



Fargo-Moorhead Metropolitan Council of Governments

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To: Cass Clay Food Commission
From: Cass Clay Food Partners
Fargo-Moorhead Metropolitan Council of Governments (Metro COG)
Date: November 3, 2017
RE: Cass Clay Food Commission Agenda and Correspondence

17th Meeting of the Cass Clay Food Commission

November 8, 2017 10:30 am – 12:00 pm
Location: Fargo City Commission Chambers

- | | |
|----------|-------------------------------------------------------------------------------------------|
| 10:30 am | 1. Welcome |
| | a. Approve Order & Contents of the Overall Agenda |
| | b. Review & Action on Minutes from September 13, 2017
(Attachment 1) |
| | c. Commission Check-In |
| 10:35 am | 2. Ruby's Pantry – Marisa Gonzalez, M State |
| 10:50 am | 3. Food Access |
| | a. Introduction & Survey Discussion – Adam Altenburg |
| | b. Video – Minnesota Food Charter |
| | c. Food Access Facilitation Activity (Attachment 2) – Noelle Harden & Joleen Baker |
| | d. Healthy Corner Store Initiative Blueprint (Attachment 3) – Whitney Oxendahl |
| 11:40 am | 4. Public Comment Opportunity – Chair Rasmussen |
| 11:50 am | 5. Commission & Steering Committee Roundtable |
| 11:55 am | 6. Commission Action Steps |
| | a. Next Meeting – January 10, 2018 |
| 12:00 pm | 7. Adjournment |

Cass Clay Food Commission meetings are taped and rebroadcast on cable channel TV Fargo 56 each Friday at 11:00 am. People with disabilities who plan to attend this meeting and need special accommodations should contact Savanna Leach at Metro COG at 701.232.3242. Please contact us at least 48 hours before the meeting to give our staff adequate time to make arrangements. Meeting minutes are available on the Cass Clay Food Partners website at www.cassclayfoodpartners.org and Metro COG's website at www.fmmetrocog.org.

Attachment 1

**16th Meeting of the
Cass Clay Food Commission
September 13th, 2017
Fargo Commission Chambers**

Members Present:

Arland Rasmussen, Cass County Commission, Chair
Mike Thorstad, West Fargo City Commission
Jenny Mongeau, Clay County Commission
Jim Aasness, Dilworth City Council
Heidi Durand, Moorhead City Council
Mindy Grant, At-Large Member
Chris Olson, At-Large Member
Kayla Pridmore, At-Large Member
Dana Rieth, At-Large Member

Members Absent:

John Strand, Fargo City Commission
Jon Evert, At-Large Member

Others Present:

Megan Myrdal, Project Coordinator
Kim Lipetzky, Fargo Cass Public Health
Noelle Harden, U of M Extension
Deb Haugen, Cass Clay Food Partners
Joleen Baker, Cass Clay Food Partners
Adam Altenburg, Fargo-Moorhead Metropolitan Council of Governments

Chair Rasmussen called the meeting to order at 10:30 AM.

1(a). Approve Order and Contents of the Overall Agenda

A motion to approve the order and contents of the overall agenda was made by Mr. Aasness and seconded by Ms. Grant. The motion was voted on and unanimously approved.

1(b). Review and Action on Minutes from May 10 and July 12, 2017

A motion to approve the minutes was made by Ms. Durand and seconded by Mr. Thorstad. The motion was voted on and unanimously approved.

Dana Rieth arrived at 10:33 AM.

1(c). Commission Check-In

Chair Rasmussen informed the Commission that Barb Witteman from Concordia College would be serving on the Steering Committee.

Chair Rasmussen stated that Commission members had an opportunity to provide updates on news or events happening in the community.

Ms. Durand stated that Ruby's Pantry, a non-profit organization that collects and distributes surplus food items, was now operating at M|State. She explained that this was in response to a

school survey which found that up to 30 percent of students face food insecurity and have difficulties being able to afford food. She stated that the program is open to the public.

Ms. Grant explained that Growing Together, the community gardening network in the metro area, was having a good season. She also stated that FARRMS would be having a business development program in November and that registration was now open for those interested in becoming new farmers.

Ms. Harden informed the Commission that a Future of Food event would be held on November 20.

Mr. Aasness stated that the Whistle Stop Park Farmers Market in Dilworth was having its best season to date.

Ms. Haugen explained that the North Dakota Department of Public Instruction (NDDPI) would be holding a class entitled 'Farm to School Benefits and Procurement' on October 17. She stated that the all-day session would be held at the Dakota Medical Foundation in Fargo and that people could contact Deb Egeland for more information.

Ms. Baker stated that the Prairie Roots Co-op celebrated its grand opening on September 6 and encouraged Commission members who hadn't already stopped by to check out the new store in downtown Fargo.

Ms. Lipetzky explained that the Cass Clay Food Partners had received funding from the chronic disease grant administered through the North Dakota Department of Health. She stated that this money would fund activities of the Commission as well as provide resources for gleaning activities in collaboration with the Great Plains Food Bank.

Ms. Myrdal stated that it was Welcoming Week in the metro area and that a Community Table/International Potluck would be at the Plains Art Museum on September 14 from 5:00 to 8:00 PM. She explained that the Red River Market would be holding a Welcoming Day celebration on September 16 highlighting immigrant-owned businesses in the area. She also stated that she and Mr. Altenburg would be speaking at the North Dakota Planning Association meeting on September 28 highlighting the work of the Commission and discussing ways in which planners and food policy experts can better address food systems issues in their communities.

Ms. Myrdal also informed the Commission that she had taken a new position as the Family Nutrition Program Agent for NDSU Extension. She stated that she would be stepping down from her role as Project Coordinator but would still be active on the Steering Committee and future Commission meetings.

2. Gleaning Blueprint Discussion and Vote for Approval

Chair Rasmussen asked Ms. Baker if there were any updates or revisions made to the gleaning blueprint. Ms. Baker informed the Commission that she included additional information on the Sportsmen Against Hunger program, a program by the North Dakota Game and Fish Department and the Community Action Partnership that connects hunters with certified processing facilities in North Dakota. She also include information on the Minnesota Hunter Harvested Venison Donation Program, a collaboration between the Minnesota Department of Agriculture and the Minnesota Department of Natural Resources. She also noted changes to some of the contacts for food donation centers in the metro area which were listed in the appendix.

A motion to approve the gleaning blueprint was made by Ms. Mongeau and seconded by Mr. Aasness. The motion was voted on and unanimously approved.

3. Heart-n-Soul Community Cafe

Leola Daul provided a brief update on the Heart-n-Soul Community Café, a pay-what-you-can café that operates the fourth Sunday of each month. She thanked members of the Commission who have helped with the café in the past.

Ms. Daul informed the Commission that she had received a grant from the Consensus Council, a non-profit organization that provides services to support building public policy agreements. She explained that the café has put out a survey to gauge issues such as food insecurity and social isolation in the community. She stated that the survey is both online and that paper copies were available at the café and other agencies and community groups in the area. She also explained that she is working with a consultant on achieving 501(c)(3) non-profit status.

4. Cass Clay Food Partners: New Structure and Strategic Plan

Ms. Myrdal provided the Commission information on the new structure of the Cass Clay Food Partners. She explained that there was a need for the former Cass Clay Food Systems Initiative (CCFSI) to move beyond an “initiative” to better serve the needs of the community. She also stated that this would help create a pathway for more community involvement in food systems considerations.

Ms. Myrdal explained that, in addition to the Cass Clay Food Commission and the Steering Committee, an additional group called the Cass Clay Food Action Network would be starting up to facilitate community involvement in increasing access to safe, nutritious, affordable, and culturally-based foods. She stated that the Food Action Network would meet monthly and would be open to any individual or organization interested in working to advance the mission of the Cass Clay Food Partners.

Ms. Mongeau stated she was excited to see the new structure and felt the Food Action Network would be instrumental in helping community members have a platform to bring forward food systems issues to their local jurisdictions.

Mr. Thorstad asked what role corporate partners may have, such as distribution facilities and retail operations. Ms. Myrdal responded that this may depend on the conversations the Food Action Network has with these types of organizations and that it might also depend on the corporate partners themselves and their desire to engage in the work of the Cass Clay Food Partners. She stated that there may be opportunities for collaboration with corporate partners on future gleaning activities. Ms. Durand added that Ruby’s Pantry already works to distribute corporate surplus food items.

5. Discussion on City of Horace Representative to the Cass Clay Food Commission

Mr. Altenburg stated that, with growth issues and increased urbanization in the southwest metro area, the City of Horace had recently become a full member of Metro COG’s Policy Board, bringing it to a total of seven voting members. He stated that the Steering Committee had, on several occasions, discussed the idea of approaching the City of Horace to gauge their interest in becoming a member of the Cass Clay Food Commission. He explained that the Steering Committee ultimately wanted to ask the Commission their views before extending a formal invitation to Horace.

A motion to extend an invitation to the City of Horace on appointing a member to the Cass Clay Food Commission was made by Ms. Mongeau and seconded by Mr. Thorstad. The motion was voted on and unanimously approved.

6. Public Comment Opportunity

Chair Rasmussen informed the Commission that time would be allotted for public comments.

Stacie Loegering, Executive Director of the Emergency Food Pantry, provided the Commission information on some of the recent activities of the pantry. She stated that she has been working with other hunger relief organizations and service providers to reestablish the Hunger Coalition in the Fargo-Moorhead area and that its next planning meeting would be held on September 27 at the Great Plains Food Bank.

Nancy Carriveau, Food Resource Manager for the Great Plains Food Bank, stated that in response to some earlier questions, her organization works with many corporate partners to provide bulk food items for distribution to approximately 218 food pantries in North Dakota and Clay County. She explained that the food bank also has drivers that make regular pick-ups at major retailers such as Costco, Sam's Club, and Walmart, as well as several school districts and other distributors.

Margie Bailey stated that she was at the meeting to learn more about the work of the Commission. She explained that she has had several discussions over the years with NDSU and NDSCS about establishing a culinary arts program in downtown Fargo.

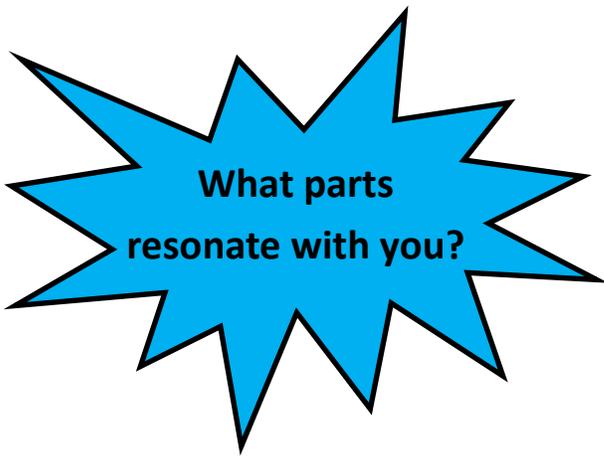
7. Commission and Steering Committee Roundtable

Chair Rasmussen asked for the Commission and the steering committee to share any additional updates.

8. Commission Action Steps

Ms. Myrdal asked Commissioners to complete a brief survey regarding their knowledge and understanding of food access strategies.

Chair Rasmussen adjourned the meeting at 11:51 AM.



Minnesota
FOOD CHARTER
For Our Healthy Future

Words that stand out

Sections of the Charter

(Pick One)

FOOD SKILLS

FOOD ACCESS

FOOD AVAILABILITY

FOOD AFFORDABILITY

FOOD INFRASTRUCTURE

Specific Challenges & Strategies



What would it look like to address this issue in our community?

What is your role in making progress on this issue?

Healthy Corner Store Initiative

This issue brief will provide background information related to healthy corner store initiatives and food access and will address the common concerns and benefits from a health, environmental, social, and economic standpoint. Appendices have been provided to share how regional jurisdictions are addressing the issue and give example policy language from another jurisdiction. The appendices also include helpful online resources, health indicators for the F-M (Fargo-Moorhead) area, and a food access map of F-M.

Background

Living in Cass and Clay Counties is unlike living in most areas of the country. Residents survive in extreme climates with hot, humid summers and frigidly cold winters. With increasing populations, the cities in Cass and Clay have spread out and both urban and rural communities need to be considered when implementing policy or programs. For people without access to a vehicle or public transportation, it is challenging to navigate this environment of sprawl, especially in the winter. Lack of transportation and other barriers directly impact how residents access healthy foods

How can we make healthy food easily available to all members of our community, especially for those most vulnerable? The vulnerable can be those without transportation, housing, or money for food, or elderly citizens, children, refugees, single parents, or people with disabilities. These people and more can struggle accessing healthy foods. One way to address these disparities is through an initiative called **Healthy Corner Store Initiative**.

The movement for healthy food retailers in the United States began in Philadelphia through an organization called The Food Trust, which worked to improve food access in low-income neighborhoods without a nearby grocery store. The easiest food to secure in those neighborhoods came from corner stores or fast food restaurants, which often lacked healthy options. The healthy retail programs brought fresh produce and other healthy options **near to consumers** (key to addressing food access) and opened up new retail development for the community bringing with it an economic windfall.

For low-income neighborhoods like these, the benefits of increasing healthy food options are especially profound. With the USDA reporting 25 to 30 million people without adequate access to grocery stores or other healthy food retailers¹ (also known as a *food desert*), addressing food access would impact the lives of numerous Americans.

Healthy Food Access: a Local Story

The Emergency Food Pantry is a vital service in the F-M area, providing hungry families and individuals with wholesome food to tide them over during times of emergency. While this emergency food option is an invaluable community resource, some individuals not only struggle with hunger, but also have difficulty getting to the Pantry when they are in need.

Stacie Loering, Executive Director of the Emergency Food Pantry, shared a story about an older gentleman who is food insecure and relies on the Pantry when he falls short on SNAP (Supplemental Nutrition Assistance Program) benefits some months. He struggles to get to the Pantry because he does not have a vehicle and cannot use public transportation to haul food due to a physical disability. A local Uber driver gives this older man free rides to the pantry, and also helps him to load and unload his groceries. This is a lovely example of a person in need finding a caring individual to help them

What is a Healthy Corner Store?

¹ Ver Ploeg, M. et al. Access to Affordable and Nutritious Food: Updated Estimates of Distance to Supermarkets Using 2010 Data. [Report No. 143.] Washington, D.C.: United States Department of Agriculture, Economic Research Service, 2012.

The Food Trust defines a corner store as a retail store with less than 2,000 square feet, four aisles or fewer, and only one cash register, but others simply call it a convenience store.² A local policy or program can choose the parameters to define a corner store that best fit the local retail environment. Healthy Corner Store initiatives aim to increase the amount of healthy foods in these kinds of stores.

Many cities focus on programs instead of policies, because it can be challenging to achieve a successful policy without program support. In 2008, the City of Minneapolis passed an ordinance (Appendix B) requiring retail stores to carry a certain amount of produce and other staple foods, like whole grains, meat, beans, and dairy. A year later, the Minneapolis Health Department assessed a sampling of stores, and a vast majority did not meet the ordinance's requirements. They found that the greatest need was to support store owners in making the store changes needed to fulfill the requirements, so they started a Healthy Corner Store Program.

Not only should a program support store owners in increasing the **supply** of healthy foods in a community, it should also work to increase the **demand** for healthy foods. Educating community members on how to prepare foods, marketing to the community, holding events at the store, and partnering with local community organizations are all ways to boost demand in the community and are crucial to a successful, long-lasting program.

Below are more keys to a successful Healthy Corner Store Program:

1. Select stores strategically. Look for store owners who are willing to make changes, examine the makeup of the surrounding neighborhoods, and note the distance from other grocery retailers.
2. Build relationships with store owners and provide support. Marketing, technical assistance, and signage are essential.
3. Incentivize with funding. Provide loans or grants to store owners to update their equipment (e.g. coolers for fresh produce).
4. Enlist the help of a grocery specialist. Beautiful displays can increase sales of healthy foods.
5. Continue to check in with store owners and maintain the relationships.
6. Create tools to evaluate the program's or policy's success.

Furthermore there can be barriers for store owners implementing the program. They may:

1. Lack the skills required to handle or display healthy foods.
2. Struggle to find a distributor that will deliver small enough orders of produce a few times per week.
3. Have to overcome the perception that there is a lack of customer demand for healthy foods.
4. Need assistance with infrastructure limits (e.g. no refrigerator).

Health Impacts in the F-M Area

Healthy food retailers bring fresh produce, whole grains, and other healthy foods closer to residents and increase the chance they will choose healthier options. Increasing these foods can affect diet-related diseases and obesity rates and could directly impact the F-M community. In 2011, the CDC reported more than **one-third of adults** in the F-M area were overweight, **one quarter** were obese, and **nearly one in ten** had diabetes. (See Appendix C for these and more community health indicators.) Focusing on

² The Food Trust. Healthy Corner Store Initiative: Overview (online). 2014. available at: http://thefoodtrust.org/uploads/media_items/healthy-corner-store-overview.original.pdf

healthy retailers can create a food environment in which making healthy food choices takes less time and effort for local residents.

Strategic Stores in Cass and Clay Counties

Implementing a Healthy Corner Store Program in the F-M area calls for strategic planning. Located 10 miles north of Fargo, the city of Harwood boasts a population of more than 700 people, with many local services for their residents. They have one Cenex gas station but no grocery store. If this gas station converted to a healthy food retailer, the residents would have easier access to healthy foods and they would not have to make a trip into Fargo for all of their grocery needs.

In urban areas, strategically evaluating the existing convenience stores could help increase access to groceries in food deserts (Appendix C). Alternatively, evaluating convenience stores near schools could affect the youth population, since children and teenagers tend to walk nearby to purchase food and drinks. In Moorhead, the high school sits across the street from a Tesoro gas station. Access to convenience foods is plentiful, but a store conversion to a healthy retailer could change consumption patterns for the city’s youth.

City and County Government Response

Minneapolis took a bold step when the City passed its Staple Foods Ordinance (SFO) requiring retailers to carry a certain amount of healthy foods (Appendix B). Other cities have considered incentive-based policy, such as discounts off of retail license applications for offering fresh produce.

If a jurisdiction would like to support a Healthy Corner Store Program without delving into policy, the greatest need would be in funding. Funding a program or offering grants through the local public health department demonstrates the importance a community places on the health and wellness of its residents.

Conclusion

Reducing food access issues in a community tends to bring forth creative solutions. How can we make healthy food available to all members of our community? Many cities have begun using Healthy Corner Store Initiatives as one of those solutions. When a community contemplates a Healthy Corner Store Initiative, it should consider programs or policies in other jurisdictions, but implementation will be unique to that community’s own needs and neighborhood composition. The F-M area would need to consider its convenience stores strategically, understanding its urban and rural store landscape.

Table 1. Summary of Healthy Corner Store ordinances in local jurisdictions (as of September 2017)

Moorhead	Dilworth	Clay County	Fargo	West Fargo	Cass County
Not addressed	Not addressed	Not addressed	Not addressed*	Not addressed	Not addressed**

*Fargo’s comprehensive plan GO2030 addresses food access. In the Health section, 03: *Healthy Food* initiative strives to “Ensure all neighborhoods have access to healthy foods.”

See page 137: <http://go2030.net/wp-content/uploads/2012/04/120524-FargoComprehensivePlan-download.pdf>

**Cass County is currently updating their comprehensive plan to include food access; however, corner stores would come from the township’s authority to adopt or regulate, and at this time, the townships do not have specific language forbidding it and control would be as per their discretion.

Table 2. Framework for evaluating Healthy Corner Store policies and initiatives

Domain	Benefit	Concern
Health	<p>Households within 100 meters of a store selling fresh vegetables increase their vegetable consumption³</p> <p>Area residents have better diets as retail shelf space for fresh produce and other healthy food items increases⁴</p> <p>Availability and consumption of healthier foods, like fresh produce and whole grains, can decrease the risk of obesity and diet-related diseases</p> <p>Children and young adults frequent corner stores where they tend to make unhealthy choices of salty or sugary snacks⁵; changing the retail environment can positively impact their food choices</p> <p>Offering increased varieties of fresh produce at small food stores leads to increased purchases of produce and decreased purchases of sugary drinks⁶</p> <p>Stores enrolled in the Philadelphia Healthy Corner Store Network have hosted more than 200 in-store nutrition lessons and health screenings⁷ so corner store programs have the potential to increase community health and awareness</p>	None

³ Nicholas Bodor et al., Neighbourhood Fruit and Vegetable Availability and Consumption: The Role of Small Food Stores in an Urban Environment. 2007. 11 Pub. Health Nutrition 413, 413. available at http://prc.tulane.edu/uploads/Neighbourhood%20F%20and%20V%20availability%20and%20consumption_Role%20of%20small%20food%20stores%20in%20urban%20env.pdf.

⁴ Ibid

⁵ Sean C Lucan, Allison Karpyn, and Sandy Sherman. Storing Empty Calories and Chronic Disease Risk: Snack-Food Products, Nutritive Content, and Manufacturers in Philadelphia Corner Stores. 2010. Journal of Urban Health: Bulletin of the New York Academy of Medicine. Vol 87 No 3.

⁶ Ruff RR, Akhund A, Adjoian T. Small Convenience Stores and the Local Food Environment: An Analysis of Resident Shopping Behavior Using Multilevel Modeling. 2016. Am J Health Promot. 30:172–80.

⁷ Healthier Corner Stores: Positive Impacts and Profitable Changes. 2014. available at http://thefoodtrust.org/uploads/media_items/healthier-corner-stores-positive-impacts-and-profitable-changes.original.pdf

Environment	Possibility of increasing local foods in retail spaces comes with the benefits that come from shopping local, including food travelling fewer miles to reach consumers' plates	None
Social	<p>The urban food environment frames how people eat, and consumers have the ability to re-shape the food environment.⁸ (Consumer demand for healthy food may increase the healthy food for purchase)</p> <p>High-minority, low-income neighborhoods often have less access to healthy foods and a greater density of corner stores, which in turn affects what residents eat and the area food culture⁹</p> <p>Corner store programs are increasing their community involvement by offering cooking demos, nutrition education, and health screenings</p> <p>Store owners involved in corner store programs have shown increased interest in community and customer health¹⁰</p>	None
Economic	<p>A study in Philadelphia and Pennsylvania from 2010-2012 estimated that the Healthy Corner Store Initiative "supported 38 jobs, \$1.1 million in earnings and \$140,000 in additional tax revenue"¹¹</p> <p>Increased profits from healthy foods can allow store owners to invest in their business. Profit margins for staple foods, like produce, meat and bread, can run anywhere between 25 to 50 percent and even greater margins for prepared healthy choices like salads¹²</p> <p>Offering healthy foods can diversify a store owner's customer base and lead to longevity</p> <p>A Healthy Corner Store Program could increase</p>	<p>One concern is the availability of funds to invest in a program to make it successful. Marketing and technical support for store owners is essential and requires funding</p> <p>Store owners may be concerned that customers will not purchase fresh produce. Education and support can help alleviate apprehension</p>

⁸ Carolyn C Cannuscio, Eve E Weiss, and David A Asch. The Contribution of Urban Foodways to Health Disparities. 2010. Journal of Urban Health: Bulletin of the New York Academy of Medicine. Vol 87, No 3.

⁹ Robin S DeWeese et al. Healthy store programs and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), but not the Supplemental Nutrition Assistance Program (SNAP), are associated with corner store healthfulness. 2016. Preventive Medicine Reports vol 4: 256-261.

¹⁰ Healthier Corner Stores: Positive Impacts and Profitable Changes. 2014. Available at http://thefoodtrust.org/uploads/media_items/healthier-corner-stores-positive-impacts-and-profitable-changes.original.pdf

¹¹ Ibid

¹² Siedenburg, K. et al. Healthy Corner Stores Q&A. 2010. A report published by the Healthy Corner Stores Network.

	revenues for local farmers who may be better suited to a corner store's needs for smaller orders. For every dollar in produce purchased, up to 82 cents goes to those in the distribution chain ¹³	
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Resources

Change Lab Solutions <http://www.changelabsolutions.org/childhood-obesity/healthy-food-retail>

http://www.changelabsolutions.org/sites/default/files/Health_on_the_Shelf_FINAL_20130322-web.pdf

http://www.changelabsolutions.org/sites/default/files/Licensing_for_Lettuce_FINAL_20130212_0.pdf

Cook County, IL Toolkit <http://cookcountypublichealth.org/files/pdf/healthy-hotspot/corner-stores/corner-store-toolkit-body-6F.pdf>

The Food Trust <http://thefoodtrust.org/what-we-do/corner-store>

New York City - especially their Adopt a Shop Guide <http://www1.nyc.gov/site/doh/health/neighborhood-health/shop-health.page>

San Francisco <http://www.healthyretailsf.org/>

West Oakland, CA Toolkit <http://healthyfoodaccess.org/sites/default/files/MMPlace-healthy-neighborhood-store-alliance-toolkit.pdf>

If you have questions, please contact Kim Lipetzky with the Fargo Cass Public Health Office at 701-241-8195 or klipetzky@cityoffargo.com.

¹³ LocalHarvest. Why Buy Local. <http://www.localharvest.org/buylocal.jsp>.

Appendix A: Healthy Corner Store Initiatives in Regional Jurisdictions

Bismarck, ND

The city does not have any policies about healthy corner stores or increasing access to healthy foods. The Community Development Department has recently mapped all locations of grocery stores and retailers that accept SNAP benefits, but no further changes have been proposed for the time being based on the findings of that exercise.

The recently adopted Infill and Redevelopment Plan mentions some design guidelines that speak to “The formation and Growth of Complete Neighborhoods” in which one of the design objectives is: “Basic amenities, especially healthy foods, are within walking distance of residences in urban neighborhoods.” This plan primarily sets a vision and strategies in support of infill and redevelopment in Bismarck and does not prescribe any policy or ordinances. (see pg. 17: <http://www.bismarcknd.gov/DocumentCenter/View/27473>).

Douglas County, NE

The Douglas County Health Department and Live Well Omaha - a collaboration of local organizations with the goal of improving the health of residents - strategically recruited ten stores to participate in their Healthy Neighborhood Store Program. The program received support from the Nebraska Grocers Association to help work effectively with store owners. Store owners were provided resources to display and handle healthy food options, and the University of Nebraska Lincoln - Extension conducted on-site cooking demos and tasting events. Program awareness has led to increased sales for these stores.

<http://www.behealthyomaha.org/programs/healthy-neighborhood-stores>

Minneapolis, MN

In 2008, the City passed a Staple Foods Ordinance (SFO) policy, and due to lack of compliance the Minneapolis Health Department (MHD) added a Healthy Corner Store Program 2010-2015. The City revised the SFO (Appendix B) and MHD now runs a modified program to help non-compliant stores become compliant.

MHD’s funding for this work has mostly come from SHIP (Statewide Health Improvement Partnership) grant funding. When they ran the full program, they had .5 FTE (Full-time Equivalent) or more devoted to the work plus \$500 for each store to help with merchandising and stipends. Under the new SFO, MHD dedicates .3 FTE and some money to print materials.

They received some pushback from store owners when passing the SFO, but now there are rarely complaints, especially when store owners realize the abundance of resources to help them comply. Through the SFO, non-compliant store receive an initial violation then a formal citation along with a \$200 fine, but this has been challenging to implement and enforce.

State of Minnesota

The MN Statewide Health Improvement Partnership (SHIP) has a new pilot program called Good Food Small Stores. It is funded by SHIP, which works with Minnesota communities to prevent chronic diseases before they start. This program will work with rural health departments and extension offices to recruit 30-40 stores to implement Healthy Corner Store efforts. They have a rigorous assessment planned after six months to evaluate the effectiveness of store changes.

The MN Department of Agriculture also provides funding for store owners through its Good Food Access Program. The Program’s Advisory Committee has allocated \$250,000 for healthy food retail efforts. Store owners can apply for technical assistance and loans linked to healthy foods. In the most recent awarding of grant money, half of the funds went to store owners purchasing produce coolers.

State of North Dakota

The ND Rural Electric Cooperatives formed the Rural Grocers Initiative because distributors are becoming more reluctant to deliver to rural grocers. North Dakota State University Extension Services has been involved because of their network of people across the state who are able to help distribute the surveys. The Initiative is surveying rural grocers and consumers and interviewing food distributors to understand food distribution logistics and how they affect

store owners and consumer satisfaction. Data from the surveys will be used to try to determine a better distribution system to rural grocery stores.

<https://www.ndarec.com/ruralgrocery>

Sioux Falls, SD

The Sioux Falls Health Department has completed audits of their convenience stores to get a baseline of the availability of healthy food choices. Due to lack of financial resources, they have not been able to implement a Healthy Corner Store Initiative or give incentives to retailers who offer healthier options. The health department would gladly implement a healthy food retailer program given the opportunity.

Federal

The USDA Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) retailer guidelines were recently updated and establish minimum stocking requirements across a variety of food categories. While nutrition criteria are not as central to these as they are for WIC (Women, Infants, and Children), they nevertheless present a significant increase in the varieties of foods stores must carry. While the guideline changes are currently on hold, should they go into effect as planned in January 2018, it would mean significant changes to the inventory of all stores that accept SNAP. This could make it challenging for rural grocery retailers to accept SNAP due to stocking and demand challenges.

DRAFT

Appendix B: Example Ordinance

Minneapolis, MN

CHAPTER 203. - GROCERY STORES^[11]

203.05. - Findings.

The council finds that it is in the interest of the public health, safety and welfare to ensure that grocery stores in the City of Minneapolis provide a certain minimum level of healthy food. (2014-Or-092, § 2, 10-31-14)

203.10. - Definitions.

As used in this chapter, the following words and phrases shall mean:

Accessory food items. Non-staple food items, such as coffee, tea, cocoa, carbonated and un-carbonated drinks, candy, condiments, and spices.

Accessory use grocery. A retail establishment that sells staple foods as an accessory use to its primary business, or sells only specialized types or classes of staple foods and accessory foods, including, but not limited to, such establishments as imported food stores and gift shops. The definition of accessory use grocery does not include stores that accept government supplemental nutrition programs.

Grocery store. A retail establishment that sells such products as staple foods, accessory food items, and household goods.

Staple foods. Those food items intended for home preparation and consumption, including meat, poultry, fish, bread, and breadstuffs, cereals, vegetables, fruits, fruit and vegetable juices, and dairy products. All grocery stores licensed under this chapter must offer for sale food for home preparation and consumption, on a continuous basis. The following items and quantities are required:

- (a) *Milk:* Five (5) gallons of unsweetened, unflavored, fluid cow's milk in up to a gallon or half-gallon containers in any combination of at least two (2) of the following varieties: skim or nonfat, one (1) percent, or two (2) percent, or "plain" or "original" soy milk or other milk alternatives.
- (b) *Cheese:* Six (6) pounds of cheese in packages of at least one-half (½) pound (eight (8) ounces) each, in any combination of at least three (3) varieties, not including processed cheese products.
- (c) *Eggs:* Six (6) one dozen (twelve (12)) containers of fresh large-size eggs.
- (d) *Meat and vegetable protein sources:* At least three (3) varieties of meat, poultry, canned fish packed in water, or vegetable proteins such as nut butter and/or tofu. Nut butters can be up to eighteen (18) ounces in size and are not to contain any other food product such as jelly, jam, chocolate or honey.
- (e) *Fruits and vegetables:* Thirty (30) pounds or fifty (50) items total of fresh and/or frozen fruits and vegetables that do not contain added ingredients including sweeteners, salt, sauces, or seasonings, in at least seven (7) varieties, with at least five (5) varieties that are fresh and perishable, and with no more than fifty (50) percent of the total selection being from a single variety.
- (f) *Juice:* Six (6) containers of any combination of the following, as long as at least two (2) containers are one hundred (100) percent citrus juice, (orange, grapefruit or orange/grapefruit) in any combination of the following types:
 - (i) Eleven and one-half (11½) to twelve (12) ounce containers of pure and unsweetened frozen or non-frozen concentrate one hundred (100) percent juice; or
 - (ii) Fifty-nine (59) ounce or larger containers of pure and unsweetened one hundred (100) percent juice.
- (g) *Whole grain cereal:* Four (4) boxes or bags twelve (12) ounces or larger of whole grain cereal or cereal grains in any combination of at least three (3) varieties.
- (h) *Whole grains:* Five (5) pounds of whole grains of at least three (3) varieties such as bread, corn tortillas, brown rice or oatmeal.
- (i) *Canned beans:* One hundred ninety-two (192) ounces of canned beans or legumes in any combination of at least three (3) varieties.

- (j) *Dried peas, beans, lentils*: Four (4) packages, up to sixteen (16) ounces in size, of dried beans, peas or lentils without any added ingredients. (96-Or-005, § 1, 2-9-96; 2008-Or-015, § 1, 2-29-08; 2009-Or-185, § 1, 12-4-09; 2014-Or-092, § 3, 10-31-14)

203.20. - Requirements.

Grocery stores and accessory use grocery stores are subject to the requirements of [chapter 188](#). A grocery store that does not possess a grocery license as of February 9, 1996 must meet the requirements of subsection (a). All grocery stores licensed under this chapter except those exempted pursuant to [section 203.30](#) must meet the requirements of subsection (b).

- (a) All grocery stores not located on a commercial corridor shall provide and maintain a sales floor area of two thousand (2,000) square feet unless granted a waiver by the city council.
- (b) All grocery stores licensed under this chapter must offer for sale food for home preparation and consumption on a continuous basis staple foods as defined in [section 203.10](#). Food shall be non-expired or spoiled and maintained according to established industry standards for food safety. To count towards the staple food standards perishable items, including fresh fruits and vegetables, shall be offered in good condition, not overripe or seriously deformed and free from decay, discoloration, bruising and surface damage. (96-Or-005, § 1, 2-9-96; 2008-Or-015, § 2, 2-29-08; 2009-Or-185, § 2, 12-4-09; 2014-Or-092, § 4, 10-31-14; 2014-Or-126, § 1, 12-12-14)

203.30. - Exemptions.

The following are exempt from the requirements of sections [203.20\(a\)](#) and [203.20\(b\)](#):

- (a) Accessory use groceries.
- (b) Gasoline filling stations, licensed under [Chapter 287](#) of this Code, and having not more than three hundred (300) square feet of retail sales floor area.
- (c) Grocery stores located in the central commercial district, as defined in [section 360.10](#).

Additionally, a grocery store located in a shopping center as defined in [section 520.160](#) is exempt from the requirements of [section 203.20\(a\)](#). (96-Or-005, § 1, 2-9-96; 2008-Or-015, § 3, 2-29-08; 2009-Or-185, § 3, 12-4-09; 2014-Or-092, § 5, 10-31-14; 2014-Or-126, § 2, 12-12-14)

Appendix C: Health Indicators in the F-M Metropolitan Region

Metropolitan Food Systems Plan, pages 19-21

http://download.cityoffargo.com/0/metropolitan_food_systems_plan_final_november_2013-1.pdf

Table 4. Percentage of adults reporting overweight, obese, or diabetes by geography: 2010-2011

Health risks	Percentage of adults*			
	Fargo/Moorhead Metropolitan Statistical Area	North Dakota	Minnesota	Nationwide
Overweight (2011) (BMI 25.0-29.9)	36.8	36.0	36.8	35.7
Obese (2011) (BMI 30.0-99.8)	25.4	27.8	25.7	27.8
Diabetes (2010)	8.5	7.4	6.7	8.7
Exercise (2010)**	26.6	24.8	19.1	23.9

*Source: Centers for Disease Control Behavioral Risk Factor Surveillance System (BRFSS); 2010 and 2011

**No leisure time exercise or physical activity in the past 30 days.

Table 5. Percentage of youth grades (9-12) in North Dakota overweight or obese: 2011

Health risks	Percentage of youth		
	Region V Fargo Area*	North Dakota	Nationwide
Overweight (BMI 25.0-29.9)	13.2	14.5	15.2
Obese (BMI 30.0-99.8)	10.0	11.0	13.0

Source: Centers for Disease Control Youth Risk Behavior Survey (YRBS); 2011

*Region V Fargo Area includes the following counties: Cass, Steele, Traill, Ransom, Sargent, Richland

Table 6. Percentage of youth (grades 9 and 12) in Minnesota overweight or obese: 2010

Grade	Percentage of youth			
	Clay County		Minnesota	
	Overweight	Obese	Overweight	Obese
9 th grade	14.0	9.0	13.0	9.0
12 th grade	14.0	12.0	12.0	9.0

Source: Minnesota Department of Health; Minnesota Student Survey 2010

Table 7. Percentage of overweight and obese children in clinic service area by age group

Age in years	Percentage of children*		
	Overweight ($>85^{\text{th}}$ percentile and $<95^{\text{th}}$ percentile BMI)	Obese ($\geq 95^{\text{th}}$ percentile of BMI)	Total Overweight and Obese
2-5 years	16.3	11.6	27.9
6-8 years	14.1	18.4	32.5
9-12 years	15.0	20.3	35.3
13-18 years	14.2	19.0	33.2

Source: Minnesota Department of Health; Minnesota Student Survey 2010

Table 8. Percentage of youth, grades 6, 9, and 12, in Minnesota by health behaviors: 2010

Health behavior	Percentage of youth		
	6 th grade	9 th grade	12 th grade
<i>Clay County</i>			
Ate 5 or more servings of fruits, fruit juices, or vegetables yesterday	18.0	17.0	14.0
Were physically active for at least 30 minutes on at least 5 of the last 7 days	56.0	58.0	47.0
<i>State of Minnesota</i>			
Ate 5 or more servings of fruits, fruit juices, or vegetables yesterday	21.0	18.0	17.0
Were physically active for at least 30 minutes	48.0	56.0	44.0

on at least 5 of the last 7 days			
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Source: Minnesota Department of Health, Minnesota Student Survey: 2010

Table 9. Percent of students grades 9-12 who ate fruits and vegetables five or more times per day, during the last seven days by location and year

Geography	Percentage of students by year		
	2007	2009	2011
Fargo*	18.3	17.2	17.9
Region 5**	17.7	15.6	16.1
North Dakota	16.6	13.7	17.4
United States	21.4	22.3	NA

Source: Snap Shot (CDC YRBSS - Fargo Public Schools, ND DPI)

*Raw data is not weighted by age or gender for Fargo

**Region 5 includes the following North Dakota counties: Cass, Ransom, Richland, Sargent, Steele and Trail.

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Appendix D: Food Access Map for the F-M Area

