



MICHIGAN TRIBAL FOOD ACCESS COLLABORATIVE 2017-2019:

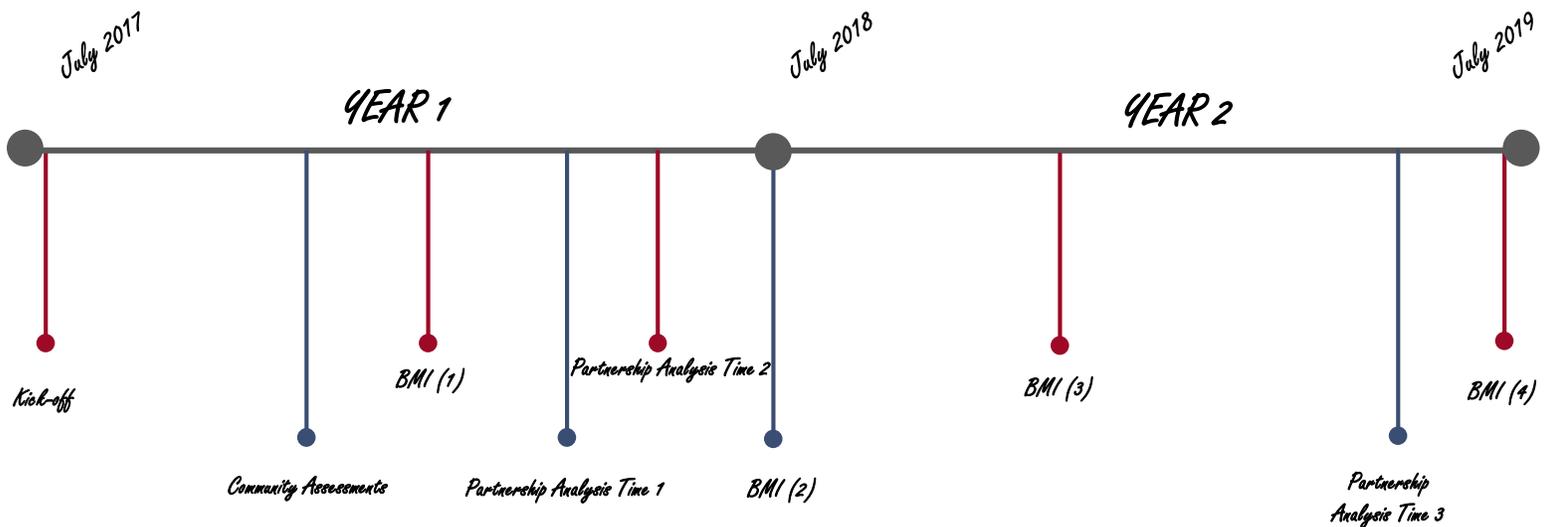
INCREASING ACCESS TO HEALTHY, TRADITIONAL FOOD FOR YOUNG CHILDREN

The Michigan Tribal Food Access Project was a 2-year project led by the Inter-Tribal Council of Michigan (ITCM). The project began in April 2017 and after receiving a 3-month extension, ended in September 2019. The first year of the project involved learning and planning, while the second year focused on enhancing the nutrition landscape in tribal communities. During the initial period, collaborative partners completed a community food system assessment and partnership analysis. Subsequently, Tribal health agencies received training to implement child body mass index (BMI) screenings, monitor BMI data for their patient population, and conducted a variety of community nutrition education and outreach activities.

PARTICIPATING TRIBES



EVALUATION DATA COLLECTION TIMELINE



TRIBAL FOOD SYSTEMS



“Kids that were hesitant to try new foods are now very open to learning and trying new healthy foods. They are taking the experiences and knowledge they are learning from youth outreach programs home and passing it on to others. They are really spreading the themes of good health and living the best lifestyles with their families and friends.”

KEEWENAW

Each tribe completed a food resource assessment to capture a snapshot of the food resources available in their communities. The assessment findings identified (a) core community retail locations and (b) programs where tribal members accessed most of their food.

Results indicated that food retail locations primarily consisted of grocery stores, gas stations or convenience stores, farmers markets, and casinos. Food assistance programs for tribes included Commodity Food Programs, Senior Meal Services (i.e. Meals on Wheels), Food Banks or Pantries, and Community Gardens. Programs such as SNAP and WIC also provided the means for tribal members to purchase food.

The assessments identified a variety of challenges with healthy food accessibility. Most challenges fell into one or more of the following categories: tribe proximity to grocery stores, limited food options, and affordability issues. Some specific identified challenges included:

- Grocery stores that did offer healthy options were often far from tribes and were not easily accessible due to transportation and financial limitations

- Convenience stores or gas stations closer to tribes had limited food options and didn't always supply healthy foods at an affordable price
- For tribes that had farmers markets they operated seasonally, limiting year-round options
- Social support programs that provided food assistance did not always offer fresh fruit and vegetables
- Tribal members reported they were not knowledgeable about resources available or how to access healthy foods throughout the year

The community resource assessment findings helped identify challenges in tribal food environments, which informed project planning to increase access to healthy foods. Programmatic efforts to address and mitigate challenges included increasing tribal members' knowledge through community outreach programs and events, increasing partnerships focused on healthy food access, and increasing referrals for at-risk children through health screenings in tribal health clinics.

COMMUNITY OUTREACH

Community outreach activities, including nutrition education, food tastings, and distribution of materials was a large project component. In year 1, tribes conducted approximately 29 events, reaching about 900 people. In year 2, tribes conducted approximately 286 events, reaching about 17,040 people (3,186 children and 2,780 adults for events where this information was collected). Data on community outreach events was not initially collected at the start of year 1 due to the community food assessments, which may explain some of the differences in people reached in year 1 compared to year 2.

Community cooking classes: Tribes partnered with Michigan State University Extension to provide cooking lessons to community members, with some being one-time events and others being 6-week instructional series'. Community members were taught how to prepare healthy meals like veggie pizzas with cauliflower crust, venison roasts, and kale smoothies. Tribes reported an increase in community members that had incorporated healthy smoothies into their normal routines.

Community Food Tastings: Various events were held throughout tribal communities that incorporated healthy eating messaging. Tribes provided healthy snacks at events like pumpkin decorating, child activity sessions, youth camps, displays at farmers markets, cancer screening events, and community gardening. While not all activities directly related to healthy eating, tribes incorporated healthy snacks and nutrition information to encourage healthy eating as a cultural norm.



“The prescription RX program helps parents talk about their barriers to kids eating certain foods and what they’ve done to get their kids to eat healthier. They talked about prescription food and what they’ve done with it and also see kids at the school talk about what they do and don’t like from the produce boxes. There is a change in the foods that they like and how they talk about the food. This includes talking about how foods can still taste good in a different way (ex. kale and smoothies). The prescription RX program has helped increase familiarity and relationships with the health center among parents with kids in that age bracket.”

HANNAHVILLE

Nutrition education: Tribes participated in various forms of community nutrition education ranging from distributing materials at local event booths, to hosting nutrition classes and teaching community members the importance of healthy food choices. These events combined education with engaging activities to appeal to both children and adults and spread awareness of how healthy eating can positively impact health.

Materials distribution: Educational materials were distributed at farmers markets, clinics, and community events. The materials were geared toward children, and included cook books, coloring books, crayons, and MyPlate placemats, which illustrated the breakdown of a healthy plate. Tribes reported community members responding favorably to the materials with positive feedback from both children and adults.



“We went from demonstrations where we would make smoothies for them to taste to classes where we had them make their own smoothies. It was interesting because in the beginning no one would add veggies let alone fruit that they never tried. The most famous smoothie was strawberry banana with no yogurt and orange juice rather than almond milk. By the last smoothie class/presentation we had members adding in all the goodies.”

LITTLE TRAVERSE BAY



PARTNERSHIP DEVELOPMENT

Partnership development was tracked using a data collection approach that involves creating a visual diagram after interviewing organizations about how they collaborate with others in their communities. The interviewer asks questions about current partnerships between their organizations and others, which may include community-based organizations, government entities, academic institutions, and public or private sector agencies. The relationships are then displayed in an eco-map, which shows interactions between an agency and other organizations in its network (see figures 1 and 2 on page 5). Baseline partnership data was created in-person at the beginning of the project, and were updated via telephone interviews at time 2 and time 3.

Notable accomplishments on project partnerships included the expansion networks for each tribe, as well as the community networks. During the two years of program implementation, tribes **successfully increased nearly 50% of its network of partners – from 47 to 106** unique organizations, community members, or programs. Those unique organizations represented 16 sectors that included food distributors, business/retail, youth programs, and private foundations. About 40% of those partnership organizations were non-tribal organizations, and 60% were tribal organizations.

Three partners were mentioned by more than two sites. Within each unique relationship, project sites and their partners shared various working relationships. While relationships that involved food distribution were fairly common and stable across sites, relationships, and various timepoints, **relationships with academic institutions increased dramatically in two years** - from 2 relationships only from Pokagon Band to 59 relationships reported from all the 6 project sites and ITCM.

FIGURE 1: YEAR 1 PARTNERSHIPS

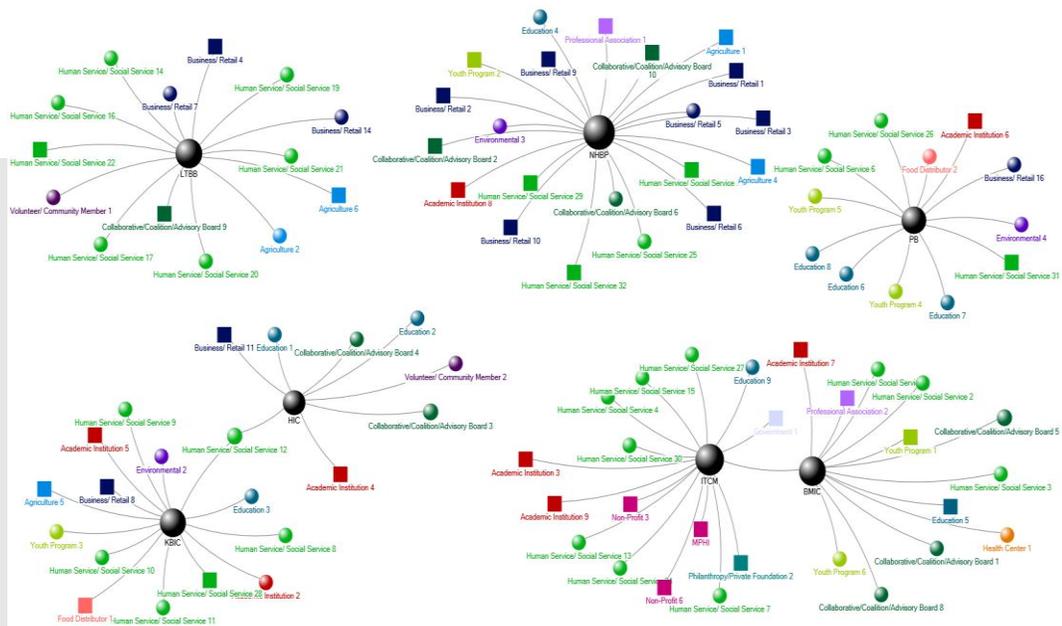
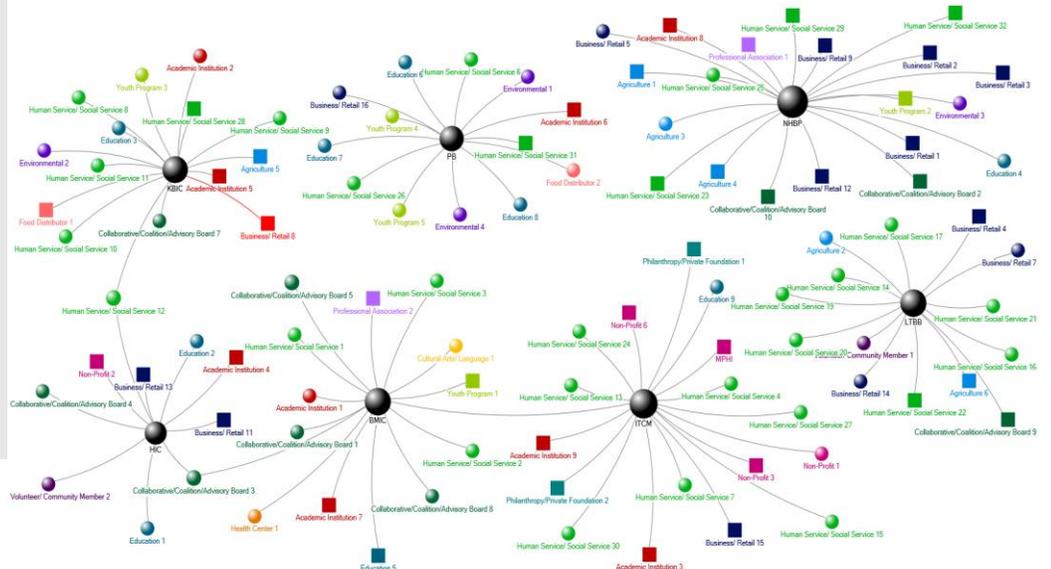


FIGURE 2: YEAR 2 PARTNERSHIPS



“We have been able for the first time ever to work with youth in a full circle educational, scientific and cultural process of the importance of gardening and being seed savers for our community. In working with FRTEP and Boys & Girls Club we also, were able to reach out and create a relationship with staff from the Waishkey Bay Farm, which is a 40 acre- land grant educational farm that the Bay Mills Community College runs. We were allowed to utilize land at the farm to grow our plants.”

BAY MILLS

CHILD BODY MASS INDEX (BMI)

ITCM provided series of trainings to increase and expand clinical capacity of each tribal community for child Body Mass Index (BMI). Tribal health center providers learned how to use the Center for Disease Control's (CDC) established EHR I6063 systems for screening and documentation. Once providers were familiar with the protocol, they reported BMI screening data which included the percentage of children at or above the 85th percentile, and the percentage of children that received a comprehensive weight assessment.

With training and technical assistance, all 6-tribal sites submitted the BMI screening data in the last quarter. Looking across 4 reporting periods, only one tribal site submitted BMI screening rates for all reporting periods and 3 tribal sites submitted data for 3 reporting periods, while 2 sites submitted 1 report. Among the 4 tribal sites that submitted BMI screening data, screening rates showed nearly 300% increase from 22% at baseline to 86% at the last reporting period.

“One of the biggest changes the program impacted was getting a policy in place with medical providers to initiate conversations around BMI and health concerns during childrens’ wellness appointments. Providers are now having these conversations with families earlier and completing referrals for at-risk children to work with a dietician for 3 months. There is also a food voucher program for kids 18 and under who are identified as being above the 85th percentile on the BMI chart.”



POKAGON

FUTURE DIRECTIONS



“Our food distribution has really improved on the reservation. We’ve made strong relationships with local farms, with one of them bringing veggie boxes once a week. We’ve also incorporated these veggie boxes into some targeted population programs, including the maternal-infant program and the QYP youth program.”

NOTTAWASEPPI

The continuation of innovative multi-component interventions led by Tribes and local partners can sustain this effort ensuring continued success. As we move forward, MTFAC hopes to:

- Continue expanding the MTFAC Learning Community
- Work with Health Providers, Tribal Health Clinics, and others working with children to increase knowledge of pediatric nutrition and ways staff can be more effective/efficient with their Electronic Health Records
- Actively engage local convenient stores to provide more healthy food options, including ways to display, package, and store goods for sale
- Seek additional funding to support implementation and assessment of community interventions such as nutrition prescription programs and culturally specific education tools/curriculums