

Michigan Call to Action to Reduce and Prevent Obesity

Obesity Summit: Work Group Recommendations

In September 2011, the Michigan Department of Community Health (MDCH) engaged stakeholders from across the state to create Michigan's Call to Action to Reduce and Prevent Obesity. The MDCH hosted a summit¹ to share information on obesity prevalence, disparities, and factors that contribute to obesity and unhealthy weight; highlight best practices, including those under way at the state and local community levels in Michigan; and ask participants to identify a limited number of priorities for addressing the issue with a focus on reducing disparity. It is the state's goal to engage and mobilize partners across multiple sectors and communities in efforts to reduce obesity. Nearly 500 summit participants were split into 20 work groups, organized by area of intervention—worksites (W); family, home, and community (F); early childhood (E); schools (S); and healthcare (H). The work groups were asked to suggest 3 to 5 top priority strategies to reduce and prevent obesity in Michigan. Summit participants were also asked to identify the priority strategies they would personally support and the specific steps they will take to help reduce and prevent obesity on a *Take Action!* commitment form.

Public Sector Consultants (PSC) compiled, reviewed, and grouped work groups' recommendations based on common themes. Five recommendations emerged that spanned all, or most, of the areas of intervention. Additional recommendations were identified specific to particular areas of intervention. Following is a synthesis of the priority strategies recommended by work groups. The five overarching recommendations are described first. Recommendations specific to the areas of intervention (e.g., worksites) are described in more detail later in this report.

OVERARCHING RECOMMENDATIONS

As work group representatives shared the recommendations from their groups, they recognized the overlap and interconnectedness of ideas, not only between work groups discussing the same area of intervention, but also across areas of intervention. For example, work groups discussing strategies for worksites offered similar recommendations as work groups discussing strategies for family, home, and community. The recommendations that predominated across work groups are as follows:

- Develop a statewide healthy living campaign (W, F, E, S, H)
- Support existing and develop new community coalitions (W, F, H)
- Create incentives to encourage healthy choices (W, F, H)
- Create disincentives to discourage unhealthy choices (W, F, H)
- Provide resources for implementation (F, S, H)

The areas of intervention from which these overarching recommendations emerged are noted above in parentheses. Each of the overarching recommendations is described below, along with suggestions for implementation that were shared by various work groups.

Develop a Statewide Healthy Living Campaign

At least one work group, and in some cases more than one work group, within each of the areas of intervention recommended the development of a comprehensive statewide campaign stressing healthy

¹ The summit was sponsored by Blue Cross Blue Shield of Michigan, the W.K. Kellogg Foundation, United HealthCare Great Lakes Health Plan, and the Michigan Department of Community Health Women, Infants & Children Division.

eating and physical activity. The purpose of the campaign would be to convey the urgency of addressing obesity, engage the public and partners in multiple sectors, and create synergy among all state and local efforts. The following ideas for implementation are drawn from suggestions made by one or more of the various work groups:

- **Develop a brand:** Create a healthy Michigan brand to be used in marketing and social media campaigns. The *Pure Michigan* brand was suggested by many work groups as a model, perhaps with a new component focused on healthy living.
- **Establish a state-level team of decision makers:** Convene a group of leaders, such as a Blue Ribbon Commission, to provide guidance for messaging and to create “synergy” among departments and policies.
- **Create clear and consistent messages about healthy eating and physical activity:** Create messages that include small, measurable steps individuals can take to be healthy and increase physical activity, encourage personal responsibility, promote a cultural shift from unhealthy eating and inactivity to healthy eating habits and higher levels of physical activity, reflect evidence-based standards of care, and are coordinated on a statewide basis. To support healthy messages, two work groups recommended that the state enact legislation which would limit advertising of junk food, fast food, and sugar-sweetened beverages to children.
- **Promote breastfeeding:** As part of the campaign, promote breastfeeding based on best practices, and provide leadership for the coordination of state-level policies supporting breastfeeding. Some work groups specifically recommended that the state provide coverage for portable breast pumps for Medicaid beneficiaries; shape policy to create breastfeeding friendly hospitals and worksites and promote the rights of women to breastfeed in any location; and develop insurance incentives for women who breastfeed.
- **Collect data:** Monitor and track progress by collecting appropriate data. For example, using electronic data transfer, integrate WIC and Head Start data systems to support and populate the new body mass index (BMI) module in the Michigan Care Improvement Registry (MCIR); add an adult BMI module to the MCIR; and share health indicators and evaluation strategies with partners.

Out of 218 participants who completed the *Take Action!* personal commitment form, 74 expressed support for development of a statewide healthy living campaign. Fifty individuals indicated specific steps they or their organization would be willing to take to help implement this strategy.

Support Community Coalitions

Several work groups recommended that the state utilize existing community coalitions and build new coalitions where needed to help move the new healthy living campaign forward. Community coalitions are effective because they bring together various stakeholders (e.g., businesses, schools, healthcare, government, foundations, faith-based organizations, residents) who know their community and understand the best ways to address issues locally while maximizing resources. As one work group put it, “change must happen at the local level.” Coalitions can identify barriers, develop and implement plans, and provide education. Specific suggestions related to community coalitions and approaches to implementation that emerged from some of the work groups are as follows:

- **Engage community stakeholders:** Encourage various stakeholders (e.g., businesses, schools, healthcare, government, foundations, faith-based organizations, residents) to work together to develop a wellness plan, which would include identification of barriers, resources, and steps to implement change. To prevent and reduce obesity, one work group suggested developing a “Coordinated

Community Health Program” using the eight elements of the Coordinated School Health Program, as recommended by the Centers for Disease Control and Prevention (CDC), as a model.²

- **Create a statewide clearinghouse of evidence-based practices:** Conduct a statewide inventory of existing resources, policies, and best practices to share with coalitions across the state.
- **Engage businesses in the implementation of best practices:** Motivate stores and restaurants to provide healthy food and drink choices, help standardize information about healthy foods in eating establishments, and encourage provision of appropriate-sized portions. Work groups also recommend creating nutrition standards and encouraging public and private facilities (e.g., stadiums, parks, local businesses) to provide healthy food and less expensive alternatives to bottled water.
- **Develop toolkits:** Create toolkits that coalitions can use to support healthy living initiatives and provide consistent messages in the community. Toolkits can be designed for use by the community as a whole or tailored for restaurants, convenience stores, employers, schools, and healthcare providers. A toolkit for the community might include, for example, information on proper meal size; simple, low-cost recipes; and information to connect individuals or families to free or low-cost healthy living events. Toolkits created for worksites could include a health risk assessment tool; options for cultivating a healthy workplace (such as flex time to allow for physical activity and healthy food choices for meetings or cafeterias); information about family support systems such as mental health services; and a template for an online newsletter.
- **Monitor and reward progress:** Require coalitions to share reports and metrics on the progress they have made. Establish a system of recognition for accomplishments and exemplary programs or organizations that are promoting healthy living, such as a governor’s stamp of approval.

Out of 218 participants who completed the *Take Action!* personal commitment form, 89 expressed support for development of community coalitions. Sixty-four individuals indicated specific steps they or their organization would be willing to take to help implement this strategy.

Create Incentives to Encourage Healthy Choices

Some work groups recommended creating incentives to encourage healthy choices on an individual as well as an organizational level. The various suggestions made by work groups are as follows:

- **Create business incentives:** Provide incentives to employers (e.g., tax breaks) to offer wellness programs (following CDC recommendations) in the workplace. Suggestions for employers include providing access to and time for physical activity and providing healthy food options for employees in cafeterias and during meetings.
- **Develop individual incentives:** Introduce a healthy behavior tax credit to provide an incentive for individual behavior change. Work with healthcare providers to determine the best criteria to measure individual progress.
- **Create community incentives:** Provide economic incentives for communities to make proactive public health choices (e.g., community master planning, development of a wellness plan).
- **Develop healthcare incentives:** Encourage health plans and providers to develop incentive and disincentive programs to improve population health. One example would be tying provider reimbursement to improved health outcomes for prevention of obesity. Health plans could be asked to develop their own set of incentives.

² The eight elements of a Coordinated School Health Program are family and community involvement, comprehensive health education, physical education that stresses lifelong habits that promote physical activity, health services access (e.g., nurses in schools), nutrition services promoting healthy eating habits, counseling and mental health services, healthy environments (e.g., complete streets), and health promotion for team members.

Create Disincentives to Discourage Unhealthy Choices

In addition to incentives, the development of a tax on unhealthy foods and beverages was another recommendation that emerged from a number of work groups. Specific approaches suggested for introducing a “junk food tax” or “soda tax” were as follows:

- **Review best practices:** Examine what other states are doing and review existing models, such as the tobacco and liquor taxes, to develop a tax on unhealthy foods and beverages. Refer to nutritional standards to define which foods and beverages are “unhealthy” and are to be taxed.
- **Garner support:** Obtain support for disincentives from the food and beverage industry and enlist consumer support through grassroots campaigns.
- **Pilot disincentives:** Start by targeting a specific item such as sugar-sweetened beverages. Identify opportunities to pilot disincentives to encourage healthy eating (e.g., taxing retailers through city ordinances or implementing campus-wide vending machine restrictions). Evaluate the effectiveness of these pilots before expanding them statewide.

Provide Resources

Although work group participants acknowledge that the state has limited resources, they believe that the state needs to demonstrate its commitment to addressing the obesity crisis by devoting resources for implementation. Some work groups suggested the following ways to provide resources:

- **Maximize capacity of local communities:** Participants believe that momentum to reduce and prevent obesity is already present in many communities. Work groups recommended the state reduce duplication of effort by providing resources to build the capacity of community coalitions.
- **Reinvest revenue from taxes:** Sustain programs that support the reduction and prevention of obesity by reinvesting new revenue created by a “junk food tax” into local infrastructures, school health programs, and public health departments.
- **Create a dedicated fund:** Establish a Healthy Community Fund, similar to the federal Community Development Block Grant, and direct existing funds and new revenue to local health departments for establishment of programs at the local level.
- **Seek foundation support:** Pursue grant funds for development of a statewide healthy living campaign.
- **Obtain federal grants:** Increase state funds in order to leverage and maximize federal funding.

RECOMMENDATIONS SPECIFIC TO AREAS OF INTERVENTION

In addition to the overarching recommendations, many strategies specific to an area of intervention (i.e., worksites; family, home, and community; early childhood; schools; and healthcare) were recommended by work groups. These recommendations and ideas for implementation, organized by area of intervention, are described in detail below.

Worksites

- **Engage business leaders:** Convene a statewide group of business leaders to develop guiding principles and a wellness model for businesses to adopt. Communicate the stakes involved for businesses and the actions they can take. Provide incentives for businesses, such as a stipend to employers for developing an internal wellness coordinator or wellness council. Provide training and guidance for wellness coordinators on best practices.

- **Provide toolkits for worksites:** Develop comprehensive toolkits using language and images that will motivate businesses. Identify and engage experts to identify best practices and craft worksite wellness messages. Develop a brand for worksite wellness programs. (Note: This could be part of the new statewide healthy living campaign described earlier.)
- **Develop nutrition standards for worksites:** Create a “default choice” for healthy foods within workplaces across the state by creating nutrition guidelines and disseminating information on healthy food choices at meetings and in cafeterias. Encourage employers to remove or decrease availability of unhealthy food options. Educate vending machine suppliers and their customers on healthier food options to be made available for purchase. Create links between employers and local growers to increase the amount of local fruits and vegetables served in cafeterias.
- **Encourage worksite policies to increase physical activity:** Encourage employers to implement evidence-based policies, as recommended by the CDC, to create opportunities for employees to be more physically active, such as through flexible schedules.
- **Monitor progress:** Identify a method of accountability and assessment to monitor the progress of worksite wellness activities. Reward employers that are making progress, and help employers improve efforts. Conduct continuous evaluation and improvement with employers across the state.

Family, Home, and Community

- **Create a healthy living campaign:** Provide guidance (e.g., “where to start”) that makes the goal of a healthy lifestyle obtainable. Develop clear messaging for small measurable steps that individuals and families can take to be healthy (e.g., the governor’s 4x4 message). Have all state agencies use one message and brand it to make it specific to Michigan. Develop a strong social marketing campaign to support healthy living. (Note: This could be part of the new statewide healthy living campaign.)
- **Support and develop local coalitions:** Build coalitions at the local level and engage various stakeholders (e.g., businesses, schools, healthcare, faith-based organizations, foundations, residents, government) to provide local communities with consistent educational messages, identify barriers, maximize resources, and implement change. Provide funding and support to local coalitions for initiatives related to reducing and preventing obesity. (Note: This is part of the overarching recommendation for supporting community coalitions.)
- **Create incentives:** Provide financial incentives for individual behavior change by creating a healthy behavior tax credit for individuals and families. Work with healthcare providers to determine appropriate criteria.
- **Develop disincentives:** Increase disincentives by establishing a tax on unhealthy food and beverages and reinvest the revenue in local infrastructures and public health. Utilize standards for nutrition to define unhealthy foods. Address the consumption of sugar-sweetened beverages by restricting advertising and examine what other states are doing to address this issue. Gain the support of the Michigan food and beverage industry.
- **Develop community master planning standards:** Develop a “gold standard” for community master planning to include active transportation, complete streets (e.g., sidewalks, bike facilities), green space (e.g., parks), access to healthy foods and stores, zoning for community and school gardens and hoop houses, and public transportation. Assist community coalitions in providing best practice information to city planning committees to encourage use of non-sedentary options (e.g., safe streets, accessible stairs).
- **Develop nutrition standards for public facilities:** Review best practices and develop nutrition standards to encourage facilities open to the public (e.g., stadiums, parks, recreation areas) to provide healthy food options and less expensive alternatives to bottled water. Provide education on policies that promote breastfeeding in these venues.

- **Increase the availability of locally grown food:** Support state-level policies and agricultural incentives to disperse more food grown in Michigan into communities (e.g., farmers markets, corner stores, homes). Examples include increasing incentives for growing fruits and vegetables, providing forgiveness loans for hoop houses to increase year-round growing, and maximizing incentives at farmers markets (e.g., EBTs). Work with the agricultural sector to improve Good Agricultural Practices (GAP) certification to improve food safety.
- **Monitor progress:** Ensure there is an emphasis on data collection to monitor progress. Share indicators and evaluation strategies.

Early Childhood

- **Improve access to healthy foods for individuals and families:** Using the WIC program as a model, revise the food assistance program by creating a list of acceptable (e.g., fresh fruits and vegetables) and unacceptable (e.g., junk food, soda) foods for purchase, and provide nutrition education to individuals who receive food assistance. Subsidize the price of fruits and vegetables to increase purchase of fruits and vegetables and create incentives for increased production of Michigan fruits and vegetables.
- **Expand Michigan Nutrition Standards:** Require updated nutrition standards for all early learning and care programs by expanding Michigan Nutrition Standards to include children aged 0–5. Modernize the Child and Adult Care Food Program’s (CACFP) payment program modeling WIC’s success using electronic benefit transfer (EBT).
- **Reform Michigan’s Supplemental Nutrition Assistance Program (SNAP):** Regulate how SNAP benefits are used and advocate for the state to continue to match federal funding.
- **Update licensing rules:** Strengthen child care licensing rules to require early childhood care providers to participate in physical activity and nutrition education as part of licensing requirements. Clarify regulations and strengthen monitoring of all childcare settings to ensure implementation of nutrition and physical activity requirements.
- **Promote breastfeeding:** Develop an education and marketing campaign on the evidence-based link between bottle feeding and obesity. (Note: This could be part of the new statewide healthy living campaign.) Eliminate formula-based gift bags in maternity units in hospitals and provide Medicaid (or other insurance) coverage of portable breast pumps.
- **Create a social marketing campaign:** Hire a social marketing firm to develop an obesity prevention campaign targeting early childhood using Facebook, Twitter, and other media. (Note: This could be part of the new statewide healthy living campaign.)
- **Consistent message:** Develop a consistent, evidence-based, standardized message for parents, healthcare providers, and the larger community. Educate providers about existing resources and connect them through existing networks. Train providers in motivational messaging to equip parents with nutrition and physical activity strategies. (Note: This could be part of the new statewide healthy living campaign.)
- **Develop a quality rating improvement system:** Work with the Early Childhood Investment Corporation (ECIC) to determine evidence-based interventions, such as those included in the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) program, to include in a quality rating improvement system to increase effectiveness of obesity prevention interventions.

Schools

- **Implement the Michigan Nutrition Standards statewide:** Mandate the use of the Michigan Nutrition Standards in all schools across the state, including implementing campus-wide policies in

all school venues at all times. Work groups also recommended incorporating nutrition into the curriculum, encouraging fundraising with healthy options, limiting snacks and availability of junk food in schools, cooking with fresh foods and produce in school cafeterias, and posting nutritional information and facts.

- **Improve physical education, and nutrition and health education in schools:** Adopt the Comprehensive School Physical Activity Program (CSPAP) which includes: quality physical education, physical activity during school (e.g., recess, classroom breaks), physical activity before and after school, promoting staff participation, and community involvement. Rebrand and enhance the image of physical education and nutrition and health education, and strengthen requirements to make them more comprehensive. Restructure the school day (or year) to allow for more emphasis on physical and health education.
- **Hold schools accountable following implementation of new standards:** Assess implementation by including questions on the MEAP related to health and physical education.
- **Develop and implement school health teams:** Broaden the focus and composition of school health improvement teams by including obesity prevention in their mission. Encourage school health councils to provide consistent health and education messages, pool resources, assess local needs, and develop outcome-based work plans.
- **Create school-based wellness coaches or coordinators:** Develop a position description for a dedicated health and wellness coordinator within each school to ensure and monitor adherence to nutrition and physical activity guidelines and to connect schools to wellness and physical activities in the community.
- **Increase funding for school health programs:** Tax unhealthy foods and beverages and direct new revenue toward improving school health programs.

Healthcare

- **Promote coordination of services for comprehensive care for obesity prevention and treatment:** Implement policies that promote integrated care (e.g., integrating physical and mental health) to address chronic illness related to obesity. One method suggested for coordinating care is to incorporate obesity prevention and treatment into the Patient Centered Medical Home pilots running across the state. Recommendations include offering incentives to providers for achieving patient health outcomes, monitoring BMI, and implementing obesity interventions.
- **Implement complementary population management approaches:** To facilitate access to obesity-related services and encourage the implementation of evidenced-based interventions, expand the health information technology infrastructure for clinical and claims data and include adult BMI measures on the Michigan Care Improvement Registry (MCIR).
- **Restructure insurance coverage to include services for obesity prevention and treatment:** Provide incentives (e.g., pay for performance) to deliver services for obesity prevention and treatment. Provide insurance coverage for all weight-related healthcare issues across a continuum, starting with prevention. Include benefits not traditionally covered (e.g., transportation, counseling, nutrition education, breastfeeding support, home-based programs). Include coverage for specialists (e.g., exercise physiologists, bariatric surgeons, nutritionists) and over-the-counter medication for weight loss. Reimburse ongoing dietary nutritional counseling for people who are identified as at risk (e.g., pre-diabetes, high BMI, high cholesterol) before the disease process begins. Develop Centers of Excellence programs to implement best practices focused on obesity management.
- **Improve physician and other provider knowledge of obesity prevention:** Build provider capacity to initiate and conduct nutrition and physical activity counseling (including what a patient can do with BMI information). Require that continuing medical education (CME) include obesity-related issues,

and provide ongoing training on motivational interviewing. Encourage medical and nursing schools and allied health education programs to build nutrition, physical activity, wellness, and self-management practices into their curriculums.

- **Ensure consistent messages from providers:** Make sure that all practitioners have the same nutrition information to share with patients and are using a similar message that complements what is happening in the community. Encourage stakeholders to agree on a message and develop a toolkit to share with doctors and other practitioners, similar to what the Michigan State Medical Society and the Michigan Chapter of the American Academy of Pediatrics are developing. Identify “champions in practice” to help others effectively use the message and detect challenges or barriers.
- **Promote breastfeeding:** Use culturally appropriate messages to promote the advantages of breastfeeding and increase women’s freedom to breastfeed in public.
- **Engage the healthcare community:** Encourage community coalitions to choose strategies that include healthcare entities as partners. Identify key providers and connect them to existing coalitions.
- **Create a statewide campaign:** Create an alignment between policy and funding to support the full continuum of obesity prevention and treatment for the entire community, including the uninsured (e.g., children from pre-birth through adolescence to teenagers to adults). One work group recommends providing a consistent message to increase physical activity of youth.
- **Create a “sin tax”:** Modeling the cigarette tax, create a consumer tax on the purchase of unhealthy foods and beverages. Use an educational grassroots campaign and social marketing to garner consumer support.

NEXT STEPS

Work group recommendations will be considered by the Michigan Department of Community Health as it works to develop a draft Michigan Action Plan to Prevent and Reduce Obesity. The MDCH Obesity Steering Committee will review and help finalize the action plan. Meanwhile, all summit participants are encouraged to consider the steps they or their organization can take now to help prevent and reduce obesity in Michigan.