



The Impact of Access to Healthy Food on Health Equity

Event Summary Report

January 20, 2016

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"Health equity is achieved when every person has the opportunity to realize their health potential – the highest level of health possible for that person – without limits imposed by structural inequities." (*Wilder Research*)

Introduction

Health and hunger have always been inextricably connected. Where there is food insecurity, there is poor health. In Minnesota, food insecurity is tied closely to greater incidence of overweight and obesity, coupled with diet-related diseases such as heart disease and diabetes. Furthermore, hunger and health in Minnesota – just as many other places – are strongly correlated with our ZIP code, our income, our gender, age, and race or ethnicity.

Minnesota's philanthropic community has consistently demonstrated a strong, deep commitment to alleviating hunger across the state, as have many public health and social service agencies. On January 20, 2016, key partners in philanthropy, hunger relief, and health convened the "The Impact of Access to Healthy Food on Health Equity" event. Co-sponsored by the Greater Twin Cities United Way, the Minnesota Food Funders Network, and the Minnesota Hunger Initiative, this half-day event brought together nearly 100 funders, organizations, and stakeholders working on hunger relief and health to network, learn, and share.

Event Outcomes – This event was designed to:

- Reveal the impact of access to healthy food on health equity
- Explore how to create a *culture of health* in Minnesota
- Describe promising practices to advance health equity
- Increase engagement and investments in health equity initiatives

Event Speakers – Event speakers set the context for future strategic possibilities in Minnesota at the intersection of health and hunger, offering conceptual frameworks, relevant data, and concrete examples of pertinent work.

Conceptual Frameworks

Dr. Ed Ehlinger (Minnesota Commissioner of Health) described the 'triple bottom line' of health and state government's commitment to advancing health equity and reducing structural racism.

Dr. Dwayne Proctor (*Robert Wood Johnson Foundation*) shared their new "Culture of Health" approach to reducing health disparities by comprehensive culture change.

Demographic Trends

Melanie Ferris and **Allison Liuzzi** (*Wilder Research*) described demographic trends in Minnesota that link health and hunger to income, geography, gender, race and ethnicity, as well as the overall trend of aging and growing ethnic diversity in our state.

Promising Practices

Tony Cuneo (*Healthy Duluth Area Coalition*) offered an overview of the healthy eating-related activities that are transforming access to affordable, healthy food. From express routes to grocery stores from low-income neighborhoods with specially outfitted buses capable of holding grocery bags to community classes teaching cooking and gardening skills, Duluth is moving the dial on healthy food skills and healthy food environments.

Dr. Diana Becker Cutts (*Hennepin County Medical Center*) shared the prevalence of food insecurity among HCMC patients and HCMC's diagnostic tools and available resources that provide nutrition education, nutritious food distributed via an onsite food shelf, and referrals to programs like SNAP and WIC.



Dwayne Proctor; Ed Ehlinger (*photo credit: Minnesota Food Charter*)

Matt Hanson (*Leech Lake Tribal College*) recounted their success with a new nutritious foods initiative that integrates traditional teachings and foods in weekly community meals served on campus.

Joe Newhouse (*Matter*) described their non-traditional, effective approach to providing “Matter” boxes to their program participants.

Sarah Schmidt (*The Food Group*); **Marna Canterbury** (*HealthPartners*); **Liz Riley** (*Valley Outreach*) together shared a multi-organization partnership designed to increase nutritious food options, decrease unhealthy food options, and provide nutrition education to food shelf clients (including proven merchandising and marketing methods) as a means to increase healthy food consumption by low-income consumers.

Patty Wilder (*Healthy Savings Program*) shared a unique collaboration between hunger relief agencies, researchers and evaluators from healthcare and academia, and the private sector, that provides ‘point of sale’ discounts and incentives for fresh produce and name-brand nutritious foods to low-income consumers.

Content Summary

When it comes to good health, Minnesota is ahead of most states. Many people are healthy, enjoy reliable access to healthy food, and are unlikely to experience food insecurity. Yet when the evidence is parsed, stark disparities emerge in educational attainment,

wealth, and access to good jobs, affordable housing, nutritious food, and efficient transportation. In Minnesota, if you are elderly, live in a rural community, a single parent, low-income, and/or are a person of color or American Indian, you are far more likely to experience food insecurity and diet-related health issues. These social determinants of health have a strong, adverse impact on longevity and well-being.

“Health inequities are avoidable differences in health between groups of people that result from systematic differences and social conditions and processes that determine health.”
(Wilder Research)

In Minnesota, structural racism¹ is a leading factor for these pervasive health disparities. Rural communities also have higher overall poor health measures than metropolitan areas across the state. That's why advancing health equity is so important through policy, systems, and environmental changes at all scales, designed to improve the social determinants of health that disproportionately and inequitably impact many cultural and geographic communities in our state.

What approaches can change these troubling trends? By collaborating across sectors on initiatives designed to reduce structural barriers to good health, we can advance health equity, ensuring all members of our society enjoy good health. The Robert Wood Johnson Foundation believes that a cultural shift is in order, where our society and communities 'make health a shared value.' A few critical steps can support this societal change, including:

- Fostering cross-sector collaboration to improve well-being
- Creating healthier, more equitable communities
- Strengthening integration of health services and systems

"We envision everyone in America has the realistic hope and ample opportunity for the healthiest life possible." *Dwayne Proctor, MD, Robert Wood Johnson Foundation*

This 'culture of health' action framework can inform the approach and programming of an individual organization, a community, a region, or a state.

According to our Commissioner of Health, effective implementation of this action framework can improve population health, well-being, and equity for all Minnesotans – improving our *triple bottom line* of health for all. This triple bottom line includes:

- Implementing a health in all policies approach with health equity as the goal

¹ *Structural racism is defined as "the normalization of an array of dynamics – historical, cultural, institutional, and interpersonal – that routinely advantage white people while producing cumulative and chronic adverse outcomes for people of color and American Indians." (Wilder Foundation)*

- Expanding our understanding of what creates health
- Strengthening the capacity of communities to create their own health future

The Minnesota Department of Health has established a statewide vision for health equity, where all communities are thriving and all people have what they need to be healthy. This commitment to advancing health equity and fostering healthy communities is demonstrated through Minnesota Department of Health's support for the Minnesota Food Charter.

Together, Minnesota's leaders in health, agriculture, hunger, and nutrition, as well as thousands of residents created a roadmap—the Minnesota Food Charter—that offers 99 actionable policy and systems change strategies to increase reliable access to healthy, affordable, and safe food from farm to table. Implementable at all scales, Food Charter strategies are designed to foster healthier food skills, healthier food environments, and a healthier food infrastructure.

A companion resource, the Minnesota Food Charter Health Equity Guide offers an overview of the Food Charter, a rationale for why health equity is important; health equity-related Food Charter strategies; a list of resources, including a self-assessment tool for how to use a health equity lens for Food Charter work; and a 'how to' on effective stakeholder communications.

Call to Action

At the close of the event, Department of Human Services Assistant Commissioner, Anne Barry, first shared successful approaches they have used to address health equity by increasing access to nutritious food and the compelling return on investment by adopting this way of working. She also issued a Call to Action for participants, asking them to:

- Become involved in the Minnesota Food Funders Network
- Join a Minnesota Hunger Initiative task force
- Participate in local and regional food policy councils across the state

Commissioner Ehlinger encouraged participants to become active in implementing Food Charter strategies of their choosing and to engage with the Minnesota Food Charter Network.

Event Evaluation Recap

Respondents to the online event evaluation spoke very highly of the event, expressing:

- Support for an annual event, suggesting a lengthier format
- Enthusiasm for the public profile of keynote speakers and substance of their remarks
- Interest in promising practices
- Appreciation for networking opportunities
- A need for greater integration of rural issues and participants, relevant federal and statewide policy work, comprehensive planning, and current and planned funding approaches

Attendees at the event were a mix of funders, hunger relief advocates, health care professionals and others, as were the respondents to the online evaluation survey. Respondents indicated they have a better understanding of who their future target audiences are, new partners that they can collaborate with, and new frameworks that connect health, equity, and hunger.

For future events, participants recommend:

- A need for greater integration of rural issues and participants, relevant federal and statewide policy work, comprehensive planning, and current and planned funding approaches
- More opportunity for networking among participants
- Longer breakout sessions with more examples of promising practices

- Less time dedicated to plenary remarks or more interactive opportunities interspersed with plenary remarks
- A lighter room without technology hiccups

The Impact of Access to Healthy Food on Health Equity Planning Committee

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Sue Letourneau, Center for Prevention at Blue Cross Blue Shield of Minnesota

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