

**October 19, 2011
Coalition Meeting**

**Celebrating Our Successes &
Determining the 2012 Policy Agenda**



Healthy Kids, Healthy Michigan

Advocates for Healthy Weight in Children



Healthy Kids, Healthy Michigan

Welcome & Overview

Katherine Knoll

Steering Committee Chair

Regional Vice President of Advocacy, American Heart Association



Advocates for Healthy Weight in Children



Meeting Agenda

- **8:15 Policy Action Team Meetings**
 - **Community Policy Action Team – Physical Activity**, Room 202
 - **Education Policy Action Team**, Room 201
 - **Health, Family & Child Care Services Policy Action Team**, Governor's Rm.
- **9:15 Welcome**
- **9:30 Policy Action Team Reports**
 -
- **11:00 Governor Snyder and the Michigan Legislature: What's on their 2012 agenda? How do we respond?**
- **11:30 Results of 2012 Policy Priority Vote & Closing Remarks**
- **2:00 – 3:30 Community Policy Action Team- Healthy Food Access Meeting**, Washington Square Building, 109 West Michigan Avenue, 2nd Floor



Where have we been since 2010?

- Increased membership
- Continued dedication by motivated experts
- Cultivated new relationships
- Michigan Care Improvement Registry administrative rules movement
- Obesity highlighted in *Governor's State of the State* and *Message on Health*
- Lawmakers and media are engaged



2011 Legislative Event

- **February 16, 2011:** 173 advocates attended and conducted 119 legislative visits





Internal Successes from 2011

- Food access reinvigorated
- Breastfeeding established
- Steering Committee expanded
- Media coverage increased



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Michigan Association for Health,
Physical Education, Recreation and Dance

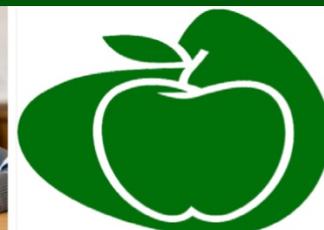
Ex-officio Steering Committee Members

- Community Policy Action Team
- Education Policy Action Team
- Health, Family and Child Care Services Policy Action Team
- Michigan Department of Agriculture
- Michigan Department of Community Health
- Michigan Department of Education
- Michigan Department of Human Services
- Michigan Department of Labor & Economic Growth
- Michigan Department of Transportation



MSMS
Leadership for Physicians,
Advocacy for Patients





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Policy Action Team Reports: Determining the 2012 Policy Agenda



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Community Policy Action Team – Physical Activity

Sarah Panken

Active Communities Manager, Michigan Fitness Foundation

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2010 Focus

Advance policy through incentives and legislation to apply Complete Streets/SRTS/CSS including safety of pedestrians and bicyclists when building, reconstructing, or rehabilitating public infrastructure.





2010 Successes

- Resolutions
- Legislation
- Coalition Building
- ARRA Grant
- Local policies

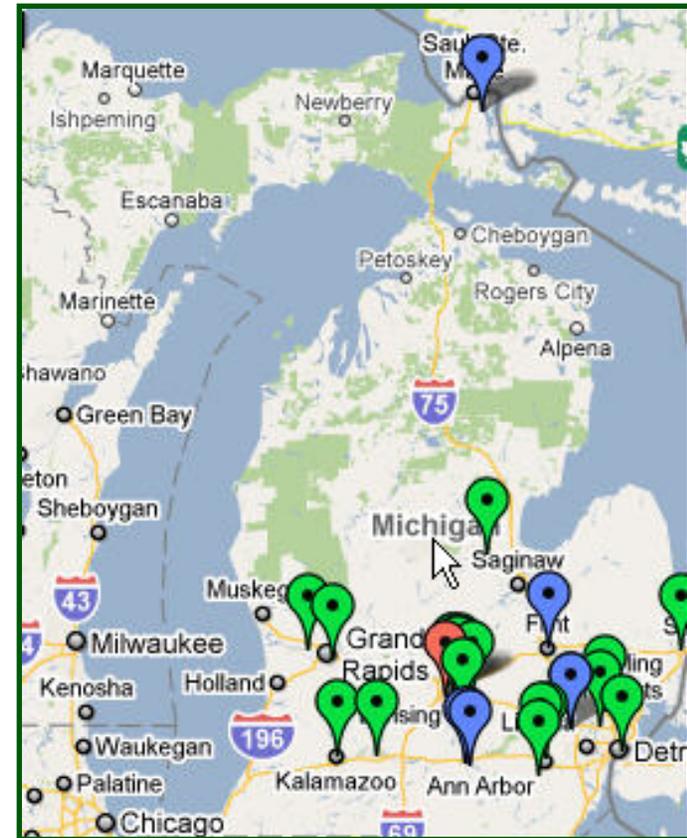


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Successes: Local Complete Streets Policies

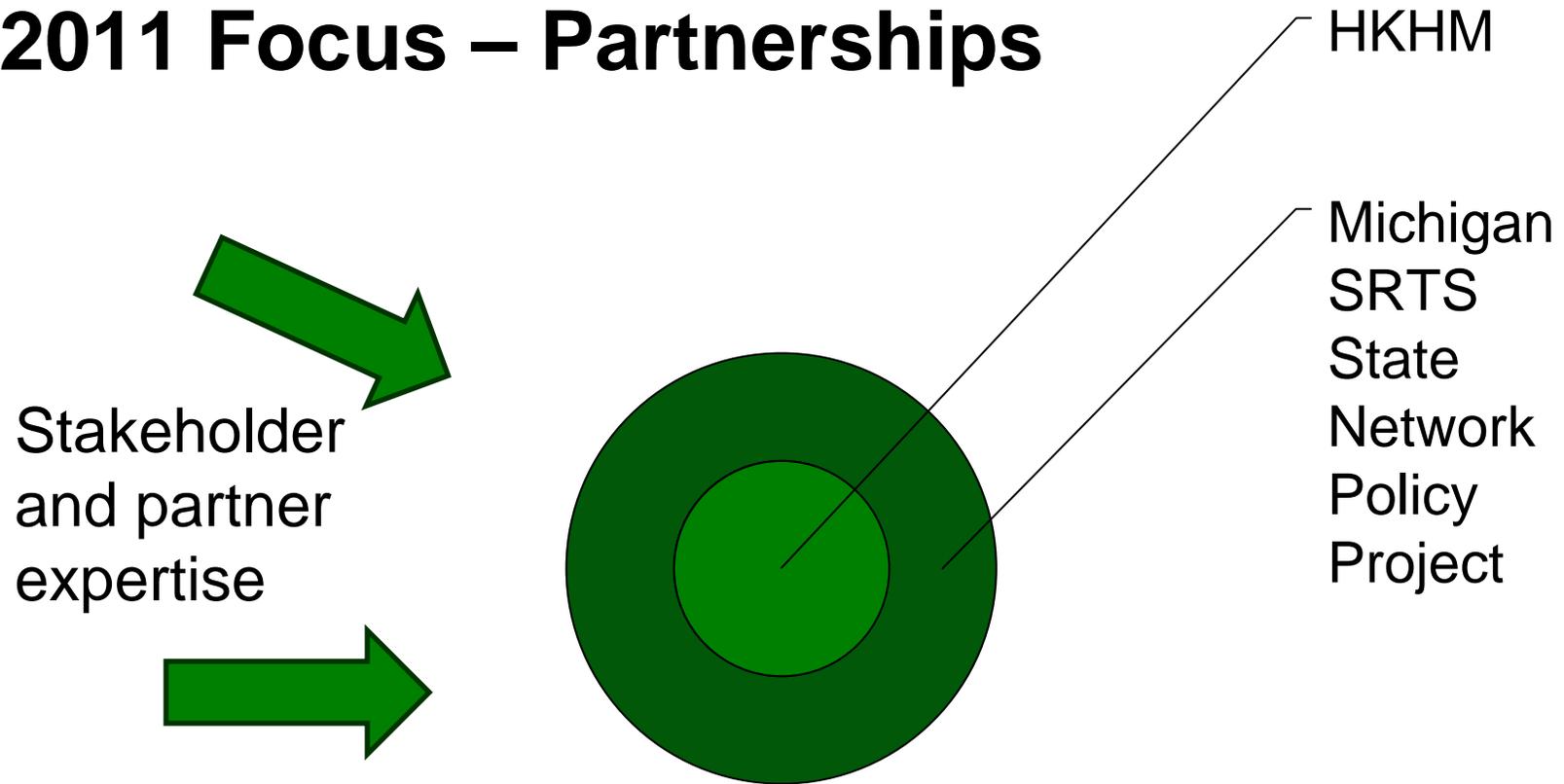
- 49+ Resolutions
- 9+ Ordinances
- Other communities
 - embedding in Master Plans
 - changing internal practices
 - creating and adopting active/non-motorized transportation plans



www.michigancompletestreets.org



2011 Focus – Partnerships



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2011 Focus

- Continue to support state and local Complete Streets policy change
 - Support to Advisory Council
 - Training and TA for locals through member organizations
- Safe Routes to School (SRTS)
 - Driver's Education
 - School Siting
 - Program sustainability/innovation



Photo by Ray Sharp



2011 Focus – Complete Streets

- Letters/resources to communities for ordinances
- Complete Streets Advisory Council met three times and working on model policy
- Developing resources
- Online forum for discussions





2011 Focus – Driver's Ed Curriculum/ Vulnerable Roadway Users

- Support HBs 4685 & 4686
- Expanding amount and placement of bike/ped safety curriculum:
 - Drivers Ed
 - Basic Driver Improvement Course
 - Kiosks/literature at Sec. of State offices
- Continue to expand CPAT and engage stakeholders



Photo by Trailnet



2011 Focus – School Siting

- Position paper:
 - School district/community collaboration
 - School building law
 - Revise school site plan regulations
 - Revise the 1975 School Plant Planning Handbook
 - Revise bonding regulations
- Gather tools and resources



Illustration by Walkable and Livable Communities Institute



2011 Focus – SRTS Program Sustainability & Innovation

- Research:
 - National sites for diversified funding sources
 - Statewide examples
- Survey of statewide examples and stakeholders



Photo by Ray Sharp



Today!

- No vote necessary
- Continue work from 2010 policy vote
 - Advance policy for school districts and communities to consider active transportation when making decisions about school and the community built environments.



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Community Policy Action Team: Healthy Food Access

Kathryn Colasanti

Specialist, C.S. Mott Group for Sustainable Food Systems at MSU

Tina Reynolds

Health Policy Director, Michigan Environmental Council

www.healthykidshealthymich.com

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Reinvigorating Around an Important Issue

- Meeting held Tuesday, September 13
- Past Priorities Identified:
 - Model ordinance for community gardens
 - Expand summer food service program participation
 - Promote farmers markets and the expansion of grocery stores in low income areas to include fresh produce
- Second meeting to be held this afternoon!



New areas to be explored:

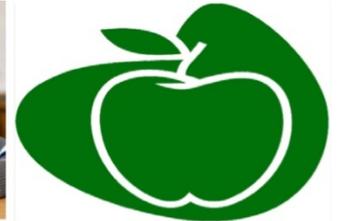
- WIC EBT card technology and streamlining federal food benefits into one redemption system
- Pricing of healthy foods in relation to less healthy choices
- Incorporation of food access in transportation planning
- Beyond PA 231 – encouraging grocery stores and small store ordering of healthy foods through current suppliers
- Social marketing and community engagement
- Label of origin (e.g. Select Michigan)
- Retailer incentives to carry healthy foods, point of purchase restrictions on SNAP, or incentives to purchase with federal food assistance benefits
- Food benefits tied to healthy cooking education
- The “ten cent solution”
- Michigan Nutrition Standards
- Farm to school opportunities including campus-wide foods (non-meal), preschool & daycare
- Gardening

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Advance policy to create environments where children have access to healthy food.





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Health, Family and Child Care Services Policy Action Team

Susan Woolford, MD, MPH

Medical Director, Pediatric Comprehensive Weight Management Center,
University of Michigan, C.S. Mott Children's Hospital

Alice Christensen, BSN, IBCLC

Co-Chair, Michigan Breastfeeding Network

Ruth Kaleniecki

Program Manager, National Kidney Foundation of Michigan

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2011 Policy Areas

- Medicaid Coverage of Childhood Obesity
- Body Mass Index in the Michigan Care Improvement Registry (MCIR)
- Child Care Obesity Prevention Regulations



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Medicaid Policy Priority

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STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

June 2009

Dear Provider:

Re: CHILDHOOD OBESITY

During the past several decades, obesity rates in Michigan have soared among all age groups, quadrupling among children ages 6 to 11. Low income children are disproportionately affected by this trend, making Medicaid an important partner in the fight to keep our children healthy and productive.

In support of **Healthy Kids, Healthy Michigan: Advocates for Healthy Weight in Children**, a coalition to combat childhood obesity, the Michigan Department of Community Health (MDCH) would like to provide you with some additional information regarding billing and reimbursement for obesity related services provided in an office/outpatient setting. We will provide excerpts from the Medicaid Provider Manual and highlight various scenarios to help guide physicians when billing for services that address obesity.

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Accomplishments

To evaluate the impact of the L-Letter

www.healthykidshealthymich.com

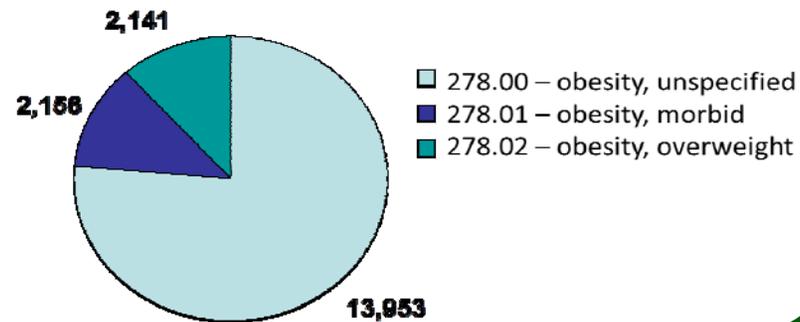
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Accomplishments

Convened a Data Analysis Subcommittee

Pediatric Medicaid Enrollees with an Obesity Diagnosis



www.healthykidshealthmich.com

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BMI Policy Priority

www.healthykidshealthmich.com

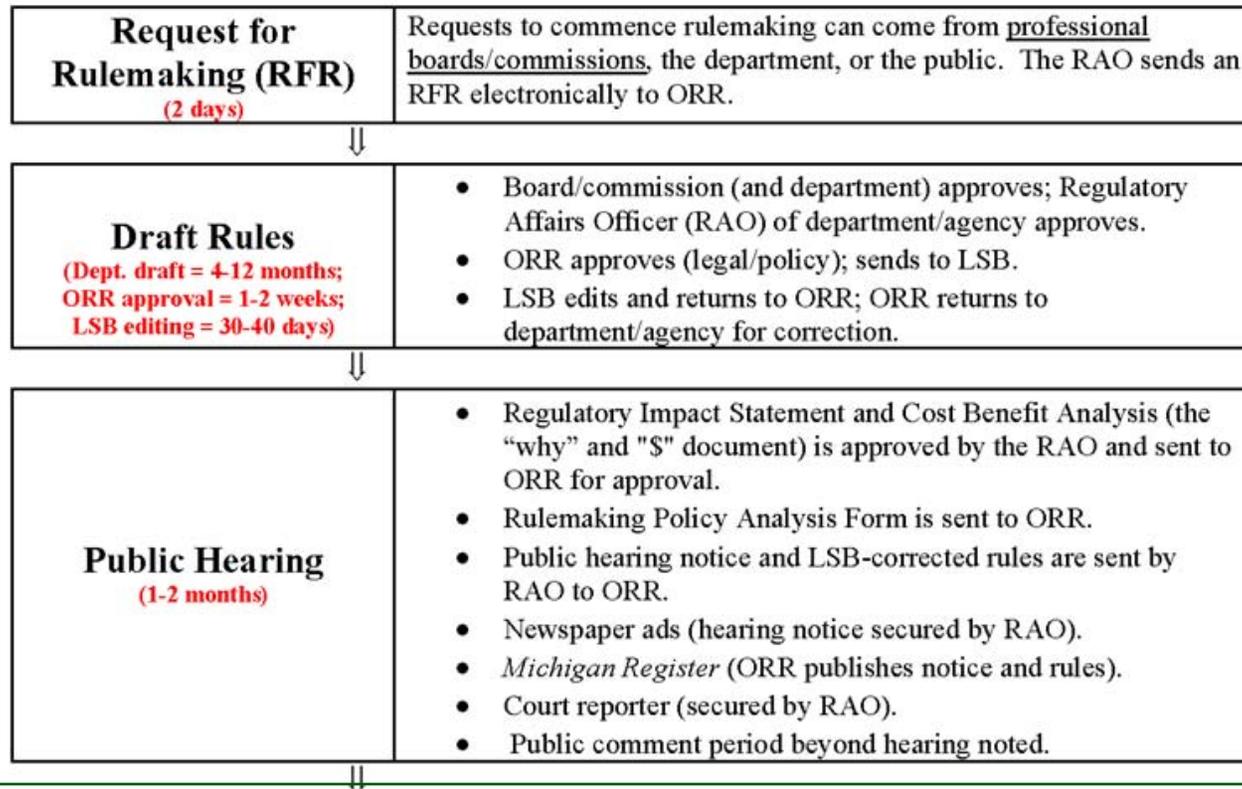
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Accomplishments

Revision and submission of the MCIR Administrative Rules

Administrative Rules Process in a Nutshell (2011)





Accomplishments

Revision and submission of the MCIR Administrative Rules
Completion of MCIR BMI Growth Module programming

General Information

Person: Smith, Boy
Birth Date: 12/12/1990
Provider: **Overdue**

[Print](#)
[Print Help](#)
[Home](#) [Exit](#)
[View](#)

Person	Rem/Rcl	VIM	My Site	Admin	Reports	Other
Add/Find	Roster	Add Imm	Information	Status	History	

Person Information : Edit			MCIR ID : 36531802893		
Name:	Smith, Boy	Birthdate:	12/12/1990	Gender:	Male
		Age:	19 Years 3 Months	County:	Washtenaw (81) County
Address:	1212 Main St. Ann Arbor, MI 48104 As of 03/22/2010		Resp. Party:	Smith, Mom	
		Phone:			

BMI/Growth Tab
Hover over indicator to see status

High Risk Conditions : Edit
<input type="checkbox"/> Influenza Screening Notification

Immunizations			Other	BMI/Growth			Status
Series	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6+	Status
<i>No Immunization Given</i>							
Other Administrations							
Series				Status			
<i>No Other Administrations Given</i>							
Non-Administered Doses/Positive Immunity							
Series/Antigen		Date	Reason		Entered by		
<i>No Non-Administered Doses/Positive Immunities Found</i>							
Invalid Doses							
Series/Dose #		Vaccine	Date	Age	Reason		
<i>No Invalid Doses Found</i>							

[Take off Roster](#) [Unlock Person](#)

General

Add Measurement



Add Measurement

Date of Measurement

Measurements

English Metric

Weight lbs

Length in /4

Head Circumference in /4 (optional)

Submit

Cancel

Print

Print Help

View

Home Exit

Reports

Other

Person

Add/Find

Person In

Name:

Address:

MCIR ID : XXXXXXXXXX

Gender: Female

County: Eaton (23) County

High Risk

Influenza

Immunizations

BMI Measurements

Date

Add Measurement

No measurements

BMI/Growth

BMI Percentile

Take off Roster

Unlock Person

Immunizations 	Other	BMI/Growth 
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BMI/Growth Charts

BMI for Age  

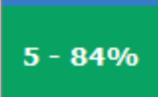
BMI Measurements (red highlight denotes taken during pregnancy)

Date	Age	Weight/Pctl	Height/Pctl	BMI	Percentile	
------	-----	-------------	-------------	-----	------------	--

Add Measurement

12/12/2009	19yrs exactly	105 lbs/1	4 ft 10 in/1	22.0	43 	 
------------	---------------	-----------	--------------	------	--	---

12/12/1995	5yrs exactly	 < 5% Underweight		0.0	0	
------------	--------------	---	--	-----	---	--

		 5 - 84% Healthy Weight				
--	--	--	--	--	--	--

Counseling Activity		 85 - 94% Overweight				
----------------------------	--	---	--	--	--	--

Date	Pro	 ≥ 95% Obese 			Type	
-------------	------------	---	--	--	-------------	--

Add Counseling Activity

No counseling activity found

Immunizations

Other

BMI/Growth

BMI/Growth Charts

BMI for Age

Get Chart

BMI Measurements *(red highlight denotes taken during pregnancy)*

Date

Age

Weight/Pctl

Height/Pctl

BMI

Percentile

Add Measurement

12/12/2009

19yrs exactly

105 lbs/1

4 ft 10 in/1

22.0

43



12/12/1995

5yrs exact

0.0

Healthy Weight

0.0

0



BMI PCTL
79

- Date: 03/01/2011
- Age: 15 Years 11 Months
- Weight: 180 lbs
- Weight Percentile: 94
- Height: 6 ft 2 in
- Height Percentile: 98
- BMI Value: 23.1
- BMI Percentile: 79
- [Clinical decision support...](#)

Counseling Activity

Date

es ta

6 ft 2 in/98

23.1

79



Type

Add Counseling Activity

View Metric Units

No counseling activity found

Pt Name, DOB, date of visit, BMI percentile, height percentile will all be auto populated at the top of this page.

Weight Status: This **12-18** year old's BMI percentile puts her/him in the **obese** category (**BMI \geq 95th percentile**)

STEP 1: ASSESS THE CURRENT AND FUTURE WEIGHT-RELATED DISEASE BURDEN.

a. Assess Vitals: Is the patient hypertensive?

Blood Pressure Table for GIRLS by Age and Height Percentile															
Age	BP % 95	Systolic BP (mmHg) ←Percentile of Height→							Diastolic BP (mmHg) ←Percentile of Height→						
		5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th
12		119	120	121	123	124	125	126	79	79	79	80	81	82	82
13		121	122	123	124	126	127	128	80	80	80	81	82	83	83
14		123	123	125	126	127	129	129	81	81	81	82	83	84	84
15		124	125	126	127	129	130	131	82	82	82	83	84	85	85
16		125	126	127	128	130	131	132	82	82	83	84	85	85	86
17		125	126	127	129	130	131	132	82	83	83	84	85	85	86

Blood Pressure Table for BOYS by Age and Height Percentile															
Age	BP % 95	Systolic BP (mmHg) ←Percentile of Height→							Diastolic BP (mmHg) ←Percentile of Height→						
		5th	10th	25th	50th	75th	90th	95th	5th	10th	25th	50th	75th	90th	95th
12		119	120	122	123	125	127	127	78	79	80	81	82	82	83
13		121	122	124	126	128	129	130	79	79	80	81	82	83	83
14		124	125	127	128	130	132	132	80	80	81	82	83	84	84
15		126	127	129	131	133	134	135	81	81	82	83	84	85	85
16		129	130	132	134	135	137	137	82	83	83	84	85	86	87
17		131	132	134	136	138	139	140	84	85	86	87	87	88	89

b. Is the child taking any of these obesogenic medications?

Antipsychotics

Mood Stabilizers

TCA

Anticonvulsants

Prednisone

SSRI



Accomplishments

- Revision and submission of the MCIR Administrative Rules
- Completion of MCIR BMI Growth Module programming
- Creation of tip sheets and resources to assist MCIR users

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Why is the Michigan Care Improvement Registry (MCIR) Collecting BMI on Children?

"Body mass index (BMI), is a number calculated from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems." (CDC website listed below)

Because available BMI data is limited for infants and children the entry of height and weight through the MCIR BMI Growth Module will allow for passive surveillance of BMI among Michigan children ages 0–18 years. The goal of the surveillance program is to inform state and local public health agencies and programs of the prevalence of underweight, overweight and obesity among Michigan children ages 0–18 years, thereby allowing them to target resources and interventions to specific populations. Finally, BMI data may be used to evaluate existing policies and to influence policy development.

Healthcare providers are vital in the collection of BMI surveillance data. Children are commonly seen by **health care providers** for infant and early childhood health and immunization visits, a crucial time in promotion of health behaviors to promote normal weight for length (< 2 years) and BMI (2 – 18 years). Height and weight are currently measured by health professionals, and although measurement practices are currently not standardized between clinics (except for WIC which does use standardized equipment and methods), they are of use at the individual level to guide health care professionals to determine the best treatment plan.

Furthermore, similar to communicable diseases or other public health concerns, BMI surveillance will be used by public health officials to assess the burden of various conditions, screen for new patterns of risk factors or diseases, and for early detection of outbreaks. For effective prevention or treatment of any disease or condition, it is essential to know the magnitude of the problem, where and in whom it is being found, its causes, and the effectiveness of treatments used so that we can develop ways to prevent the further spread of illness. For example, collecting weight and height in adults has helped us conclude that a higher prevalence of chronic diseases exists among overweight and obese individuals compared to healthy weight individuals.

Sources

Altarum Institute, "Frequently Asked Questions About BMI". www.altarum.org/research-initiatives-health-systems-health-care/improving-human-health-systems-mission-projects/BMI-FAQs

Committee on Nutrition. (2003). Prevention of Pediatric Overweight and Obesity. *Pediatrics*, 112(2), 424-430. doi:10.1542/peds.112.2.424

Nader, P. R., O'Brien, M., Houts, R., Bradley, R., Belsky, J., Crosnoe, R., Friedman, S., et al. (2006). Identifying risk for obesity in early childhood. *Pediatrics*, 118(3), e594-601.

Van Cleave, J., Gortmaker, S. L., & Perrin, J. M. (2010). Dynamics of Obesity and Chronic Health Conditions Among Children and Youth. *JAMA*, 303(7), 623-630. doi:10.1001/jama.2010.104

Centers for Disease Control; <http://www.cdc.gov/healthyweight/assessing/bmi/>

How to Measure Height

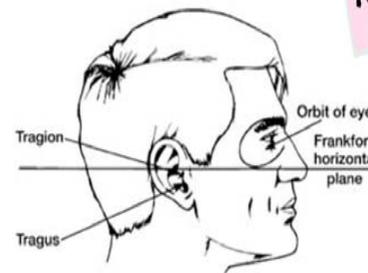
Equipment Needed

- Stadiometer – A Stadiometer is a vertical board with attached measurements and a movable horizontal board which can be brought down into contact with the head
 - Do not use the device attached to some weighing scales – these are not accurate.
- Form and pen to record height

Instructions

1. Have the student remove heavy outer clothing (such as coats, jackets and vests), shoes, and hair accessories located on the top of the head.
2. Instruct the student to stand with heels, buttocks and upper back (but not necessarily the head) touching the stadiometer. Feet should be together, with arms hanging in a relaxed position by the sides of the body.
3. Have the student look straight ahead with their line of vision parallel to the floor, also known as the Frankfort plane position (see figure below).
4. Move the adjustable headboard on the stadiometer down to the uppermost portion of the head, compressing the hair, if necessary. Lower the board until it firmly touches the crown of the head.
5. Hold the headboard in place and have the student step away from the stadiometer.
6. Read the height on the vertical board and record it immediately on the participant's height form.

Frankfort Plane



Avoid These Common Mistakes

- ⊗ Not using Frankfort plane.
- ⊗ Improper position.
- ⊗ Using straight rule instead of right angle block.
- ⊗ Using height rod on weight scales.
- ⊗ Measuring on carpet.
- ⊗ Shoes are not removed.



Next Steps

- Complete MCIR Administrative Rules Change
- Deployment of the MCIR BMI Growth Module



Next Steps

<p>Request for Rulemaking (RFR) (2 days)</p>	<p>Requests to commence rulemaking can come from <u>professional boards/commissions</u>, the department, or the public. The RAO sends an RFR electronically to ORR.</p>
⇓	
<p>Draft Rules (Dept. draft = 4-12 months; ORR approval = 1-2 weeks; LSB editing = 30-40 days)</p>	<ul style="list-style-type: none"> • Board/commission (and department) approves; Regulatory Affairs Officer (RAO) of department/agency approves. • ORR approves (legal/policy); sends to LSB. • LSB edits and returns to ORR; ORR returns to department/agency for correction.
⇓	
<p>Public Hearing (1-2 months)</p>	<ul style="list-style-type: none"> • Regulatory Impact Statement and Cost Benefit Analysis (the “why” and “\$” document) is approved by the RAO and sent to ORR for approval. • Rulemaking Policy Analysis Form is sent to ORR. • Public hearing notice and LSB-corrected rules are sent by RAO to ORR. • Newspaper ads (hearing notice secured by RAO). • <i>Michigan Register</i> (ORR publishes notice and rules). • Court reporter (secured by RAO). • Public comment period beyond hearing noted.
⇓	
<p>Draft Rules (2-4 months)</p>	<ul style="list-style-type: none"> • Board/commission (and department) approves rules. • Department submits to ORR for approval. • ORR submits the final rules to LSB, and LSB has 21 days to certify the rules for form, classification, and arrangement. • ORR legally certifies (and can also certify for form if LSB did



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Child Care Policy Priority

Ruth Kaleniecki

Program Manager, National Kidney Foundation of Michigan

www.healthykidshealthymich.com

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2011 Policy Focus

- **Licensed Child Care Centers:**
 - Improving nutrition standards
 - Increasing the physical activity required daily
 - Limiting screen time (television, video and computer)

- **Impact:**
 - Child care centers: 4,470
 - Capacity: 294,362+ children



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Spectrum of Opportunities for State Action in Early Care and Education (Ages 0-5 years)

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Spectrum of Opportunities for State Action in Early Care and Education (Ages 0-5 years)



2012 Policy Focus

- **Licensed Family and Group Child Care Homes:**
 - Improving nutrition standards
 - Including infant feeding and breastfeeding support
 - Increasing the physical activity required daily
 - Limiting screen time (television, video and computer)
- **Impact:**
 - Family Homes: 5,015
 - Capacity: 29,819+ children
 - Group Homes: 2421
 - Capacity: 28,939+ children





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Breastfeeding Policy Priority

Alice Christensen, BSN, IBCLC
Co-Chair, Michigan Breastfeeding Network

www.healthykidshealthymich.com

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HPAT Breastfeeding Policy Workgroup

- Formed in an effort to prevent obesity starting in infancy
- Breastfeeding as an obesity prevention measure
- Surgeon General's Call to Action to Support Breastfeeding



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Rationale

- Michigan falls below national breastfeeding rates and Healthy People 2020 Goals

	National	Michigan	HP 2020 Goals
Ever Breastfed	74.6%	69.3%	81.9%
Breastfeeding at six months	44.3%	42.9%	60.5%
Breastfeeding at one year	23.8%	18.2%	34.1%

Source: CDC Breastfeeding Report Card – United States, 2011



Policy Research

- Specific policy vehicle not yet determined
- Goal - Advance policy that will support increasing breastfeeding initiation, duration and exclusivity through:
 - Reimbursement opportunities
 - Maternity Care Services
 - Provider offices
 - Licensed child care





HPAT Breastfeeding Support Issue Brief

- The Breastfeeding Policy Workgroup has begun working on a DRAFT issue brief addressing obesity prevention starting in infancy
- Understand the issue brief needs to address strategic policy initiatives
- Policy changes are needed



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BREASTFEEDING

It Rocks!



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Education Policy Action Team

Roger Jackson

Executive Director

Michigan Association of Health, Physical Education, Recreation, and Dance

www.healthykidshealthmich.com

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2011 Policy Priorities

- Health Education & Physical Education Requirements
 - Bills introduced (2010)
 - Movement nationwide to broaden focus
- Coordinated School Health Councils
- Nutrition Standards
 - State Board of Education policy
 - Healthy, Hunger-Free Kids Act
 - ARRA funded pilot implemented by MDCH & MDE



Michigan Nutrition Standards Pilot



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Michigan Nutrition Standards Pilot



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Michigan Nutrition Standards Pilot



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Michigan Nutrition Standards

- Toolkit: Team Up to Make Healthy the Easy Choice
- Regional Trainings: November 7-11, 2011
- Website: www.michigan.gov/nutritionstandards

The screenshot shows the Michigan Department of Community Health website. The header includes the MDCH logo, navigation links (Michigan.gov Home, MDCH Home, Sitemap, Contact MDCH), and a search bar. The main content area is titled "Nutrition Standards" and features a banner with images of fruits, a school lunch, and a sign that says "Schools Implementing Nutrition Standards". Below the banner, there is a paragraph of text: "Are you interested in learning more about the Michigan Nutrition Standards? Would you like to receive resources on how to implement the standards in your district? If so, please join the Michigan Departments of Community Health and Education, Michigan Team Nutrition and United Dairy Industry of Michigan for the Michigan Nutrition Standards Toolkit Training: Team Up to Make Healthy the Easy Choice." Below this text, it states: "Trainings will feature Dayle Hayes, an award winning author, educator and nutrition coach, and Chef Dave McNamera. They are free of charge and will take place from 8:00am-3:00pm with breakfast and lunch included. Participants will also receive a binder of resources to take with them after the training." At the bottom, it says: "Registration is required. Space is limited so register now for this exciting day!" and "Choose the location most convenient to you: **NOTICE: YOU WILL FIND THE LINK TO REGISTER ON THE LOWER LEFT PORTION OF THE PDF ONCE YOU CHOOSE YOUR LOCATION BELOW**".

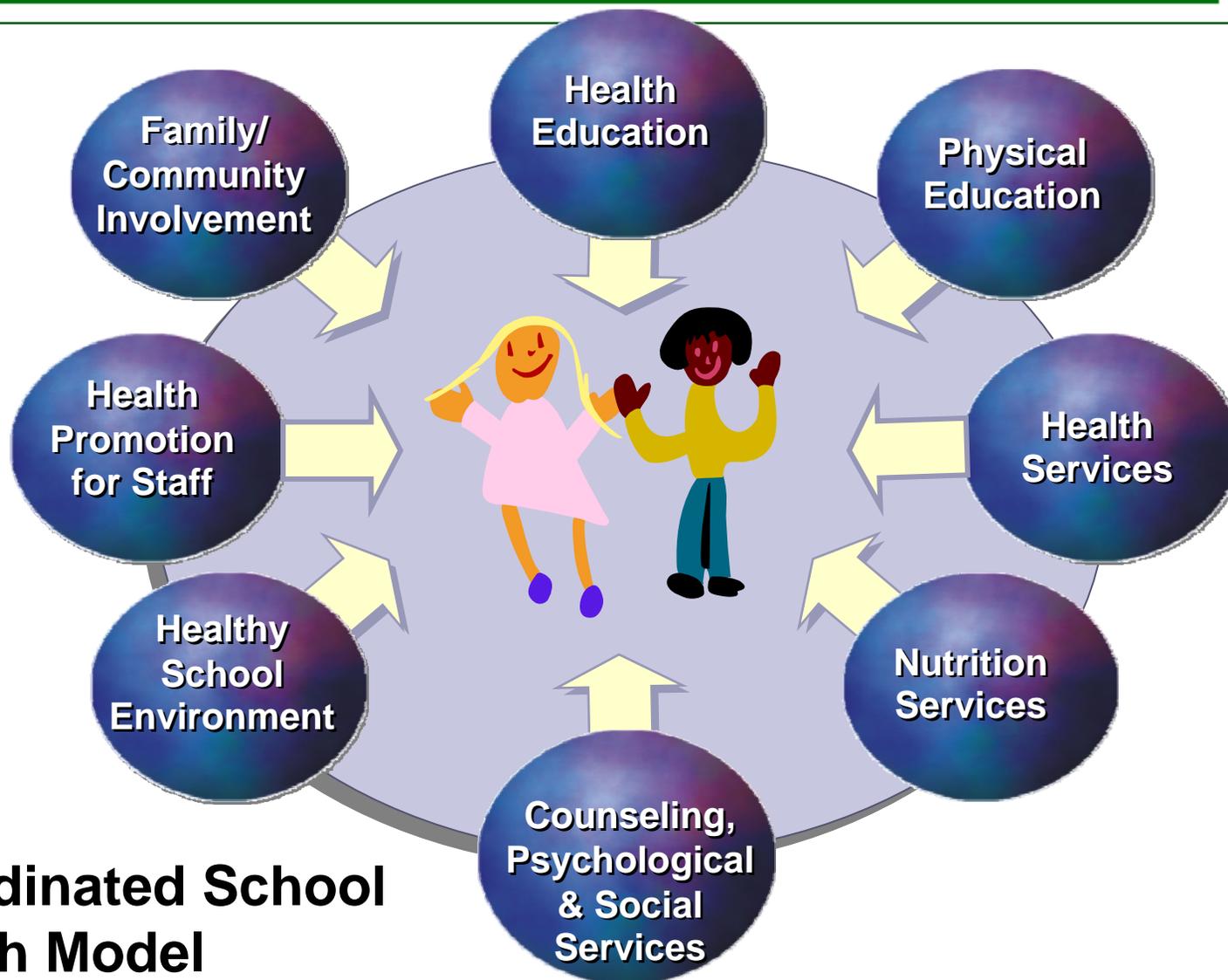
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2012 Policy Priority



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Coordinated School Health Model

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**Health
Education**

**Nutrition
Services**

**Physical
Education**

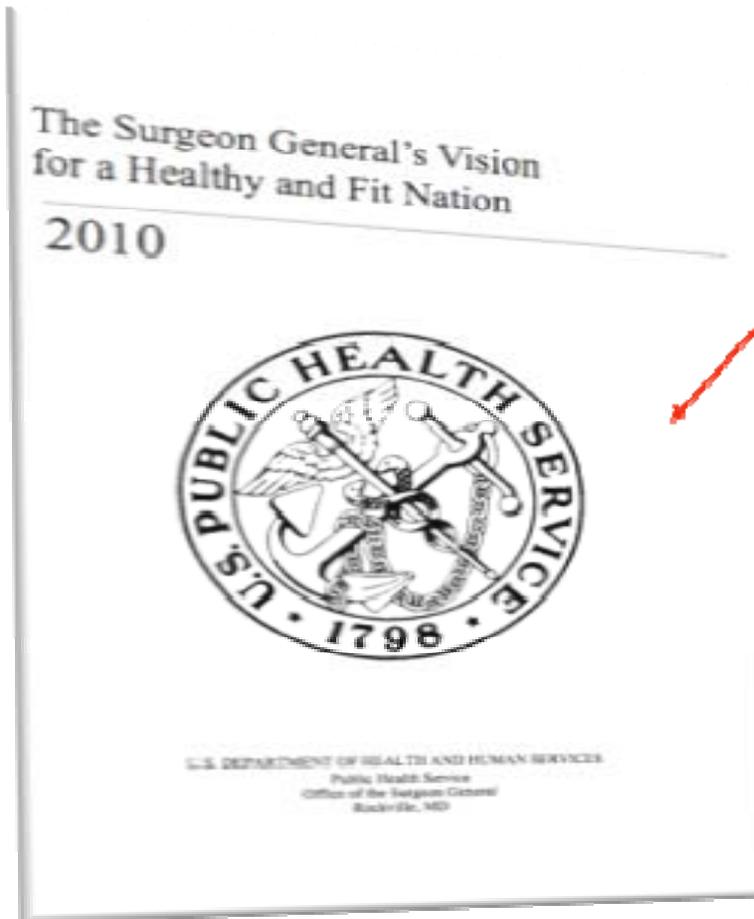
Three components EPAT emphasizes



Physical Activity Guidelines for America – Children & Youth

- 60 minutes every day
- Moderate or vigorous
- 3 days per week vigorous
- 3 days per week bone building & muscle strengthening
- As close to guidelines as possible for children & youth with disabilities

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To promote physical activity, school systems should:

- **Require daily physical education in pre-kindergarten through grade 12, allowing 150 minutes per week for elementary schools and 225 minutes per week for secondary schools.**
- **Require and implement a planned and sequential physical education curriculum for pre-kindergarten through grade 12 that is based on national standards.**
- **... 20 minutes daily recess ...**
- **... Intramural physical activity programs ...**
- **... Walk- and bike-to-school programs ...**
- **... Joint use agreements ...**

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Comprehensive School Physical Activity Program



One priority that encompasses all strategies:

“OBESITY PREVENTION IN SCHOOLS”

Health education

Comprehensive School Physical Activity Programs, with
Physical Education as the cornerstone

Coordinated School Health Councils

Nutrition Standards



Advocate for policies that prevent obesity utilizing the coordinated school health model, with emphasis on physical education, health education, comprehensive school physical activity programs and nutrition standards.

Governor Snyder and the Michigan Legislature: What's on their 2012 agenda? How do we respond?

Emily Gerkin Palsrok
Managing Director, Lambert Edwards & Associates

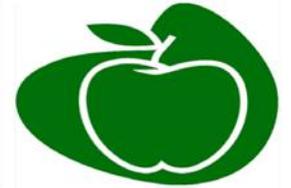
Peter Ruddell
Partner, Wiener Associates



Healthy Kids, Healthy Michigan

Advocates for Healthy Weight in Children

Healthy Kids, Healthy Michigan



HKHM Lobbying and Public Affairs

Peter Ruddell, Partner

Wiener Associates

peter Ruddell@wienerassociates.com

Emily Gerkin Palsrok, Managing Director

Lambert, Edwards & Associates

epalsrok@lambert-edwards.com

Healthy Kids, Healthy Michigan



Childhood Obesity in the Media



What can be done to address childhood obesity?

- Governor's message
- Michigan Nutrition Standards pilot programs
- Quotes from several people associated with HKHM

Healthy Kids, Healthy Michigan



HKHM Guest Editorial Published in Six Michigan Publications in Fall 2011

KALAMAZOO GAZETTE

Lansing State Journal
THE POWER OF KNOWING SINCE 1855

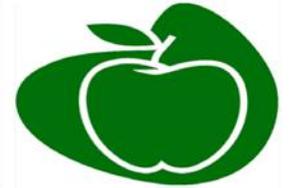
Muskegon
Chronicle

The
Daily Telegram

holland**sentinel** .com

 **thetimesherald.com**

Healthy Kids, Healthy Michigan



Childhood Obesity in the Media

More than 10 news articles were published about childhood obesity in the past month in Michigan print and broadcast outlets around the state.



Detroit Free Press

THE GRAND RAPIDS
PRESS

Lansing State Journal

The Detroit News



Healthy Kids, Healthy Michigan



Social Media Presence

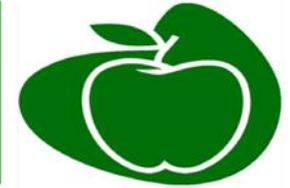


- 614 “Friends”
- Averaging 8-10 posts, comments and “likes” each week
- Averaging 75 visitors each week



- 521 “Followers”
- Averaging 3-4 “retweets” each week
- Averaging 3-4 “@mentions” each week
- Monitored 22 #childhoodobesity tweets in one hour
- Monitored 4 #healthykids tweets in same hour

Healthy Kids, Healthy Michigan



www.HealthyKidsHealthyMich.com

- Averaging 500-550 visitors each week
- Continually updating with new information and calendar events

Healthy Kids, Healthy Michigan

Advocates for Healthy Weight in Children



Home
HKHM Information
Coalition Activity
HKHM Members
Legislative Activity
HKHM Newsletters
HKHM Media Center
Contact HKHM
54321GO!

Healthy Kids, Healthy Michigan



Advocates for Healthy Weight in Children

Healthy Kids, Healthy Michigan is a coalition dedicated to reducing childhood obesity in Michigan through strategic policy initiatives while working with state government leaders. HKHM is comprised of executive-level decision makers from more than 120 organizations statewide dedicated to addressing childhood obesity and improving the health of Michigan's youngest residents. These organizations represent government, public and private sectors, school districts, health care and non-profit organizations.

HKHM Annual Meeting - Oct. 19, 2011

The 2011 Annual HKHM Meeting and Lobby Day has been set for October 19, 2011. The meeting will take place at the [Lansing Center](#), registration will begin at 7:45. Please see the [Events Calendar](#) for details and meeting agenda.

Individuals and organizations interested in learning how they can help curb childhood obesity in Michigan can [join HKHM today!](#)

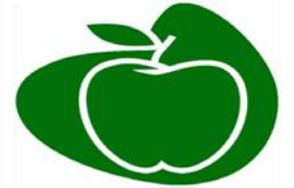
Sign up to [support HKHM](#) and to receive periodic updates from the coalition.

Be sure to follow HKHM on [Twitter](#) and [Facebook](#).



Legislature's Fall Agenda

- Bridge
- Abortion
- School Choice
- Guns
- Personal Property Tax Reform
- Auto Insurance Reform



Governor's Fall Messages

- Health and Wellness (more later)
- Infrastructure (delivered next week)
- Talent and Workforce Development (delivered mid-November)



Governor's Fall Agenda

- Bridge
- Health Insurance Exchanges
- School Choice – Charter Expansion
- Personal Property Tax

Healthy Kids, Healthy Michigan



Health and Wellness: Message

“Taking **personal responsibility** to manage these measures . . .”

“But, as we **individually** take these steps...”

“Government and the private sector can and should **empower Michiganders** with the tools necessary to access quality health care and live a healthy lifestyle.”

“... by assuming **personal responsibility** for their own health and wellness.”

Healthy Kids, Healthy Michigan



Health and Wellness: Plans

1. Voluntary BMI report to MCIR
2. MI Dept of Ed “facilitate participation in physical activity and health education throughout all grade levels”
3. Encourage all schools to adopt nutrition standards
4. Looking to Obesity Summit for policy recommendations