Food Access and

Healthy Corner Store Initiatives

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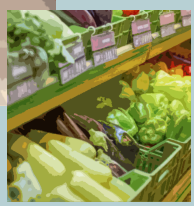

A Blueprint Developed by the Cass Clay Food Partners

Healthy Corner Store Initiatives

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 this issue and give example policy language from another jurisdiction. The appendices also includes health indicators and a food access map for the F-M (Fargo-Moorhead) area.

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 must 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.

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 Loerging, 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 with this challenge. However, for every person who receives such help, how many people do not and must go without food?

This question is essential when addressing food access issues. How can we make healthy food easily available to all members of our community, especially those who are 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 stores**.

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 retailers[1] (also known as a *food desert*), addressing food access would impact the lives of numerous Americans.

What is a Healthy Corner Store?

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.

There can also 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).

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[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.

[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

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 healthy retailers can create a food environment where 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 Casey's General Store. 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 corners stores as one of those solutions. When a community contemplates healthy corner stores, 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	Households within 100 meters of a store selling fresh vegetables increase their vegetable consumption[3] Area residents have better diets as retail shelf space for fresh produce and other healthy food items increases[4] Availability and consumption of healthier foods, like fresh produce and whole grains, can decrease the risk of obesity and diet-related diseases Children and young adults frequent corner stores where they tend to make unhealthy choices of salty or sugary snacks[5]; changing the retail environment can positively impact their food choices Offering increased varieties of fresh produce at small food stores leads to increased purchases of produce and decreased purchases of sugary drinks[6] Stores enrolled in the Philadelphia Healthy Corner Store Network have hosted more than 200 in-store nutrition	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.

	lessons and health screenings[7] so corner store programs have the potential to increase community health and awareness	
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 a consumer's plate	None
Social	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) High-minority, low-income neighborhoods often have less access to healthy foods and greater density of corner stores, which in turn affects what residents eat and the area food culture[9] Corner store programs are increasing their community involvement by offering cooking demos, nutrition education, and health screenings Store owners involved in corner store programs have shown increased interest in community and customer health[10]	None
Economic	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] 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 salads[12]	A 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 Store owners may be concerned that customers will not purchase fresh produce. Education and

[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

[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.

	Offering healthy foods can diversify a store owner's customer base and lead to longevity A Healthy Corner Store Program could increase 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]	support can help alleviate apprehension

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@fargond.gov.

[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 residents - strategically recruited ten stores to participate in their Healthy Neighborhood Store program. The program received support from the Nebraska Grocers Association to 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 many 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 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 Public 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, 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.

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
9th grade	14.0	9.0	13.0	9.0
12th 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 (>85th percentile and <95th percentile BMI)	Obese ($\geq$ 95th 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		
	6th grade	9th grade	12th grade
Clay County			
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
State of Minnesota			
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 on at least 5 of the last 7 days	48.0	56.0	44.0

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.

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