

Michigan Healthy Weight Partnership (HWP) Meeting
Tuesday, September 23, 2008
MPHI Interactive Learning Center, Okemos, MI

MEETING MINUTES

PARTICIPATING ORGANIZATIONS

- Allegiance Health
- American Heart Association
- Beaumont Hospital
- District Health Department #10
- Michigan Breastfeeding Network
- Michigan Department of Community Health:
 - Cardiovascular Health - Nutrition and Physical Activity Section
 - Diabetes Program
 - Arthritis Program
 - Cancer Section
 - Women Infants and Children
- Michigan Department of Education, Coordinated School Health & Safety
- Michigan Fitness Foundation, Governor's Council on Physical Fitness, Health & Sports
- Michigan State University, Department of Food Science and Human Nutrition
- National Kidney Foundation of Michigan
- Racial and Ethnic Approaches to Community Health (REACH) Detroit Partnership
- Sparrow Health System: Health and Wellness
- University of Michigan:
 - Community Health Services
 - M-Fit
 - School of Public Health
 - Medical School Administration
 - Pediatric Comprehensive Weight Management Center
- Washtenaw County Public Health Department

WELCOME AND PROGRESS UPDATE—GWEN IMES

Gwen Imes welcomed the group to the meeting. She explained the importance of the Michigan Healthy Weight Partnership (HWP) and provided an overview of the Michigan Department of Community Health (MDCH) Nutrition, Physical Activity, and Obesity Prevention (NPAO) Program, CDC Guidelines for this program, and key documents relevant to both the NPAO and other state partners. She stated that this meeting was the opportunity to be involved in partnership planning and to lay the groundwork for an implementation plan for the state of Michigan.

Gwen gave an overview of the grants provided to Michigan by the CDC: 1st Grant 2001-2003—Obesity Prevention in African American Women Initiative, 2nd Grant 2004-2008—Capacity Building, and Current Grant 2008-2013—Implementation. She discussed how the grant was a competitive one with a very detailed application process resulting in only 23 grantees out of 51 applicants.

The goal of the program was explained as preventing and controlling obesity and other chronic diseases through healthful eating and physical activity initiatives addressing the following target areas: Increase physical activity; Increase the consumption of fruits and vegetables; Decrease the consumption of sugar sweetened beverages; Increase breastfeeding initiation, duration and exclusivity; Reduce the consumption of high energy dense foods; and Decrease television viewing.

She gave an overview of the program objectives, which are to: 1. Increase the number of policies and standards in place to support physical activity and healthful eating; 2. Increase access to and use of environments to support healthful eating and physical activity; and 3. Increase the number of social and behavioral approaches that complement policy and environmental strategies to promote healthful eating and physical activity.

Gwen discussed the plans within the first year, which include changes to the infrastructure by adding staff, conducting statewide training, providing technical assistance and disseminating resources. The plan also includes building strategic partnerships with state and other various partners. The state plan will still continue to be implemented by beginning and expanding initiatives to become state-wide interventions that are since-based, use the socio-ecological model, and address the major target areas. For instance, the Building Healthy Communities project will be initiated in new health departments. Expansion will take place with MI Steps Up to focus on other health issues, including decreasing TV watching. A program is being developed to support policy and environment changes in Head Start centers. Work with the Healthy Kids, Healthy Michigan initiative will continue. Surveillance and evaluation will be conducted and success stories will be collected.

She gave a report on progress toward achieving the objectives in the five-year strategic plan, which covers 2005-2010. Thus far, 68% of the objectives have been met and there are two years remaining to implement this strategic plan. Partner expertise and programs are key factors to successfully meeting the objectives. Gwen then invited meeting attendees to share stories of success within their own programs.

Pediatric Comprehensive Weight Management Center—Dr. Susan Woolford

Susan Woolford provided information on the Michigan Pediatric Outpatient Weight Evaluation and Reduction program (MPOWER), a weight management program for adolescents ages 13 – 17. The program started in 2007. Students have been able to lose weight as well as decrease insulin and cholesterol levels. Insurance companies do not cover the program, nor does Medicaid. They are working with the Healthy Kids, Healthy Michigan Program to get Medicaid coverage.

A program called MPOWER Jr. has been introduced for children ages 7 -11 and parents are included. The Center is also collaborating with the YMCA. Costs of the program are generally subsidized by the hospital, and the YMCA provides some scholarships. They would like to develop a website with money from the American Academy of Pediatrics.

REACH Detroit Partnership—Gloria Palmisano

Gloria Palmisano works with African-American and Latino communities to address Type 2 Diabetes in the Detroit area. They developed a process to bring physical activity to various sites. Training was provided for community members to become certified aerobic instructors. The classes have been successful and trained individuals can go anywhere to teach. Unfortunately, funding has ended and they've gone from a staff of 15 to a staff of three. They want to apply for additional funding and hope to expand programs for youth and men.

District Health Department # 10—Kevin Hughes

Kevin Hughes reported the health department is one of 26 health departments participating in the Building Healthy Communities Program. They were able to expand the program to seven communities with various physical activity and healthy eating initiatives – including improvement and creation of paths, signage, lighting, etc. District Health Department # 10 completed walking trails/routes in Manistee, Cadillac, and Big Rapids.

National Kidney Foundation of Michigan—Brenda Sears

Brenda Sears from the National Kidney Foundation of Michigan discussed adult and student initiatives to prevent diabetes. She also gave an overview of programs in Head Start centers. The first program is for families and is called Healthy Families Start with You. The program discusses health one-on-one with parents and includes what changes they can make to improve health within their families. Another program is for children and is called Reggie Rainbow. It has six stories that are complete with rhymes and colors that match various fruits and vegetables. Reggie gets strength from eating colorful food. Two new programs are being added this year. NAP SACC will facilitate policy and environment changes to support healthy eating and physical activity. Brocodile the Crocodile will encourage reduction of TV-viewing in pre-school children.

Governor's Council on Physical Fitness, Health, and Sports, and Michigan Fitness Foundation—Marci Scott and Mike Maisner

Marci Scott discussed the EPEC curriculum which collaborates with various partners including MDCH (through SPLASH). The curriculum is proven to improve fruit and vegetable consumption as well as improve physical education skills. Marci also works with a program called Healthy Classroom, Healthy Schools which helps teachers to recognize non-food or non-candy ideas for rewards and treats in the classroom. They also aim to involve principals by having them add nutrition/health messages to morning announcements or newsletters.

Mike Maisner discussed the PAC assessment tools that are used to assess physical activity levels within communities. Eighty have completed the assessment. They have also partnered with the MDCH and MDE on the Safe Routes to School Program, and they are working with 383 trained schools. They have had tremendous success and are excited to soon be naming next year's grant recipients.

American Heart Association (AHA)—Sarah Poole

Sarah Poole reported that the AHA is currently working with health departments and state partners to develop programs, initiatives, and tools to improve health. She mentioned the Alliance for a Healthier Environment online assessment for schools. Twenty schools have participated, and they have staff available for technical assistance. They also have partnered with Nickelodeon and Rachel Ray for online challenges for kids to access online. Sarah also mentioned the Go Healthy Program.

MICHIGAN DATA ORIENTATION—SARAH LYON-CALLO

Sarah Lyon Callo reviewed obesity data with the group. She discussed data sources, target areas, and limitations for the burden report. She covered the BRFS, YRBS, PRAMS, & PEDNESS and gave an overview of data regarding overweight and obesity among MI and US residents.

Sarah then discussed how various counties have different levels of obesity. While physical activity levels are increasing, fruit and vegetable intake is holding steady and fast food consumption increases. These topics and more (including breastfeeding) will be included in the Obesity Burden Report, which will also include fact sheets, data sources, and more. She asked the group to please communicate what they might like to see on the report.

EVALUATION ADVISORY GROUP MEMBER SELECTION—HENRY MILLER

Henry Miller asked the group for five volunteers to serve on the HWP Evaluation Advisory Group. The Advisory Group will consist of the following representatives:

Business: Amy Schultz, Allegiance Health

Faith: Wendy Lombard, National Kidney Foundation of Michigan

Health: Susan Woolford, Pediatric Comprehensive Weight Management Center

Community: Katherine Alaimo, Michigan State University

Schools: Nicole Benedict, Sparrow Hospital and Katherine Alaimo

General: Kevin Hughes, District Health Department # 10

BUILDING OUR STRATEGIC PARTNERSHIP—MONIQUE BOIVIN

Monique started her presentation by reminding the group that obesity is an epidemic and must be addressed with urgency. She explained the purpose of the partnership and its potential role in facilitating effective collaboration between partners to halt and reverse the obesity epidemic in Michigan.

Monique stated that the goals of the session were to: 1. Review the results of the Healthy Weight Partnership Survey and 2. To assess the effectiveness of the Healthy Weight Partnership

and identify steps for building a stronger, more diverse, and more effective partnership. She provided historical background about the partnership and gave an overview of the results of the January 2008 Healthy Weight Partnership Self-Assessment Survey. She indicated that the survey tool is designed to measure the synergy of the partnership in a number of different areas, rating performance as being in the target zone, work zone, or danger zone. In most areas, the partnership was not meeting the target zone rating, but falling in the work zone and in several instances, the danger zone.

She emphasized that, “During the first two years of the partnership, contact as an overall group was largely limited to the annual HWP meetings. This meeting marks the beginning of a new phase of the partnership with more state funding allocated to coordinating the state-wide response to the obesity epidemic, more staff, and the capacity to facilitate more frequent contact and to offer resources and trainings to partners.”

Monique facilitated a breakout of the participants into smaller groups to discuss the results of the survey and elicit ideas on what steps could be taken to build a stronger, more diverse, and more effective partnership. Representatives from each of the small groups reported back to the larger audience with the following feedback and recommendations:

Group 1:

- Some partners were not sure whether they had completed the survey.
- Clarify what the partnership is.
- Market the partnership.
- Between annual meetings, conduct conference calls.
- Before each meeting, review what was accomplished in the last meeting for continuity.
- Provide partner updates to aid in understanding who is at the table and what they are doing.
- There is a need for the partnership to provide a cohesive picture of what is happening in Michigan.
- Provide education sessions on conference calls.

Facilitator: It is helpful to know what type and frequency of communication would be most useful to you. I know Gwen has realized this need and has been putting a lot of planning into how to increase communication that will be efficient and useful to partners (i.e. listserv, educational training opportunity conference calls, etc.).

Group 2:

- Communication has been infrequent and inadequate.
- Differentiation is needed between this and other groups.
- A slogan was suggested to bring this group to the front of people’s memories.
- It would be helpful to provide recommendations for core interventions and funding sources.

Facilitator: The technical assistance manual provided by the CDC would be a helpful tool for partners to have access to. It would also be possible to provide trainings on how to effectively implement the evidence-based interventions recommended by the CDC. This would help to standardize methods and quality of the intervention implementation and evaluation.

Group 3:

- Infrequent communication has been a problem.

- The possibility of using webinars should be explored.
- Update partners on the outcomes of meetings and specify which ideas are being taken forward.
- It would be helpful for each partner's role to be identified.

Facilitator: In the future, the HWP can help partners gain an overall understanding what the needs are in Michigan, what the distribution of resources is, what interventions are recommended and where efforts are most needed.

Group 4:

- A clear definition of the partnership should be provided, with levels of commitment to the partnership specified.
- Methods for continuing contact throughout the year need to be established.
- The Implementation Plan should be a living document that can be updated and added to over time.

Facilitator: These are wonderful ideas. We want to make the Implementation Plan as useful and current as possible. We could post it on the web to increase access, as well.

Group 5:

- The low number of respondents to the survey should be taken into consideration in reviewing the results.
- Attention should be focused on the mission of the partnership and objectives set for the year.
- A leadership team should be formed.
- New members should be actively recruited.
- Regional meetings would help to facilitate more involvement of difficult to reach partners.
- The partnership should offer organizations a clear way in which to integrate their efforts with others' and collaborate rather than setting up parallel systems.
- A workgroup could be formed for each setting.

Facilitator: Thank you for sharing so honestly your thoughts and ideas. We will be drafting a Partnership Plan based on the input you have provided. Building a diverse partnership that is equipped to address health disparities in the state of Michigan is imperative. If you would like to be a part of that process of outreach to seek out a diverse set of leaders from around Michigan to contribute to the Healthy Weight Partnership as new members, please let me know. Our business cards are at the front table, please take one on your way out.

Monique then introduced the next session, which would be focused on the Implementation Plan. She indicated that this was the beginning of the role definition and gaining a better understanding of what partners are doing across the state.

IMPLEMENTATION PLANNING PROCESS—SARAH MONJE

The purpose of the implementation planning process was identified as 1. To understand what partners within the state are doing this year to contribute toward the overall state strategies for addressing the obesity epidemic; and 2. To identify how partners can collaborate in each setting to create a more effective response to the obesity epidemic in Michigan. Participants were asked to go to the station in the room that was focused on their highest priority area from the Five-Year Strategic Plan, either Community, School, Business, Faith, or Healthcare.

Participants were asked to discuss and record the partners, activities, deliverables, resources, and timeframe associated with achieving the objective for their setting. For each setting, one person was designated to summarize the findings of the group.

CLOSING—GWEN IMES

Gwen Imes discussed how new staff will be in place to assist with trainings as needed. Next steps were reviewed for the 2008-2009 Implementation Plan, the Partnership Plan, the Training and Technical Needs Survey, the Burden Document, the Revision of 5-Year Strategic Plan, and the Evaluation Advisory Group.