Healthy Weight Partnership Advisory Meeting

Welcome and Introduction

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Welcome!

- To join the audio portion of the conference call, please dial 1-877-873-8017.
  - The access code is 1086365.
- If you are disconnected from Breeze (the visual portion) simply log in again as a guest at http://breeze.mdch.train.org/cdic
- There will be an opportunity to ask questions verbally or through the chat function during the Q&A session at the end of the presentations. We would also welcome feedback at that time regarding the new technology used and the meeting content.
- You may want to move your mouse periodically to keep your computer from going into sleep mode.
- Thank you for embarking on this new endeavor with us.

Meeting Objectives

- Introduce the Nutrition, Physical Activity, and Obesity Prevention Program staff
- Share updates on the Implementation Plan and Partnership Plan
- Share updates on the Obesity Burden Report

Nutrition, Physical Activity, and Obesity Prevention Program Staff

- Gwen Imes, MS,RD, Program Manager
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- Pamela Bacon, MPH, Training Coordinator
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- Sia Bangura, LLMSW, Community Consultant
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- Sarah Monje, MPH,RD, Nutrition Coordinator
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- Karen Swiatkowski, Program Secretary
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Meeting Agenda

- Opening Remarks – Gwen Imes
- Status of State Implementation Plan and Partnership Plan - Monique Boivin
- Status of the Obesity Burden Report - Beth Anderson
- Q/A and Closing Remarks

Healthy Weight Partnership
Advisory Meeting

January 29, 2009

Building Our Strategic Partnership: Updates on the Implementation Plan and Partnership Plan

Monique Boivin, MPH
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Michigan Department of Community Health
MDCH

Cardiovascular Health, Nutrition & Physical Activity

Presentation Objectives

- Share Updates on the Implementation Plan and Partnership Plan
- Review the Resources Provided by the CDC
  - The Community Guide
  - The CDC Technical Assistance Manual

Nutrition, Physical Activity, and Obesity Prevention Program

PROGRAM DESCRIPTION

The Michigan Nutrition, Physical Activity, and Obesity Prevention Program aims to improve healthful eating and physical activity to prevent and control obesity and other chronic diseases by building and sustaining statewide capacity, and implementing population based strategies and interventions.

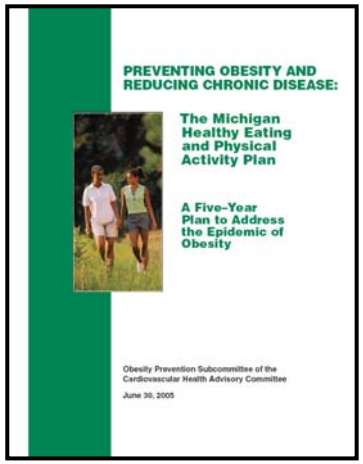
Michigan Healthy Weight Partnership

Michigan Department of Community Health
MDCH

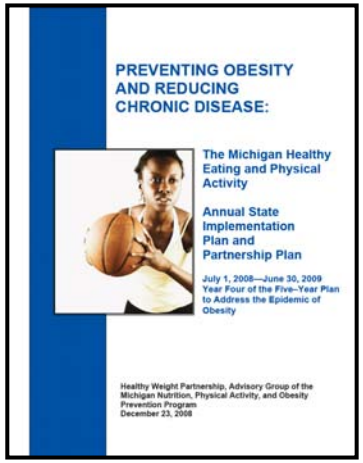
HEALTHY WEIGHT PARTNERSHIP

- **Description of the Healthy Weight Partnership (HWP)**
  The Michigan Healthy Weight Partnership was established for the purpose of overseeing the implementation and evaluation of Michigan's obesity state plan. Members include over 50 state, local, public and private organizations who assisted with the creation of the state plan and/or whose organizations are actively engaged in completing activities consistent with the state plan's objectives.
- **Orientation to the Healthy Weight Partnership**
  - What is the Michigan Healthy Weight Partnership?
- **Meeting Materials**
  - September 23rd, 2008
    - Meeting Minutes
    - Presentations

PLANNING DOCUMENTS AND RESOURCES



- The Five Year Strategic Plan: 2005-2010
  The five-year strategic plan to address the epidemic of obesity in Michigan, entitled Preventing Obesity and Reducing Chronic Disease: The Michigan Healthy Eating and Physical Activity Plan is effective 2005-2010 and will be revised in the coming year.



- **New**: Annual Implementation Plan and Partnership Plan
  The **Annual Implementation Plan** serves as a guide for the activities and collaborations that will occur this year to accomplish the objectives of the state's Five-Year Strategic Plan.
  The **Annual Partnership Plan** gives specific information about efforts to improve the Healthy Weight Partnership by increasing the quality of participation and the diversity of the membership.
- **New**: Partner Program Profile Form
- **New**: Technical Assistance Manual

Healthy Weight Partnership Advisory Meeting

You can Help to Build and Strengthen a Diverse Partnership to Effectively Address the Urgent Needs of the Obesity Epidemic in Michigan

Michigan Department of Community Health

MDCH

Cardiovascular Health, Nutrition & Physical Activity

THANK YOU TO OUR PARTNERS!

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Public Health Consultant
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Michigan Healthy Weight Partnership

The Burden of Obesity in Michigan

Healthy Weight Partnership Meeting
January 29, 2009
Beth Anderson
Cardiovascular Health Epidemiologist, MDCH

Outline

- Overview of the document
- Outline of the chapters
  - Physical activity
  - Nutrition
  - Breastfeeding
  - Obesity
  - Geography
  - Appendix
- Timeline
- Distribution plan

Overview

- CDC work product for Year 1
- Audience: professional/scientific
- Purpose:
  - to establish a baseline of where Michigan is at the beginning of the grant
  - to show where the greatest need is (demographic and where possible geographic)

6 Priority 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.
- Decrease television viewing.

Physical Activity

Physical Inactivity

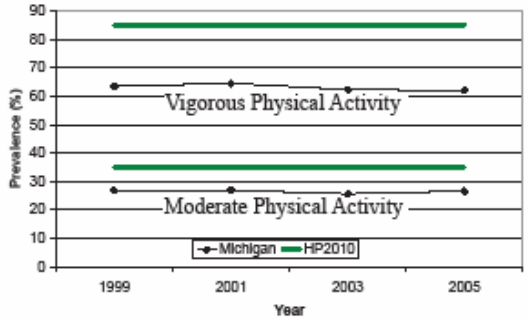
Inadequate Physical Activity

Television Viewing (Youth)

Computer/Video Game Use (Youth)

Youth

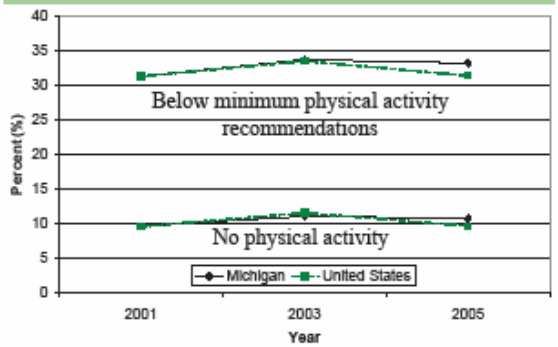
Figure X. Prevalence of physical activity among youth, grades 9 through 12, in Michigan compared to the *Healthy People 2010* targets, 1999 to 2005.



Sources: Michigan Youth Risk Behavior Survey and Healthy People 2010

- The Healthy People 2010 target for vigorous physical activity among youth was set for 85.0%, Michigan youth was still below that in 2005 with a prevalence of 62.0%.
- The Healthy People 2010 target for moderate physical activity was set for 35.0%, Michigan youth was also still below this target with a prevalence of 26.6% in 2005.

Figure X. Prevalence of physically inactive youth, grades 9 through 12, in Michigan and United States, 2001 to 2005.



Sources: Michigan Youth Risk Behavior Survey and CDC Youth Risk Behavior Surveillance System.

- In 2005, 33.1% of Michigan youth did not meet the recommended amount of physical activity.
- More females (36.8%) than males (29.3%) did not meet the recommended amount of physical activity.
- 10.7% reported no physical activity in the last seven days.

Nutrition

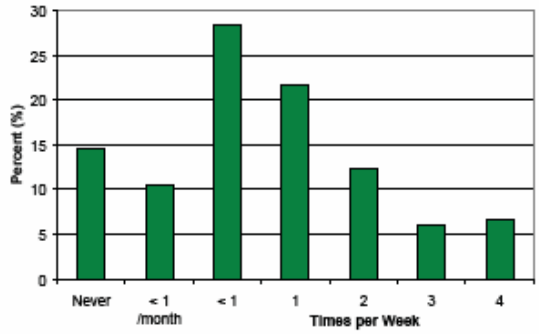
Fruit and vegetable consumption

Sugar sweetened beverages (Youth)

Fast Food

Fast Food

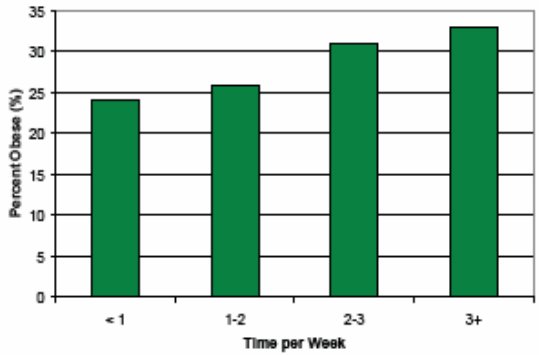
Figure X. Prevalence of fast food consumption among adults, 18 and over, in Michigan, 2005.



Sources: Michigan Behavioral Risk Factor Survey (BRFS).

- In 2005, nearly one in four (24.9%) of Michigan adults went to a fast food restaurant two or more times a week.
- The prevalence for males (30.4%) was higher than for females (20.0%) and for Hispanics (34.4%) was higher than blacks (30.3%) and whites (23.9%).
- There were no differences by education but prevalence did decrease with age from 36.5% of 18-24 year-olds to 11.3% of those aged 65 and older.

Figure X. Prevalence of obesity by frequency of fast food consumption among adults, 18 and over, in Michigan, 2005.



Sources: Michigan Behavioral Risk Factor Survey (BRFS).

- The prevalence of obesity increased with increased number of visits to fast food restaurants in a week from less than once a week (24.0%) to more than three visits a week (32.9%).
- The odds of being obese were about 60% greater for those eating fast food two or more times a week compared to those consuming it less frequently.
- The main reasons people reported going to a fast food restaurant were speed and convenience (62.7%), taste of the food (17.1%), sociability (8.1%), cost (6.1%) and convenient location (3.3%).

Breastfeeding

- Breastfeeding
  - Opinion
  - Prevalence
  - Duration
  - Reason to stop

Contributors:
Beth Anderson, MPH
Sarah Lyon Callo, MA, MS
Monique Boivin
Gwen Imes

Introduction:

The United States Department of Health and Human Services (DHHS) and the United States Department of Agriculture (USDA) recommend that Americans engage in at least 30 minutes of moderate-intensity physical activity, above usual activity at work or home, on five or more days of the week or 20 minutes of vigorous physical activity three or more days a week to reduce the risk of chronic disease. Recommendations published by the American Heart Association (AHA) and the American College of Sports Medicine (ACSM) and the DHHS also state that it is necessary to engage in approximately 60 minutes of moderate-to-vigorous-intensity activity on most days of the week to manage body weight and prevent gradual, unhealthy body weight gain in adulthood. Leading authorities also stress that greater benefit is achieved by activity of greater duration and/or intensity, and that resistance exercise should be performed to enhance skeletal muscle strength and endurance and stretching exercises for improved flexibility.[39]

Physical inactivity is a major risk factor for developing coronary heart disease. The relative risk of coronary heart disease with physical inactivity is between 1.5 and 2.5. Regular physical activity decreases the risk of developing other chronic diseases including stroke, hypertension, type 2 diabetes, colon cancer and osteoporosis. Physical inactivity is also strongly correlated to increasing most of the cardiovascular risk factors such as obesity, high blood pressure, high triglycerides, high cholesterol and diabetes. Physical activity helps to achieve and maintain a healthy weight while contributing to the health of bones, joints, and muscles. It can also reduce feelings of anxiety and depression.[40] Even though the benefits of physical activity are apparent, less than half of adults in the United States engage in physical activity regularly.[41]

The cost of physical inactivity in 2000 was $76.6 billion in the United States.[1] In 2002, the cost in direct and indirect costs was $8.9 billion in Michigan alone.[42]

Healthy People 2010 aims to reduce the proportion of adults who engage in no leisure-time physical activity to 20%. As of 2005, adults in the United States reported through the National Health Interview Survey that 40% are still not getting any physical activity.

Key Findings:

- We will list the key findings or main points in this section
- This section will be bulleted and easy to read. It will be similar to what an executive summary would be for a report.

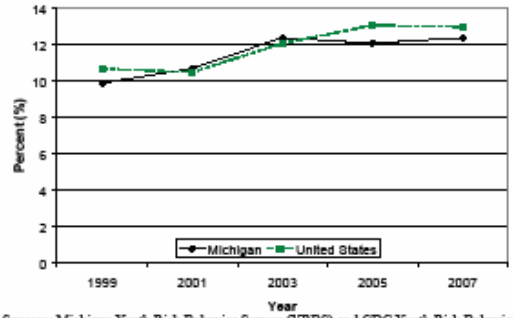
Obesity

Obesity

Overweight

Health complications

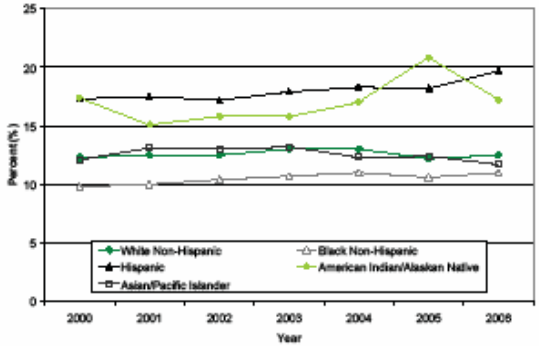
Figure X. Prevalence of obese* youth, grades 9 through 12, in Michigan, 1999-2007.



Sources: Michigan Youth Risk Behavior Survey (YRBS) and CDC Youth Risk Behavior Surveillance System.
*Greater than or equal to the 95th percentile for body mass index, by age and sex.

- The prevalence of obese youth in Michigan has increased from 10.9% in 1999 to 12.4% in 2007, this however is not a statistically significant change.
- In 2007, there were an additional 16.5% of youth who reported a BMI that is classified as overweight.
- Black youth (18.5%) had the highest prevalence of obesity compared to Hispanics (14.5%) and whites (11.2%).
- Males (15.0%) also have a higher prevalence of obesity than females (9.8%).

Figure X. Prevalence of obesity* among low-income children, 2 to 4-years-old, in Michigan, 2000-2006.



Sources: Michigan Pediatric Nutrition Surveillance.
*Greater than or equal to the 95th percentile for body mass index, by age and sex.

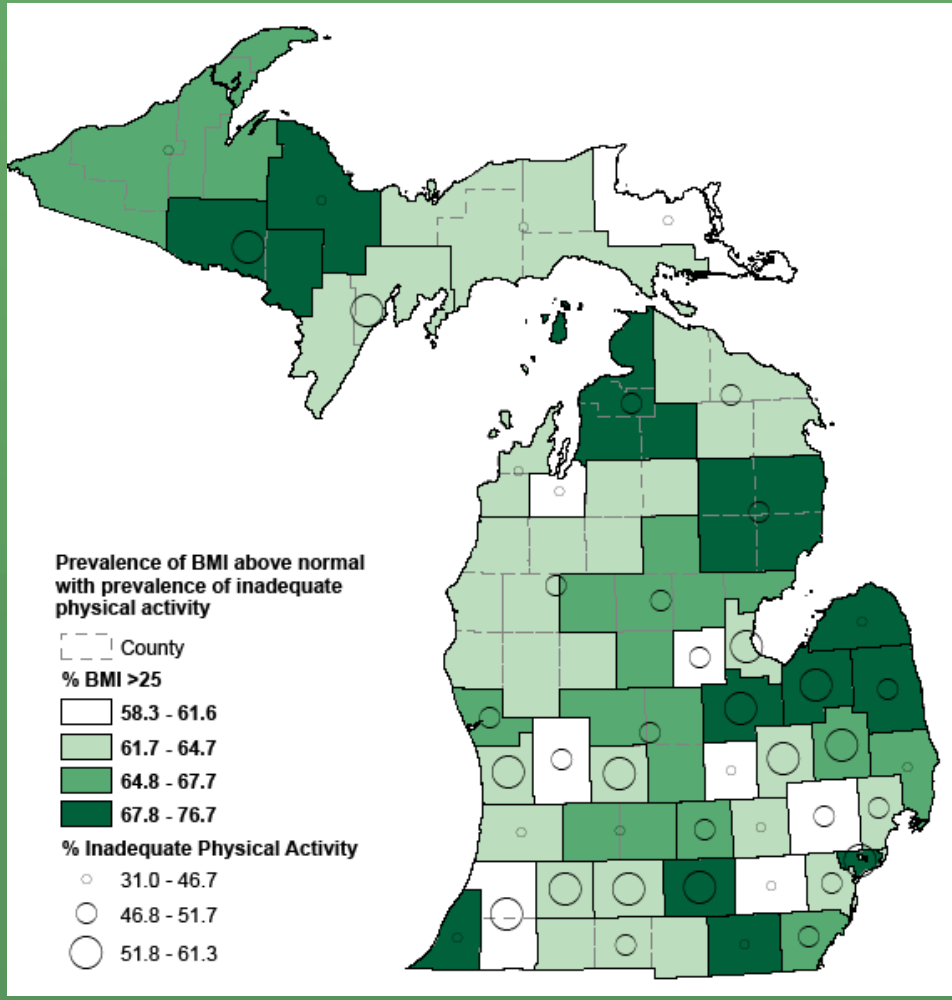
- In Michigan in 2006, 13.3% of low-income children, 2 to 4 years, were obese.
- There were an additional 16.2% reported a BMI that was overweight.
- Hispanics (19.7%) and American Indians/Alaskan Natives (17.2%) had the highest percent of children that were obese. Black non-Hispanics had the lowest (11.0%).

Geographic Display

Prevalence of inadequate physical activity among adults, 18 and over, in Michigan 2005-2007

Appendix X. 2005-2007 physical activity prevalence rates for Michigan adults. Rates correspond with map X.

Local Health Department	No Leisure Time Physical Activity	Inadequate Physical Activity
Allegan	23.2	42.8
Barry-Eaton	20.2	43.4
Bay	22.5	54.9
Benzie-Leelanau	21.9	35.6
Berrien	21.7	46.7
Branch-Hillsdale-St. Joseph	23.7	51.5
Calhoun	21.5	51.8
Central Michigan	26.5	51.0
Chippewa	24.5	45.5
Detroit	33.0	56.7
District #10	23.5	47.6
District #2	28.5	49.8
District #4	25.5	50.2
Genesee	25.5	53.2
Grand Traverse	11.3	41.9
Huron	13.9	41.3
Ingham	20.6	49.7
Ionia	19.9	54.0
Iron-Dickinson	24.1	55.8
Jackson	22.6	51.8
Kalamazoo	18.8	52.3



Appendix

Each chapter will have an appendix including:

- Table of data that corresponds to maps
- Healthy People 2010 goals
- List of abbreviations
- Glossary
- Methods
- References

Appendix X. Healthy People 2010 goals related to physical activity.

(Objective 22-1) Reduce the proportion of adults who engage in no leisure-time physical activity to 20%.
(Objective 22-2) Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day to 30%.
(Objective 22-3) Increase the proportion of adults who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 minutes or more per occasion to 30%.
(Objective 22-4) Increase the proportion of adults who perform physical activities that enhance and maintain muscular strength and endurance to 30%.
(Objective 22-5) Increase the proportion of adults who perform physical activities that enhance and maintain flexibility to 43%.
(Objective 22-6) Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days to 35%.
(Objective 22-7) Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion to 85%.
(Objective 22-8) Increase the proportion of the Nation's public and private schools that require daily physical education for all students to 25% for middle and junior high schools and to 5% for senior high schools.

Timeline

- Late March/Early April: Physical Activity Chapter
- May: Nutrition and Breastfeeding Chapter
- Late June: Obesity Chapter
- August: The complete report will be printed in hard copy in a limited quantity

Distribution Plan

- Each chapter will be released electronically on the MDCH website.
- An email notification will go out to the partners as the chapters are completed.
- Each chapter will have an accompanying evaluation survey.
- A limited number of full reports will be printed.

Distribution Plan- Partners

- Healthy Weight Partnership Members
- Local Health Departments
- State Departments (ex. MDCH, MDE, state libraries)
- Local Public Health (local liaison report, MPHA)
- Health Professionals (MDA, MHA, AHA)
- Nationally (CDC, other states with this grant)

Questions?

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We Welcome Your Feedback!

- A. Q&A Chat Following the Presentation
  - You may ask questions verbally or through the Q&A Chat function.
- B. Technology Evaluation Chat
  - 1. What worked, or didn't work, with the online Breeze approach?
  - 2. How do you feel about using this method again?
- C. Meeting Evaluation Chat
  - 1. How was the meeting helpful to you?
  - 2. What could be done to make the meeting more useful to you?
- Thank you for embarking on this new endeavor with us!

Healthy Weight Partnership Advisory Meeting

Closing Remarks and Next Steps

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Cardiovascular Health, Nutrition & Physical Activity

Next Steps

- Spring 2009 Healthy Weight Partnership Meeting
- Training and Technical Needs Survey
- Obesity Burden Report
- Revision of the 5-Year Strategic Plan (2010-2015)
- Communication Vehicles
  - Listserv
  - Website

Healthy Weight Partnership Advisory Meeting

Thank you to our Partners!

From the
Nutrition, Physical Activity and Obesity Prevention Program Team

Michigan Department of Community Health
MDCH

Cardiovascular Health, Nutrition & Physical Activity