requirements can be confusing or burdensome for small stores and potential farmers market vendors who would like to sell fresh, healthy food. 82% also agree there is not sustainable funding for key agencies to work on food access issues. 83% agree that healthy food options get little promotional support compared to unhealthy foods.

**Strategies** – What can be done about this diverse array of infrastructure barriers? Food Charter participants propose an extensive list of policy and systems changes designed to improve our healthy food infrastructure. From marketing to regulation to incentives to nutrition policy, these suggestions span local, state and federal levels.

Regulation and labeling were of interest to Food Charter respondents, on the production and consumption ends of the spectrum. Some participants think changes to food assistance programs, such as SNAP, to encourage eating healthier foods would help, as would labeling
healthy foods at restaurants and grocery stores, suggest others. Local government has a role to play, proposed some participants, by partnering organizations to examine regulatory barriers (food safety, zoning, licensing, code interpretation inconsistencies) to healthy food access. On the production end, some think food safety regulations should make it easier for people to start food-related businesses. Certification and licensing requirements for small farmers will be challenging; providing assistance to small farmers to navigate these requirements is critical, say some participants.

Encouraging the purchase of healthy foods and production of healthy foods by farmers were also popular ideas among Food Charter participants. Some proposed incentives at state and federal levels for farmers to grow more fruits and vegetables, like increasing support in the federal Farm Bill for production of fruit, vegetable, and other specialty crops that promote health. Other respondents indicated that Incentives and funding to develop businesses that buy, process and distribute healthy foods grown by nearby farmers for stores, schools, hospitals, restaurants and other institutions would also prove helpful. Some supported the development of state policy and programs to provide incentives, long-term access to and preservation of farmland, risk management, and training for farmers who would like to grow food for nearby markets.

Food Charter participants proposed several other ideas, like providing greater financial support to food assistance programs and developing better networks for distributing locally grown food. Some also encouraged the establishment of policies by city and county governments to ensure access to land on a long-term basis for community gardens and to increase the overall number of community garden plots, particularly in cities with larger populations. Some respondents also identified a role for local government and agency partners in the development of gardening resource networks, where people can share expertise, equipment, and distribute seeds.

Finally, some participants saw a role for food manufacturers as core partners in the effort to increase access to healthy food.

**Cultural and Structural issues**

Food Charter participants pointed to numerous cultural and structural challenges that play a significant role in healthy food access for Minnesotans. These challenges ranged from attitudes and habits of community members to society-wide issues of inequity.

**Barriers** - From an individual standpoint, respondents observed numerous issues that get in the way of healthy food access. 77% of participants agree that people lack time to find and prepare healthy food. 87% agree that many households have irregular work hours that result in children eating too much unhealthy food. Some participants suggested that people are
not interested in learning about healthy food or supporting local agriculture. Food marketing plays a systemic role in food choices, where unhealthy foods are marketed heavily, especially to children, say some participants. 83% of respondents agree that immigration status can inhibit peoples’ ability to have access to affordable, healthy food, because of the difficulty in finding jobs and qualifying or finding certain programs and resources.

Some Food Charter participants indicated the complexity of having the government play a role in healthy food access. One respondent felt it was too easy to get government handouts, such as EBT; another expressed concern that the government is too involved in people’s food choices. Many people react against attempts by government programs to increase access to healthy food, suggested one participant.

Finally, 76% agree that too few communities of color are in leadership and decision-making capacities around programs and policies that focus on healthy food access. Others pointed to the use of inexpensive migrant labor in the agricultural system and the undervaluing of this labor force by society.

**Strategies** – Resolving these challenges is a complex undertaking, requiring a variety of approaches. Food Charter participants proposed numerous ways to reduce these cultural and structural barriers. An overall redefinition in how we think about food and eating as a culture is required, say some participants, including widespread agreement on what healthy food is. From a cultural standpoint, we need to focus less on convenience, say others.

Participants recommend that consumers form coalitions and advocate for healthier food. Others suggest that people from diverse backgrounds need to be involved in conversations about healthy food. Pointing to other successful public health campaigns – like reducing tobacco use, respondents suggest that healthy food access advocates have the opportunity to learn from these successes. Celebrating and promoting successful systems and policy efforts to increase access to healthy foods are a key part of this effort, say some participants.