



HEALTH AND PHYSICAL EDUCATION

Increase quantity and quality of school offerings

ISSUE:

Michigan's Revised School Code requires health and physical education, but presents them as one indistinct aspect of education, and is silent on important details governing their quantity and quality.

Physical activity and health literacy are correlated with healthy behaviors and educational achievement. Establishing healthy behaviors early in life, through education and practice, can produce sustained health benefits for individuals and economic benefits for families, schools, and other businesses and units of government. Despite these benefits, there is a long-term trend in the reduction of efforts and resources committed to physical and health education programs in schools. Quality health education and physical education promote lifelong skills required for healthy lifestyles. Extra-curricular activities may be physical activities, but they are not a substitute for education.

PROPOSED ACTIONS:

- Amend the Michigan Revised School Code to separate, and improve expectations for, physical education and health education.
- Require a minimum amount of time to be spent in health and physical education courses at grade levels K through 8.
- Disallow the application of extra-curricular activities towards physical education requirements.

RATIONALE:

Because schools and districts are not required to report on educational outcomes of health and physical education courses, there is a penchant to reduce the time and effort students spend in these activities. Adding specificity to the Michigan Revised School Code pertaining to the quantity and quality of these instructional areas will ensure regular student physical activity and the instruction of skills required for a lifetime of health and activity.



Coordinated School Health Programs

Require the formation of district level Coordinated School Health Councils

ISSUE:

The academic success of Michigan's youth is strongly linked with their health. Research has found that when a student is hungry, physically or emotionally abused, or suffering from chronic illness, poor school performance can follow. Risky health behaviors such as substance abuse, violence, and physical inactivity often affect school attendance, grades, test scores, and the ability to pay attention in class, which leads to academic failure. It follows then, that academic success is an excellent indicator of overall well-being for youth and a primary predictor and determinant of adult health outcomes. Please see the Centers for Disease Control and Prevention's Healthy Youth website for references for this research, www.cdc.gov/healthyyouth

In 2003, the Michigan State Board of Education recognized these facts and recommended that school districts, and individual schools, form Coordinated School Health Councils. While the policy was one of the first in the nation, no guidance was given on the recommended make-up, function, or accountability of these teams. National data indicate Michigan children continue to be less 'health literate,' and less healthy, than their peers in other states.

PROPOSED ACTION:

- Amend the Revised School Code to require the existence of District Coordinated School Health Councils.
- Grant the Michigan Department of Education the ability to establish mechanisms for the development, review, update and reporting of annual school health action plans.

RATIONALE:

A large majority (71%) of Michigan school districts report having Coordinated School Health Councils. However, there is a great deal of variety in their approaches and overall effectiveness. Standardizing the constituency of these Councils and their purpose, and establishing assessment options and reporting requirements, along with technical assistance will allow for more strategic and effective efforts to improve the health and academic outcomes of Michigan students.

Coordinated School Health Councils provide a framework for school districts to leverage community partners and resources to meet the needs of students and families. Through this model, schools are better able to eliminate duplication of effort, and increase the effectiveness of programs and services.

The States of Arkansas and Texas, which have both mandated the creation of School Health Councils, have seen a halt or decline of childhood obesity in sizeable proportions of their student populations. Reducing childhood obesity prevalence is an important public health goal that can have significant impact on the long-term financial health of the state.



Medicaid Coverage of Childhood Obesity

Clarify Medicaid policies to improve clinical care and coverage

ISSUE:

The medical management of childhood overweight is an important aspect of overall efforts to contain the obesity epidemic. As prevention programs highlight the risks of being overweight or the need for behavior changes, children and families become aware of the need to seek professional medical help. Medical professions are developing new standards of care for the management of childhood overweight and obesity, but clinicians feel insufficiently supported in these efforts. In Michigan, the Medicaid and MICHild programs can provide support and resources to increasingly effective clinical management strategies.

Medicaid can provide reimbursement for basic management of childhood obesity, such as screening for obesity and for referral to a nutritionist. This coverage is provided as part of the Early Prevention Screening Diagnosis and Treatment (EPSDT) program. States around the country are beginning to understand and utilize the coverage options provided by EPSDT.

PROPOSED ACTIONS:

- Expand promotion of the childhood obesity policy clarification published by Medicaid to further expand information on coding and payment procedures related to pediatric overweight and the EPSDT services to be provided to Medicaid patients.
- Establish incentives for health plans and providers to screen for pediatric obesity.
- Develop requirements for similar coverage by participating MICHild health plans.
- Establish a system of Best Practices in Childhood Obesity Prevention to bundle obesity-related Medicaid services and to disseminate and monitor clinical practices.

RATIONALE:

There is currently a great deal of confusion in the provider community about which obesity prevention and management services will, and which will not, be reimbursed by Medicaid. Providers and health systems report varied results in their efforts to be reimbursed for providing obesity prevention services. Consequently, they do not routinely provide or request reimbursement for these services. Clarification of policy coverage and communication of these policies to providers is needed. MICHild health plans, which extend coverage to children from low-income households, are administered by a variety of insurers but regulated by MDCH. Applying the clarified EPSDT practices to these plans would provide clinical continuity for at-risk Michigan children.



BMI Surveillance:

Monitoring, Evaluating, and Prioritizing Childhood Obesity Prevention Efforts

ISSUE:

Leading policy, academic and advocacy groups have highlighted the urgent need for high quality surveillance data that will permit detailed understanding of childhood obesity prevalence at the local levels and for populations at highest risk. Such information is needed to determine how effective their efforts are or where additional resources need to be deployed. Michigan is developing a model for adding obesity surveillance to its immunization registry that could be a model for other states seeking cost-effective ways of monitoring obesity. This will ultimately allow for the evaluation of state and local policies, childhood obesity prevention programs, and the prioritization and effective design of future efforts.

The Michigan Care Improvement Registry (MCIR) has been created and refined by the Michigan Legislature to monitor and improve the state's response to other challenging public health threats. It has proved an effective tool for childhood health promotion, and offers strategic advantages for BMI surveillance efforts in Michigan.

PROPOSED ACTIONS:

- Continue to implement the addition of height, weight, BMI capabilities and clinical decision support materials to the Michigan Care Improvement Registry, prepare to launch with health care providers, expand promotion through outreach, training and incentives, and compile BMI surveillance results.
- Modify governing statutes and regulations as needed to improve MCIR's effectiveness related to childhood obesity.

RATIONALE:

The MCIR is a robust and established public health surveillance tool currently used to monitor other child health issues. A vast majority (85-90%) of physicians in the state already use this system to track the immunization and lead screening status of their pediatric patients. Child care providers and schools also use this system to document the immunization status of Michigan children. Adding obesity-related data fields to MCIR will provide for improvements in evidence-based medical and public health practices. With better local data, policy and program interventions can be evaluated over time, and scarce resources will be more efficiently allocated to improve prevention and clinical management efforts.



Healthy Kids, Healthy Michigan

Advocates for Healthy Weight in Children

Complete Streets and Safe Routes to School

Implement Complete Streets, Context Sensitive Solutions, and Safe Routes to School in the planning of active infrastructure

ISSUE:

Physical inactivity impacts obesity in children. By being active and choosing the right foods, individuals can decrease their risk of developing chronic diseases. Children should get at least 60 minutes of physical activity everyday. The built environment frequently makes it difficult to integrate physical activity into a daily routine by walking or biking to work, school, grocery stores or other points of interest.

The principles behind Complete Streets, Context Sensitive Solutions, and Safe Routes to Schools efforts are being used around the country to improve the built environment and promote physical activity. Complete Streets efforts recognize the importance of planning and constructing roadways to accommodate safe access for all users. Context Sensitive Solutions are defined as collaborative, interdisciplinary approaches to design that involve all stakeholders to develop a transportation facility that fits its physical setting and preserves scenic, aesthetic, historic and environmental resources, while maintaining safety and mobility. Safe Routes to School programs are designed to make it more safe, convenient, and fun for children to walk or bike to school.

PROPOSED ACTIONS:

- Resolve to recognize all infrastructure as potential “Active Infrastructure,” whereby bicycle, pedestrian, and transit needs are given full consideration in the planning and development of transportation facilities.
- Challenge and encourage county and local road agencies to establish bicycle and pedestrian facilities.
- Introduce a Complete Streets Resolution to Michigan legislature and secure its passage with strong bipartisan support.
- Continue to engage key stake holders to support Complete Streets.
- Mandate Complete Streets legislation for Michigan.

RATIONALE:

It is difficult for children and families to make activity a part of their daily lives when their environment does not support these healthy behaviors. A joint resolution of Michigan’s legislature to recognize the importance of re-engineering physical activity into our state will make a clear statement about our understanding of the barriers to living healthily.



Healthy Kids, Healthy Michigan

Advocates for Healthy Weight in Children

www.americanheart.org/healthykidshealthymichigan

What success has the coalition had thus far?

Over the past 30 years, obesity rates have continued to increase rapidly across all age groups. Among children ages 6 -11, the national rate of childhood obesity has quadrupled. In Michigan, nearly \$3 billion is spent in annual medical costs treating obese adults. If these trends continue, the children of Michigan may be the first generation to not have a longer life span than their parents.

Healthy Kids, Healthy Michigan (HKHM) emerged with an obesity prevention policy prioritization effort in late 2007. In 2008, HKHM transformed into a coalition dedicated to reducing childhood obesity in Michigan through strategic policy initiatives and a campaign was launched to concurrently address its 6 highest priority policy issues. The coalition is now comprised of decision makers from more than 110 organizations statewide, representing government, non-profits, and public and private sectors.

Public Act 231

- In July 2008, Public Act 231 was signed into law by Gov. Jennifer Granholm. This allows food retailers, specifically grocery stores who offer fresh produce and vegetables, to expand, improve, or develop their establishments in both rural and urban underserved areas by requesting a property tax abatement.
- Public Act 231 will increase access to fresh and healthy foods to residents of underserved areas.
- HKHM is continuing to work with partners on implementation and promotion of this property tax abatement.

Physical and Health Education Requirements:

- Quality health education and physical education promote lifelong skills required for healthy lifestyles. Legislation drafted by HKHM has been introduced in both the state House and Senate to establish requirements to ensure that students in grades K-8 receive quality curricula and spend an adequate amount of time in health and physical education in classrooms across Michigan. The legislation addresses both the quantity and quality of health and physical education and ties state funding to these requirements. In the Senate, legislation was initially approved by the Health Policy Committee, but has been re-referred to the Appropriations Committee.



Join Us Today! Help Us Build a Healthier Future for Michigan's Kids



What success has the coalition had thus far?

Medicaid Coverage of Childhood Obesity:

- On June 2, an official letter clarifying Medicaid policy for local providers, called the L-Letter, was sent to pediatric health care providers with information on the appropriate way to bill Medicaid for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or “well-child” visits that include prevention, identification, and treatment of childhood obesity.
- HKHM is working to educate health care providers through supplemental publications and presentations on childhood obesity coverage through Medicaid.

Complete Streets

- A draft legislative resolution and an accompanying white paper explaining the rationale and need for legislative and administrative action, has been developed by HKHM. Policymakers are currently being recruited as sponsors for this resolution.
- HKHM's efforts are synergistic with other state and local Complete Streets efforts. For example, in August, the Lansing City Council adopted the Lansing Complete Streets Ordinance which states that the city will have a non-motorized network plan, and will update it every 5 years. Several other local units of government have also adopted or begun serious consideration for adopting Complete Streets resolutions, including, Ash Township in Monroe County, Jackson, Flint, Grand Rapids, Marquette, and Detroit.

Body Mass Index Surveillance:

- The coalition worked with technical and administrative teams to integrate the additions of height, weight and body mass index (BMI) capabilities to the Michigan Care Improvement Registry (MCIR).
- To ensure this health surveillance tool is used effectively, the coalition has worked to initiate an administrative rules change governing the MCIR.
- Michigan was recognized in the report: *2009 F as in Fat: How Obesity Policies are Failing in America*. It was released by the Trust for America's Health and Robert Wood Johnson Foundation as a state success story and unique approach to policy change for work on BMI Surveillance.

What does the future hold?

HKHM continues to grow, and look for new members and partner organizations. Our collaboration is an excellent avenue to deliver one, clear message to state leaders about the importance and impact obesity has on the state. Through our strong partnerships, we have a better opportunity to move forward on key policy priorities impacting childhood obesity than we would acting individually.

How will the coalition continue to address childhood obesity?

- HKHM has determined a five-year strategic policy plan and each year the coalition identifies priorities to focus on for the year.
- HKHM continues to grow its membership and increase involvement in the fight against childhood obesity.
- The coalition is focused on educating organizations, community members, and elected officials of their policy initiatives.

Contact Us

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