



First Year Policy Priorities

ISSUE:

Childhood obesity is a complex public health problem, and one of the most significant public health threats our nation has ever faced. Rates of childhood obesity have tripled, and nearly quadrupled, in the last 30 years. Millions of Michigan children and families, and thousands of organizations, businesses, healthcare providers, and social service delivery systems are being affected by this epidemic. Statewide, nearly \$3 Billion in annual medical costs are attributable to obesity; and these costs are just the tip of the iceberg. Evidence suggests obesity, poor nutrition and physical inactivity lead to reduced academic performance, diminished self esteem and quality of life, and lower workforce productivity. Over the year-long Healthy Kids Healthy Michigan project, more than 100 organizations collaborated to explore and prioritize policy options to confront childhood obesity. A five-year strategic plan has been developed and a set of first year priorities identified.

PROPOSED ACTIONS:

- Body Mass Index (BMI) Surveillance
 - Add obesity measures to the Michigan Care Improvement Registry to monitor, evaluate and prioritize childhood obesity prevention efforts
- Medicaid Coverage of Childhood Obesity
 - Clarify Medicaid policies to improve the clinical care and coverage associated with pediatric obesity management
 - Incent health plans to provide coverage for best practices
- Coordinated School Health Programs
 - Require the formation of district level Coordinated School Health Councils for assessment and action planning
- Health and Physical Education
 - Increase the quantity and quality of health and physical education
- Healthy Food Access in Underserved Areas
 - Increase the access and affordability of healthy food in urban areas
- Complete Streets and Safe Routes to School
 - Implement Complete Streets, Context Sensitive Solutions, and Safe Routes to School in the planning of active infrastructure.

RATIONALE:

Childhood obesity is the product of unhealthy behaviors undertaken in the context of unhealthy environments and systems which have not been optimized to promote healthy choices. Solutions need to be built from coordinated efforts across multiple sectors, and there will be no silver bullet to solve this problem. Our priorities recognize this and call for advances in policies that will concurrently focus on a number of sectors: education, healthcare, public health, agriculture and commerce, community development, and transportation. Only by working in each of these areas can we halt and reverse the epidemic of childhood obesity.



BMI Surveillance:

Monitoring, Evaluating and Prioritizing Childhood Obesity Prevention Efforts

ISSUE:

While many are committed to combating the epidemic of childhood obesity, it is currently challenging to determine how effective their efforts are or where additional resources need to be deployed. This is due in part to a lack of locally relevant data on childhood obesity. Michigan's capacity for BMI surveillance needs to be further developed to comprehensively monitor the scope and scale of the epidemic. This will ultimately allow for the evaluation of State and local policies and 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:

- Add obesity measures (i.e. height, weight, BMI) to MCIR
 - Testing new capabilities under existing regulations and statutes
- 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. Childcare 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.



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:

- Clarify policies in the Michigan Medicaid Providers Manual to clearly describe 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 coverage policies 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.



Coordinated School Health Programs

Require the formation of district level Coordinated School Health Councils for assessment and action planning

ISSUE:

Healthy children learn better, are less likely to be absent from school, and are more likely to be healthy adults. In 2003, the Michigan State Board of Education recognized these facts and recommended that school districts, and even individual schools, form Coordinated School Health Councils. 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 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 establishing assessment options and reporting requirements, will allow for more strategic efforts to improve the health and academic performance of Michigan students.

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.



Healthy Kids, Healthy Michigan

Advocates for Healthy Weight in Children

HEALTH AND PHYSICAL EDUCATION

Increase quantity and quality of school offerings

ISSUE:

Michigan's 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 are often physical activities, but they are not a substitute for education.

PROPOSED ACTIONS:

- Amend the Michigan School Code to separate, and improve standards 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 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.



Healthy Kids, Healthy Michigan

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Healthy Food in Underserved Areas

Increase access and affordability in retail establishments

ISSUE:

Access to affordable, quality and healthy food promotes community health and reduces risk of obesity, diabetes, and heart disease. Many Michigan communities, particularly low-income urban and rural areas, have limited access to food retail establishments that offer healthy food options.

During the Healthy Kids Healthy Michigan project's work, new policy was enacted to improve food access in underserved communities. Senate Bill 294 (PA 231 of 2008) was passed into law and signed by Governor Granholm on July 17, 2008. PA 231 amends the Commercial Rehabilitation Act to allow food retail establishments to qualify for the property tax abatement. Qualified food retail establishments that expand, rehabilitate physical conditions of a building, or open in underserved areas may request that those improvements not be taxed for up to 10 years. This legislation was supported by the Healthy Kids, Healthy Michigan Initiative, as well as many other organizations/initiatives throughout the state, as it moved through the Michigan Legislature. Barriers to implementation remain, and Healthy Kids Healthy Michigan Advocates will work to support efforts to maximize the healthful impact of this legislation.

PROPOSED ACTION:

- Raise awareness and take advantage of this new opportunity for grocery store development.
 - Support grocers or developers to develop business plans and apply for the tax abatement in order to grow the economy and their business, while in turn transforming the community.
 - Educate community organizations and leaders on diet-related disease and the effect food access has on the citizens of their community
 - Encourage Citizens and business leaders to attend public meetings at the city, township, or county level to talk to local officials about the importance of using this tax abatement to revitalize neighborhoods, create jobs, and improve public health.

RATIONALE:

It is important to provide tax abatements for food retailers in low income and rural communities. Tax abatements support local retail outlets offering healthy food options, help support the local economy and quality of life, and promote community health by increasing access to healthy food options. The investment, transfer, or deferral of State resources required to provide these incentives can provide a significant return as the benefits to a community with improved healthy food access include jobs and local ownership opportunities. The investment, transfer, or deferral of State resources required to provide these incentives can provide a significant return as the benefits to a community with improved healthy food access include jobs and local ownership opportunities.



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
- Encourage the support of the Transportation Funding Task Force (TF2) recommendations for increased transportation funding so that more resources can be made available for Complete Streets, Context Sensitive Solutions, and Safe Routes to School
- Resolve the Michigan Department of Transportation, Metropolitan Planning Organizations and Regional Planning Authority staff serve as technical resources to City and County road agencies to collaboratively promote physical-activity.

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.