



**Food Security  
Council**

# Final Report

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February 7  
**2022**

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Non-Voting Members, each nominated from members of the legislature:

**Senator Kevin Daley**, nominee of the Senate Majority Leader.

**Representative Pauline Wendzel**, nominee of the Speaker of the House.

**Senator Winnie Brinks**, nominee of the Senate Minority Leader.

**Representative Angela Witwer**, nominee of the House Minority Leader.

# Executive Summary

## The Food Security Council

The **24-MEMBER FOOD SECURITY COUNCIL (FSC)**, since the submission of its initial COVID-19 report in October 2020 to January 2022:

- created **6 WORKGROUPS** with FSC members and other subject matter experts in the areas of food supply, special populations, racial disparities, client perspectives, health care, and policy
- each workgroup met monthly for approximately **1 YEAR**, inviting experts relevant to their area, to bring specific policy recommendations to the full FSC
- the full FSC invited testimony from **11 ADDITIONAL SUBJECT MATTER EXPERTS**
- to create and endorse **11 RECOMMENDATIONS** for Governor Whitmer to address the issue of food insecurity in Michigan.

## Summary of Findings

### **THE SOCIAL DETERMINANTS OF FOOD INSECURITY HAVE THE GREATEST IMPACT ON THE NATURE, SCOPE, AND CAUSES OF FOOD INSECURITY. THERE IS AN INTERCONNECTEDNESS BETWEEN POVERTY, HEALTH, AND FOOD INSECURITY.**

These social determinants include racial and ethnic inequality; health, age, and disability status; and poverty, income, and unemployment status. There is often a perpetual cycle of income restriction, food insecurity, and adverse health outcomes which is incredibly difficult to break independently and highlights the necessity of federal, state, and charitable food assistance programs. The COVID-19 pandemic has exacerbated these challenges for those disparately vulnerable to food insecurity.

### **THE COST OF FOOD INSECURITY IS EXORBITANT, AFFECTING HEALTH CARE, EDUCATION, AND PRODUCTIVITY COSTS.**

Michigan falls above the 75% percentile nationally for annual statewide healthcare costs associated with food insecurity, or \$1,801,282,000 per year. COVID-19 pandemic-related healthcare costs were increased by the high numbers of patients with chronic disease, many of which are exacerbated by poor diet and nutrition. Educational costs, lost productivity, and lower lifetime earnings due to food insecurity bring Michigan's total "hunger bill" to \$5.51 billion dollars per year.

### **COST-EFFECTIVE POLICIES THAT ENHANCE FEDERAL AND STATE FOOD AND NUTRITION PROGRAMS, INCREASE CHARITABLE FOOD ASSISTANCE, AND CLINICALLY INTEGRATE FOOD-AS-MEDICINE PROGRAMS IN HEALTH CARE HAVE THE POTENTIAL TO DECREASE FOOD INSECURITY.**

Federal and state food and nutrition programs, including SNAP, WIC, school meals, pandemic-related waivers and flexibilities to these programs, including Pandemic EBT (P-EBT) have demonstrated economic, educational, and health impacts. Charitable food distributions bring economic as well as other benefits to households, and to the economy. Clinically integrated food-as-medicine programs, from home-delivered groceries to produce prescriptions to medically tailored meals, show promise in reduced healthcare utilization costs and health outcomes, yet require sustainable funding to be effective for Michigan patients and for the economy in the long-term.

# Summary of Recommendations

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## **INCREASE AVAILABILITY OF HEALTHY, FRESH FOOD**

1. Increase funding for fresh and culturally appropriate food through local and regional programs.
2. Expand childhood nutrition programs and Community Eligibility Provisions in Michigan school districts.
3. Improve food access through increased transportation options including home delivery.
4. Improve access to resources by implementing a “driver’s license for all” policy.
5. Pursue a federal 1115 waiver to develop a pilot program that addresses the social determinants of health for Medicaid beneficiaries that includes evidence-based interventions that improve access to medically-supported food and nutrition services.
6. Create a stakeholder coalition to identify innovative and sustainable financing solutions that address food insecurity.

## **UNDERSTAND AND SUPPORT MICHIGANDERS EXPERIENCING HUNGER**

7. Increase feedback from Michigan residents utilizing community food programs.
8. Improve language accessibility for State of Michigan websites.
9. Publish a Tribal consultation policy broadly and specifically; issue a statement of support for Michigan’s federally recognized tribes in USDA negotiations.

## **IMPROVE NAVIGATION TO CONNECT TO FOOD AND NUTRITION PROGRAMS**

10. Create a coordinated support system for clients seeking assistance through the MI Bridges platform.
11. Improve infrastructure for food insecurity screening, referral, and diagnostic coding in health care organizations.

# Background

*Food insecurity* is defined as being uncertain of having, or unable to acquire, enough food due to insufficient money or resources.<sup>1</sup> Food insecurity exists on a spectrum of severity, which can be divided into *low food security* and *very low food security*. As shown in the figure below, *low food security* is a state in which a household experiences reduced quality and variety of foods, and increased stress about food availability. *Very low food security* is the more severe form of food insecurity in which the eating patterns of some household members (including children) are disrupted at times during the year.

## Understanding Food Security Versus Food Sufficiency

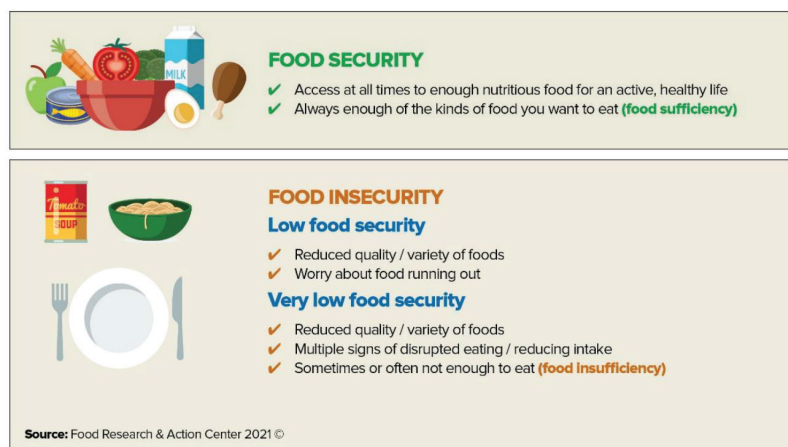


Figure 1. Understanding Food Security Versus Food Sufficiency.<sup>2</sup>

Despite the adaptability and resilience of many organizations and agencies in the face of the COVID-19 pandemic, food insecurity remains a persistent problem throughout Michigan and the United States. The federal rate of food insecurity remained steady from 2019 to 2020 at 10.5% (13.8 million households), with 3.9% (5.1 million) of US households facing very low food security.<sup>3</sup>

While aggregate statistics demonstrate the success of state, federal, and charitable relief efforts at preventing a larger increase in overall food insecurity, vulnerable subpopulations including but not limited to households lead by Black and Hispanic persons and households with incomes below 185% of the poverty threshold faced disparate increases in food insecurity in 2020.<sup>4</sup> As discussed in the Initial FSC Report, high food insecurity rates correlate with pronounced racial disparities, in areas such as metro Detroit as well as several counties in Northern Michigan in which Tribal reservations are located.<sup>5</sup>

1 U.S. Department of Agriculture, "Measurement," September 2021. Available at: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement/>.

2 A. M. Lacko and G. Henchy, "Understanding Food Security Versus Food Sufficiency," *Hunger, Poverty, and Health Disparities During COVID-19 and the Federal Nutrition Program's Role in an Equitable Recovery*, September 2021. Available at: <https://frac.org/research/resource-library/foodinsecuritycovid19>.

3 U.S. Department of Agriculture, "Measurement," September 2021. Available at: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement/>.

4 A. Coleman-Jensen, M. P. Rabbitt, C. A. Gregory, and A. Singh, "Household Food Security in the United States in 2020 (ERR-298)." U.S. Department of Agriculture, Economic Research Service, September 2021. Available at: <https://www.ers.usda.gov/webdocs/publications/102076/err-298.pdf?v=5590.4>.

5 Food Security Council, "Initial Report: COVID-19 Findings and Recommendations," October 2020. Available at: [https://www.michigan.gov/documents/mdhhs/FSC\\_Initial\\_Report\\_v6\\_712638\\_7.pdf](https://www.michigan.gov/documents/mdhhs/FSC_Initial_Report_v6_712638_7.pdf).

In 2019, approximately 1.3 million Michiganders faced food insecurity, over 305,000 of which represented children. While finalized statistics for 2020 are yet to be reported, estimates show that food insecurity increased to approximately 1.9 million people in Michigan, including 552,000 children.<sup>6</sup>

To address the issue, the Food Security Council (FSC) was created by Governor Whitmer's [Executive Order No. 2020-167](#) as an advisory body in the Department of Health and Human Services to adequately inform the state's response to food insecurity, both during and after the COVID-19 pandemic. The FSC is charged with coordinating across state government and with industry and community stakeholders to ensure a broad range of input from relevant entities, reporting on best practices to ensure safe and effective food distribution to Michiganders in need.

The following is the full charge to the FSC:

- Identify and analyze the nature, scope, and causes of food insecurity in Michigan.
- Identify and assess evidence-based policies to decrease food insecurity, both during and after the COVID-19 pandemic. This should include consideration of innovative efforts and proposals, as well as solutions adopted by other states to address food insecurity and their potential applicability to the problem as it exists in Michigan.
- Analyze the return on investment to policies that decrease food insecurity, including, where appropriate, cost-benefit analysis of these policies' impacts on economic growth, educational outcomes, health outcomes, and other areas.
- Review and make recommendations regarding how the resources and efforts currently devoted to address food insecurity can be best coordinated and implemented, and how those resources and efforts can be most effectively supplemented.
- Review and make recommendations regarding legislation potentially relevant to the causes of, and/or potential solutions for, food insecurity in Michigan.
- Provide other information, advice, or take other actions as requested by the governor.
- The Council must prepare a final report and submit it to the governor.

Per Executive Order No. 2020-167, the Food Security Council is charged with providing an initial report to the Governor by November 7, 2020 that must include "short-term findings and recommendations related to food insecurity and COVID-19." [That report](#) was submitted October 29, 2020. The FSC was charged with preparing and submitting the remainder of its report within 18 months of the issuance of the order, or February 7, 2022. To prepare this report, the FSC:

1. Held [full FSC public meetings](#) via Microsoft Teams and teleconference access on December 8, 2020; January 12, February 9, March 9, April 13, May 11, June 8, August 10, and November 9, 2021; and January 11, 2022.
2. Solicited expert testimony provided at those meetings from a range of expertise and experience, representing academic, government, and non-profit organizations.
3. Created 6 working groups to address specific topics related to food insecurity, which met monthly from October 2020 to October 2021.
4. Generated documents from each workgroup to inform FSC discussion and final recommendations.

The recommendations included in this Final Report were produced by several diverse groups of subject matter experts, reviewed by departmental leadership, and endorsed by the appointees of the FSC. These recommendations were endorsed without objection within the FSC. Some recommendations emphasize actions that have already been undertaken and are recommended to continue, while others are aspirational and will require further consideration by different departments and legislative bodies to assess the required resources and operational challenges.

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<sup>6</sup> C. Gundersen, "Who is Food Insecure in Michigan?," Presentation to Food Security Council, September 29, 2020.

# Key Findings

## Nature, Scope, and Causes of Food Insecurity

Similar disparities exist in Michigan as are seen at the federal level, all of which were exacerbated by the COVID-19 pandemic. These social determinants, or the “conditions in the environments where people are born, live, learn, work, play, worship, and age,”<sup>7</sup> can be generalized into: 1) **Racial and Ethnic Inequity**, 2) **Health, Age, and Disability Status** and 3) **Poverty, Income, and Unemployment**.

## Social Determinants of Food Insecurity

### *Racial and Ethnic Inequity*

At the federal level, Black and Hispanic households have consistently faced higher rates of food insecurity than White households. In 2020, 22% of Black households and 17% of Hispanic households were food insecure. In contrast, 7% of White households experienced food insecurity.<sup>8</sup>

High food insecurity rates correlate with pronounced racial disparities in Michigan as well. As we noted in the FSC’s Initial Report, counties containing urban areas with predominantly Black residents and several counties in Northern Michigan where Tribal reservations are located exhibit elevated rates of food insecurity.<sup>9</sup> Healthy food access and food affordability can be particularly difficult in low-income communities of color, which have been underresourced for decades. This disparity persists across demographic groups, indicating the effects of systemic racism on food access and security.

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*“Zip codes—even narrower than zip codes but census [tracts] predict life expectancy. In one neighborhood in Flint, there’s a 20-year difference in life expectancy across parts of Genesee County... And that’s all over this nation, where your environment, your geography, the level of poverty and economic inequality, the history of racism, violence, all of these other things play a tremendous role in the health of our communities, not only at the individual level but more importantly, at the population level.” –Dr. Mona Hanna-Attisha<sup>10</sup>*

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### *Health, Age, and Disability Status*

All people require adequate nutrition to maintain a healthy body and mind. Food insecurity is widely accepted as a determinant of overall health and is associated with increased healthcare costs across the United States. People experiencing food insecurity report poorer self-assessed health and higher numbers of chronic diseases such as diabetes, hypertension, and kidney disease. Experts emphasize that policies and programs improving food security at the state and local level can also improve community health and lower healthcare costs.<sup>11,12</sup>

7 U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, “Social Determinants of Health,” Healthy People 2030. Available at: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.

8 A. Coleman-Jensen, M. P. Rabbitt, C. A. Gregory, and A. Singh, “Household Food Security in the United States in 2020 (ERR-298),” U.S. Department of Agriculture, Economic Research Service, September 2021. Available at: <https://www.ers.usda.gov/webdocs/publications/102076/err-298.pdf?v=5590.4>.

9 Food Security Council, “Initial Report: COVID-19 Findings and Recommendations,” October 2020. Available at: [https://www.michigan.gov/documents/mdhhs/FSC\\_Initial\\_Report\\_v6\\_712638\\_7.pdf](https://www.michigan.gov/documents/mdhhs/FSC_Initial_Report_v6_712638_7.pdf).

10 M. Hanna-Attisha, Presentation to the Food Security Council, March 9, 2021.

11 Feeding America, “Map the Meal Gap 2020: Health, Disability, and Food Insecurity,” 2020. Available at: [https://www.feedingamerica.org/sites/default/files/2020-06/Map%20the%20Meal%20Gap%202020%20Health\\_Disability\\_and%20Food%20Insecurity%20Module.pdf](https://www.feedingamerica.org/sites/default/files/2020-06/Map%20the%20Meal%20Gap%202020%20Health_Disability_and%20Food%20Insecurity%20Module.pdf).

12 A. Coleman-Jensen, “U.S. Food Insecurity and Population Trends with a Focus on Adults with Disabilities,” *Physiology & Behavior*, 220, 112865, 2020. Available at: <https://doi:10.1016/j.physbeh.2020.112865>.



Many older adults live on fixed incomes, have increased medical expenses, and may struggle with accessing and preparing nutritious meals, especially if they live alone. An estimated 6.8% of Michigan seniors faced food insecurity in 2019,<sup>13</sup> and over one quarter of all Michigan SNAP-enrolled households included an older adult family member.<sup>14</sup> It's also estimated that nearly 150,000 Michiganders aged 65 and older lived in poverty in 2020.<sup>15</sup> While older adults do not disproportionately experience food insecurity relative to younger adults, they do face more severe health consequences as a result. Food insecure seniors are more likely to be diabetic, suffer from depression, have high blood pressure, and have more frequent emergency room visits than their food secure peers.<sup>16</sup> With older adults being projected to outnumber children federally by the year 2034, priority must be given to efforts focused on improving the food security of this population.<sup>17</sup>



Figure 2. Seniors Struggling with Food Insecurity may Experience a Number of Challenges.<sup>18</sup>

Living with any form of disability is a risk factor for food insecurity. U.S. households with an adult not in the labor force due to disability were four times more likely to experience food insecurity in 2018. Food insecurity rates were also elevated for households with adults reporting disabilities not excluding them from the labor force.<sup>19</sup> Finally, rate of food insecurity is higher for people with a disability living at twice the federal poverty guideline (over 35%) than it is for non-disabled people living in poverty (29%). In other words, disability status puts a person at a higher risk of food insecurity than poverty status.<sup>20</sup> The CDC reported over 2.3 million adult Michiganders living with a disability in 2019.<sup>21</sup> With this population being especially vulnerable to food insecurity, more focus is needed to understand how best to intervene and support Michiganders living with disability.

13 J. P. Ziliak and C. Gundersen, "The State of Senior Hunger in America in 2019: An Annual Report," Report for Feeding America, August 2021. Available at: <https://www.feedingamerica.org/research/senior-hunger-research>.

14 K. Cronquist, "Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2019 (Report No. SNAP-20-CHAR)," U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, March 2021. Available at: <https://fns-prod.azureedge.net/sites/default/files/resource-files/Characteristics2019.pdf>.

15 U.S. Census Bureau, "QuickFacts Michigan," 2021. Available at: <https://www.census.gov/quickfacts/MI>.

16 J. P. Ziliak and C. Gundersen, "The Health Consequences of Senior Hunger in the United States: Evidence from the 1999-2016 NHANES," Report for Feeding America, 2021. Available from <https://www.feedingamerica.org/research/senior-hunger-research/senior>.

17 J. Vespa, L. Medina, and D. M. Armstrong, "Demographic Turning Points for the United States: Population Projections for 2020 to 2060 (Report No. P25-1144)," U.S. Census Bureau, 2020. Available from <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf>.

18 Food Research & Action Center, "SNAP Matters for Seniors: Michigan," 2019. Available at: [https://frac.org/wp-content/uploads/senior\\_facts\\_MI.pdf](https://frac.org/wp-content/uploads/senior_facts_MI.pdf).

19 A. Coleman-Jensen, "U.S. Food Insecurity and Population Trends with a Focus on Adults with Disabilities," *Physiology & Behavior*, 220, 112865, 2020. Available at: <https://doi.org/10.1016/j.physbeh.2020.112865>.

20 C. Gundersen, "Who is Food Insecure in Michigan?," Presentation to Food Security Council, September 29, 2020.

21 Centers for Disease Control and Prevention, "Disability & Health U.S. State Profile Data for Michigan," 2021. Available at: <https://www.cdc.gov/ncbddd/disabilityandhealth/impacts/michigan.html>.

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*“Food insecurity in this country is a problem of poverty, but it is also a problem of disability status. ... In the time of COVID, those with disabilities -- whether they be mental health disabilities, physical health disabilities -- they’re bearing the brunt of COVID in many ways. ... We [have to] be talking more about disability status and food insecurity.”*  
- Dr. Craig Gundersen<sup>22</sup>

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## **Poverty, Income, and Unemployment**

Food insecurity is caused by the lack of resources required to consistently access enough food for every person in a household to lead a healthy lifestyle. Many of those required resources are linked to financial security. Issues including poverty, income, and unemployment all contribute to elevated rates of food insecurity. In 2020, the U.S. saw its first increase in the rate of poverty in five years due to the COVID-19 pandemic, rising to over 37 million people.<sup>23</sup>

The federal poverty guideline for 2021 is \$12,880 for a one-person household and \$26,500 for a four-person household. This guideline is used to determine income eligibility for food assistance programs such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (130% and 185% of the federal poverty guideline, respectively), thus affecting access to food assistance. In Michigan, nearly 1.3 million people lived below the federal poverty guideline in 2019, representing 13% of the state population.<sup>24</sup>

It is important to note that most experts have called for a change in the way that the federal poverty guideline is calculated, which has not changed since the 1960s when it was created.<sup>25</sup> This is because the amount of money Americans need to purchase necessities has risen exponentially since that time. For example, housing prices have risen 800% since the inception of the federal poverty guideline.<sup>26</sup> Raising the line would allow many more people to become eligible for food assistance programs. While this would require federal action, the Food Security Council acknowledges its importance in achieving food security.

When income is restricted, the diversity and quantity of food purchased by a household tends to decrease as tradeoffs are being made to cover other expenses, potentially resulting in food insecurity. One metric used to assess income adequacy is the Self-Sufficiency Standard, which defines the minimum income required for various households to meet their basic needs without the use of public or private assistance programs.<sup>27</sup> According to this measure, the average annual income currently needed to support a family consisting of two working adults, one preschool-age and one school-age child in Michigan is \$59,637. This is more than twice the federal poverty guideline for a four-person household (\$26,500). Furthermore, the minimum wage in Michigan is currently \$9.87 per hour. Two adults each working forty hours per week for fifty weeks per year at minimum wage would earn a combined gross income of \$39,480. While this is above the federal poverty level for the described four-person household, it is still \$20,000 below the Self-Sufficiency Standard.

Based on the above information, the number of Michiganders struggling to make ends meet is likely much higher than what is reported. Due to the global COVID-19 pandemic, the annual average unemployment rate in Michigan rose to 9.9% in 2020, a 5.8% increase from 2019.<sup>28</sup> This resulted in both higher demand of charitable food assistance, and increased applications to the Food Assistance Program (FAP; Michigan’s name for SNAP). Combined with the effects of inflation (November 2021 saw the largest single-year increase in the consumer price index since 1982),<sup>29</sup> many Michigan households have faced new economic challenges since the onset of the COVID-19 pandemic.

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22 C. Gundersen, “Who is Food Insecure in Michigan?,” Presentation to Food Security Council, September 29, 2020.

23 E. A. Shrider, M. Kollar, F. Chen, and J. Semega, “Income and Poverty in the United States: 2020 (Report No. P60-273),” U.S. Census Bureau, Current Population Reports, 2021. Available at: <https://www.census.gov/library/publications/2021/demo/p60-273.html>.

24 U.S. Census Bureau, “QuickFacts Michigan,” 2021. Available at: <https://www.census.gov/quickfacts/MI>.

25 R. O’Brien and D.S. Pedulla, “Beyond the Poverty Line,” *Stanford Social Innovation Review*, Fall 2010. Available at [https://ssir.org/articles/entry/beyond\\_the\\_poverty\\_line](https://ssir.org/articles/entry/beyond_the_poverty_line).

26 U.S. Bureau of Labor Statistics, “Consumer Price Index for All Urban Consumers: Housing in U.S. City Average [CPIHOSNS],” 2022. Available at: <https://fred.stlouisfed.org/series/CPIHOSNS>.

27 University of Washington, Center for Women’s Welfare, “Self-Sufficiency Standard: Michigan,” 2017. Available at: <http://www.selfsufficiencystandard.org/michigan/>.

28 U.S. Bureau of Labor Statistics, “Regional and State Unemployment, 2020 Annual Average Summary (Report No. USDL-21-0363),” 2021. Available at: <https://www.bls.gov/news.release/srgune.nr0.htm>.

29 U.S. Bureau of Labor Statistics, “Consumer Price Index Summary—December 2021.” Available at: <https://www.bls.gov/news.release/cpi.nr0.htm>.

# Interconnectedness of Poverty, Health, and Food Insecurity

Unfortunately, there exists a cyclical relationship between poverty, health, and food insecurity. Food is often one of the first expenses cut after a sudden loss of income, as was the experience of many newly unemployed Michiganders at the beginning of the COVID-19 pandemic. Food insecure households often adopt coping strategies including purchasing less diverse, calorie-dense foods lower in nutritional value. This combined with delays in seeking medical care and/or the rationing of expensive medications makes these individuals more likely to struggle with the management of chronic disease and other health issues. Consequently, this can lead to difficulties in finding or maintaining employment, which adds additional financial strain to the household. This perpetual cycle of income restriction, food insecurity, and adverse health outcomes (see Figure 3) is incredibly difficult to break independently, and highlights the necessity of state, federal, and charitable food assistance programs in supporting vulnerable populations.<sup>30</sup>

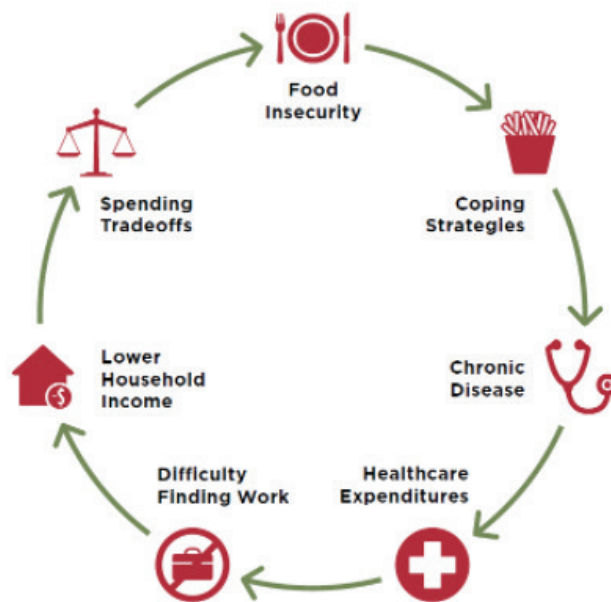


Figure 3. The Cycle of Food Insecurity and Health.<sup>31</sup>

30 Feeding America, "Map the Meal Gap 2020: Health, Disability, and Food Insecurity," 2020. Available at: [https://www.feedingamerica.org/sites/default/files/2020-06/Map%20the%20Meal%20Gap%202020%20Health\\_Disability\\_and%20Food%20Insecurity%20Module.pdf](https://www.feedingamerica.org/sites/default/files/2020-06/Map%20the%20Meal%20Gap%202020%20Health_Disability_and%20Food%20Insecurity%20Module.pdf).

31 Feeding America, "Map the Meal Gap 2020: Health, Disability, and Food Insecurity," 2020. Available at: [https://www.feedingamerica.org/sites/default/files/2020-06/Map%20the%20Meal%20Gap%202020%20Health\\_Disability\\_and%20Food%20Insecurity%20Module.pdf](https://www.feedingamerica.org/sites/default/files/2020-06/Map%20the%20Meal%20Gap%202020%20Health_Disability_and%20Food%20Insecurity%20Module.pdf).

# Impact of COVID-19 on Food Insecure Individuals

The COVID-19 pandemic has exacerbated the problem of food insecurity in Michigan. Rising unemployment and schools closed to in-person learning brought new economic challenges to many households. As food is often one of the first expenses cut when faced with financial hardship, Michigan saw both a rise in newly food-insecure individuals needing assistance and increased severity of food insecurity for those already vulnerable prior to COVID-19.<sup>32</sup> Despite rapid adaptation to socially distanced food distribution methods and increased flexibilities in assistance program eligibility and execution, vulnerable populations such as older adults, individuals with disabilities, individuals at increased COVID-19 risk, and quarantined individuals were disproportionately unable to access food during the COVID-19 pandemic. Additionally, from March to June of 2020, the food at home price index increased by 4.3%, after rising just 1.1% over the previous 12 months.<sup>33</sup> This increase was attributed to a combination of panic buying and supply chain disruptions caused by the pandemic. While these disruptions have begun to stabilize, food prices have not returned to pre-pandemic levels—food prices were 5.3% higher in October 2021 than in October 2020. This adds continued financial strain to Michigan households and maintains elevated risks of food insecurity for our residents.

The cyclical relationship between poverty, health, and food insecurity described previously correlates directly to increased risk of COVID-19 exposure and higher disease severity. Food insecure individuals are less able to quarantine themselves, as they commonly must leave home for work (primarily for those with low-wage essential jobs) or to access the charitable food system, increasing their risk of exposure to COVID-19. Fear of exposure, especially for those most at risk of severe illness from COVID-19, caused many individuals to delay seeking medical care for disease management and prevention, resulting in increased health costs and burden to the medical system. Additionally, some individuals face long-term side effects even after recovering from COVID-19, which may cause difficulties in maintaining employment and added financial strain through unexpected healthcare costs. It is clear that COVID-19 disrupted an already fragile system and placed many people in an unexpected state of food insecurity. Policy and programmatic measures are critically needed to assist vulnerable Michiganders most affected by this pandemic.

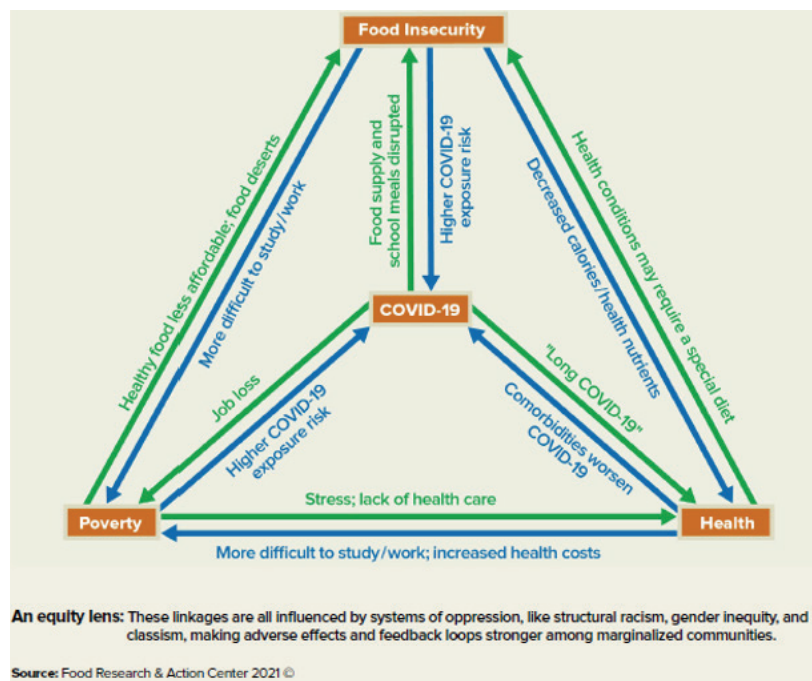


Figure 4. Linkages between Food Insecurity, Poverty, and Health During COVID-19.<sup>34</sup>

32 Food Security Council, "Initial Report: COVID-19 Findings and Recommendations," October 2020. Available at: [https://www.michigan.gov/documents/mdhhs/FSC\\_Initial\\_Report\\_v6\\_712638\\_7.pdf](https://www.michigan.gov/documents/mdhhs/FSC_Initial_Report_v6_712638_7.pdf).

33 D. Mead, K. Ransom, S. B. Reed, and S. Sager, "The Impact of the COVID-19 Pandemic on Food Price Indexes and Data Collection," *Monthly Labor Review*, U.S. Bureau of Labor Statistics, August 2020. Available at: <https://doi.org/10.21916/mlr.2020.18>.

34 Food Research & Action Center, "Linkages between Food Insecurity, Poverty, and Health during COVID-19," May 2021. Available at: <https://frac.org/wp-content/uploads/Linkages-2021.pdf>.

# Estimating The Cost of Food Insecurity

It is important to understand not just the toll that food insecurity has on an individual's life, but also the devastatingly high economic costs of food insecurity in the United States and in Michigan. Hunger and food insecurity have an enormous impact on health care costs. An estimate based on an extensive literature review of the relationship between hunger and health care in 2014 places the cost at \$160 billion dollars per year in the United States. This includes \$57.08B for mental health problems, \$11.51B in hospitalizations, \$21.61B due to suicide, \$42.66B in poorer general health, \$5.48B in lost productivity, and \$7.12B for non-communicable diseases (see Figure 5). Nationally, adults who are food insecure have healthcare costs of \$1,834 per year higher than food secure individuals.<sup>35</sup>



Figure 5. America's \$160 Billion Hunger Health Bill.<sup>36</sup>

The situation for Michigan is among the most dire, as the state falls above the 75<sup>th</sup> percentile for annual statewide healthcare costs associated with food insecurity, or \$1,801,282,000 per year. Per capita in Michigan, the estimated annual healthcare cost associated with food insecurity is \$182. As shown in Figure 6, Michigan has four counties that have over \$100 million in healthcare costs associated with food insecurity (shown in blue) and many more with over \$20 million dollars in healthcare costs associated with food insecurity (shown in red). Several Northern Michigan counties do not have overall spending at this level, but their per capita cost based on food insecurity is still quite high, over \$181 per person per year.<sup>37</sup>

<sup>35</sup> S.A. Berkowitz, S. Basu, C. Gundersen, and H.K. Seligman, "State-Level and County-Level Estimates of Health Care Costs Associated with Food Insecurity," *Preventing Chronic Disease*, 16, 2019. Available at: [https://www.cdc.gov/pcd/issues/2019/18\\_0549.htm](https://www.cdc.gov/pcd/issues/2019/18_0549.htm).

<sup>36</sup> J. Cook and A.P. Poblacion, "Estimating the Health Related Costs of Food Insecurity and Hunger," Report prepared for Bread for the World Institute, 2016. Available at: <http://www.hungerreport.org/costofhunger/fullstudy.html>.

<sup>37</sup> S. A. Berkowitz, S. Basu, C. Gundersen and H. K. Seligman, "State-Level and County-Level Estimates of Health Care Costs Associated with Food Insecurity," *Preventing Chronic Disease*, 16, 2019. Available at [https://www.cdc.gov/pcd/issues/2019/18\\_0549.htm](https://www.cdc.gov/pcd/issues/2019/18_0549.htm).

Food Insecurity Healthcare Costs

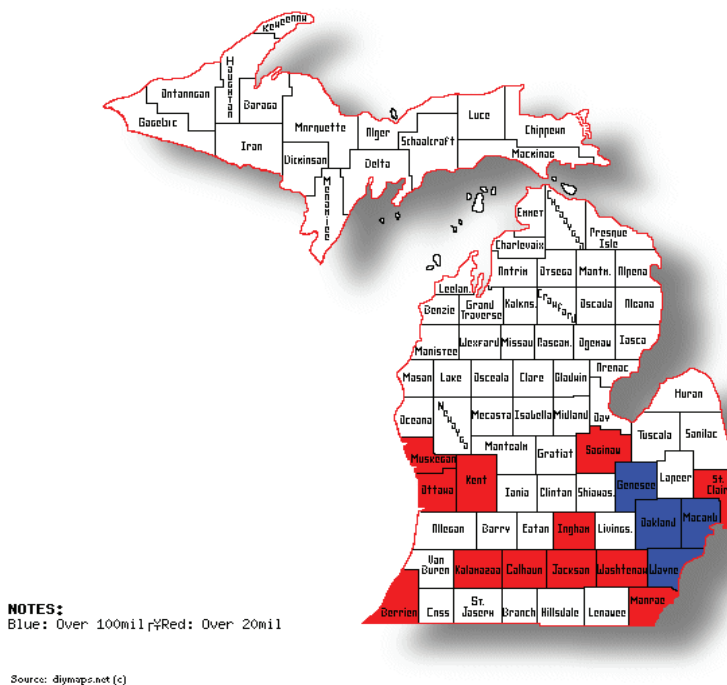


Figure 6. Highest Food Insecurity and Healthcare Costs in Michigan.<sup>38</sup>

More recently, evidence suggests that there is a correlation between high COVID-19 related healthcare costs and food insecurity. A recent study found an association between higher diet quality and lower risk for COVID-19, which was “particularly evident among individuals living in areas with higher socioeconomic deprivation.”<sup>39</sup> The Centers for Disease Control and Prevention (CDC) has stated that risk for severe illness from COVID-19 is impacted by chronic disease such as obesity and Type 2 diabetes.<sup>40</sup> Further, 63.5% of COVID-19-related hospitalizations were attributable to patients with these chronic diseases, as well as hypertension and heart failure, which are also diet-related.<sup>41</sup> As the Bipartisan Policy Center argues, “understanding how health status can affect conditions like COVID-19 can drive public health nutrition strategies to improve nutrition, and ultimately, health.”<sup>42</sup>

Researchers have estimated other costs of food insecurity in the United States, including educational expenses based on indirect costs of special education in public primary and secondary schools (\$5.91B per year) and those incurred by students dropping out of school due to food insecurity (\$12.94B per year).<sup>43</sup> Educational costs have also been estimated at \$19.2B, based on the value of poor educational outcomes and lower lifetime earnings due to hunger and food insecurity.<sup>44</sup> The Center for American Progress (CAP) put the State of Michigan’s total “hunger bill” in 2010 at \$5.51B. If that price tag is not startling enough, CAP named Michigan as a member of the “The Billion Dollar Club” of 12 states that had hunger bills that grew more than a billion dollars from 2007 to 2010.<sup>45</sup>

38 Figure based on Berkowitz et al., 2019 data.

39 J. Merino, A. Joshi, et al., “Diet Quality and Risk and Severity of COVID-19: A Prospective Cohort Study,” medRxiv, 2021. Available at: <https://doi.org/10.1101/2021.06.24.21259283>.

40 Centers for Disease Control and Prevention, “Obesity, Race/Ethnicity, and COVID-19,” August 2021. Available at: <https://www.cdc.gov/obesity/data/obesity-and-covid-19.html>.

41 M. O’Hearn, J. Liu, et al., “Coronavirus Disease 2019 Hospitalizations Attributable to Cardiometabolic Conditions in the United States: A Comparative Risk Assessment Analysis,” *Journal of the American Heart Association*, 10(5). Available at: <https://doi.org/10.1161/Jaha.120.019259>.

42 Bipartisan Policy Center. “Improving Food and Nutrition Security During COVID-19, the Economic Recovery, and Beyond,” September 13, 2021. Available at: <https://bipartisanpolicy.org/report/improving-food-and-nutrition/>.

43 J. Cook and A.P. Poblacion. *Estimating the Health Related Costs of Food Insecurity and Hunger*. Report prepared for Bread for the World Institute, 2016. Available at: <http://www.hungerreport.org/costofhunger/fullstudy.html>.

44 D.S. Shepard, E. Setren, and D. Cooper, “Hunger in America: Suffering We All Pay For.” Report Prepared for Center for American Progress, October 2011.

45 Shepard, Setren, and Cooper, 2011, 15 [internal citations omitted].

# Food Security Policies: Return on Investment

Evidence suggests that federal and state food and nutrition assistance programs have favorable impact on not only the health and well-being of recipients, but also on the economy. For example, the Supplemental Nutrition Assistance Program (SNAP, or FAP in Michigan) acts as an economic stimulus, as each \$1 of SNAP benefits during a downturn generates between \$1.50 and \$1.80 of economic activity.<sup>46</sup> SNAP also has documented favorable consequences for educational outcomes for children, as studies in North and South Carolina and Chicago Public Schools have shown lower achievement test scores and higher disciplinary infractions when SNAP benefits are exhausted at the end of the month for children of participants.<sup>47</sup>

The federal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides food, education, and other supports to low-income women, infants, and children up to 5 years of age. The health and wellness benefits to recipients are well documented,<sup>48</sup> but additionally, economic findings indicate that every \$1 spent on WIC participation saves \$2.48 in medical, educational, and productivity costs.<sup>49</sup> These findings have led policy groups such as the Center on Budget and Policy Priorities to advocate for WIC as “‘what works’ when it comes to federal and state policies and programs to reduce poverty and promote opportunity for low-income Americans.”<sup>50</sup> The Bipartisan Policy Center has also recommended that the federal government extend program waivers and flexibilities for both SNAP and WIC to allow states to act quickly to respond to public health or economic crises.<sup>51</sup>

School meal programs like the National School Lunch Program also have documented benefits for educational and health outcomes for children and families. The Community Eligibility Provision (CEP) is a school meal funding option of the National School Lunch Act that enables schools to provide free meals to all students. CEP promotes equity by eliminating the out-of-pocket costs for families and by reducing stigma for school meal programs. A recent study published in the *Journal of Hunger & Environmental Nutrition* also finds significant benefits for students attending CEP schools, including higher attendance rates and more students advancing beyond tenth grade.<sup>52</sup>

It is important to note that findings overwhelmingly suggest that the cost on American society of the COVID-19 pandemic would have been much worse without the investments of the federal government for federal and state food and nutrition assistance, including the federal food and nutrition programs (SNAP, WIC, school meal programs and flexibilities thereto, including P-EBT) and investments in the charitable food system and other food programs.<sup>53</sup> While these costs are difficult to calculate, the relative stability in the rates of food insecurity during the pandemic indicate their success in preventing incalculable hardship and further increased healthcare, education, and productivity costs.

More broadly, food banks provide charitable food that provides households support to pay other bills, including rent, utilities, and health care, supporting not only families but the larger economy. Gerald Brisson of Gleaners Community Food Bank of Southeastern Michigan offers a “Household Impact Model” to demonstrate the

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46 A. Ashbrook, “Nearly 60 Percent Increase in Older Adult Food Insecurity During COVID-19: Federal Action on SNAP Needed Now.” FRAC Chat, July 31, 2020. Available at: <https://frac.org/blog/nearly-60-percent-increase-in-older-adult-food-insecurity-during-covid-19-federal-action-on-snap-needed-now>.

47 Food Research & Action Center, “The Role of the Supplemental Nutrition Assistance Program in Improving Health and Well-Being,” December 2017. Available at: <https://frac.org/wp-content/uploads/hunger-health-role-snap-improving-health-well-being.pdf>.

48 S. Carlson and Z. Neuberger, “WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for More than Four Decades,” January 2021. Available at: <https://www.cbpp.org/research/food-assistance/wic-works-addressingthe-nutrition-and-health-needs-of-low-income-families>.

49 R.A. Niangua, M.C. Wang, et al., “Economic Evaluation of California Prenatal Participation in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to Prevent Preterm Birth,” *J Prev Med*. 124; 42-29, 2019. Available at: <https://doi.org/10.1016/j.yjmed.2019.04.011>.

50 S. Carlson and Z. Neuberger, “WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for More than Four Decades,” January 2021. Available at: <https://www.cbpp.org/research/food-assistance/wic-works-addressingthe-nutrition-and-health-needs-of-low-income-families>.

51 Bipartisan Policy Center, “Improving Food and Nutrition Security During COVID-19, the Economic Recovery, and Beyond,” September 13, 2021. Available at: <https://bipartisanpolicy.org/report/improving-food-and-nutrition/>.

52 S. M. Gross, T. L. Kelley, M. Augustyn, M. J. Wilson, K. Bassarab and A. Palmer, “Household Food Security Status of Families with Children Attending Schools that Participate in the Community Eligibility Provision (CEP) and Those with Children Attending Schools that are CEP-Eligible, but Not Participating,” *Journal of Hunger & Environmental Nutrition*, 16(2): 281, 2021. Available at: <https://doi.org/10.1080/19320248.2019.1679318>.

53 M. Bitler, H. W. Hoynes, and D.W. Schanzenbach. “The Social Safety Net in the Wake of COVID-19,” *National Bureau of Economic Research Working Paper Series*, Sept. 2020. Available at [www.nber.org/papers/w27796](http://www.nber.org/papers/w27796).

economic value of charitable food to the families that receive it, and the relative low cost in relation to that economic value. Michigan food bank network’s average cost to provide one household with \$67 worth of food (one visit to a food distribution) is \$12.21—a return of 5:1 or better. This represents seven hours of work at \$9.45 minimum wage.<sup>54</sup> In addition to economic value, Brisson argued, providing food helps households achieve stability, better health outcomes, and empowers adults to reach “the next success in their life” (see Figure 7).

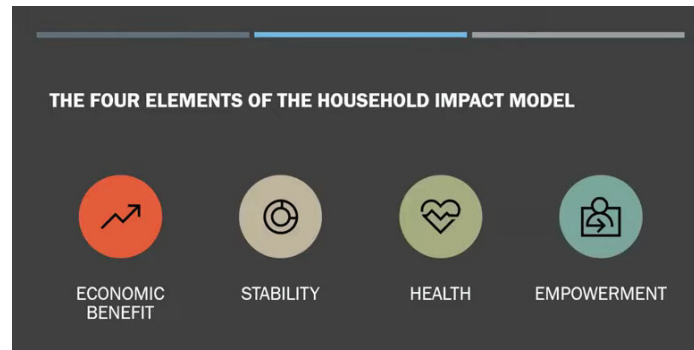


Figure 7. The Four Elements of the Household Impact Model.<sup>55</sup>

In the health care sector, clinically-integrated food-as-medicine programs for food-insecure patients have also demonstrated return on investment. More than half of the households that Feeding America serves nationally have at least one member living with high blood pressure and more than one-third have a member managing diabetes.<sup>56</sup> To assist low-income individuals in their chronic disease self-management, many food-as-medicine programs have been developed across a spectrum of produce prescriptions, home-delivered groceries, to medically tailored meals. Results of these programs have been documented in terms of return on investment. In Michigan, Henry’s Groceries, a pilot program at Henry Food Health Systems that provides bi-weekly, home-delivered groceries to food insecure patients for one year, has yielded favorable results in utilization for reduced emergency department use (41.5%) and hospitalization (55.9%), both statistically significant differences over comparison groups after one year. Based on participants with full claims data, they see a \$263 per member [patient] per month reduction in all medical and pharmacy claims, or overall cost improvement.<sup>57</sup> Many researchers have estimated cost savings of subsidizing healthier diets for food-insecure patients. A recent report for the Michigan Farmers Market Association estimated that subsidizing Michigan SNAP recipients’ produce purchases by 30 percent would result in a lifetime savings of \$721.3 million due to averted Type 2 diabetes costs alone.<sup>58</sup> Clinically-integrated programs that screen for food insecurity and subsidize fresh foods through programmatic efforts are championed by many nutrition and food security advocates in Michigan, yet sustainable funding has proven elusive. However, the food-as-medicine programmatic direction offers exciting opportunities for cost-effective, impactful food security solutions in Michigan.

<sup>54</sup> G. Brisson, Presentation to Food Security Council, April 13, 2021.

<sup>55</sup> G. Brisson, Presentation to Food Security Council, April 13, 2021.

<sup>56</sup> N. S. Weinfeld, G. Mills, et al. “Hunger in America 2014: National Report,” Report prepared for Feeding America, August 2014. Available at: <https://www.feedingamerica.org/sites/default/files/2020-02/hunger-in-america-2014-full-report.pdf>.

<sup>57</sup> A. Plum, “Henry’s Groceries for Health: Better Outcomes through Better Nutrition,” Presentation to Michigan Health Endowment Fund, February 3, 2021.

<sup>58</sup> “Produce Prescription Programs: Health Impacts of Fruit and Vegetable Consumption,” Report prepared by Public Sector Consultants for the Michigan Farmers Market Association, January 2021.



# Recommendations

The Food Security Council's recommendations reflect a conscious decision to focus on the social determinants of food insecurity and the belief that Michigan must support its residents by providing resources that are targeted to alleviate these determinants—in short, to provide the appropriate food to those experiencing hunger at the appropriate time. The recommendations are thus grouped into these three categories: food, people, and infrastructure. Through these recommendations, the FSC believes that Michigan can progress in its food security strategy and more Michiganders can achieve health and wellness free from hunger.

## Recommendations: Increase Availability of Healthy, Fresh Food

*The following recommendations address the key findings regarding increasing the affordability and availability of fresh, nutritious food for food insecure Michiganders.*

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### Recommendation 1: Increase funding for fresh and culturally appropriate food through local and regional programs.

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The State of Michigan should continue investing in communities with limited physical access to retailers that stock healthy food. It should establish a grant program focused on bolstering local and regional food initiatives. This should include support (including infrastructure) for local growers, community-based organizations and businesses, and/or incentives for consumers to purchase local and regional foods. MDARD does offer a grant program (Value-Added and Regional Food Systems Grants) that supports local agricultural processing, local food systems, and access to healthy food. However, the maximum amount for the grant is \$100,000 and a 30% match is required, making this grant inaccessible for many small nonprofits and business owners.

The FSC recommends that MDARD expand this program with opportunities for greater inclusion of nonprofit organizations that may not be able to match,<sup>59</sup> and to widen flexibilities for more varied programs including prescriptions for health programs, Hoophouses for Health, urban and community gardening, independent retailers operating in areas of low food access, and charitable food programs including mobile food markets and grocery recovery programs. MDARD already partners with outside groups to publicize its grant opportunities prior to submission. To increase the number of projects that are funded each year, unsuccessful grantees should be more explicitly given the option and encouraged to share their application with groups that may be able to fund the proposed projects (e.g., MI Good Food Fund, Michigan Council of Foundations). In order to support increased eligibility and access to these grants, the amount of funds available for this grant program should be increased.

Additionally, the FSC recommends an increase to \$5 million per fiscal year for the Michigan Agricultural Surplus System (MASS) program. The additional funding will allow food banks the ability to purchase more local Michigan food and agricultural products for food insecure residents including fresh dairy and protein products. The funding can be used as a match for federal grant dollars from USDA as well as pay for processing and packing of Michigan products. Finally, the FSC recommends that the Double Up Food Bucks program, which allows consumers to receive double the amount of fruits and vegetables when purchasing these items with a Bridge Card, be sustained at its current amount. Maintaining funding for Double Up allows Michigan to continue to draw down matching federal funds through the Gus Schumacher Nutrition Incentive program funded in the Farm Bill.

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<sup>59</sup> The Program language does not prohibit MDARD from waiving the 30% cash matching in instances when an applicant will use grant funds to address food insecurity in an under-resourced community, so there is no need for new legislation. For precedent, see the USDA's [Beginning Rancher Development Program](#).

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## Recommendation 2: Expand childhood nutrition programs and Community Eligibility Provision in Michigan school districts.

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Michigan should make the Community Eligibility Provision (CEP) for the National School Lunch Program (NSLP) mandatory for all eligible school districts and dedicate state funds to pay for costs not covered by federal reimbursement to eliminate financial barriers to school participation. Potential exists to significantly impact child food insecurity by providing free school breakfast and lunch to over 900,000 Michigan students. The Community Eligibility Provision (CEP) provides a number of benefits to students/families and schools, such as (1) students eat breakfast and lunch at no cost to them, which eliminates concerns of unpaid meal debt; (2) reduced or eliminated stigma associated with free meals at school; and (3) schools experience reduced administrative burden by eliminating individual school meals applications and the need to track and collect unpaid meal charges.

This recommendation falls under the auspices of MDE, that administers NSLP. This recommendation would require legislative action to create mandatory participation for all eligible school districts and appropriate funds dedicated to support this effort. An alternative option on the horizon is the Build Back Better Act (BBB), which includes provisions that would allow a statewide option for CEP. Guidance will be provided to states on this option if BBB is passed by Congress and these nutrition provisions remain intact in the process.

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## Recommendation 3: Improve food access through increased transportation options including home delivery.

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Establish a Michigan Coordinating Council on Access and Mobility (MICCAM) to improve the accessibility, availability, and efficiency of various transportation services for individuals with disabilities, older adults, individuals with low income, and other populations experiencing heightened rates of food insecurity as outlined in this report. This would be a state interagency council to improve state-level coordination of transportation resources and to address barriers faced by individuals and local communities when coordinating transportation for a variety of human services. Modeled after another Michigan interagency council (the Michigan Interagency Migrant Services Committee, or IMSC), the structure of the MICCAM would include the following: convening monthly meetings; establishing and maintaining subcommittees for specific projects and areas of concern; share agency information through agency updates; provide technical assistance and mutual support to member agencies in their access and mobility focused work through cross-collaboration and other means; promote exchange of information between the member agencies; coordinate transportation resources where possible, including sharing costs for mutually beneficial transportation services, in order to maximize the availability and efficiency of transportation services; and finally, make recommendations to policy makers regarding access and mobility efforts for target populations, including allocation of state and federal funds, as they become available (ARPA funds, infrastructure bills, etc.).

Initiatives that MICCAM might explore include increasing fresh food availability at pantries and mobile markets across the state, and mileage reimbursement or flat fee payment for home delivery as well as other methods of last mile delivery. The State of Michigan through MICCAM should also encourage the USDA Food and Nutrition Service to work with retailers to streamline online EBT grocery purchasing and home delivery. It may also explore education and outreach initiatives for assisting specific populations such as the homeless, older adults, individuals with disabilities, and others.

Membership should be comprised of various state departments (such as MDOT, MDHHS, MDARD, MDE, MSHDA, LEO, DMVA, etc.) that provide direct or indirect services related to access and mobility, non-profits and community based organizations, educational institutions, research groups, philanthropic partners, and other relevant stakeholders.

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**Recommendation 4: Improve access to resources by implementing a “driver’s license for all” policy.**

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Many Michigan residents cannot access food and other resources because of their lack of reliable transportation. Those who disproportionately lack reliable transportation include older adults, individuals with disabilities, veterans, the formerly incarcerated, and undocumented residents. Lack of access to a driver’s license may contribute to this lack of reliable transportation. Evidence suggests many benefits to reversing the 2008 law disallowing undocumented residents from obtaining a driver’s license, including: increased vehicle purchases, increases to state revenue from sales and gas taxes, lower auto insurance premiums, dignity for residents, and safer roads with lower instances of hit-and-run crashes.<sup>60</sup> The FSC recommends legislation to reverse the 2008 law and implement a “driver’s license for all” policy.

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**Recommendation 5: Pursue a federal 1115 waiver to develop a pilot program that addresses the social determinants of health for Medicaid beneficiaries that includes evidence-based interventions that improve access to medically-supported food and nutrition services.**

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Within Medicaid, states can use a range of state plan and waiver authorities to add certain non-clinical services to the Medicaid benefit package. Specifically, through [Section 1115 authority](#), states can test approaches for addressing the social determinants of health, including requesting federal matching funds from the Center for Medicare and Medicaid Services to test social determinants of health-related services and supports in ways that promote Medicaid program objectives. The FSC recommends that MDHHS work in coordination with health care and community partners to identify a food insecurity and health demonstration project for a federal 1115 waiver. A major focus of this project would be to evaluate the return on investment for a standardized and scalable food-as-medicine intervention.

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**Recommendation 6: Create a stakeholder coalition to identify innovative and sustainable financing solutions that address food insecurity.**

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With food insecurity in Michigan expected to outlast the threat of the pandemic, stakeholders must rethink how investments to support food access can be sustained. A stakeholder collaboration of food industry stakeholders including the government, health care, agriculture, retailers, public health organizations, labor organizations, community groups, and philanthropy is needed to identify a sustainable approach to financing food insecurity interventions. Utilizing innovative models such as the Collaborative Approach to Public Goods (CAPGI) developed by Len Nichols, Ph.D. and Lauren Taylor, Ph.D. could help inform and advance effective interventions. This stakeholder coalition would fall under the auspices of MDHHS with additional responsibility for community leaders such as the Michigan Health Endowment Fund.

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<sup>60</sup> S. Marshall-Shah, “Taking our Foot off the Brakes: Why Driver’s Licenses for All Makes Sense,” Michigan League for Public Policy, December 19, 2019. Available at: <https://mlpp.org/taking-our-foot-off-the-brakes-why-drivers-licenses-for-all-makes-sense/>.

# Recommendations: Understand and Support Michiganders Experiencing Hunger

*The following recommendations address the key findings targeting support for special populations disparately affected by food insecurity in Michigan.*

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## Recommendation 7: Increase feedback from Michigan residents utilizing community food programs.

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Leverage the MI Bridges platform to develop a client-centered approach to gathering feedback directly from Michigan residents accessing food resources. The MI Bridges platform currently provides an opportunity to search for and send direct referrals to a wide variety of community resources and organizations, as well as apply for several public benefits programs. And while the platform is equipped to provide the information needed to contact a selected resource or send a referral request directly, there is currently no functionality for a client to communicate feedback on whether they were able to access the requested resource or program and provide input on what was their experience in doing so. This information could be shared both anonymously or with identifying information, if client consents to provide additional input. This information could be available to both MDHHS and individual community partners or other state agencies that administer the programs for which feedback is provided. This would provide a sustainable, on-going approach to obtaining regular feedback directly from residents to gain a better understanding on client experience using various programs and resources, and to drive future investments and improvements based on this input.

This recommendation falls under the auspices of MDHHS; in partnership with community partners and Michigan residents that use the online platform. It will require a one-time investment to build the new capabilities initially but should be sustainable and easily maintained with minor updates achieved through regular system maintenance and updates.

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## Recommendation 8: Improve language accessibility for State of Michigan websites.

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State of Michigan websites should be multilingual and accessible so that all Michigan residents are able to easily locate resources available to them.<sup>61</sup> To that end, the State of Michigan could establish an interagency workgroup, led by the recently hired Statewide Digital Information Accessibility Coordinator, to develop a plan of action to make State of Michigan sites multilingual and accessible.

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## Recommendation 9: Institute a Tribal consultation policy for all state food and nutrition initiatives and issue a statement of support for Michigan's federally recognized tribes in USDA negotiations.

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The State should affirm the self-determination, existing capacity, and dignity of Indigenous communities. This includes Tribal consultation—both when required and as a standard organizational practice. [Executive Directive 2019-17](#) requires each state department to adopt a formal Tribal consultation policy. The FSC recommends that MDARD's Tribal consultation policy be made publicly available on MDARD's website.

Tribal food insecurity is a complex issue that includes lack of access to healthy and culturally appropriate food on reservations and limitations to USDA food distribution programs due to treaty rights. Numerous logistical hurdles exist to operate a Food Distribution Program on Indian Reservations (FDPIR), particularly on small reservations in the Upper Peninsula of Michigan.<sup>62</sup> To assist in tribal advocacy efforts with the USDA, the State of Michigan should provide a public statement acknowledging the role that Michigan's 12 federally-recognized tribes play in food security as well as demonstrate the necessity for culturally-sensitive food in USDA commodity distributions.

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<sup>61</sup> For an example, see New York City's official website: <https://www1.nyc.gov/>.

<sup>62</sup> "Improving Food Security in Michigan: Potential Policy Paths," Report prepared for the FSC by students of the University of Michigan's Gerald R. Ford School of Public Policy, April 30, 2021.

# Recommendations: Improve Navigation to Connect to Food and Nutrition Programs

*The following recommendations address the key findings related to improving access through streamlined coordination of programs and sectors.*

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## Recommendation 10: Create a coordinated support system for clients seeking assistance through the MI Bridges platform.

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The FSC recommends that MDHHS continue to develop the capacity of the MI Bridges platform (the online, streamlined platform to apply for multiple benefits programs including healthcare, the Food Assistance Program, Cash Assistance, and WIC) to provide a coordinated support system for clients seeking food and other resource assistance through MI Bridges, including (1) investing further in developing the online platform as a tool to address current barriers to access of MDHHS-administered public assistance programs and community resources; and (2) consider developing the capacity of the MI Bridges portal to coordinate and communicate with other MI Login state systems and services to better support coordination with other state agencies and departments.

This is a one-time investment to build the new capabilities initially and should be sustainable and easily maintained into the future with minor updates achieved through the regular system maintenance and updates.

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## Recommendation 11: Improve infrastructure for food insecurity screening, referral, and diagnostic coding in health care organizations.

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The pandemic has elevated the interest in and attention to food insecurity and the role that health care organizations can play in identifying and addressing it. However, current health care terminology and diagnostic codes related to food insecurity are limited in their use and effectiveness. Incentivizing the documentation in a patient's electronic health record (EHR) of food insecurity screening results, diagnostic coding, and the creation of referrals to interventions will allow health care providers to better track and coordinate action around food insecurity issues. Encouraging the use of specific coding language for food insecurity in healthcare organizations in Michigan would provide a much needed opportunity to track food insecurity interventions and evaluate which interventions help patients achieve better health outcomes. FSC recommends that a working group within MDHHS Medicaid explore how to create a standardized coding schema and a workflow to address screening, referral, and intervention as recommended by the Hunger Vital Sign National Community of Practice,<sup>63</sup> the American Academy of Pediatrics and the Food Research & Action Center.<sup>64</sup> This working group can build on momentum at the national level with new ICD-10 codes developed for food insecurity and initiatives by the Michigan Health Information Network in social needs data sharing.

Further, MDHHS can prioritize efforts to address food insecurity and other social determinants of health by facilitating cross-system information between social determinants of health screening data within Medicaid and the Michigan Enterprise Data Warehouse to determine client eligibility for other food assistance and support services. Screening data for food insecurity could be made to generate an automatic referral for application assistance to the Food Assistance Program. This would be a one-time technology development project.

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63 "An Overview of Food Insecurity Coding in Health Care Settings: Existing and Emerging Opportunities," Brief prepared by the Hunger Vital Sign National Community of Practice, January 16, 2018. Available at: [https://childrenshealthwatch.org/wp-content/uploads/An-Overview-of-Coding\\_2.15.18\\_final.pdf](https://childrenshealthwatch.org/wp-content/uploads/An-Overview-of-Coding_2.15.18_final.pdf).

64 American Academy of Pediatrics and Food Research & Action Center, "Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity," January 2021. Available at: [https://frac.org/wp-content/uploads/FRAC\\_AAP\\_Toolkit\\_2021.pdf](https://frac.org/wp-content/uploads/FRAC_AAP_Toolkit_2021.pdf).

# Recommendations: COVID-19 and Emergency Response

*The following recommendations address food supply chain concerns outlined more thoroughly in the FSC's COVID-19 Interim Report.*

## *COVID-19 Recommendation 1: Expand meat, poultry, and seafood processing in Michigan.*

The FSC recommends an investment of \$20-\$50 million of federal and state dollars for grants to expand meat processing for all species in Michigan. As interest grows in buying local products, the need for processing capacity across the state is critical. Also as was seen during the pandemic it is critical to have processing capacity of all sizes to process protein even when large facilities may close. Working to provide financial assistance to increase processing capacity around the state would encourage small and medium size facilities to grow and modernize their facilities which would add long term capacity with a one-time investment. Additionally, there is a need to distribute processing capacity across the state. The addition of more processing capacity will lead to long term industry sustainability.

## *COVID-19 Recommendation 2: Create a food processing company database.*

The FSC recommends that MDARD work with Michigan State University Product Center, Michigan Economic Development Corporation-Pure Michigan Business Connect or other partners as appropriate to create a database of companies around the state to be used during emergency situations. The list would include critical information as determined by the partners but could include ability to co-pack, re-pack, types of products, certifications such as halal or kosher, etc. A one-time request for the development of the database of \$50,000-100,000 would be needed with \$25,000-50,000 annually for updating and maintaining the database. The project is sustainable with some limited funds and would have a substantial impact across the state especially in emergency situations. The FSC also recommends that MDARD create a list of companies that supply critical food items as determined by the Michigan Food Bank Council for food emergencies. The list would provide quick access for outreach in times of pandemics or emergency situations.

## *COVID-19 Recommendation 3: Prevent panic buying and institute an emergency planning practice at MDARD.*

In an effort to prevent panic buying, the State of Michigan should communicate food storage recommendations that foster a sense of preparedness. Michigan prepares should clearly state on its website, a statement similar to, "Even though it is unlikely that an emergency would cut off your food supply for two weeks, we recommend maintaining a supply that will last that long." This statement is consistent with FEMA language and recommendations. MDHHS and MDARD along with the Governor's office would jointly work to put out messaging along with partner organizations. The cost for this effort would be minimal but would have a statewide impact. In a further effort to prevent panic buying, the State of Michigan should create a media/social media campaign that encourages emergency preparedness and discourages panic buying. This campaign could be linked to programs at Michigan State University Extension around food safety. Finally, a supply chain tabletop exercise would be led by MDARD in partnership with the industry and would not require additional resources. The tabletop exercise would provide valuable information and lead to better preparation of the industry and state government to deal with food supply chain issues.

## *COVID-19 Response Recommendation 4: Hold a Michigan Food Supply Chain Summit.*

The FSC recommends that MDARD organize and hold a summit in spring/summer of 2022 with the industry to identify areas where resiliency can be built into the supply chain. The summit would be organized and planned by Michigan State University, MDARD and industry partners and stakeholders. The information gathered during the summit would be used to further enhance the MSU food supply chain white paper that could also include recommendations for ensuring food supply chain resiliency.

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**Gerald Brisson**, president and CEO, Gleaners Community Food Bank of Southeastern Michigan.  
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