



Healthy Kids, Healthy Michigan Childhood Obesity Prevention Advocate Summit

July 9, 2008
Lansing, MI

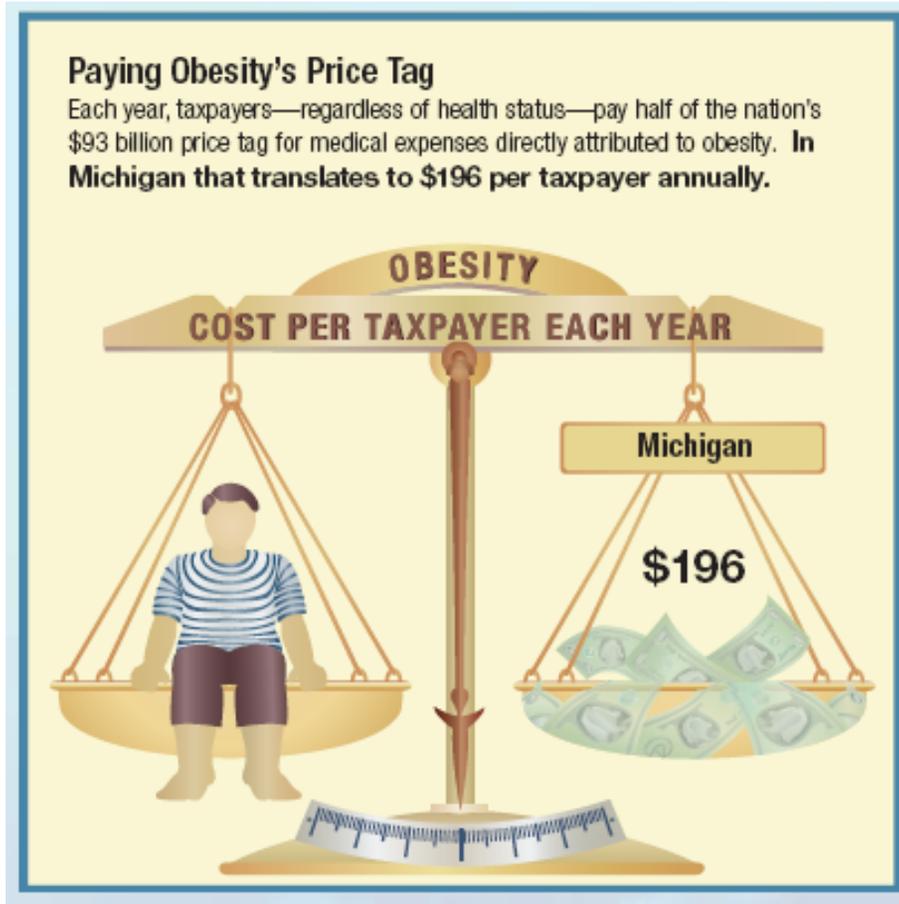
Healthy Kids, Healthy Michigan Childhood Obesity Prevention Workgroup



Agenda

- 8:30 – Welcome and Overview
- 8:45 – Keynote Speaker: William Potts-Datema
- 9:20 – Keynote Speaker: Richard Jackson
- 9:55 – 15 Minute Stretch Break
- 10:10 – Progress on Michigan’s Policy Agenda
- 10:55 – Advocacy Presentation: Marilyn Lieber
- 11:45 – Closing Remarks
- 12:00 – Adjourn

Impact of Childhood Obesity



- One in 4 adolescents is overweight
- Low income and minority populations are disproportionately affected
- 70-80% of overweight children become obese adults
 - Michigan adults have 5th highest rate of obesity in the country
- Obesity is associated with physical, psychosocial, and economic consequences

Healthy Kids, Healthy Michigan

- One of 15 states funded by National Governor's Association
- Collaborative effort
- Focus on policy change to reduce childhood obesity
- Deliverable - 5-year policy plan



Healthy Kids, Healthy Michigan

Childhood Obesity Prevention Workgroup

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graph TD; A[Childhood Obesity Prevention Workgroup] --> B[Health, Family and Child Care Services Policy Action Team]; A --> C[Education Policy Action Team]; A --> D[Community Policy Action Team]; B --> E[6 areas of focus for year one]; C --> E; D --> E;
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Health, Family and Child Care Services
Policy Action Team

Education Policy Action Team

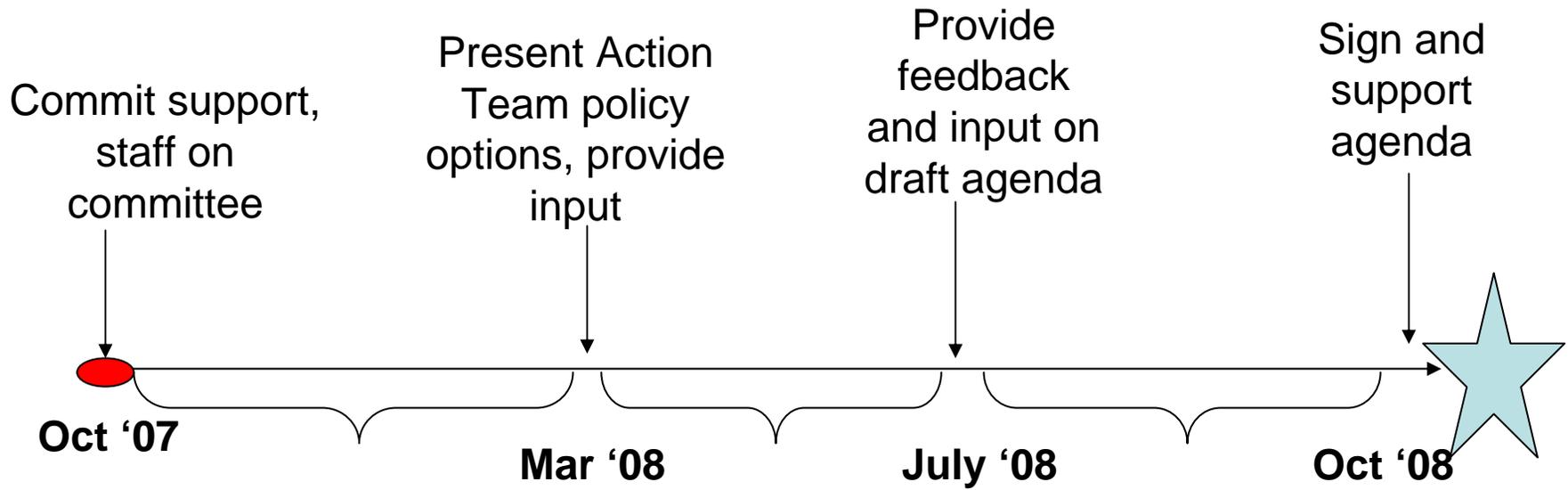
Community Policy Action Team

6 areas of focus for year one

Year-One Policy Priorities

- **Education Recommendations:**
 - Physical and Health Education in Schools
 - Coordinated School Health Programs
- **Health, Family and Child Care Services Recommendations:**
 - Body Mass Index (BMI) Surveillance
 - Medicaid Coverage of Childhood Obesity
- **Community Recommendations:**
 - Complete Streets, including Safe Routes to School
 - Improved Access to Fresh Healthy Food at Food Retailers in Underserved Areas

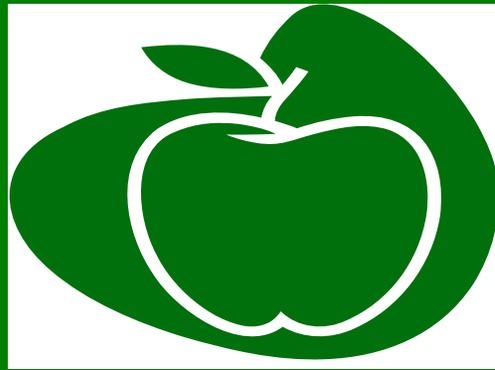
TIMELINE October '07-October '08



- Recruit additional participants
- Create agenda for March Summit meeting
- Presentations for Summit

- Build consensus for policy strategies
- Prioritize policies into a draft agenda

- Draft policy items
- Prioritize in final draft for
 - Prepare presentation for group



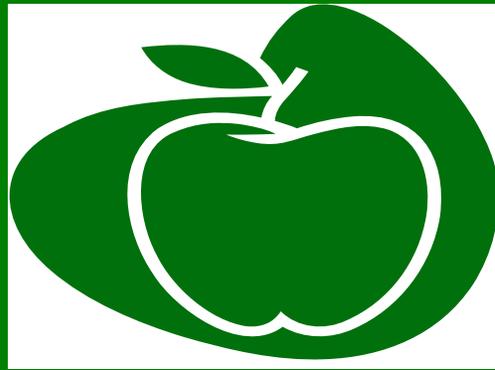
William Potts-Datema

Chief of Program Development and Services Branch
at the Centers for Disease Control and Prevention,
Division of Adolescent and School Health

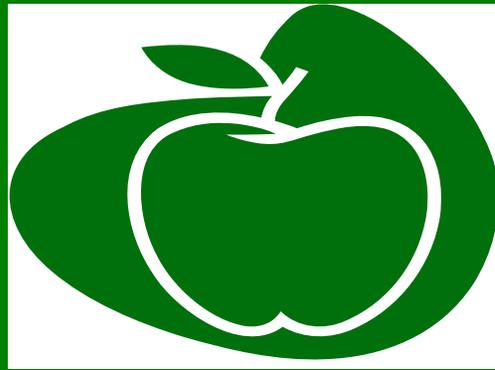


Richard Jackson, MD, MPH

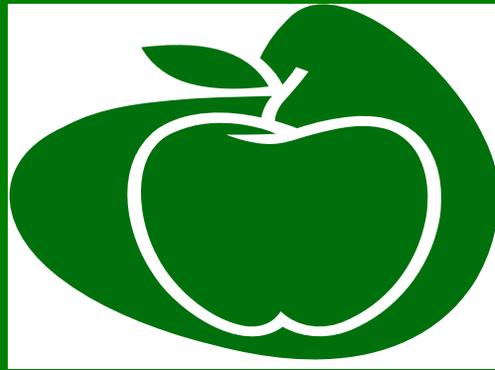
Director of Graham Environmental Sustainability
Institute at the University of Michigan



Stretch Break
15 minutes



Progress on Michigan's Childhood Obesity Prevention Policy Agenda



Health, Family and Child Care Services Policy Action Team

Amy Sheon

Altarum Institute

Health, Family and Child Care Services BMI and Medicaid Workgroups

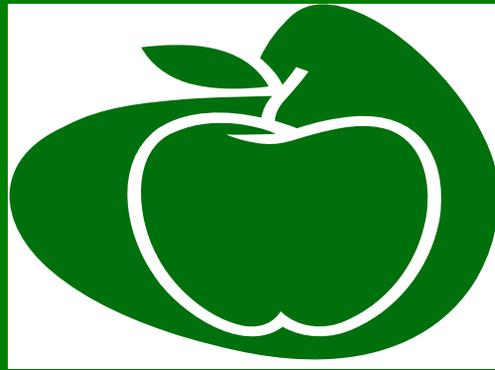
Organizations Involved in the Process

- Altarum Institute
- American Academy of Pediatrics, Michigan Chapter
- American Diabetes Association, Michigan Chapter
- American Heart Association-Midwest Affiliate
- Arab Community Center for Economic & Social Services (ACCESS)
- Association for Child Development
- BCBSM Social Mission
- Beaumont Hospital Healthy Kids Program
- Blue Cross Blue Shield of Michigan
- Bureau of Policy & Actuarial Services
- Center for Childhood Weight Management
- CHASS/REACH Detroit 2010
- Children's Health Initiative Program (CHIP)
- Children's Hospital of Michigan, Wayne State University School of Medicine
- Department of Pediatrics and Human Development
- Governor's Office
- Interfaith Health & Hope Coalition
- Matt Longjohn & Associates, LLC
- Medical Weight Loss Clinic, Inc.
- Michigan Academy of Family Physicians
- Michigan Association for the Education of Young Children
- Michigan Association of School Nurses
- Michigan Community Coordinated Child Care Association
- Michigan Department of Community Health
- Michigan Department of Education
- Michigan Dietetic Association
- Michigan Head Start Association
- Michigan Health & Hospital Association
- Michigan Primary Care Association
- Michigan Public Health Institute
- Michigan State University
- MSA, MDCH
- Organizational & Strategic Development
- Pediatric Comprehensive Weight Management Center
- Pritikin Longevity Center
- Quality and Healthier Communities, Spectrum Health and Helen DeVos Children's Hospitals
- School-Based and Community Health Program
- Sparrow Health and Wellness Education
- St. Joseph Mercy Hospital
- UnaSource Comprehensive Weight Control Program
- University of Michigan Prevention Research Center
- University of Michigan Program for Multicultural Health
- West Branch Regional Medical Center
- YMCA of The USA

Health, Family and Child Care Services

Background: March 24th Proposals and Selected Policy Areas

- Two Policy Areas for Year-1 Agenda:
 - BMI Surveillance
 - Medicaid Coverage of Childhood Obesity



BMI Surveillance

Amy Sheon

Altarum Institute

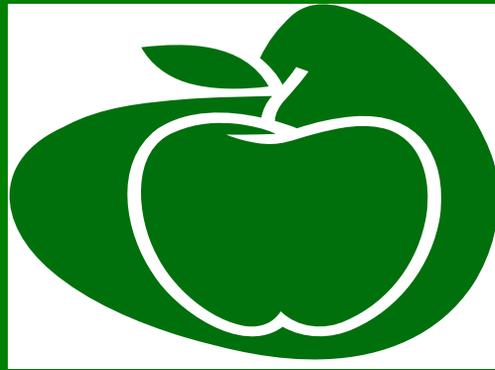
BMI Surveillance Research and Evidence Base

- Legislative / Legal Analysis:
 - Legislative language has allowed the addition of lead screening to MCIR
- Research of Evidence/Best Practices:
 - Surveillance is a key public health tool for understanding obesity rates, trends and disparities
 - School-based surveillance systems can be problematic
 - MCIR is a valuable clinical tool
- BMI Surveillance Rationale:
 - MCIR presents an opportunity for beginning a surveillance system
 - May permit evaluation of impact of policy and clinical interventions on a population level
 - Synergy with clinical developments and best practices (HEDIS), provides opportunity to improve patient care

BMI Surveillance

Recommendations

- Add obesity measures (height, weight, and BMI capabilities) to the Michigan Care Improvement Registry (MCIR) by:
 - Modifying MCIR's regulations
 - Possibly changing MCIR's governing statutory language
- Opportunity to consider:
 - Synergize with availability of treatment guidelines, HEDIS, Medicaid coverage



Medicaid Coverage of Childhood Obesity

Wendy M. Miller, MD, FACP
Beaumont Hospital Healthy Kids Program

Tom M Rifai, MD, BCPNS
Pritikin Longevity Center

Susan J. Woolford, M.D., MPH
Pediatric Comprehensive Weight Management Center

Medicaid & Childhood Obesity

Research and Evidence Base

- Lower income disproportionately affected¹
- 2007 Expert Committee Recommendations:²
 - AMA, CDC, HRSA
 - Available evidence and expert opinion
 - Prevention, Assessment and Treatment
 - Treatment: 4 stages of obesity care

¹2006 Michigan BRFSS

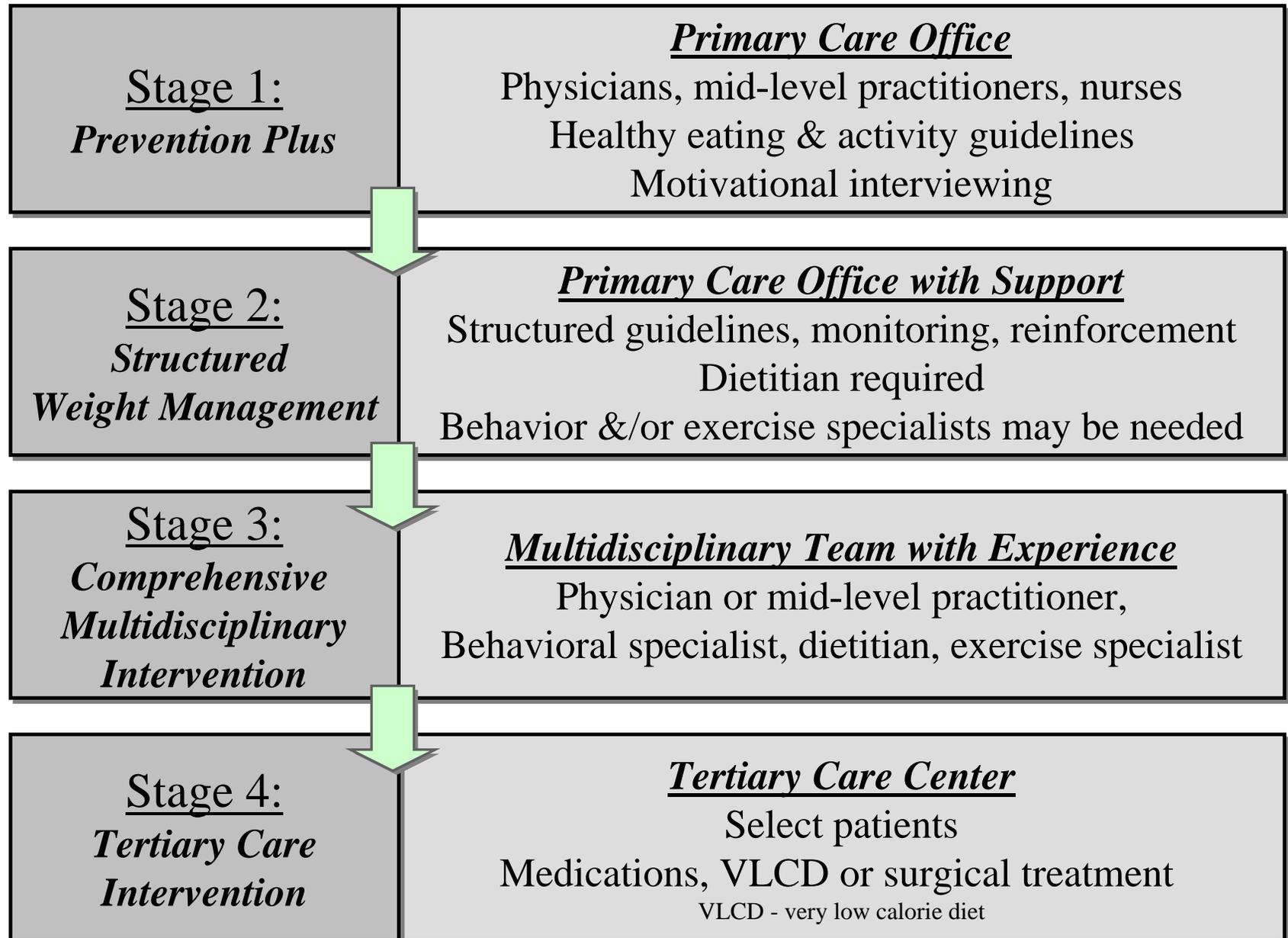
²Barlow SE, *Pediatrics* 2007

AMA – American Medical Association

CDC – Centers for Disease Control and Prevention

HRSA – Health Resources and Service Administration

BMI \geq 95th percentile or 85th – 94th with evidence of health risk:

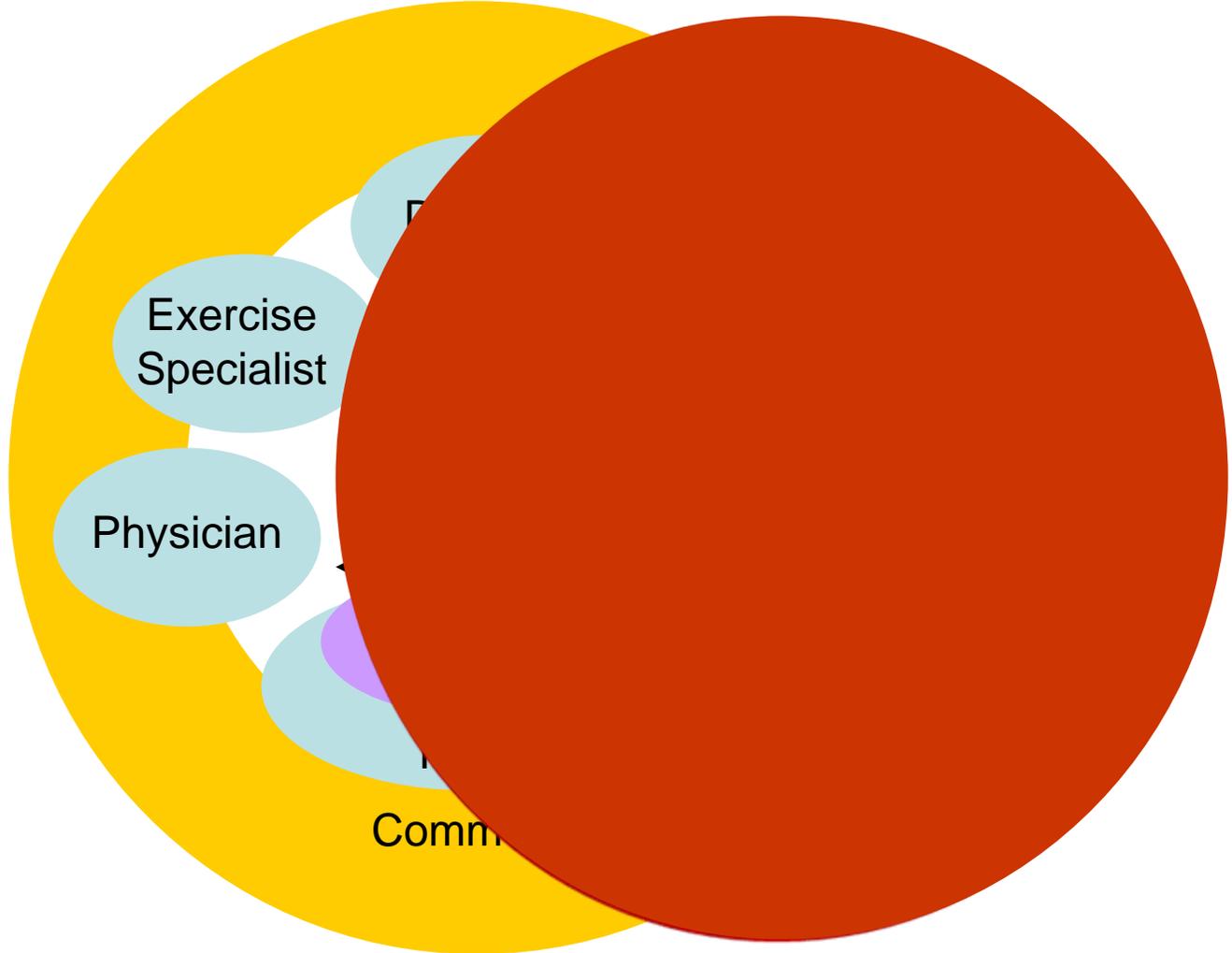


Medicaid & Childhood Obesity

Recommendations

- Legislation and Regulation are not needed
- Change the Michigan Medicaid Providers Manual to clearly describe coding and payment procedures related to pediatric overweight and the Early Periodic Screening Diagnosis and Treatment program (EPSDT) services to be provided to Medicaid patients and require 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
- Multidisciplinary team coverage is recommended (RD, Behavioral Specialist, and Exercise Specialist)

***Multidisciplinary Team Healthy
Collaboration Kids***





Type 2 Diabetes







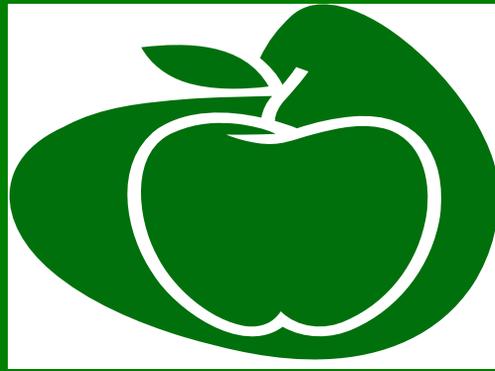
Type 2 Diabetes
Sleep Apnea
Scoliosis
Well Controlled -
Well Controlled
Stable
Medication Reduced

Summer 07

157.7 lbs

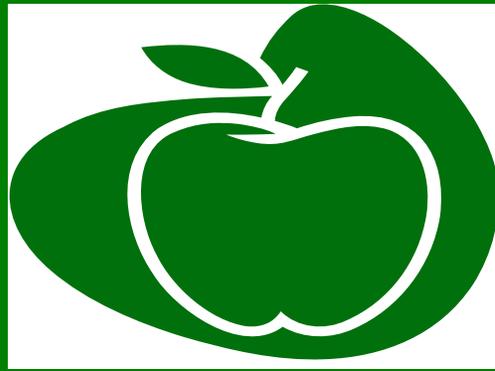


***"I lost 52 lbs.
I wasn't confident
in myself before,
Now I'm so confident.
I feel so much better
and happier."***



Health, Family and Child Care Services Policy Action Team

Q & A



Education Policy Action Team

Dru Szczerba

Director of Cancer Prevention and Healthcare
Systems Initiatives - American Cancer Society

Education Policy Action Team

- Altarum Institute
- American Cancer Society – Great Lakes Division
- American Heart Association - Midwest Affiliate
- Comprehensive School Health Coordinators Association
- Eaton Intermediate School District
- Family and Consumer Science Educators of Michigan
- *Generation With Promise* Initiative
- Governor's Office
- Jackson Public School District
- Lansing School District
- Medical Weight Loss Clinic, Inc.
- Michigan After School Partnership - Mayor's Time
- Michigan Association for Health, Physical Education, Dance, & Recreation (MAHPERD)
- Michigan Department of Community Health
- Michigan Dietetic Association
- Michigan Department of Education
- Michigan Distributors and Vendors Association
- Michigan Fitness Foundation
- Michigan Parent Teacher Association
- Michigan Soft Drink Association
- Michigan State Nutrition Action Plan
- Mott Children's Health Center
- Parent Action for Healthy Kids
- Taylor School District
- Utica Schools
- Wiener Associates
- YMCA of the USA

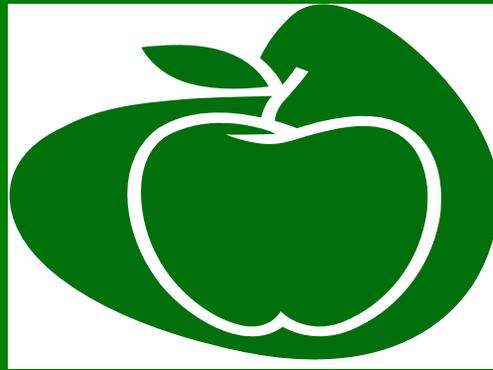


Education Policy Action Team

March 24th Proposals

- Physical and Health Education Requirements
- Mandating District Coordinated School Health Councils
- State Nutrition Standards for the School Campus
- Health & Physical Education MEAP Testing
- Expand School Breakfast Participation
- Model School Beverage Guidelines
- Recess Before Lunch





District Coordinated School Health Councils

Dru Szczerba

Director of Cancer Prevention and Healthcare
Systems Initiatives - American Cancer Society

Coordinated School Health Programs Model



District Coordinated School Health Councils

➤ The Legislative Analysis

- Other states (including RI, TN, IN, KY, MS, & PA) have enacted legislation requiring the formation of **District Coordinated School Health Councils**.
- These states have reported significant improvements in the following:
 - Absenteeism
 - School nurses and health promotion staff
 - Available social services
 - Student health screenings
 - Health promotion events for students



District Coordinated School Health Councils

➤ The Research

- Health-related factors such as hunger, physical and emotional abuse, and chronic illness can lead to poor school performance.
- Health-risk behaviors such as substance use, violence, and physical inactivity are consistently linked to academic failure.
- The goal of a coordinated school health program is to facilitate student success and academic achievement.



District Coordinated School Health Councils

➤ Coordinated School Health Council Policy Language Highlights:

- Will mandate that districts create and maintain a council to annually develop a Healthy School Action Plan.
- Will establish who should be a part of the council and how often they meet.
- Will provide districts with technical assistance in drafting, implementing, and evaluating their plan.
- Will require districts submit their Healthy School Action Plan to the Department of Education annually.

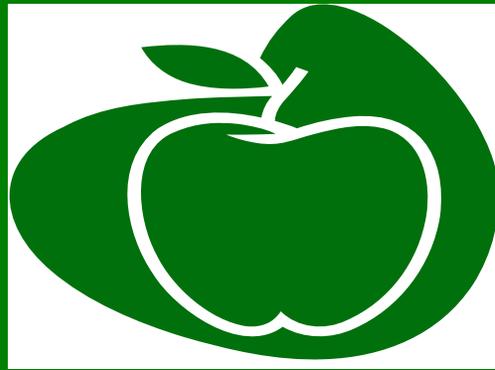
District Coordinated School Health Councils

- How the research affected our direction...
 - Chose to have districts focus not only on creating the council but also maintaining and improving their goals annually
 - Chose to have districts report their action plan to the Department of Education
 - Chose to provide districts with technical assistance

District Coordinated School Health Councils

- Why the legislative approach?
 - Standardizing the membership of these councils, and establishing reporting requirements will allow for more strategic efforts at the state-level to improve academic performance and the health and well-being of Michigan students.





Physical and Health Education Requirements

Wendy L. Sellers, RN, MA, CPC

Comprehensive School Health Coordinator,
Eaton Intermediate School District

Health Education & Physical Education Requirements

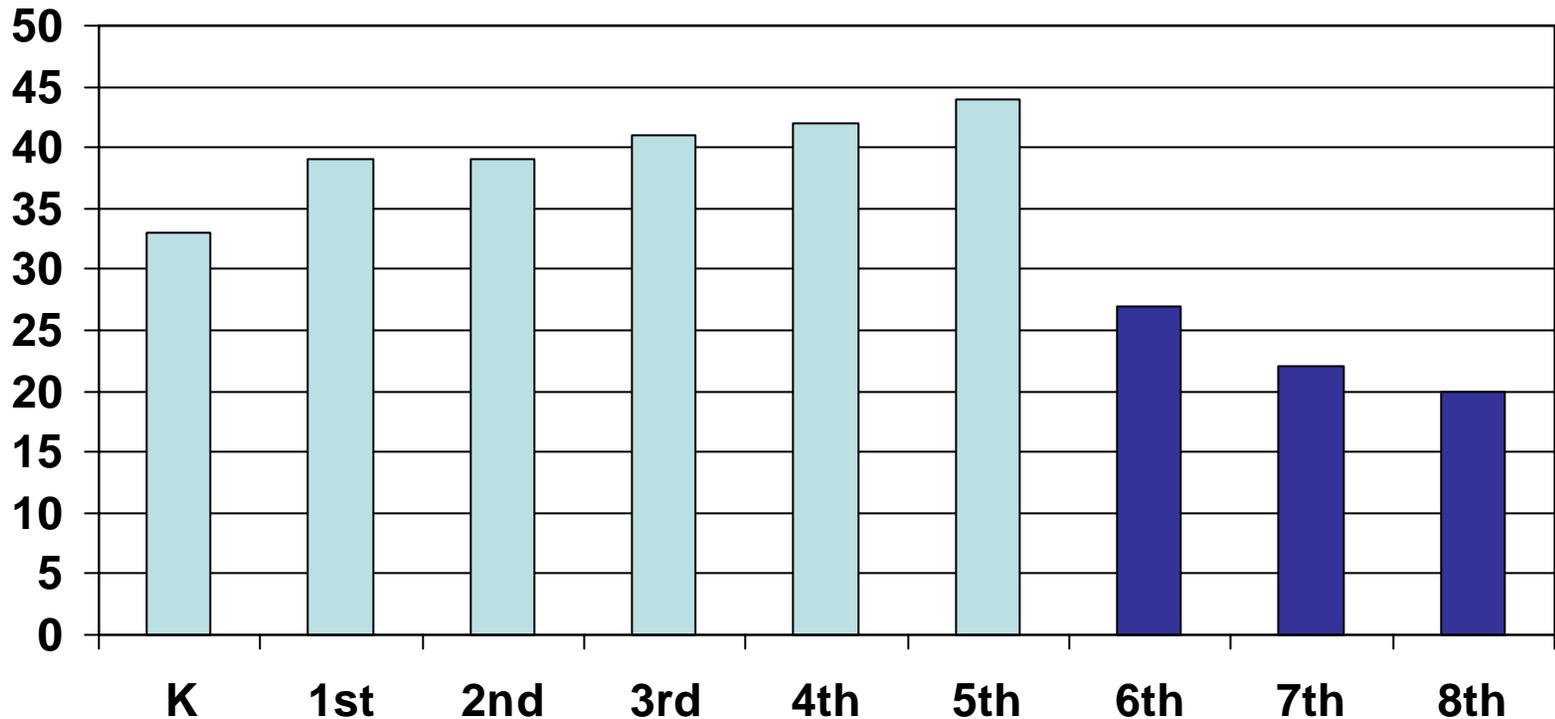
➤ The Research

- Although states continue to strive toward quality improvements, no state currently meets national standards.
- In Michigan, there are currently no requirements for the duration of physical education and health education instruction
- Currently schools are allowed to credit a students participation in other activities in place of participation in physical education.



Health Education & Physical Education Requirements

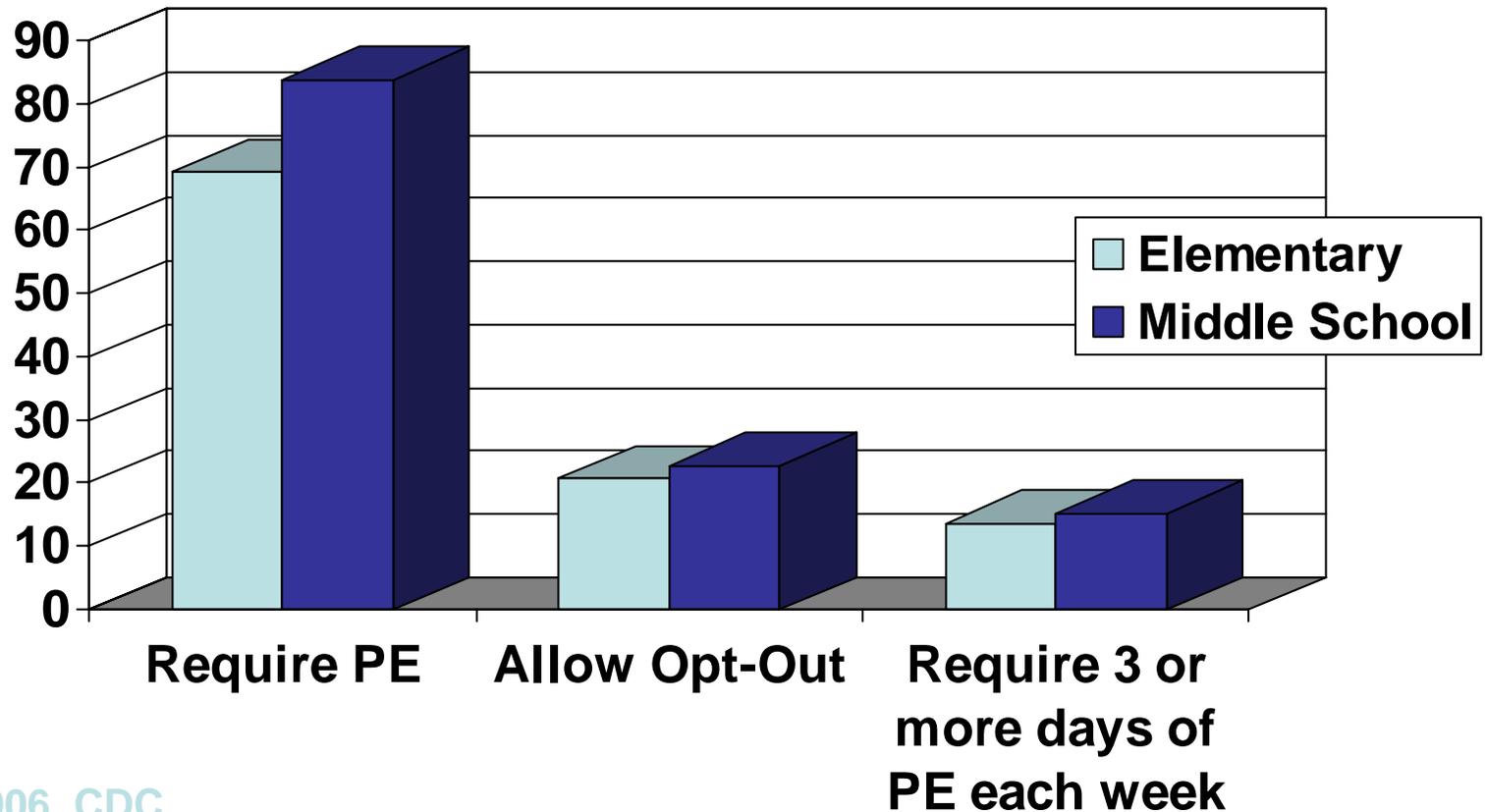
Current Health Education Requirements in U.S. Schools, by Grade



SHPPS 2006, CDC

Health Education & Physical Education Requirements

Current Physical Education Requirements in U.S. Schools



Health Education & Physical Education Requirements

➤ The Legislative Analysis

- Other states have enacted various legislation mandating PE/HE policies and practices. Each vary in their requirements although major focuses include:
 - Student Assessment
 - Grade & Credit Requirements
 - Certified Instructors
 - Specification of instruction by grade & duration



Health Education & Physical Education Requirements

➤ Physical Education Policy Language

Highlights:

- Will specify the frequency, class size, and the duration for physical education for grades K-8.
- Will specify that curriculum be aligned with physical education grade level content expectations approved by the State Board of Education.
- Will establish that extracurricular activities may not be substituted for physical education.
- Will establish that that adaptive physical education programs be provided for pupils who are not able to participate in general physical education.

Health Education & Physical Education Requirements

- Health Education Policy Language Highlights:
- Will specify the duration for health education instruction for grades K-8.
 - Will specify that curriculum be aligned with health education grade level content expectations approved by the State Board of Education.



Health Education & Physical Education Requirements

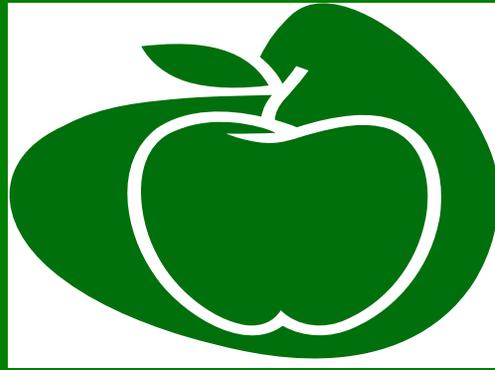
- How the research affected our direction...
 - Chose to focus on grades K-8 only.
 - Chose to separate health education and physical education as they are distinct academic subjects with their own unique requirements.
 - Chose to align the health education and physical education curriculum with the State Board of Education approved grade level content expectations.



Health Education & Physical Education Requirements

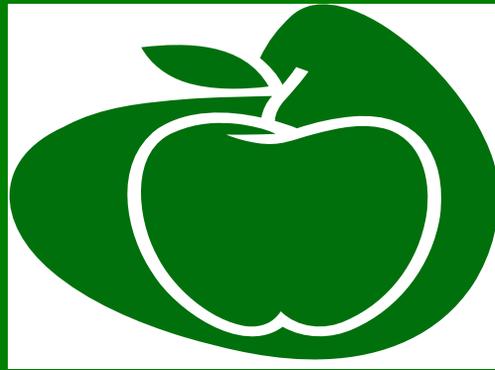
- Why the legislative approach?
 - Specifying the grade level, quantity, and quality of physical education and health education will ensure all Michigan students receive regular, quality physical education and health education instruction to improve their fitness, health, and readiness to learn.





Education Policy Action Team

Q & A



Community Policy Action Team Complete Streets

Andrea Brown

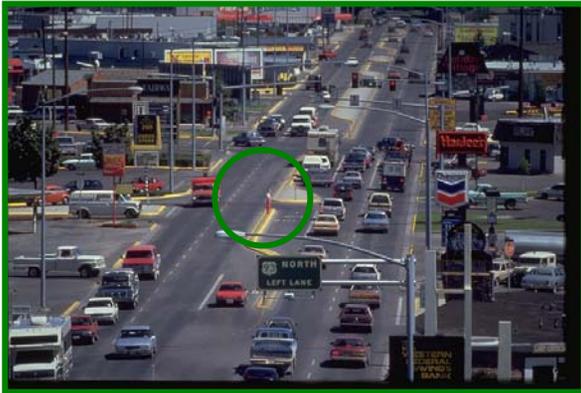
Michigan Association of Planning

Partner Organizations

- League of Michigan Bicyclists
- Michigan Association of Planning
- Michigan Department of Community Health
- Michigan Department of Transportation
- Michigan Economic Development Corporation
- Michigan Environmental Council
- Michigan Fitness Foundation
- Michigan State Housing Development Authority
- Michigan Townships Association
- Michigan Trails and Greenways Alliance

The Issue

The built environment impacts physical activity levels



The dramatic rise in childhood obesity rates are linked to changing land use patterns and lifestyle choices because they decrease physical activity opportunities, such as walking and biking to school.

(Institute of Medicine, 2004)

Policy Review

Policy ID	Date	Level	Type of Policy	Policy Language
S. 2686	3/3/08	Federal	Legislative	Adopt policy that safely and conveniently accommodates all users of a transportation system
SB3014	10/15/07	State (Illinois)	Legislative	Give full consideration to pedestrian and bicycle ways when planning and developing transportation projects
2008-4072	2/27/08	County (Tacoma)	Resolution	Consider Complete Streets principles in planning, policy, and construction of roadways; take into consideration the surrounding community
No. 3765	6/28/06	Region (Bay area)	Resolution	Mandate the development of non-motorized transportation facilities with regionally-funded projects
No. 122386	4.30/07	City (Seattle)	Ordinance	Design roadways and sidewalks to encourage and promote alternative modes of transportation

Policy Statement

Transportation infrastructure embodying complete streets and safe routes to school philosophies and approaches shall routinely be planned, designed, constructed, re-constructed, operated, and maintained using the best design standards to ensure safe, comprehensive, integrated, and connected travel opportunities for bicyclists, pedestrians, transit riders, motor vehicle drivers and passengers, and freight drivers and shippers in a manner consistent with, and supportive of, the surrounding community.

Community Policy Action Team Policy Priorities

- **Complete Streets**
- **Safe Routes to School (SRTS)**
- School Siting



Complete Streets

- Complete streets are designed and operated to enable safe access for all users. Pedestrians, bicyclists, motorists and transit riders of all ages and abilities must be able to safely move along and across a complete street.
- Creating complete streets means changing the policies and practices of transportation agencies.

Complete Streets (con't)

- A complete streets policy ensures that the entire right of way is routinely designed and operated to enable safe access for all users.
- Transportation agencies must ensure that all road projects result in a complete street appropriate to local context and needs.

Safe Routes to School

- International movement that makes it safe, convenient, and fun for children to walk or bike to school.
- Encourages and educates children and parents about the benefits of walking or biking to school.

Safe Routes to School (con't)

- Helps to facilitate the planning, development, and implementation of initiatives that will improve the routes children travel to get to school.
- Instills the values of an active lifestyle from an early age and builds lifelong, healthy habits.

The Connection

- Key to healthier lifestyles for Michigan residents, particularly children.
- An important component for enhancing economic development .
- Connects communities and enhances mobility options for all users.
- Provides high quality of life with bicycle and pedestrian features, transit options, recreational opportunities, and lifestyle and housing choices in many contexts and settings.

The Connection

Children's physical activity level correlates to time spent outside; however, it is greatly hindered by vehicular traffic, lack of sidewalks and open spaces, and community design guided exclusively by motorized transportation systems (Institute of Medicine, 2005).



The Connection

Schools whose non-motorized access routes were improved saw a 15% increase in the number of students who walk or bike to school. This can add up to 24 minutes of physical activity a day for children (Active Living Research, RWJF 2007).



Policy Direction

Institutionalize and Incentivize Complete Streets and SRTS.

- Integrate Complete Streets and SRTS principles and practices into:
 - Funding opportunities.
 - Transportation plans and planning process.
 - Pending or new legislation.

Policy Statement #1



Continue Michigan's commitment to retain funding for non-motorized transportation through Complete Streets activities or active infrastructure.

Policy Statement #2

Recognize all public infrastructure as potential “active infrastructure”



Policy Statement #3

Use principles of Complete Streets/SRTS/Context Sensitive Solutions (CSS) to safely address specific and/or multiple populations of pedestrians and bicyclists when building, reconstructing or rehabilitating public infrastructure.



Policy Statement #4

S 2686 IS

110th CONGRESS
2d Session
S. 2686

To ensure that all users of the transportation system, including pedestrians, bicyclists, and transit users as well as children, older individuals, and individuals with disabilities, are able to travel safely and conveniently on streets and highways.

IN THE SENATE OF THE UNITED STATES

March 3, 2008

Mr. HARKIN (for himself and Mr. CARPER) introduced the following bill; which was read twice and referred to the Committee on Commerce, Science, and Transportation

A BILL

To ensure that all users of the transportation system, including pedestrians, bicyclists, and transit users as well as children, older individuals, and individuals with disabilities, are able to travel safely and conveniently on streets and highways.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the 'Complete Streets Act of 2008'.

SEC. 2. SAFE AND COMPLETE STREETS.

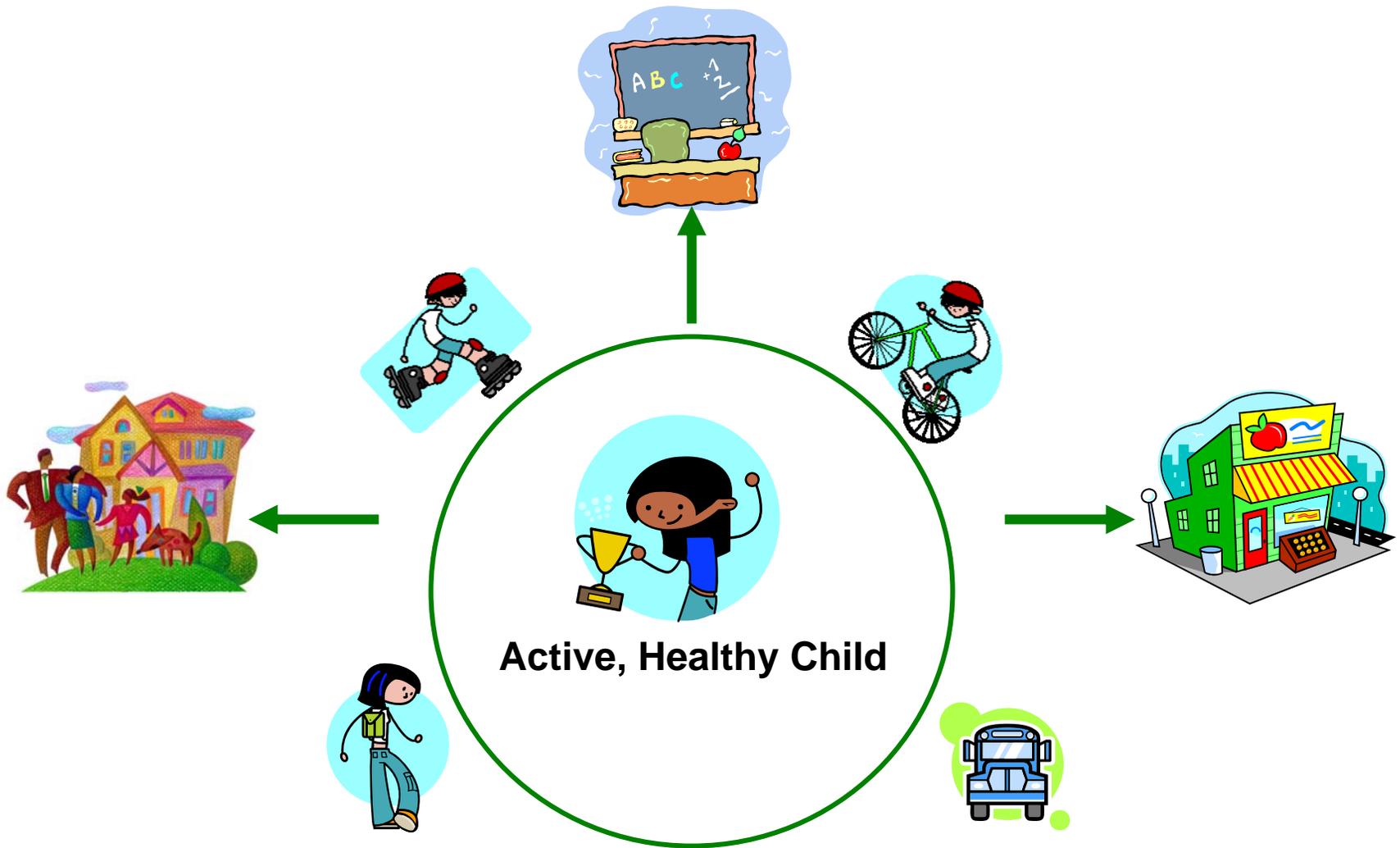
Section 133 of title 23, United States Code, is amended by adding at the end the following:

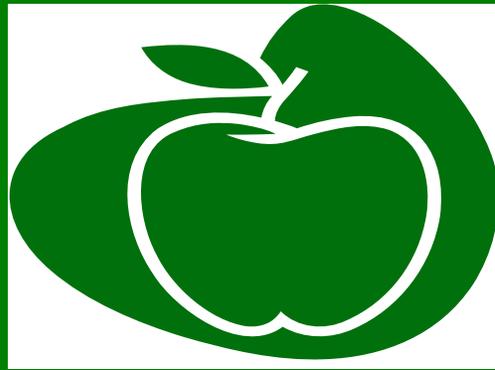
(g) Complete Streets Policy-

(1) IN GENERAL- Beginning with the fiscal year that begins 2 years after the date of enactment of this subsection, States and Metropolitan Planning Organizations shall--

Advance legislative amendments or new statutory authority to incorporate Complete Streets/SRTS/CSS into State, county and local government processes.

Completing the Journey





Community Policy Action Team

Improved Access to Fresh Healthy Food at
Food Retailers in Underserved Areas

Kirsten Simmons, Michigan Food Policy Council
Olga Savic, Detroit Economic Growth Corporation

Partnering Organizations

- Detroit Economic Growth Corporation
- Michigan Apple Committee
- Michigan Department of Community Health
- Michigan Economic Development Corporation
- Michigan Environmental Council
- Michigan Food Policy Council
- University of Michigan

Community Healthy Eating Policy Proposals from March 24th



- *School Gardens*
- *Summer Food Service Program*
- *Supermarket Access*
- *Farmers Markets and Retail Outlets with Fresh Food Options*

March 24 Recommendation

**Improving Access to Fresh Healthy Food
at Food Retailers in Underserved Areas**

Access to Fresh Healthy Food

- *Studies have shown the link between childhood obesity and healthy eating.*
- *Studies have also shown the positive link between improved access to fresh foods and healthy eating.*
- *One avenue for reducing childhood obesity is increasing the number of venues for fresh foods in their neighborhoods. This problem is especially serious in urban communities.*



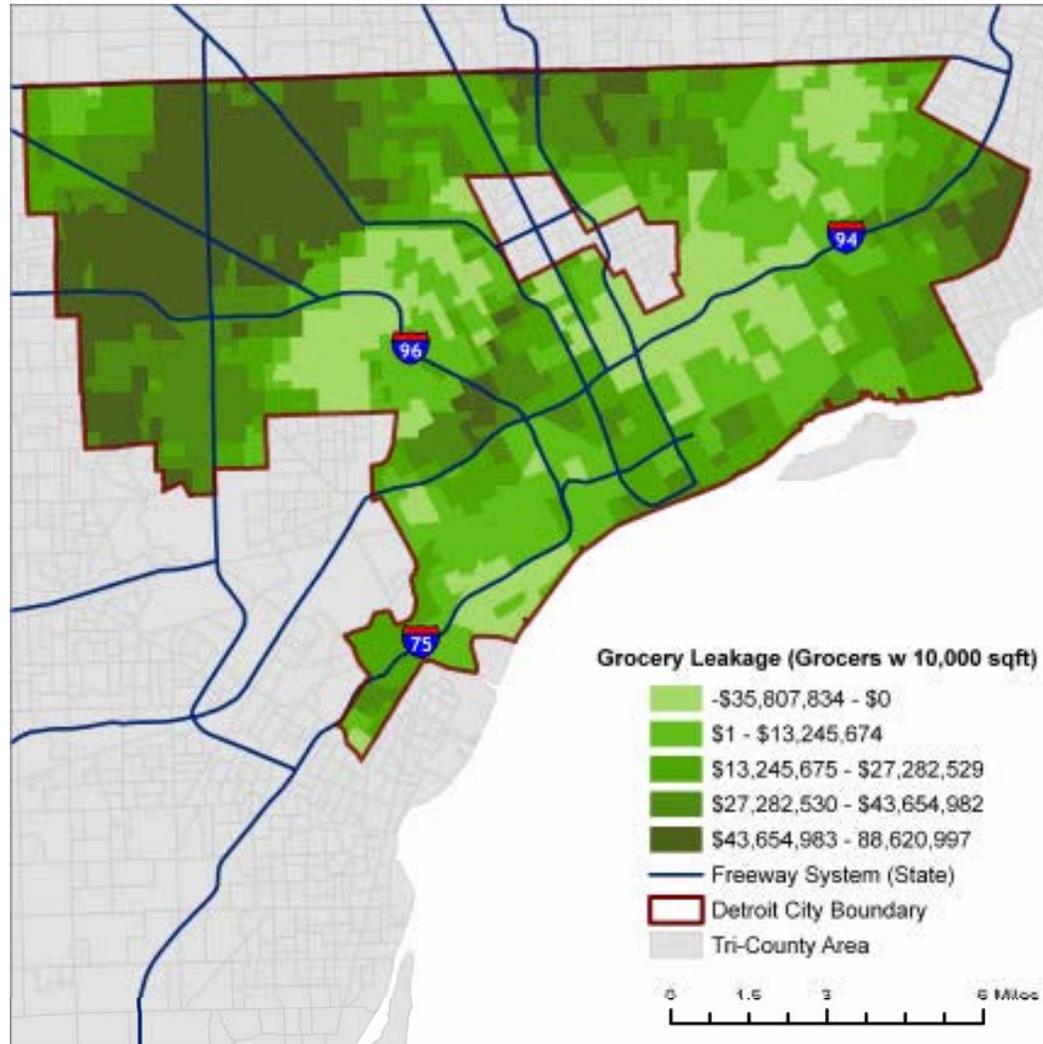
Access to Fresh Healthy Food

The Detroit Fresh Food Access Initiative:

There is between \$210 million and \$377 million in grocery retail leakage, which means between 600,000 to 1 million square feet of new grocery store space could be supported.



Access to Fresh Healthy Food



Access to Fresh Healthy Food

Urban grocers are trapped in a complex economic cycle impacted by 5 factors:

- 1. Resident demand for fresh food*
- 2. Resident access to and support of neighborhood stores*
- 3. Store quality, as evidenced by store operations*
- 4. Store compatibility with surrounding neighborhood, and*
- 5. Development ease and financing availability*

Access to Fresh Healthy Food

National Best Practices That Address the Economic Cycle:

- Fresh Food Financing Initiative (PA)
- Government development reforms (FL, CT, and PA)
- Intentional focus on supermarket sector (NY)
- Innovative management practices (America's Food Basket)
- Improved community relations (Pathmark, NJ)

Access to Fresh Healthy Food



Policy Writing Team Approach:

- *Are there new development incentives for urban supermarkets?*
- *Are there existing development incentives that could be repurposed?*
- *Are there government programs that impact resident demand for fresh foods (i.e. WIC, Food Stamps)?*

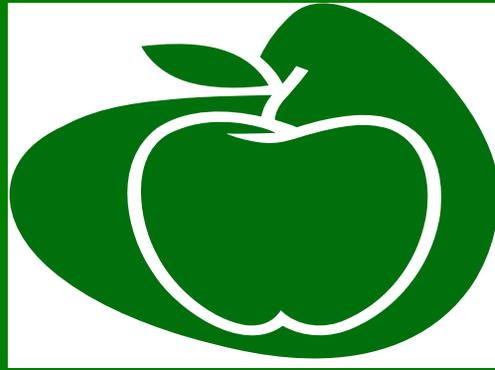
Access to Fresh Healthy Food in Food Retailers Conclusions

1) Increasing economic incentives:

- Support new property tax incentives currently proposed in legislature (SB 294 passed into law)
- Propose additional tax incentives that might encourage grocery store expansions and developments (personal property tax, energy efficient equipment, additional brown field tax credits)

2) Increasing demand for healthy foods from supermarkets:

- Increase state efforts in nutrition education for food stamp recipients to encourage purchasing fresh healthy foods.
- Remove barriers to purchasing healthy foods with WIC/food stamps.



Community Policy Action Team

Q & A

Thank You for Your Leadership!

Policy Action Teams

Writing Teams

Co-Chairs

Andrea Brown

Kate Conway

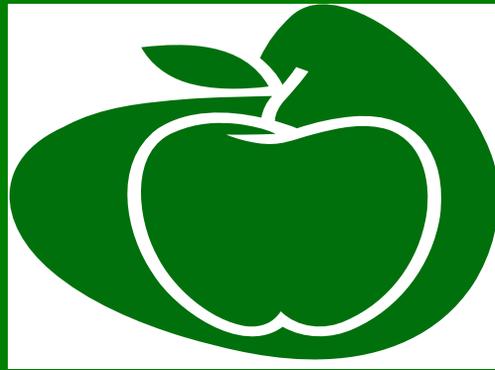
Gloria Edwards

Tom Peterson

Olga Savic

Kirsten Simmons

Dru Szczerba



Marilyn Lieber

President and CEO of the
Michigan Fitness Foundation



Thank You!