

Michigan Nutrition, Physical Activity and Obesity (NPAO) Program

Strategic Planning Meeting, October 13 and 14, 2009
Genoa Woods Executive Conference Center
Brighton, Michigan

Meeting Summary

Forty-seven partners, representing 21 organizations, met in Brighton, Michigan on October 13 and 14, 2009 to begin the steps to revise Michigan's Nutrition, Physical Activity and Obesity Plan. The current State Plan, "The Michigan Healthy Eating and Physical Activity Plan: A Five-Year Plan to Address the Epidemic of Obesity" will expire June 30, 2010.

The new plan will continue the process of moving Michigan toward healthier eating and physical activity patterns to address the impact of overweight and obesity in Michigan for the next 8 – 10 years.

The two-day meeting was facilitated by Kevin Hughes and Stephanie Leibfritz, Co-Chairs of the Michigan Healthy Weight Partnership (HWP). Partners later convened for small group sessions in the areas of physical activity, nutrition and breastfeeding. There was strong representation from the Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity and Obesity with the presence of Annie Carr, Project Officer for Michigan and Michael Sells, Health Disparity lead from the Program Development and Evaluation Branch.

Meeting outcomes included voting and accepting of the 2010-2020 Plan vision, mission and goals; drafting of intermediate goals for each small group; full participation of HWP and a clear vision of where Michigan will be in 10 years with regards to reducing overweight, obesity and obesity-related diseases.

Day I – October 13, 2009

Gwen Imes, NPAO Program Manager, opened the meeting by welcoming everyone and provided the purpose of the plan and how it will be used. She also discussed the concept of forming workgroups to develop the objectives for the revised State Plan and encouraged participants to consider which small group they would like to participate in. Gwen introduced the staff from the Michigan Nutrition, Physical Activity and Obesity Program to publicly acknowledge and thank them for organizing the meeting. She also introduced HWP Co-Chairs, Kevin Hughes and Stephanie Leibfritz, as the two-day session co-facilitators.

Annie Carr, Project Officer, reviewed the DNPAO Program's Impact Objectives in relation to increasing the number, reach and quality of policies and standards; increasing access to and use of environments; increasing the number, reach, and quality of social and behavioral approaches that complement policy and environmental strategies to promote healthful eating and physical activity. Ms. Carr also reviewed the six Principal Target Areas of focus for obesity prevention: increase breastfeeding initiation, duration and exclusivity; increase physical activity; increase consumption of fruits and vegetables; decrease the consumption of sugar sweetened beverages, reduce the consumption of high energy dense foods; and decrease television viewing. In addition, Ms. Carr

reviewed the planning tools, partners and partnerships, and various settings for the prevention and control of obesity. Information regarding partners and partnerships, settings for preventing and controlling obesity, program philosophies and data related to trends and practices, and the Social Ecological Model for planning and activities was also discussed. CDC's support of Michigan's programs and their attendance at the Strategic Planning Meeting was welcomed and gave participants a firm foundation for beginning the planning process.

CDC's Michael Sells augmented Ms. Carr's presentation by providing participants with information on CDC's DNPAO approach to health disparities and health equity. The mission of CDC's DNPAO health equity initiative is to achieve health equity in physical activity, nutrition, and healthy weight across the United States and abroad through the elimination of health disparities. The goal is to achieve health equity by developing and sustaining the capacity and resources of DNPAO to reduce and eventually eliminate disparities in nutrition, physical activity and obesity among different segments of the population in collaboration with the NCCDPHP, as well as internal and external partners. Mr. Sells provided definitions of health disparities, health equity, social determinants of health, and environmental determinants of health. In addition, information about why we should focus on health equity, criteria for identifying health disparities, and processes for ensuring these issues are addressed were discussed.

The Michigan Overweight and Obesity Surveillance Report was presented by Beth Anderson, Epidemiologist. She gave an overview of available data on obesity and its associated risk factors in Michigan, which are contained in the following four chapters:

1. Physical Activity chapter contains surveillance data on Physical Inactivity, Inadequate Physical Activity, Television Viewing (Youth) and Computer/Video Game Use (Youth).
2. Nutrition chapter contains data on Inadequate Fruit and Vegetable Consumption, Fast Food (Adults) and Sugar-Sweetened Beverages (Youth).
3. Obesity chapter contains surveillance data on prevalence of overweight and obesity in adults, youth and children and health complications associated with obesity (Adults).
4. Breastfeeding chapter contains surveillance data on breastfeeding initiation, duration, and barriers.

The Michigan Overweight and Obesity Surveillance Report can be found on the NPAO webpage at www.michigan.gov/preventobesity.

Denise Cyzman, strategic planning consultant, gave a review of the VMOSA (University of Kansas Community Toolbox) structure as a basis for strategic planning. She presented draft goal, vision and mission statements (prepared by NPAO staff) for the group to consider, comment upon and vote in their choices as the final vision/mission statements for the 2010-2020 plan. Denise also gave an overview of the SWOT analysis and what was expected of small group participants.

Small group work

Meeting participants convened for break-out sessions that comprised small group work in the areas of Nutrition, Physical Activity and Breastfeeding. Each work group was charged to brainstorm and decide on intermediate objectives. This was done by reviewing evidence-based policies, population-based behavior and environmental changes, identifying other relevant plans, related policies, resources and conducting a SWOT analysis. Key surveillance data were earlier presented by an epidemiologist. Within each workgroup, a Chair is to be identified who will serve on the executive team to make the final decisions for the objectives to include in the State Plan.

Day 2 - October 14, 2009

Co-Chairs Kevin Hughes and Stephanie Leibfritz reviewed progress made on day one and identified anticipated outcomes from day two.

The small groups reconvened to brainstorm and finalize their respective intermediate objectives or review their SWOT analysis.

Each group then presented their objectives (or where their group had accomplished to that point) and rationale to the general body.

In conclusion, the Co-Chairs reviewed the timeline for the final development of the plan, including continued small group work and large group review. Group members were encouraged to commit to a group for additional follow-up work with the option of joining another group if they had the time and interest.

NPAO program manager, Gwen Imes, closed the meeting by thanking participants for their time and commitment to the plan.