# Safe Røutes to Healthy F®ds: Findings Report 

May 2021

## 0 HACER ®

Hispanic Advocacy and Community Empowerment through Research


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## About the project

In 2014, Dr. Jerry Shannon and Asian Media Access collaborated on a study that looked at the relationship between food purchasing and transit, which was the first study of its kind. The findings were:

- Most low-income, urban communities have a net "outflow" of SNAP benefits, most often to suburban areas.
- Supermarkets and wholesale retailers play the largest role in providing food for SNAP clients, but stores in low-income neighborhoods are often seen negatively.
- Ethnic retailers were also often used by study participants for specific food items, but seldom as a primary food source.

Asian Medica Access and Hispanic Advocacy and Community Empowerment through Research have built on the previous report and designed a new project to further help define patters on food access among Black, Indigenous, and People of Color, and its relationship to the transportation, as well as different shopping behaviors influences by diverse cultures.

## About Asian Media Access

Established in 1992, Asian Media Access (AMA) is an organization dedicated to using multimedia and technology for social betterment. AMA utilizes comprehensive strategies to enrich lives, especially for immigrant/refugee youth. The mission of AMA is to "Connect the Disconnected." Essentially, AMA exists to provide available opportunities for people to use multimedia technology to engage in healthy and creative activities, so that they can participate in decisionmaking process and resist negative social/economic pressures.


## About Hispanic Advocacy and Community Empowerment through Research (HACER)

HACER's mission is to provide the Minnesota Latino community the ability to create and control information about itself in order to affect critical institutional decision-making and public policy. General support for HACER has been provided by Minnesota-based philanthropic organizations and the Minnesota Council of Nonprofits.

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## Project background

Through funding from the City of Minneapolis Safe Routes to Healthy Foods grant, Asian Media access (AMA) and Hispanic Advocacy and Community Empowerment through Research (HACER) designed a community based project, with the purpose of defining patterns of food access among Black, Asian, and Latine families, and its relationship to the transportation, as well as shopping behaviors among these racial groups.

## Methods

Participants were asked to track their food shopping for four weeks from January $3^{\text {rd }}$ through January $30^{\text {th }}$. HACER provided a tracking form that the participants used to track their shopping. The form included questions about who conducted the shopping, the food retailer at which they completed the shopping, what food they obtained while there, the distance to the food retailer and length of time to travel to the retailer, mode of transportation used to get there, amount of money spent on food during the trip, and the reason for going shopping for food that day (see Appendix A).

After participants completed the shopping, they were invited to participate in a 60-90 minute focus group to share their experiences in general regarding shopping in Minneapolis and the impact distance to food retailers has on their decision to shop at specific locations. Participants were offered an incentive of $\$ 100$ for their participation in the tracking and the focus group. In addition, a focus group was conducted with families that did not complete the tracking to learn about their experiences with shopping for food in Minneapolis. This group was offered a $\$ 50$ incentive for their participation in this focus group.

QCAmap ${ }^{1}$ was used to analyze the food items from the tracking form. Microsoft Excel was used to generate relevant tables based on the data from the tracking form. NVivo ${ }^{2}$ software was used to transcribe and qualitatively analyze the responses from the focus groups for both the tracking and non-tracking participants.

[^0]

## Findings

Nine participants completed the food tracking during January 2021. All of the nine participants also participated in a focus group about their experience.

Nine different participants that did not complete the food shopping tracking participated in a focus group during February 2021. The demographics of the tracking group and this non-tracking group follow.

## Tracking Group

During the month of January 2021, the nine participants that completed the food shopping tracking entered 46 entries in the tracking form. The number of entries entered by participants varied from 1 to 14 during the time period. Based on the entries, the majority of the shopping by participants was completed at a supermarket or grocery store (ex. Cub Foods) and the primary method of travel was through a personal vehicle.

| Tracking group | Non-tracking group |  |
| ---: | :--- | :--- |
| Race/ethnicity |  |  |
| American Indian | 0 | 1 |
| Asian or Asian American | 0 | 5 |
| Alack, African, or African | 1 | 3 |
| Hispanic or Latine | 8 | 0 |
| Average household size | 5.1 | 3.8 |
| Household income |  |  |
| Less than \$20,000 | 2 | 3 |
| \$20,000 to \$49,999 | 5 | 5 |
| More than \$50,000 | 2 | 1 |

## Total entries by participants ( $\mathrm{N}=46$ )



## Type of retailer shopped at ( $\mathrm{n}=46$ )



Method of transportation ( $\mathrm{n}=46$ )



|  | Obs | Mean | Std Dev | Min | Max |
| :--- | ---: | ---: | ---: | ---: | ---: |
| Miles traveled | 46 | 7.93 | 6.22 | 0.25 | 40.00 |
| Minutes traveled | 46 | 13.59 | 6.14 | 2.00 | 30.00 |
| Amount spent during trip | 46 | $\$ 81.06$ | $\$ 75.25$ | $\$ 0.00$ | $\$ 275.00$ |
| Amount spent during trip, food pantry $^{\text {excluded }^{3}}$ | 41 | $\$ 89.24$ | $\$ 75.11$ | $\$ 3.47$ | $\$ 275.00$ |

Across all nine tracking group participants, 477 food items were tracked. The figure to the right displays the breakdown of the different food types entered. The table below displays the top three most tracked items by participants across different food groups.

In total, participants spent $\$ 3,728.81$ on food. Of this total, $31 \%$ was purchased at a Minneapolis retailer ( $\$ 1,144.18$ ), $51 \%$ was purchased outside of Minneapolis ( $\$ 1,884.44$ ), and $19 \%$ is unknown ( $\$ 700.19$ ). Across most income levels, participants tended to do spend more money at a traditional supermarket or grocery store.



[^1]acknowledged that COVID-19 has impacted the frequency with which they go to the grocery store; now they go less frequently or take fewer family members with them on the trips to the store.

Participants explained that they primarily preferred traditional supermarket or grocery stores and wholesale retailers for conducting their shopping. Participants also discussed that they liked to purchase some foods at ethnic food stores, the farmers market, through meal-kit delivery services, and at community food shelf programs. The COVID-19 pandemic has had an impact on how the participants do their shopping, such as buying more frozen foods instead of fresh produce at "big stores" and using app services like InstaCart.

The factors that participants consider when shopping for food included

- looking for healthier food options,
- purchasing staple food items,
- what the children in the home want to eat,
- and the time and capacity to prepare meals.

When asked for the primary reasons for choosing the specific retailer they chose to purchase their food from, convenience and the price of food rose to the top. Convenience included the fact that the store was close to the home of the individual, having the food delivered right to their door, or the ability to get items in bulk. Participants shared that they considered the price of the food available when choosing which stores they visited, specifically looking for foods that cost less or had discounts or offers associated with it.

Other reasons for their store choice included availability of offers and coupons, the options available at those stores, the portion control offered by the program, and the quantity of food they need.

Stores frequented by focus group participants

| Supermarket | Co-op |
| :---: | :---: |
| - Aldi | - East Food Co-op |
| - Cub | - Seward Co-op |
| - Lunds \& Byerlys | - Wedge Co-op |
| - Trader Joes | Food shelf or community center |
| - Whole Foods | - Oak Park |
| Wholesale retailer | Ethnic food store |
| - Costco | - Mexican food store |
| - Sam's Club | Meal kit delivery |
| Multipurpose store | - HelloFresh |
| - Target | Farmers market |
| - Walmart |  |

"Like the HelloFresh having like a few meals a week being delivered. Um, but mostly it was, you know, ... was convenient, because that was the convenience of it, of not even having to go anywhere."
"I know in my head it should [be] between the Wedge [and Cub Foods ] but the checkbook doesn't follow. And so I know that [at] Cub Foods I might get 10 things for 10 dollars but at the Wedge I would get two or three things for that 10 dollars."
"Yes, so I tend to go to Whole Foods more often for their produce, because their produce is like pretty fresh and like it's all organic. And I have the primary reason for that is because I have Amazon Prime. So there's an additional like $30 \%$ off of pretty much all of their produce. "

## Facilitators to obtaining healthy foods

Participants shared the various facilitators that made it easier for them to obtain the healthy foods that they and their family wanted to eat. In general, participants agreed that they had access to healthy foods; some did note that their access varies or that they have had to adapt to different foods since moving to the United States. Participants shared that having a higher income would help increase their access to healthy foods. The increase in income could involve having a better paying job or obtaining a job if they did not currently have one. Relatedly, food having a lower price made it more possible to obtain the foods they wanted.

Participants shared they desired some guidance, through an online course for example, on how to eat healthy with guidance from a nutritionist. Through this course they would cook alongside the nutritionist and who would offer education. In addition, participants are interested in learning about organic foods, chemicals in food, and how to cook with organic foods.

Participants also use various strategies to obtain the foods that they want to eat. These strategies sometimes involve:

- creativity ("I go to YouTube for recipes", "Based on my reality l've gotten pretty creative in terms of finding what I need"),
- building relationships with individuals or organizations that can provide them with food ("There are times where one of my friends has a Sam's club card and I piggy back of his. One of my associates has a Costco."), and
- using strategies to minimize spending ("I have a single income household. And so I budgeted, I budget around things that I can pick up that are...healthier. And I try to look to places that have that cheaper, like all these [places] sometimes [have] healthier food options that are not as expensive. And I think Target does too. And so I do tend to shop for healthier items, but also make keeping mindful of my budget.").

Other facilitators to healthy foods shared by participants include:

- gardening ("Planting...we made a little box on our balcony and we plant a little, radishes, chiles, and cilantro") and
"Having a stable job, because if I go and buy the best and most expensive vegetables and fruits, then how will I pay my rent? So I need to know how to plan well, so that I have enough for rent and extra things, and so that I can buy my food."
"I would like there to be a class, like online, where they say 'Girls, today we are going to cook'...."
"Information on what is organic food. More information about these products beyond health... For us in the pandemic that prefer organic food... you go to what has chemicals which is less expensive... I think we are going to be more conscious [of information]."
"I have also built a core relationship with the people at the various food shelves. Sometimes now, they call me when they have an abundance of greens. They know I like that. As if they have fruit and vegetables that were going to go bad. That is something I would do when Emerging was giving out food."
"So there were like a Lakshmi group who were passing out produce so they're out like it was nice to have like a lot of groups helping out with that. And that's how I was able to get like my brother, he picks up, he does outreach. So he does pick up food from Whole Foods and stuff, and he'll get their food that's about to expire. So he was able to throw me some of like the produce and stuff from there. So like, I was lucky enough to be able to cut out the community group, so to like, kind of rely on and see who was giving away what and then go there and pick up fresh produce, and then also get for my brother too."
- finding culturally specific foods at retailers ("I think for me having more culturally appropriate foods available in larger retail stores like Target or Walmart. Because like I said, sometimes it's hard to get those culturally specific foods that are healthy for like my specific needs or my family's needs.").


## Barriers to obtaining healthy foods

In terms of barriers to obtaining the healthy foods the participants want to eat, price rose to the top. Participants shared that sometimes the food was ["just too expensive" and that they would explore other options if they had more funds ("IfI had the money, I would use the Curb Side").

Some participants shared that location of the food retailers also served as a barrier. For some, the food retailers were "too far away" and that there were "not enough organic food stores in Minneapolis", which made the food less accessible to them.

Participants expressed some difficulty finding the culturally specific foods that they want to eat. These foods were oftentimes not available at the larger, more common retailers like Cub Foods, or Target, so participants shared that they sometimes had visit other culturally specific stores to supplement the food that they get at these main retailers. Some participants have not been able to access culturally specific foods that they want to eat because of the price or location of these stores ("We're talking about culturally specific foods, we've had to do a lot without just because they're not at the grocery stores. We don't get it by any other means. The places that have it are too far away or too expensive."). Relatedly, participants shared not being able to find other foods they wanted to eat, such as organic foods ("There are almost no organic stores in the area which I live.")

A few participants shared that transportation also served as a barrier to obtaining the foods they wanted to eat. Specifically, they had to use public transport or share a family vehicle, which limited their food shopping. Using public transportation was a challenge because it limited how much an individual could obtain in a single trip ("I have a problem using the bus and that there's a limited amount of food you can carry.... So it means making multiple trips rather than if there was a way to do it all in one trip and save a lot of time. And then there's problems too when you have a recipe or need something that you missed in the last trip."). One participant shared that transportation was not a barrier
"Unfortunately, we stopped HelloFresh because it was just too expensive."
"Could probably get more of what I wanted, if the prices were lower."
"There are closer stores, but because of the cost is not accessible to buy there all the time."
"Around me there are only stores that sell chips and ice cream... you can't buy food. You have to go to Northeast, there isn't access to those types of foods, it is too expensive."
"Like I mentioned earlier Cub is our main supermarket that we go to, but we find ourselves using United Noodle or other Asian markets to supplement groceries because we can't find specific, like culturally specific foods that we need."
"We only have one car and my husband and I have to share it. So I try to go to get the beef and chicken for example on Sundays when we are both around."
for them because they owned a personal vehicle ("I have a... vehicle that runs most of the time. I am typically in a position to have petrol in the tank. That is not a barrier for me.")

## Transportation habits

Participants shared various ways in which they get around to obtain food, including biking, using delivery services, driving a vehicle, public transportation, rideshare services, and walking. Driving a personal vehicle was cited the most, with some participants driving their own family car ("I either drive or most times for the Sam's run, I am in his vehicle"), or carpooling with family members or others ("I have carpooled along with my parents"). For those that used public transport, the decision to use a bus often depended on:

- the distance of the food retailer to their home ("Right now I still go on the bus, sometimes when we go a little further we go in the car");
- the weather day ("Depending on the weather or so, bus"I also have asthma and that would not be the best in terms of being out there in the elements"); and
- the quantity of food being purchased ("Depending on the weather and how much food I'm going to get. If it's not that much food, I'll just bussing it.")

Delivery services were also used, such as Amazon Fresh and InstaCart ("So the year 2020 was all about like Amazon Fresh, I didn't go out for shopping out, especially for grocery." "If it's like extremely bad, I'm just gonna I'm not going to go outside. I'II InstaCart because I'm not trying to deal with the weather.") Bikes were used if the individual was getting a limited number of items. Rideshare services like Uber were also used by those that didn't have a personal vehicle depending on the weather. Walking was also an option if the store was close to the participant ("Sometimes we go walking because we are not that far").

## Participant priorities

Participants shared the different factors they prioritize when making decisions about food purchasing. The price of food and quality of the food items rose to the top. Participants look for foods that are at a lower price and therefore more affordable ("If something is on sale, you know, l'll check those things" "Sometimes we buy frozen food, cheaper than fresh produce"). Participants also prioritized food that was
"I prefer to drive there".
"I do bike if I just need to get like, so a few things. I know it sounds crazy, but there's winter bikes out there."
"And then if the weather is bad, or if we're getting a lot of food, I'll
either just take an Uber... get a bunch of food and Uber back."

## Transportation used by participants

$\checkmark$ Driving
$\checkmark$ Delivery services
$\checkmark$ Personal vehicle
$\checkmark$ Public transportation
$\checkmark$ Rideshare services
$\checkmark$ Walking

"We look at costs, you know, the best buy for the money. And also, we look at scraps that the store might have as far as what they'll just let us have for free."
"I'll switch items [food suggestions from the doctor] for something more economical."

- fresh ("I try to prioritize my purchase in like fresh produce"),
- organic ("I like the fact that we're supporting local, and, you know, or organic"),
- did not go bad right away ("I try and avoid Aldi, even though I shop there a lot, their produce does end up usually going bad faster than other places"), and
- was nutritious ("When I tried to go shopping at the grocery store, I tried to get all of like, my fresh fruits and such. Because I know that's like, in the end result, the most nutritious and healthiest.").

Participants also shared that if they are on a limited budget, they prioritize

- proteins ("I'll get made sure I get meat or some kind of protein, just for like to add into like my meals for the week and stuff"),
- dry or nonperishable foods ("we also go with the dry and less perishables, the staples and protein"),
- organic foods ("My partner is practically vegan... we are more focused on organic products"), and
- produce ("Try to be sure that the veggies are first used to avoid waste").


## Suggestions from participants

Participants offered various suggestions for what the City of Minneapolis can do to increase access to healthy foods:

- Bring healthier foods to neighborhoods. Participants expressed wanting to see more organic food stores in their neighborhoods as they felt there were not many options. Importantly, they noted that if there were more organic food stores then the prices may increase (from there being a bigger supply).
- Create more indoor farmers markets. Participants expressed wanting access to farmers markets during the wintertime, and suggested that the City have more indoor farmers markers (or that were year round) that people could use to grow their own food.
- Lower food prices. Participants also suggested that food prices be lowered because for some, salaries are not increasing, and yet the price of gasoline and food keeps increasing. This impacts those that are not employed as well.
"It's a co op for the convenience, but also the quality of food."
"Yes, so I tend to go to Whole Foods more often for their produce, because their produce is like pretty fresh and like it's all organic."
"There was a lot of produce that was there that was going to waste and just because people in the community didn't know that there's gardens there and that's for anyone to use. So I think more than pop up and then also more like more of you will know that 'hey, like we can go here and as an alternative to going to the grocery store and grab stuff that's for free' because these people are just trying to grow produce and stuff for the community and it's free."
"I probably say yeah, produce in some sort of protein. You know, make sure that those are definitely things like it. And if I mean, if the budget was really tight, then it for the protein that you know, focus more on like grains... or something like that, um, but definitely wouldn't be getting chips or you know, any of the fun stuff that sure."
- Have more community gardens. Participants suggested having more community gardens as an education tool for people to understand where food comes from, and to have more access to fresh produce at some community gardens at low or no cost to the individual.
- More promotion in general. Participants suggested that the City provide better messaging and notices about opportunities to obtain low cost and free foods.
- Provide health education. Participants also suggested providing more education on what is in different foods, whether it be fast food or vegan food, and offer nutrition education in general for those who may not know how to purchase or prepare healthy foods.


## Topics interested learning more about

At the end of the focus groups, the participants were asked what topics were of most interest to them related to nutrition so that HACER could provide a workshop on that topic. The topics of most interest (from most frequently mentioned to the least frequently mentioned) are displayed to the right.

## Topics of interest among participants

$\checkmark$ Nutrition
$\checkmark$ Budgeting
$\checkmark$ Growing ones own
food
$\checkmark$ Help with recipes
$\checkmark$ Physical activity
$\checkmark$ Portion control
$\checkmark$ Reducing food waste
$\checkmark$ Substituting foods
$\checkmark$ Veganism


## Conclusion

This project highlighted that BIPOC communities living with a low income in Minnesota experience some barriers to accessing healthy foods that impact their decision to obtain those foods. While transportation and location of retailers do play a role, factors such as price, quality of food, availability of culturally specific foods, and familiarity with cooking different types of foods played a strong role in what food BIPOC communities choose to obtain. Importantly, the participants shared that in general they feel that they do have access to healthy foods, and they have developed various strategies to obtaining the foods they want, which can involve getting creative about how the food is prepared, looking for sales or coupons, or using food shelves or connections with family members or other organizations to get the foods they would like. This creativity does increase access, but it does not remove some of the other barriers that exist such as price, and almost all participants expressed wishing the cost of food were lower, as it would allow them to get higher quality foods and focus their funds elsewhere, such as other bills. Ultimately, policymakers should consider the different factors that influence communities' decision-making and continue to engage BIPOC communities to ensure that new policies and infrastructure have the intended goal of increasing access to healthy foods for all.

## Appendix A: Paper Copy of Food shopping tracking form

## Daily Food Shopping Tracking Sheet, January 2021

Please fill out this form every day during the 4 weeks of the study. Please write your name and the date: Name $\qquad$

1. Who completed the food shopping today (ex. myself, parent, sibling, etc.)? If no food was purchased today, please circle "We did not purchase food today".
$\qquad$ We did not purchase food today
2. What is your preferred place to shop for food? This could be a place that you already shop at or a place that you would like to shop at. $\qquad$
3. Please answer all of the questions for each location your family purchased food today. If you complete the form by hand, please write as clearly as possible using a dark colored pen or marker.
\(\left.$$
\begin{array}{|l|l|l|l|l|l|}\hline & \begin{array}{l}\text { Supermarket/ } \\
\text { Grocery store (Ex. Cub } \\
\text { Foods) }\end{array} & \begin{array}{l}\text { Whole sale retailer } \\
\text { (Ex. Sams Club, Costco) }\end{array} & \text { Restaurant or Fast food } & \begin{array}{l}\text { Corner or } \\
\text { Convenience store }\end{array} & \begin{array}{l}\text { A multi-cultural/ } \\
\text { ethnic food store }\end{array} \\
\hline \begin{array}{l}\text { a. Name and address of } \\
\text { where the shopping } \\
\text { was done? (Example: Cub } \\
\text { Foods, 2600 Rice Creek Rd, } \\
\text { New Brighton, MN 55112) }\end{array}
$$ \& \& \& \& <br>
\hline (ex. food shelf, gas <br>

station, etc.)\end{array}\right]\)|  |
| :--- |
| b. Tell us about what <br> you purchased. Include <br> food and non-food <br> items and how much <br> was purchased. (Example: <br> 3 bananas, 1 gallon of milk, 5 <br> cans of beans) |



## Appendix B: Count of food items purchased by participants



Grains ( $\mathrm{n}=59$ )



| Meat ( $\mathrm{n}=50$ ) |  | 14 |
| :---: | :---: | :---: |
| chicken |  |  |
| beef | 6 |  |
| pork | 6 |  |
| ham | 5 |  |
| fish | 4 |  |
| turkey | 4 |  |
| steaks | 2 |  |
| steak | 2 |  |
| shrimp | 2 |  |
| salmon | 2 |  |
| sausage | 1 |  |
| tuna | 1 |  |
| rib eye | 1 |  |
|  | 10 | 20 |



Nonfood items ( $\mathrm{n}=18$ )



## Appendix C: Top three foods entered by participants by food group

| Top three most entered foods by participants by food group |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Vegetables | Fruit | Grains | Dairy/eggs | Meat | Fats | Drinks | Spices |
| - Beans <br> - Potatoes <br> - Cilantro | - Oranges <br> - Bananas <br> - Apples | - Bread <br> - Rice <br> - Tortillas | - Cheese <br> - Milk <br> - Yogurt | - Chicken <br> - Beef <br> - Pork | - Chips <br> - Ice cream <br> - Cookies | - Water <br> - Orange juice <br> - Coffee | - Salt <br> - Cumin powder <br> - Soy sauce |


[^0]:    ${ }^{1}$ QCAmap. https://www.qcamap.org/
    ${ }^{2}$ NVIVO Qualitative Analysis Software https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home

[^1]:    ${ }^{3}$ Food pantries excluded since no money was spent at these locations.

