MICHIGAN FOOD ENVIRONMENT SCAN

A project completed by MPHI for the Michigan Health Endowment Fund

MICHIGAN HEALTH ENDOWMENT FUND

August 2020

A LOOK AT THE FOOD INTERVENTIONS IN OUR STATE

An Environmental Scan of Michigan's Food-Related Efforts

WHY STUDY FOOD ACCESS?

Across the state, community members, groups, and organizations are working to ensure Michiganders are able to access affordable, fresh, and healthy food. Organizations are also supporting efforts to increase knowledge of nutrition, and families' abilities to make healthful choices about what they eat. Given the volume and complexity of this work, the Michigan Health Endowment Fund engaged a team at MPHI to scan the state, create an inventory of 'who is doing what,' and analyze where efforts and investments currently exist. MPHI's Center for Healthy Communities designed and carried out this project based upon the goals and priorities described by the Health Fund.

From January to June 2019, the MPHI team created an inventory of food interventions, analyzed secondary data to identify areas of high need and low service, and conducted key informant interviews. This brief presents the findings of the scan, and highlights potential opportunities to fill gaps and increase impact for those invested in expanding food access, increasing food security, and improving nutrition in Michigan.

CREATING A FOOD INTERVENTION INVENTORY

MPHI worked with the Health Fund's Nutrition & Healthy Lifestyles (NHL) Program team to develop working definitions of **SIX FOOD INTERVENTION CATEGORIES** that were used as a guiding framework to catalogue existing food interventions into one or more categories:

EXISTING FOOD INTERVENTIONS

OTHER

Interventions that don't fit in other categories, including collaborative groups that focus on developing solutions for broad food system challenges.

HEALTHY FOOD ACCESS

Interventions that address environmental barriers to and/or options for healthy food retailers/venues within a reasonable distance from consumer homes.

FOOD INSECURITY[1]

Interventions that address limited or uncertain availability of nutritionally adequate and safe food by all people at all times.

NUTRITION EDUCATION

Interventions that are intended to educate people about nutrition and obesity prevention, including classes, and awareness/information campaigns.

FOOD AS MEDICINE

Interventions that link food to clinical settings or have a clinical partner, including nutrition prescriptions.

FOOD JUSTICE[2]

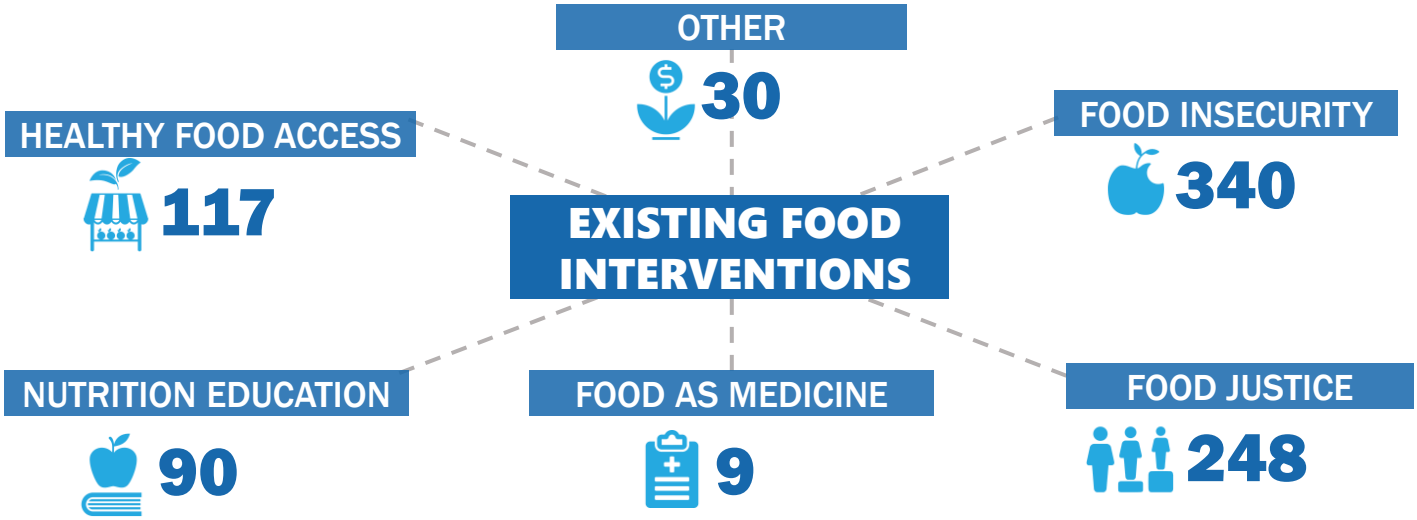
Interventions that seek to transform where, what, and how food is grown, transported, distributed, accessed, and eaten, to ensure benefits and risks are shared fairly despite place, race, or SES.

WHAT IS THE LANDSCAPE OF FOOD INTERVENTIONS IN MICHIGAN?

MPHI and the NHL team determined a list of attributes for each intervention that would be ideal to capture. MPHI designed a data system in REDCap to quickly and accurately catalogue intervention attributes in an electronic 'library' of data records. The system was pilot tested using NHL grantee reports.

The project team spent over 700 hours searching for and logging details of existing community-based nutrition and food system interventions using the Foundation Directory, online search engines, reports, and telephone and email contacts. Multiple methods were used to capture details about each intervention with the time and resources available. Physical address and geographic service area was documented for every intervention.

The project team collected and catalogued details for 583 unique food interventions or programs run by 465 organizations. By June 2019, 583 food interventions were classified into the six main categories of food intervention types. **Food interventions could be catalogued as more than one type.**



By June 2019, the database contained the most (340) programs that addressed food insecurity. The majority of those programs were emergency food assistance programs and food pantries. Food interventions, such as faith-based organization food pantries and farm-to-table programs were also categorized as food justice only if there was information found that specifically identified priority populations or other explicit goals that intended to address issues faced by people at an unfair disadvantage in accessing food. The majority of the healthy food access programs included community gardens, farmers' markets, and farm-to-school programs.

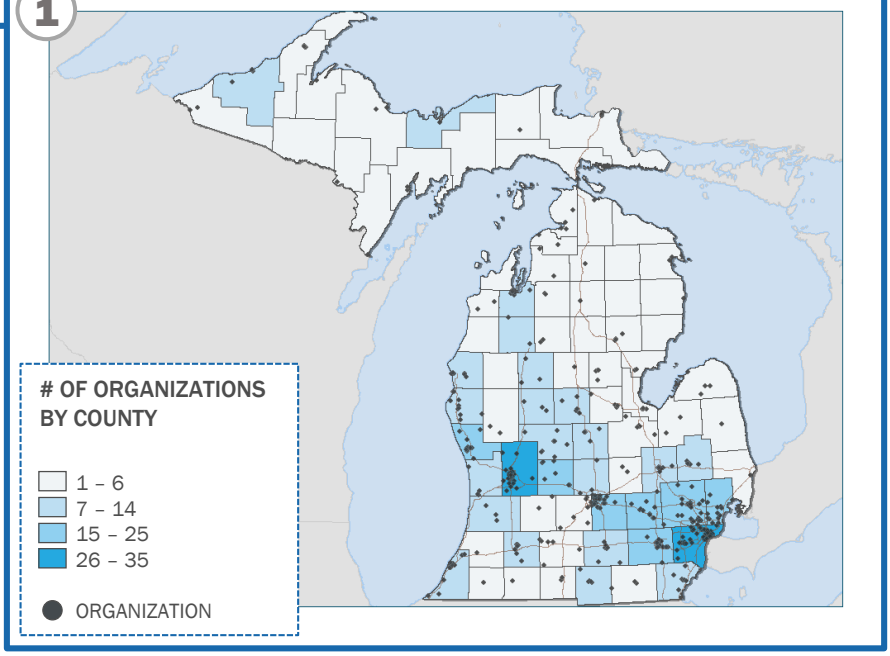
Among the 465 organizations that run the identified food intervention programs, project staff identified 12 organizations that had multiple programs. Organizations with more than 4 programs identified included Gleaners Community Food Bank, Michigan State University, and Food Bank of Eastern Michigan. Organizations like these varied greatly in the types of food intervention programs they had. For example, Gleaners Community Food Bank programs were mainly nutrition education programs serving families in local communities, while Michigan State University programs were mainly categorized as 'other' and were described as collaboratives that convene local organizations or serve as a resource hub.

INTERVENTIONS IN MICHIGAN

Map 1 shows the number of organizations identified in this scan as serving each county. The darker the county is shaded, the more organizations were identified that served the county. **Every county is served by at least one food intervention or program.** Approximately 64% of counties were served by 6 or less organizations. Generally, counties with the largest cities, such as Grand Rapids and Detroit, had more organizations with food interventions than other counties.

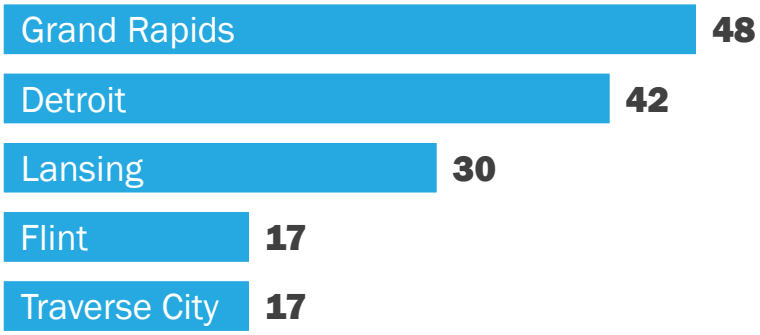
Note: Interventions categorized as having a state-level focus, or that covered all counties in the State, were excluded from this map.

1



INTERVENTIONS IN CITIES

When looking at the number of programs serving metropolitan areas, as measured by the physical location of the organizations that lead the effort, the following cities had the greatest number of food interventions:



Interventions in these **FIVE CITIES** *encompassed*

of all food interventions identified.

FUNDING

Although there were many local programs, such as food pantries, that were funded and sustained by local community donations, the majority of programs were funded by community foundations or through private grants. Of those programs with funding information available, the Michigan Health Endowment Fund, Fidelity Charitable Foundation, USDA, and Grand Rapids Community Foundation supported the most food intervention programs.

PRIORITY POPULATIONS SERVED

The project team catalogued details about 10 priority populations of interest served by identified programs. The data showed most interventions focused primarily on three of these populations:

1 LOW INCOME

2 URBAN

3 RURAL

A CLOSER LOOK AT AREAS OF NEED FOR FOOD ACCESS

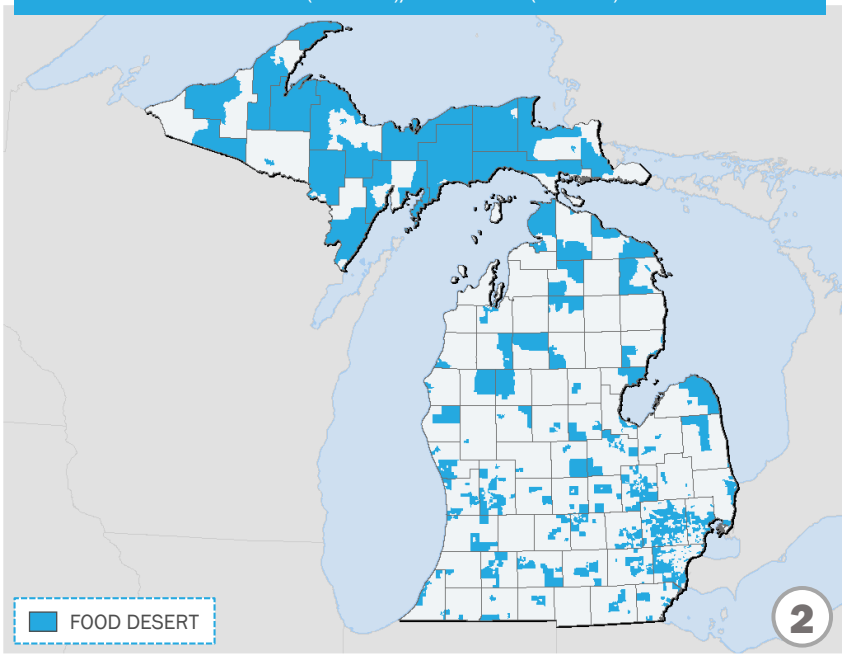
Many factors were explored to measure and identify areas of pressing need for making a greater impact with food interventions or programs. For our first phase of analysis, secondary data[3] were used to identify locations of USDA-defined food deserts, low socioeconomic status (SES), and households receiving food assistance benefits. Each of these key factors was mapped using Esri Geographic Information Systems (ArcGIS) software[4].

FOOD DESERTS: DEFINED BY A STANDARD DISTANCE TO RETAIL

One way to look at food access is by measuring the distance to the nearest supermarket, supercenter, or large grocery store. In Map 2, food deserts were defined as low income census tracts with at least 500 people (or 33% of the population) living more than **1 mile (urban areas)** or **10 miles (rural areas)** from the nearest supermarket, supercenter, or large grocery store.

The census tracts in light blue are determined to be food deserts, defined at this distance.

DISTANCE-DEFINED FOOD DESERTS:
1 MILE (URBAN)/10 MILES (RURAL)

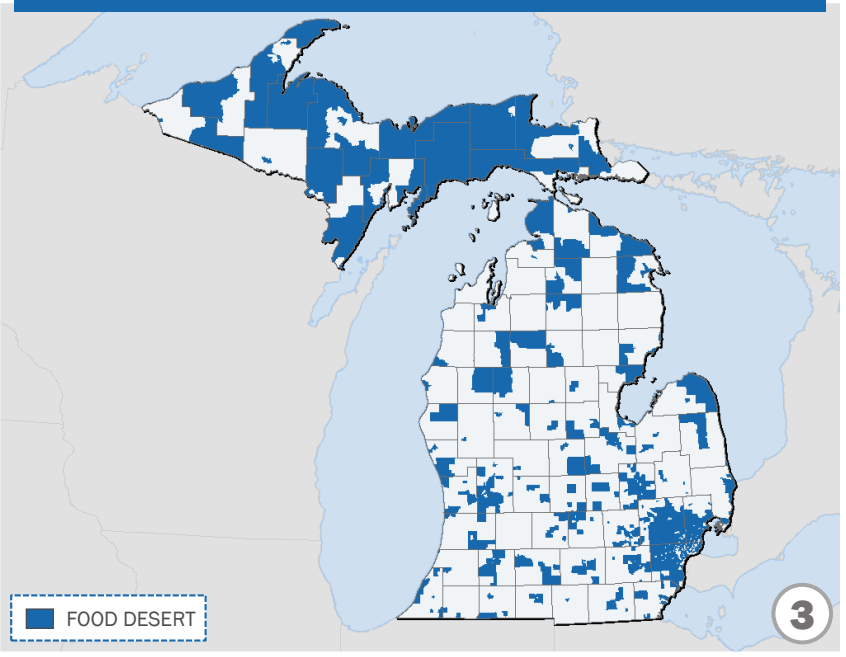


FOOD DESERTS: DEFINED BY A SHORTER DISTANCE TO RETAIL

Another measure of food deserts is defining them as low income census tracts with at least 500 people (or 33% of the population) living more than **half a mile (urban areas)** or **1 mile (rural areas)** from the nearest supermarket, supercenter, or large grocery store. On Map 3, the census tracts in dark blue represent food deserts defined by this smaller distance.

Defined in this way, large areas of food deserts were found in the upper peninsula and across the southeast region of the lower peninsula. Defining food deserts with a shorter distance to retail resulted in the emergence of many more tracts in the Detroit area.

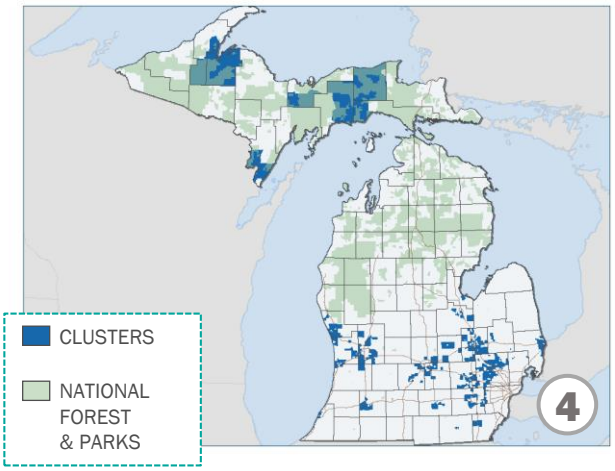
DISTANCE-DEFINED FOOD DESERTS:
HALF MILE (URBAN)/ONE MILE (RURAL)



FOOD DESERT CLUSTERS

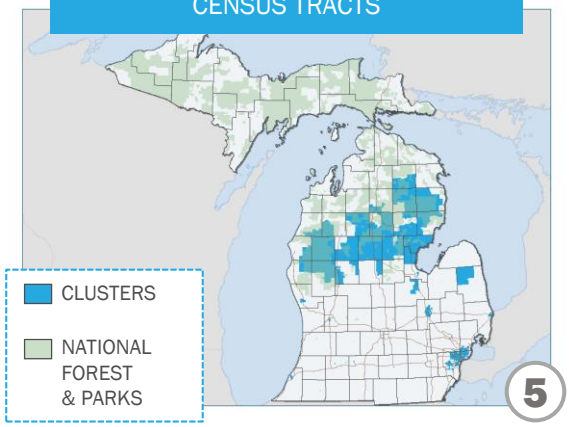
Defining food deserts using either of the standard measures of distance to retail alone results in vast geographic areas of the state being identified as areas of need. While this may be most helpful for local level planning purposes, this definition can make it challenging to identify priorities from a state level perspective. In order to begin prioritizing pressing areas of need for the state, a series of cluster analyses were performed. Cluster analysis[a] is one statistical tool that was used to identify statistically significant 'hot spots'.

CLUSTERS OF FOOD DESERTS



The census tracts in dark blue are **significant clusters of food deserts** also with neighboring food deserts. Map 4 shows clusters of food deserts were located in the western and central upper peninsula; in the West, East Central, South Central, East, and Southeast Prosperity Regions; and around the greater metropolitan areas of Flint, Muskegon, and Saginaw.

CLUSTERS OF LOW SOCIOECONOMIC CENSUS TRACTS



LOW SES CENSUS TRACT CLUSTERS

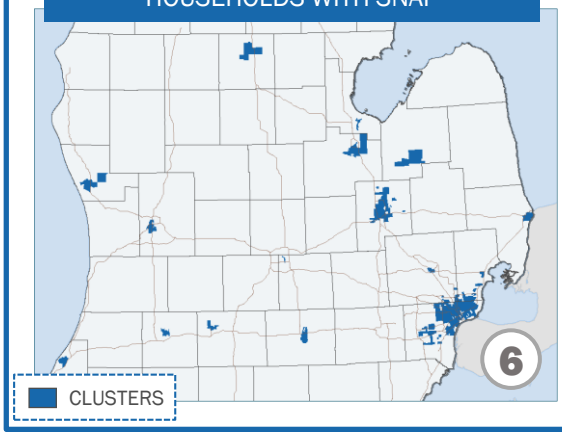
Another measure factored into the GIS analysis to identify areas of pressing need was low socioeconomic status (SES). Low SES was defined as tracts with a high percent of households with a combination of high poverty level, high unemployment, low per capita income, and no high school diploma. Low SES suggests households likely face low social mobility and food insecurity. Map 5 shows the location of significant clusters of census tracts with low SES.

The areas in blue are **clusters of tracts with neighboring tracts with low SES**. The majority of clusters were in the Northwest, West, Northeast, and East Central Prosperity Regions. Other large hotspots appeared near Bad Axe, Bay City, Detroit, and Flint.

HIGH SNAP BENEFIT CLUSTERS

The Supplemental Nutrition Assistance Program (SNAP) offers nutrition assistance to eligible, low-income individuals and families. High SNAP participation suggests households with low income that receive some financial assistance to purchase food if retail outlets are available to make purchases. For an additional measure of pressing need, cluster analysis of census tracts with high SNAP participation was conducted. Map 6 shows the location of **clusters of census tracts with a high percentage of households receiving SNAP benefits.**

CLUSTERS WITH HIGH PERCENT OF HOUSEHOLDS WITH SNAP



Areas with significant clusters of census tracts with SNAP recipient households included: Bay City, Benton Harbor, Detroit, Flint, Jackson, Mt. Pleasant, Muskegon, Port Huron, and Saginaw.

[a]A Local Moran's I statistic was performed on the food desert census tracts, socioeconomic percentiles, and SNAP benefits in households. The clusters displayed are statistically significant ($p<0.05$)

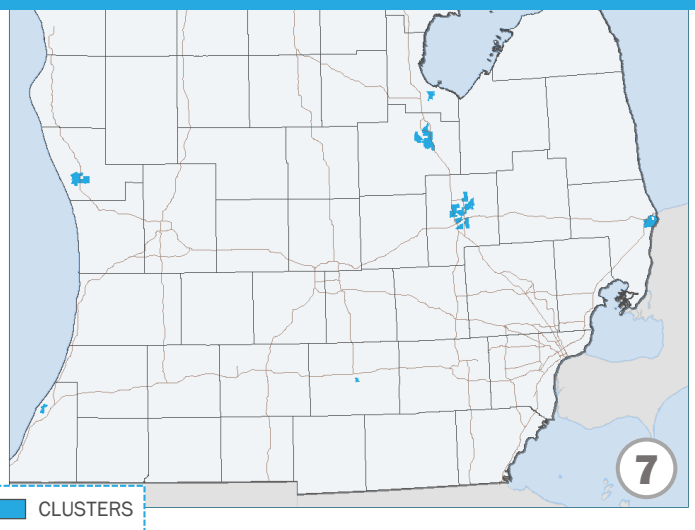
THE INTERSECTION OF FOOD DESERTS AND LOW SOCIOECONOMIC STATUS

The blue areas on Map 7 show hot spots where there are **significantly low SES census tracts and food desert clusters** that overlap. These are areas with significantly higher percentages of households with low SES *and* low food access.

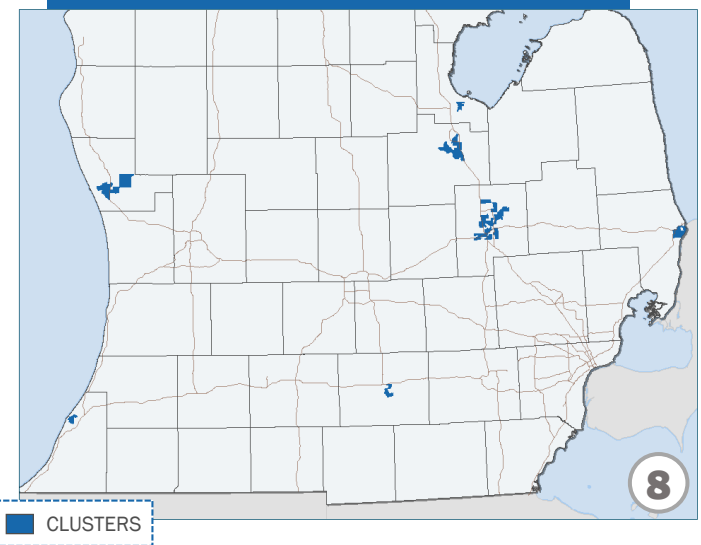
From this analysis, areas of *significant pressing need* emerged, including:

- Bay City
- Benton Harbor
- Flint
- Jackson
- Muskegon
- Port Huron
- Saginaw

CLUSTERING OF LOW SES CENSUS TRACTS *AND* FOOD DESERTS



CLUSTERING OF LOW SES CENSUS TRACTS, FOOD DESERTS, *AND* HOUSEHOLDS WITH SNAP



THE INTERSECTION OF LOW SES, FOOD DESERTS, AND HOUSEHOLDS WITH SNAP

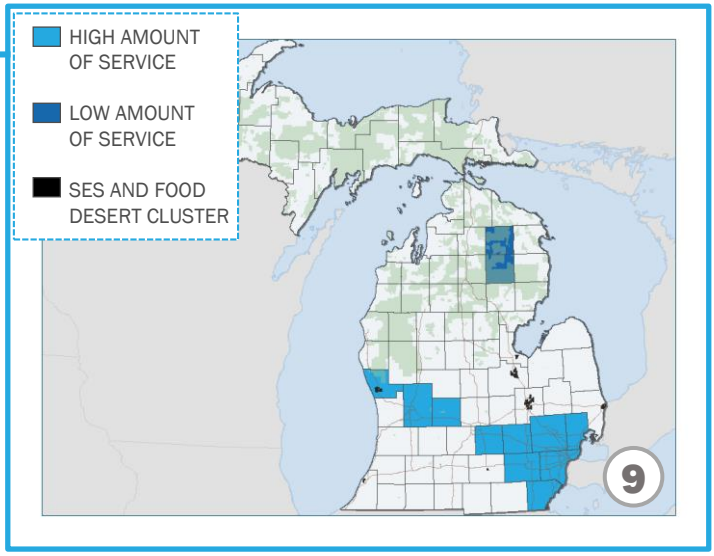
The dark blue areas on Map 8 are hot spots that show where the **low SES clusters, food desert clusters, *and* high SNAP clusters** overlap. These are areas with significantly high percentages of low SES, high percentages of households receiving food assistance benefits, and low food access.

The areas of pressing need that emerged from this analysis include:

- Bay City
- Benton Harbor
- Flint
- Jackson
- Muskegon
- Port Huron
- Saginaw

AREAS OF NEED VS. EXISTING FOOD EFFORTS

By adding the Food Intervention Inventory data into these maps, we can see areas of pressing need that may lack sufficient food interventions. The blue counties on Map 9 highlight where there were **significantly high numbers of food intervention programs** identified as serving the county relative to other counties. These counties include: Ingham, Ionia, Kent, Livingston, Macomb, Monroe. Muskegon, Oakland, Washtenaw, and Wayne counties.



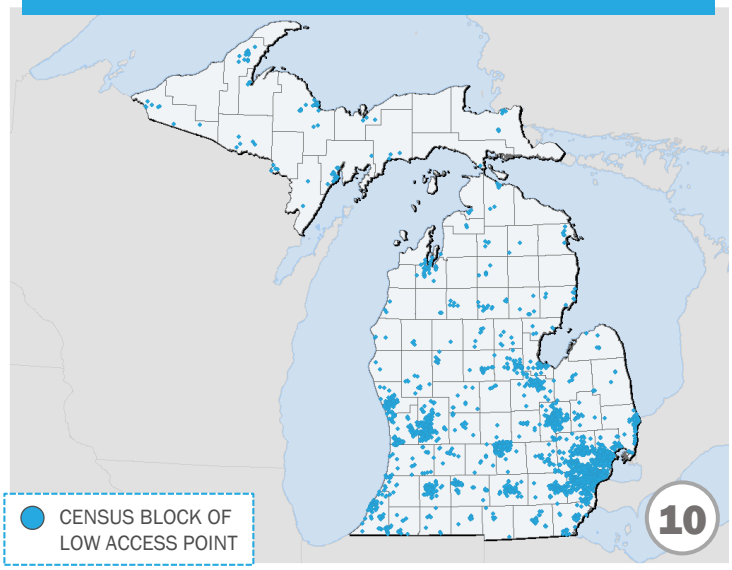
The dark blue counties on Map 9 show where **significantly low numbers of food intervention programs** serve the county. Those counties were Montmorency county and Oscoda county. The black areas show hot spots where there are **significantly low SES census tracts and food desert clusters** that overlap.

Following a stakeholder feedback session on the preliminary results of this project in August 2019, a second phase of GIS analysis was done using more sources of secondary data. Esri datasets were used to identify areas of pressing need using alternative measures of low food access and poverty.[5] Again, these measures were mapped and analyzed using Geographic Information Systems (GIS) software to identify 'hot spots.'

LOW ACCESS POINTS TO SUPERMARKETS

One alternative way to measure low food access is factoring in the element of travel time at the census block level. Esri data calculating travel time were used to identify census blocks with low food access. Census tracts are composed of census block groups, and within census block groups are smaller geographical units called census blocks. Each blue colored point on Map 10 represents a census block with 50 or more people living in poverty and with more than a 10 minute travel time (walking or driving) to the nearest supermarket. The map reveals a dispersion of many low food access areas across the state.

MORE THAN A 10 MINUTE TRAVEL TIME TO THE NEAREST SUPERMARKET

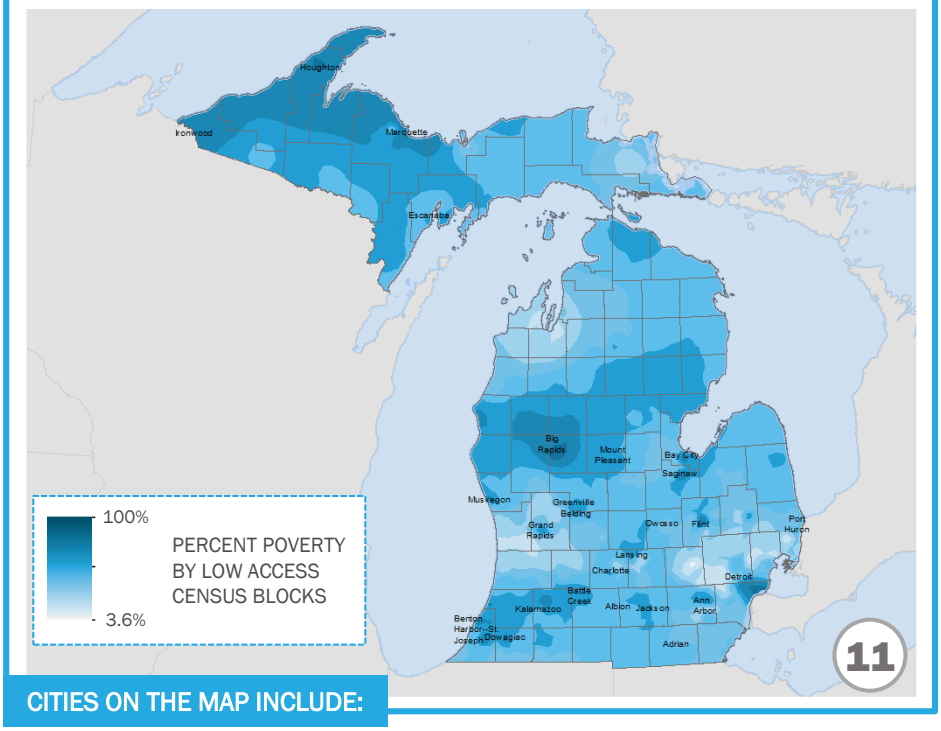


THE INTERSECTION OF POVERTY AND LOW FOOD ACCESS

Map 11 shows the percent of the population in poverty with low access to supermarkets. It was created by overlaying the ESRI low access points displayed in the previous map onto areas shaded by their percent of poverty. Using an inverse distance weighted (IDW)[b] technique, the data were 'smoothed out' for clearer spatial visualization.

Cities with at least 1 census block with **low food access and 50% of the population in poverty are labeled by name** on the map. Cities were defined by metropolitan statistical areas to help reduce the amount of labels and better generalize the data. Altogether, 26 cities were identified using these measures for analyzing need. These cities are listed alphabetically under Map 11.

PERCENT IN POVERTY **AND** LOW ACCESS TO SUPERMARKETS



CITIES ON THE MAP INCLUDE:

- Adrian
- Albion
- Ann Arbor
- Battle Creek
- Bay City
- Belding
- Benton Harbor
- Big Rapids
- Charlotte
- Detroit
- Dowagiac
- Escanaba
- Flint
- Grand Rapids
- Greenville
- Houghton
- Ironwood
- Jackson
- Kalamazoo
- Lansing
- Marquette
- Mount Pleasant
- Muskegon
- Owosso
- Port Huron
- Saginaw
- St. Joseph

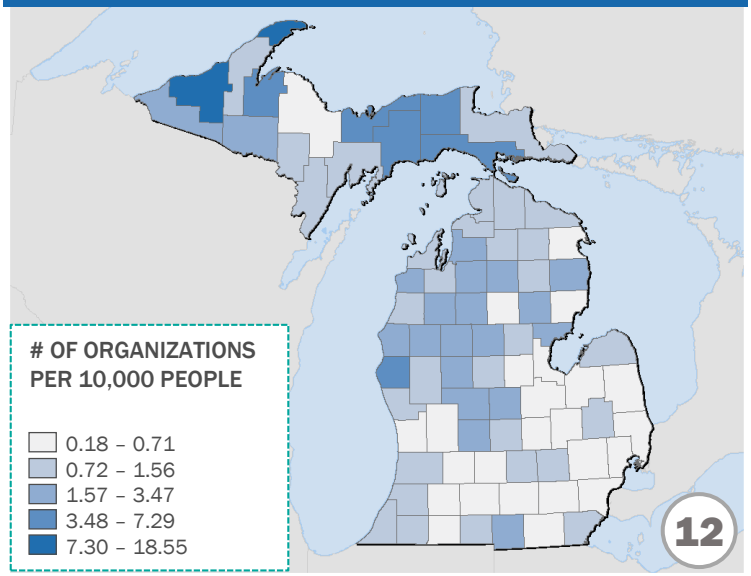
[b]IDW is one way of predicting the values of a measure in locations where no measurement is available by calculating averages based on areas where measures are available. IDW assumes that things that are closer together are more similar than those further away.

FOOD INTERVENTIONS ADJUSTED BY POPULATION SIZE

Using the data from the Food Intervention Inventory, we also examined the existence of organizations with food interventions serving each county adjusted for population size.

Map 12 shows the **number of organizations serving each county per 10,000 people**. The darker the county is shaded, the greater the rate of organizations identified that serve the county per population. Counties with the highest rate of organizations serving the county included: Alger, Baraga, Keweenaw, Luce, Mackinac, Oceana, Ontonagon, and Schoolcraft. Forty counties had less than one organization serving them with food interventions or programs per 10,000 population.

ORGANIZATIONS SERVING EACH COUNTY, BY POPULATION



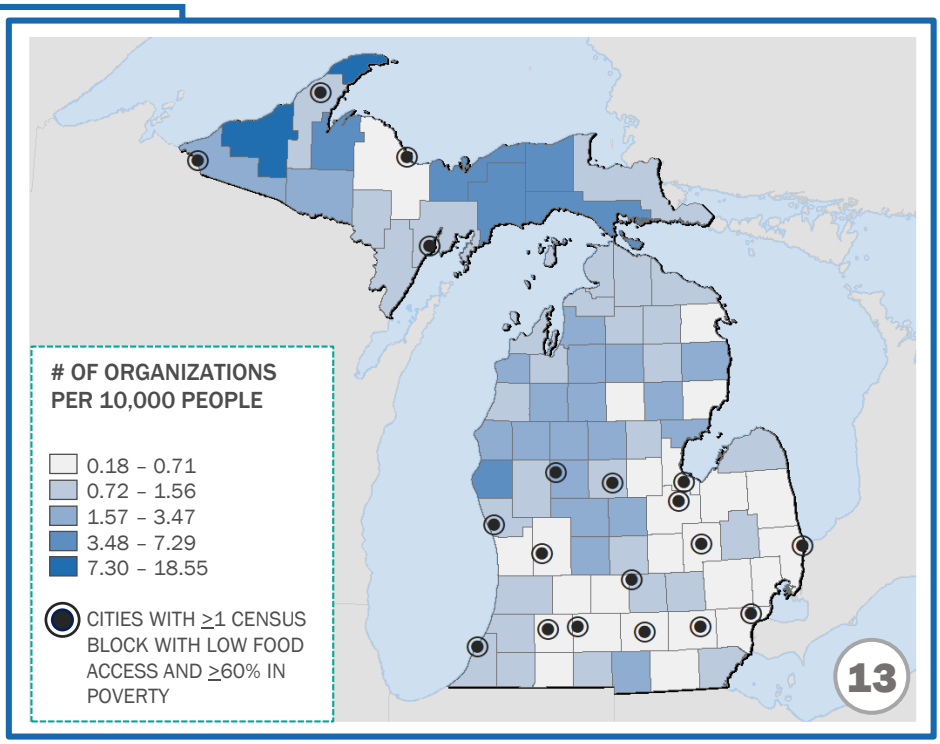
AREAS OF NEED VS. EXISTING FOOD EFFORTS

By adding the Food Intervention Inventory data into the map, we can see areas of pressing need (low access and very high percent poverty) that may lack sufficient food interventions to meet the level of need.

The darker blue counties on Map 13 highlight where there were **significantly higher numbers of food intervention programs** identified as serving the county relative to population size.

The radial dots on the map mark the high need areas: cities with at least 1 census block with **low food access and 60% of the population in poverty**. Altogether, 19 cities were identified using these measures and thresholds.

Looking at the overlap of high need areas and comparatively low service areas for population size, 11 cities emerge as high priority. This list is located to the right.



HIGH NEED, LOW SERVICE CITIES

- Ann Arbor
- Battle Creek
- Bay City
- Detroit
- Grand Rapids
- Flint
- Jackson
- Kalamazoo
- Marquette
- Port Huron
- Saginaw

LET'S TALK ABOUT FOOD INTERVENTIONS

Interviews with Key Players in Michigan's 'Food Space'

WHO WAS INTERVIEWED?

In April and May of 2019, MPHI project staff interviewed 16 key informants from 14 organizations identified by the Health Fund NHL program team as being key players in Michigan's 'food space.' Interviews were designed to learn about current successful and innovative community efforts to address food-related issues. Key informants represented organizations involved with community-based food interventions at the local, regional, and state levels. A variety of types of organizations were also represented, including governmental agencies, professional associations, academic-affiliated community institutions, private foundations, and charitable organizations.

WHAT ARE SOME SUCCESSFUL COMMUNITY FOOD INTERVENTIONS?

Key informants were asked to describe the "most successful (community-based food system or nutrition) efforts that they were aware of right now in Michigan." No definition was provided for "successful"; informants were encouraged to define this term from their own experiences. The main types of successful interventions described included:

BROAD, POLICY-FOCUSED EFFORTS

*Food Policy Council (Washtenaw county) * Michigan Good Food Charter * Michigan Food Policy Network*

UNIVERSAL ACCESS FOCUSED EFFORTS

*Oakland County Universal Breakfast Program * Kids Food Basket (Kent, Ottawa, Muskegon counties) * HAELF Collaborative (Kent county)*

GROWING, SOURCING, DISTRIBUTING, AND RETAILING FOCUSED EFFORTS

*10 Cents a Meal Farm to School Programs * Michigan Food & Farming Systems' Veterans in Agriculture and Women in Agriculture programs * Michigan Farmers Market Association * Food Hubs: Flint Fresh Food * Food Lab (Detroit) * Marquette Food Co-Op * MSU Extension's "Discover Michigan Fresh" * Fair Food Network * Double Up Food Bucks * Sprout (Battle Creek)*

HEALTH CARE FOCUSED EFFORTS

*Ecology Center Fruit and Vegetable Rx program (Detroit) * Prescription for Health*

Key informants were asked to describe the focus of these interventions, including the priorities (geography, populations), partnerships, and impact on the community.

SEVERAL OVERARCHING THEMES EMERGED, INCLUDING:

Most programs aimed to serve people from low income households.

Metropolitan areas were most frequently named as locations.

The majority of the interventions described aimed to increase food access and food security.

Interventions impacted the local economy through strategies focused on local growers, businesses, or employers.

WHAT ARE SOME INNOVATIVE FOOD INTERVENTIONS?

Key informants were asked to describe the "most innovative (community-based food system or nutrition) efforts that they are aware of right now" in Michigan. No definition was provided for "innovative"; informants were encouraged to define this term from their own experiences.

Innovative Interventions Described by Key Informants Included:

- Cooking Matters
- Hoop Houses for Health
- Flint Kids Cook
- Shelby Public Schools Food Service program
- Better with Breakfast (Oakland County)
- HAELF Collaborative food pantries (Kent County)
- New Revolution Farms (Caledonia)
- Eastern Market Food Hub
- Ottawa Food Club
- Flint Food Hub
- Michigan Fitness Foundation's Farm to Family
- Michigan Good Food Fund
- SpartanNash - Migrant Legal Aid's "Fair Food Pledge"
- Cherry Food Capital Network (Traverse City)

WHAT MAKES AN INTERVENTION SUCCESSFUL & INNOVATIVE?

When describing accomplishments the successful and innovative programs identified by key informants have had in Michigan, generally interviewees talked about accomplishments with a few **COMMON THEMES**:

YOUTH ENGAGEMENT	*Youth were involved in learning about food and food systems in a meaningful and active way.*
PARTNERSHIPS	*The interventions built bridges across different sectors or involved collaboration among different types of organizations within the community (e.g. health systems, school districts, public health, local leaders, community based organizations, universities, growers).*
SCALABILITY AND REPLICABILITY	*The programs started small, or focused in one specific area, and were able to sustainably expand their reach or be replicated in more locations.*
TAILORED	*The interventions were locally focused, and specially tailored to the local needs and culture, which ensured community members would use it.*
FOOD ACCESS	*The interventions had increased the number of access points in the community where people could obtain healthy food.*
ECONOMIC BENEFIT	*Interventions used strategies focused on increasing opportunities and improving the local economy, especially for farmers and small businesses.*

> **Food policy in Michigan needs a lot of work. As a state we don't support the populations that need the food most. What are we feeding kids? Seniors? The state is funding organizations that actively feed children as poorly as they can get away with. Food standards and requirements are too loose."**
>
> *-Key Informant*

Key informants were asked to think about the most successful and innovative programs they are aware of in Michigan currently, and to explain what they think makes them successful. They named qualities of organizations and strategies for community engagement as key ingredients in the recipes for success, including:

ORGANIZATIONAL QUALITIES FOR SUCCESSFUL INTERVENTIONS

- ✓ Strong 'backbone' organization
- ✓ Passionate staff members
- ✓ Partnerships and collaboration
- ✓ Secure and sustainable funding
- ✓ System-thinking approaches
- ✓ Evaluates their efforts

COMMUNITY ENGAGEMENT STRATEGIES FOR SUCCESSFUL INTERVENTIONS

- ✓ Effective promotion of programs
- ✓ Incorporates consumer feedback
- ✓ Focused on the local economy
- ✓ Strategies are tailored to the local community context
- ✓ Inclusion of local & small farmers
- ✓ Programs are easy for consumers to participate
- ✓ The program offers long-term solutions

> "I think we could do a better job of getting communities more engaged in the work and helping support our local growers more. Some of the growers have been on food assistance themselves because their work just does not bring in enough money, but it is so important."
>
> *-Key Informant*

WHERE ARE THE GAPS IN EXISTING FOOD INTERVENTIONS?

Interviewers asked key informants for their opinions about the areas where there were currently gaps in existing food interventions. Responses from 16 key informants included:

PRIORITY POPULATIONS

- Migrant workers and immigrants
- Language minorities (Non-English Language speakers)
- People living above poverty level but not earning a living wage
- Older adults
- Small farmers
- School-aged children (ages 4-17)
- Rural African Americans
- Tribal communities

GEOGRAPHY

- "Food swamps"
- Upper Peninsula
- Very rural communities
- Northeast region of lower peninsula (greater Alpena area, Prosperity Region 3)
- Southern counties (South of I-94, Prosperity Region 8)

STRATEGIES

- Increasing the general public's knowledge of food system issues and food insecurity
- Applying a racial equity lens to existing strategies
- Food policies – school nutrition standards, programs for seniors
- Statewide food policy council
- Ability to use WIC to purchase from farmers markets
- Integrate food system conversations into all priority efforts

FUNDING

- Weekend backpack programs and summer food programs
- 10 Cents a Meal
- Early childhood and school-based nutrition programs
- Investments in small farmers and producers

REPLICATING INNOVATION

- Food Trust, Philadelphia, PA: *Get Healthy Philly*
- Office of the Director of Food Policy, New York City, NY: *NYC Food Policy*
- Baltimore City Health Department, Baltimore, MD: *Baltimarket*
- County of San Diego Health & Human Services, CA: *Reducing and Eliminating Health Disparities with Information Initiative*
- Cincinnati, OH: *Camp Washington Art and Mobile Produce (CAMP) Food & Community Asset Mapping*
- RI Food Policy Council, Rhode Island: *Relish Rhody Food Strategy*

> "I don't know if anyone is being left out. **There is someone doing something in every community. I just don't know if there is enough of it.**"
>
> *-Key Informant*

KEY THEMES FROM THE SCAN

1 WHERE IS THERE NEED?

Based upon our findings, there are areas within the state that would likely have **high needs for food interventions and programs and present opportunities for positive impact**. Synthesizing what was learned by looking at multiple data sources, and various ways of measuring need, as well as considering the needs identified by key informants, geographic areas of priority emerged for future attention and investment, including:

Cities/Metro Areas

- Bad Axe
- Battle Creek
- Bay City
- Benton Harbor
- Detroit
- Flint
- Jackson
- Kalamazoo
- Marquette
- Muskegon
- Port Huron
- Saginaw

Counties

- Bay
- Calhoun
- Eaton
- Genesee
- Iosco
- Jackson
- Kalamazoo
- Kent
- Lenawee
- Macomb
- Marquette
- Montmorency
- Oakland
- Oscoda
- Ottawa
- Roscommon
- Saginaw
- Sanilac
- St. Clair
- Tuscola
- Washtenaw
- Wayne

Regions

- Upper Peninsula *(Prosperity Region 1)*
- Northeast *(Prosperity Region 3)*
- East Central (*Prosperity Region 5*)
- East (*Prosperity Region 6*)
- Southwest Lower Peninsula *(Prosperity Region 8)*

2 WHAT GAPS NEED TO BE FILLED?

The results show **areas with high need that also have significantly low numbers of food interventions**. Looking just at the number of organizations serving each county, Montmorency county and Oscoda county had the fewest organizations identified. Adjusting the number of organizations per population, we found Wayne, St. Clair, Genesee, and Oakland counties had the lowest rate of service for population size. Filling gaps in these areas could be done through capacity building assistance to create new, or expand existing, food programs. Very rural and impoverished areas, particularly northwest and northeast regions of the lower peninsula, had clusters of low SNAP enrollment. These gaps in participation in food assistance programs could be filled through targeting programs to increase SNAP enrollment and increasing retail outlets that accept benefits for healthy food. Urban areas with clusters of significantly low SES and high enrollment in SNAP (e.g. Bay City, Benton Harbor, Flint, Jackson, Muskegon, Saginaw) are opportunities to increase access through increased promotion and utilization of SNAP benefits to purchase healthy foods and increased economic development.

3 WHAT ARE SOME OPPORTUNITIES FOR INVESTMENT?

The **types of strategies** that most key informants identified as important opportunities for additional investment, and that were supported by other data and information from this scan included:

- Policies and programs focused on early childhood and school settings;
- Large-scale, collaborative efforts to strengthen the local food system while also spurring local economies and improving access to nutritious foods, such as food hubs; and
- Expanded investment in programs that match funds for food purchases for individuals or organizations in community settings, like 10 Cents a Meal and electronic benefits acceptance at local, healthy food outlets.

4 WHAT ARE SOME INNOVATIVE IDEAS TO EXPLORE?

Many of the **innovative ideas** in other states described by key informants were multi-sector, collaborative efforts to address a range of food issues within urban settings. Further, many successful and innovative food interventions within Michigan identified by most key informants also represented efforts in primarily urban areas. More innovative strategies targeting common community settings in rural areas (e.g. schools, senior programs, markets, farms) are needed, especially those that exemplify the organizational qualities and community engagement strategies of successful interventions described key informants.

LET'S THINK ABOUT FUTURE DIRECTIONS

Improving the Food Space in Michigan

WHAT DO THESE FINDINGS SUGGEST ARE FUTURE DIRECTIONS FOR INVESTMENTS IN MICHIGAN'S FOOD SPACE?

There are many innovative efforts to address food issues across Michigan. This project sought to identify those efforts and pinpoint gaps. A primary goal of this project was to promote awareness and collaboration to maximize the benefit of future efforts to improve healthy food access. To that end, we also scanned the peer-reviewed and grey literature and compiled information to help people interested in addressing food issues to select strategies that may best align with the needs, priorities, and gaps they aim to address. A supplemental brief, titled ***Michigan Food Environment Strategies: A Literature Review***, was prepared based upon this literature scan. The brief summarizes the evidence of effectiveness and relevant community settings for the types of food interventions and programs that were found to exist in the state. This brief can be requested from the Health Fund.

In August 2019 we shared our preliminary findings with key stakeholders of Health Fund's Nutrition & Healthy Lifestyles (NHL) Program. Stakeholders shared their reflections and suggestions. Below are a few key take-aways shared by stakeholders relative to the results of this scan:

FOCUS ON INTERVENTIONS THAT FIT THE CONTEXT: LOCALLY DRIVEN, CULTURALLY APPROPRIATE

Food is deeply rooted in local culture, and issues of food access should not be limited to addressing the physical needs for food. Interventions that aim to promote food sovereignty and food justice are needed to support communities to reclaim their power in food systems and promote equitable balance of both the benefits and the risks of participating in the food system for all community members.

REFRAME AND DEFINE "SUCCESSFUL" FOOD INTERVENTIONS FOR IMPACT

What is considered a 'successful' intervention varied from one key informant to another. Ways of defining success were very nuanced to the setting, and included various factors and priorities – not just an impact on dietary and health needs of individuals being met, but also on factors such as expanding local and community economic growth; sustainability; strengthening partnerships; and signs of reclaiming local and community culture. Stakeholders encouraged others interested in investing in food access interventions to examine the many outcomes that impact wellbeing, and ultimately optimal health.

CONSIDER IMPLICATIONS OF THESE FINDINGS ON INVESTMENTS IN FUTURE FOOD INTERVENTIONS

Stakeholders encouraged others interested in impacting food access to critically think and be intentional about the different levels of investments made in the future – investments made in program level versus investments made in system level interventions yield different levels of impact and require various timeframes for implementation. This scan found there to be far fewer interventions aimed at impacting a system level change. It was recommended that future investments consider the levels at which the interventions intend to impact for grant making decisions.

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