

Food Access

ACCESS TO HEALTHY AND AFFORDABLE FOOD

Why It's Important

Minnesota ranks 7th worst in the nation for the share of residents with access to healthy foods.¹ Household food insecurity – the state of not having reliable access to enough affordable, nutritious, culturally appropriate food – is associated with poorer health and increased medical costs in both children and adults. When food is not accessible and available to families, children are more likely to be hospitalized, have anemia, and be at risk for developmental concerns and behavior problems.² Infants born to women who are food insecure during pregnancy are more likely to be low birth weight and have birth defects. Pregnant women who are food insecure are more likely to be depressed, have gestational diabetes, and have higher weight gain prior and during pregnancy.³

“It’s hard to be healthy if you’re hungry.” - Dr. John Prior, former board member of Second Harvest Heartland

A lot of families may not consider themselves to be food insecure, but food insecurity also looks like mom eating a few bites of dinner to make sure her children get enough to eat or families eating cheap, filling, and unhealthy food until the next paycheck.⁴ Nearly 1 in 10 households in Minnesota experience food insecurity with factors that can lead to food insecurity including low wages, lack of transportation, and difficulty accessing benefits.⁵ When families experience food insecurity they might experience stress about running out of food before they can buy more, eat less healthy meals, and sometimes cut back on the size of meals or skip them entirely. In 2017 people living in Minnesota made 3,402,077 visits to food shelves; with 36.4 percent of those visits made by or for children.⁶

Figure 1. Minnesota Food Charter Facts & Statistics, Hunger Solutions 2017 Report



Source: Hunger Solutions Food Shelf Visits 2017 Report

“[Women, children and families need] food - we are not meeting the needs of vulnerable people in our communities. They need proper nutrition and enough to eat to lower anxiety and improve overall quality of life. Children are vulnerable to cyclical poverty when they act out in school, have illness, and have anxiety/ depression- all related to food challenges.” – Needs Assessment Discovery Survey respondent

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Minnesota has fewer grocery stores per capita than most states, ranking in the bottom third of states nationwide. Almost 900,000 Minnesota residents, including over 200,000 children, in lower-income communities have insufficient grocery store access.⁵ Safety issues like having to walk after dark to a convenience store to get food can make it difficult to get healthy food, or food at all. When families who have food insecurity can get food, it is less likely to be nutritious, often because fresh fruit and vegetables are more expensive and harder to find. Roughly 235,000 Minnesotan residents live more than 10 miles away from a large grocery store supermarket – which means they have to rely on neighborhood stores and smaller convenience stores for their everyday needs.¹

Focus on Health Equity

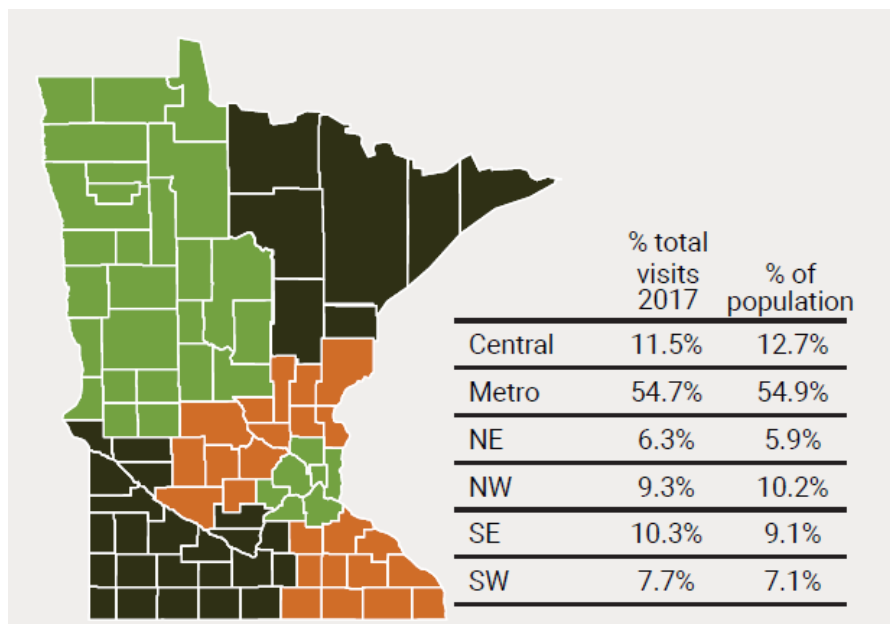
American Indian Communities & Tribal Nations

Between 2012 and 2014 in Minnesota, 1 in 3 American Indian new mothers reported being food insecure 1 year before their baby was born.⁷ Specifically for tribal nations in Minnesota, all of the Red Lake Reservation area qualifies as a food desert, and large percentages of White Earth, Leech Lake, Mille Lacs, and Bois Forte Reservations areas are also considered food deserts.¹ Traditional (indigenous) foods have provided nutrition and promoted health to tribal and American Indian communities for generations and strategies to improve food access for tribes need to be planned and implemented in partnership with tribal and American Indian communities.

People Living in Greater Minnesota

In greater Minnesota, 24 counties have 100 percent of their census tracts qualify as federally designated food deserts, such as Cook, Koochiching, Red Lake, and Redwood. In an additional 20 counties in greater Minnesota, at least 50 percent of their census tracts qualify as federally designated food deserts.¹ Rural Minnesota has many more food deserts, areas with a high proportion of residents who live far from a full-service grocery store, than the metro.⁸

Figure 2. Food Shelf Visits by Region, 2017



Source: Hunger Solutions Food Shelf Visits 2017 Report

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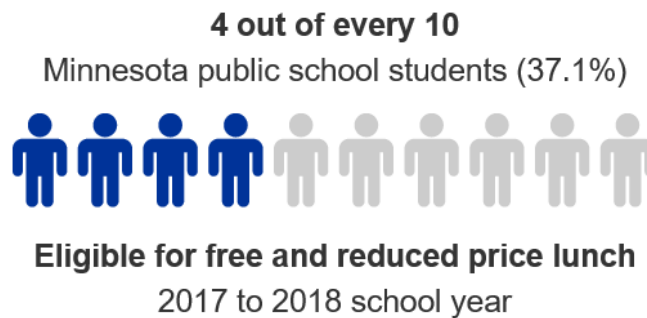
“There’s a strong tendency across my region to conflate health foods to local foods. People think about gardens, foraging mushrooms, farmers in the region, wild rice. Which is part of the food culture, but the whole locavore movement isn’t going to help someone struggling with permanent housing and employment and trying to feed 3 kids.” – Key Informant Interview with Noelle Harden, Health & Nutrition Educator in Greater Minnesota

Additional Considerations

Food Insecurity & Kids

Hunger is strongly linked to health and academic achievement. Hunger negatively impacts academic performance and behavior in school, with hungry children performing worse in math, being more likely to repeat a grade, come to school late, or miss school days entirely.⁹ Students who eat breakfast at school have better attendance and fewer behavioral problems during the day.⁹ Schools who have piloted new programs have reported that offering all students free breakfast improves behavior and increases focus in the classroom.⁹ In Minnesota free school meals are available to children living in households that have income at or below 185 percent of the federal poverty level. Children of color and American Indian children are more likely to have food insecurity and get free or reduced cost meals at school.

Figure 3. Minnesota Students Eligible for Free and Reduced Priced Lunch, 2017-2018



Source: Minnesota Department of Education

Medical Foods

Children or adults with certain diseases or conditions, including some individuals with a disorder identified through newborn screening, rely on medical foods for the dietary management of their condition. Some people who require medical foods need to follow a special diet for the rest of their lives. However, getting the medical foods they need and paying for their medical foods (which are more expensive than every day food) can be challenging. Insurance does not consistently cover medical foods, which means some people receive very good coverage while others receive little to no coverage. Systems need to change to improve access, as the nutrients in medical foods are needed by some people to survive and thrive, they are not a “nice to have” dietary option, they are a “need to have”.¹⁰

Discovery Survey Results

In the summer of 2018, Minnesota’s Title V Maternal and Child Health Needs Assessment distributed a Discovery Survey asking people living in Minnesota, “What are the biggest unmet needs of women, children, and families in your community?” More than 2,700 people responded. Food was within the top 10 themes identified through the Discovery Survey with 273 mentions of obtaining food, cooking, nutrition education, safe access to food, and access to or utilization of support programs like SNAP, WIC, and free and reduced meals at schools.

Important Note on Equity and Intersectionality

The Minnesota Department of Health's Title V Needs Assessment team acknowledges that structural (social, economic, political and environmental) inequities can result in poor health outcomes across generations. They have a greater influence on health outcomes than individual choices or a person's ability to access health care, and not all communities are impacted in the same way.

All people living in Minnesota benefit when we reduce health disparities.

We also acknowledge that the topic addressed in this data story does not exist in isolation— which is important to remember as we do needs assessments and as we start thinking about how we approach solutions. In addition to the needs themselves being intersectional, there are also intersecting processes and systems through which power and inequity are produced, reproduced, and actively resisted.

Citations

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