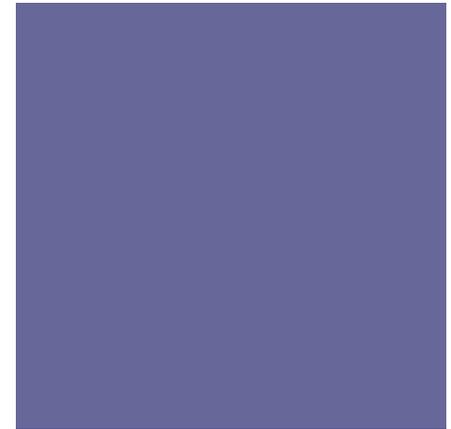




# Building Healthy Communities Implementation Grant Training



Dewitt Training  
December 11, 2008

# + Building Healthy Communities Agenda

09:30 - Welcome

9:45 – Building Healthy Communities Program

10:45 – Break

10:55 - 2009 MDCH-MNN Update

11:45 – Working with Law Enforcement

12:00 - Lunch Break

12:30 – Complete Streets, Non-Motorized Plans and US 27

14:00 - Break

14:10 – Garden Development

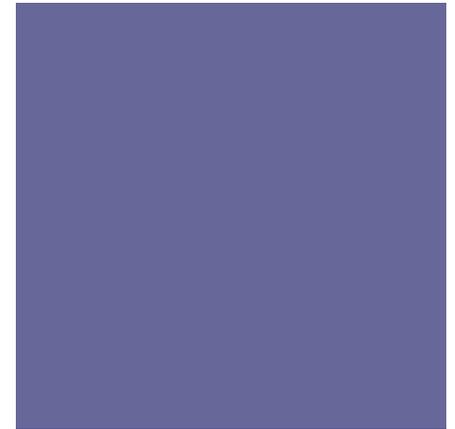
15:10 – Discussion and Questions

15:20 – Resources and Evaluation

15:30 –Adjourn



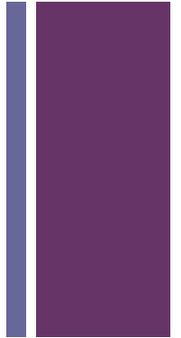
# Building Healthy Communities Program



Lisa Grost  
MDCH



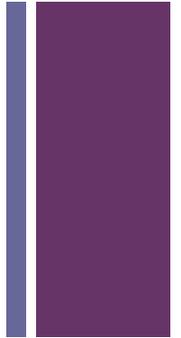
# 2009 Staff



- Mikelle Robinson, Tobacco Section Director and BHC Manager
- Sia Bangura , BHC Consultant
- Lisa Goldenhar, MNN Lead and BHC Consultant
- Lisa Grost, Lead BHC Consultant
- Jim Harrington, BHC Consultant
- Sarah Monje, BHC Consultant
- Elizabeth Vallejos, BHC Consultant



# 2009 Staff

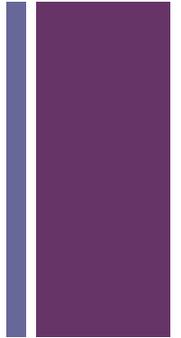


- Pam Bacon, Social Marketing and Training Consultant
- Kieran Foggarty, BHC Evaluation Consultant
- Matt Golzynski, MSUE-MNN Consultant
- Karah Mantinan, BHC Evaluation Consultant
- Lisa Myers, MSUE-MNN Consultant
- Holly Nickel, SRTS Lead and BHC Consultant



# Building Healthy Communities

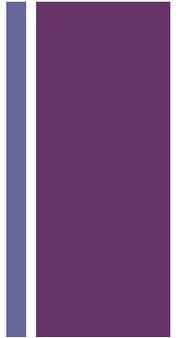
## Key Partners



- Chronic Disease Division and other Sections
- 23 Local Public Health Departments
- Michigan Public Health Institute
- Michigan State University Extension (MSUE)
- MSUE – Michigan Nutrition Network (MNN)
- Michigan Association of Local Public Health
- Michigan Department of Transportation
- Centers for Disease Control and Prevention



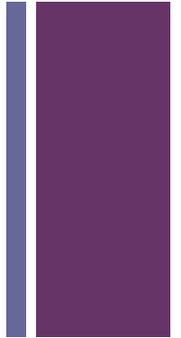
# Building Healthy Communities



- Building Healthy Communities – Policy and Environmental Grants
- Michigan State University Extension / Michigan Nutrition Network
- Safe Routes to School
- Healthy Kids, Healthy Michigan
- Centers for Disease Control - DNPAO
- Other collaborations



# Safe Routes to School



## Overall Goals:

- To increase the number of kids walking/biking to school
- Develop lifelong habits of physical activity
- To build strong partnerships and collaboration between key stakeholders
- Reduce traffic and pollution around schools

## **MDCH partnered with MDOT in a 3 year mini-grant program that aims to:**

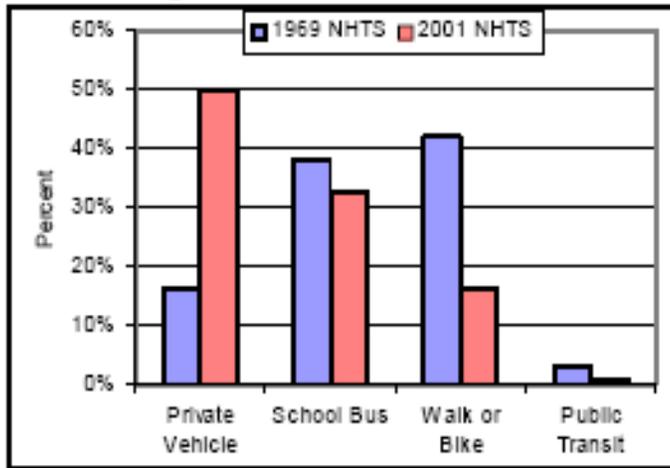
- Build capacity within local health departments
- Provide leadership to selected elementary schools



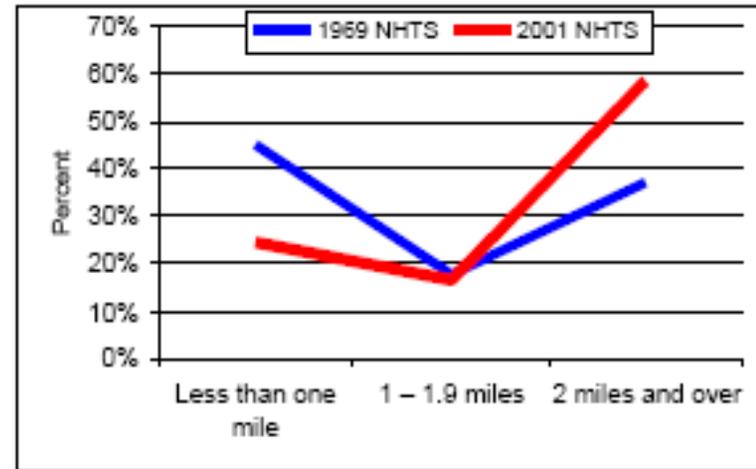


# What we already know....

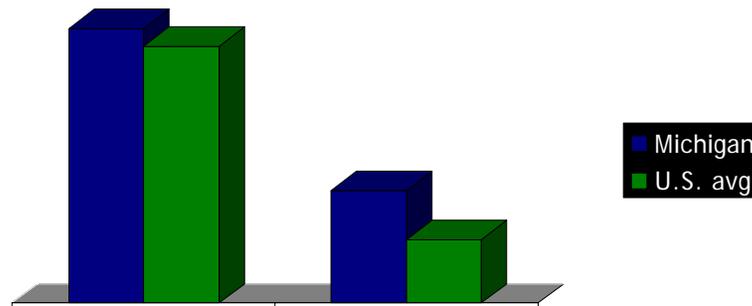
## Mode of Arrival to School



## Ages 6-12, 1969 and 2001



**Michigan consistently ranks among the top 10 states in the nation in the number of obese people**



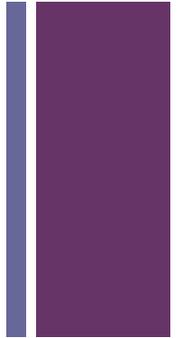


# Tuscola County Health Dept





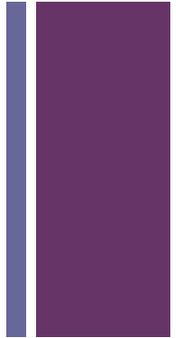
# Healthy Kids, Healthy Michigan



- [www.michigan.gov/hkham](http://www.michigan.gov/hkham)
- Governor Granholm's Childhood Obesity Policy Agenda
- Executive Level Workgroup turning into Healthy Kids, Healthy Michigan Coalition
- 3 Action Teams
  - Health, Family and Childcare Services
  - Education
  - **“Community”**



# Healthy Kids, Healthy Michigan

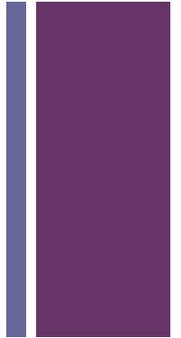


## **Community Policy Action Team**

- Staffed by BHC consultants
- Increasing access to healthy foods through food retailers in response to SB 294.
- Developing a complete streets resolution and supporting complete streets policies and implementation.



# Governor's Traffic Safety Advisory Commission

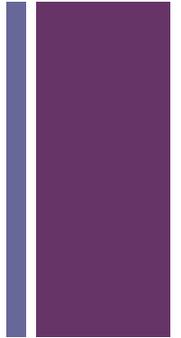


## **Pedestrian and Safety Action Team**

- [http://www.michigan.gov/msp/0,1607,7-123-1593\\_3504\\_41646---,00.html](http://www.michigan.gov/msp/0,1607,7-123-1593_3504_41646---,00.html) or Google Michigan GTSAC
- Pedestrian and Safety Action Plan – released January
- Resources
- Presentation topics



# New Physical Activity Guidelines

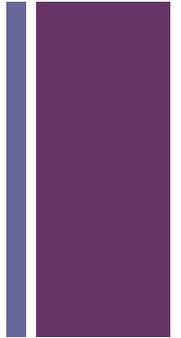


## 2008 Physical Activity Guidelines for Americans

- [www.health.gov/paguidelines](http://www.health.gov/paguidelines)
- Comprehensive guidelines
- Major science review



# New Physical Activity Guidelines

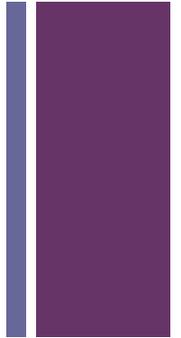


## Children and Adolescents (6-17)

- 60 or more minutes of physical activity **daily**, including
  - 3 days with muscle-strengthening
  - 3 days with bone-strengthening
  - Structured or unstructured
  - Variety to avoid injuries



# New Physical Activity Guidelines



## **Adults - Substantial health benefits:**

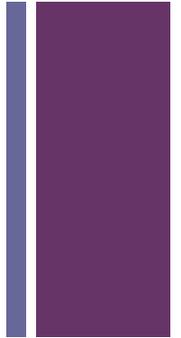
- 150 minutes a week of moderate-intensity or 75 minutes of vigorous-intensity or a combination

## Additional and more extensive health benefits:

- 300 minutes a week of moderate-intensity or 150 minutes of vigorous-intensity or a combination



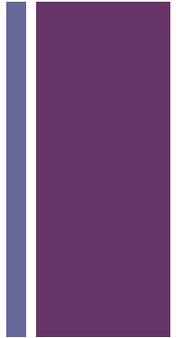
# National Society of Physical Activity Practitioners in Public Health



- [www.nspapph.org](http://www.nspapph.org)
- Membership
- Physical Activity Public Health Certification
  - Partnership with American College of Sports Medicine (ACSM)
  - Available in January 2009



# Physical Activity Public Health Recommended Interventions



[www.thecommunityguide.org](http://www.thecommunityguide.org)

## **Informational approaches to physical activity**

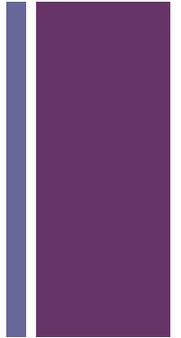
- Community-wide campaigns
- “Point-of-decision” prompts

## **Behavioral and social approaches to increasing physical activity**

- Individually-adapted health behavior change
- School-based physical education
- Non-family social support



# Physical Activity Public Health Recommended Interventions



[www.thecommunityguide.org](http://www.thecommunityguide.org)

## **Environmental and policy approaches to increasing physical activity**

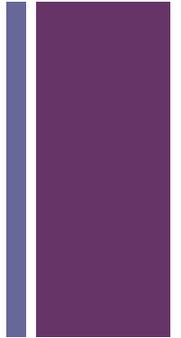
- Creation and/or enhanced access to places for PA combined with informational outreach activities

## **Research in progress for Environmental and policy approaches to increasing physical activity**

- Transportation policy and infrastructure changes to promote non-motorized transit
- Urban planning approaches – zoning and land use
- Safe Routes to School



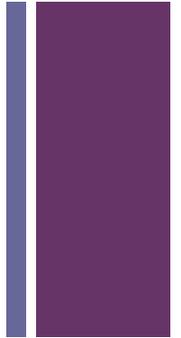
# Centers for Disease Control and Prevention (CDC) Nutrition Targets



- Increase the consumption of fruits & vegetables
- Decrease the consumption of high energy dense foods - while increasing the consumption of low energy dense foods
- Increase breastfeeding initiation, duration & exclusivity
- Decrease the consumption of sugar sweetened beverages



# Centers for Disease Control and Prevention (CDC) Nutrition Interventions

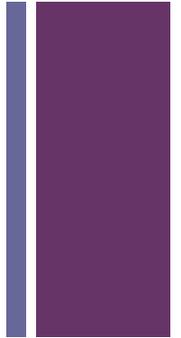


Fruit and Vegetable Strategies:

- Multi-Component Interventions in Schools
- Multi-Component Interventions in Childcare Settings
- Multi-Component Interventions in Worksites
- Multi-Component Interventions in Faith-Based Organizations
- Multi-Component Interventions in Health Care Settings



# Centers for Disease Control and Prevention (CDC) Nutrition Interventions

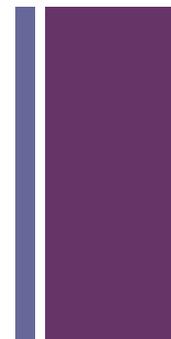


## Fruit and Vegetable Strategy: Increasing Access to Fruits and Vegetables with:

- Local food policy councils that develop policies to improve access and support local agriculture;
- Economic and urban planning land-use policies that include establishing new grocery stores, improving convenience stores, and promoting community gardens and farmers' markets;
- Local transportation policies that support walking, bicycling, and public transit to grocery stores and farmers' markets;
- Direct marketing of farm-to-plate policies and programs such as community supported agriculture (CSAs), farm-to-work and farm-to-school programs, and farmers' markets.



# Centers for Disease Control and Prevention (CDC) Nutrition Interventions

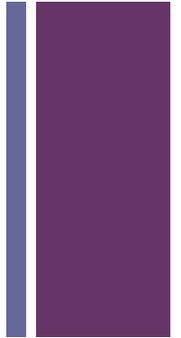


## Fruit and Vegetable Strategy: Increasing Availability of Fruits and Vegetables with

- Marketing of food products which provide consumers with convenient preparation and take-out options;
- Modifications to cafeteria salad bars, a la carte options, and vending machine policies;
- Modification of menu options by restaurants and other food establishments to provide healthier choices;
- Promoting increased placement and shelf space in grocery stores with or without labeling and signage strategies.



# Centers for Disease Control and Prevention (CDC) Nutrition Interventions

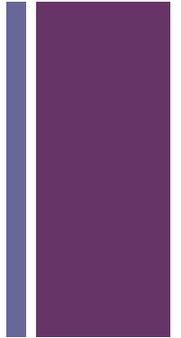


## Fruit and Vegetable Strategy: Economic Incentives with

- Price reductions of fruits and vegetables in a worksite cafeteria;
- Food stamp pilot bonus program providing participants with additional financial bonuses for every \$1 of food stamps spent on fresh produce;
- WIC and supplemental food program vouchers redeemable for fruit and vegetable purchases at grocery stores and farmers' markets.



# Community Level Tobacco Prevention Intervention Strategies

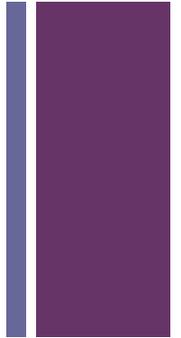


## **Evidence Based Strategies:**

- Smoke Free County Policy
- Worksites Smoke Free
- Trails, Parks, Beaches Smoke Free
- 24/7 Tobacco Free Campus – School Districts, University Campus



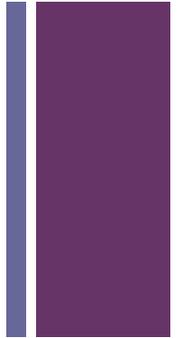
# Building Healthy Communities Planning Grantees 2009



- Bay County HD
- Berrien County HD
- City of Detroit
- Chippewa County HD
- Dickinson-Iron District HD
- Genesse County HD
- Huron County HD
- Lapeer County HD
- Mid-Michigan District HD
- Shiawassee County HD
- Western Upper Peninsula HD



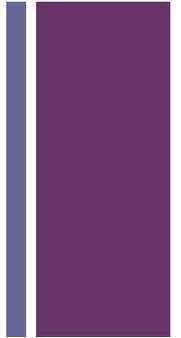
# Building Healthy Communities Implementation Grantees 2009



- District Health Department #10
- Ingham County HD
- Ionia County HD
- Kalamazoo County HD
- Kent County HD
- Luce-Mackinac-Alger-Schoolcraft District HD
- Marquette County HD
- Muskegon County HD
- Ottawa County HD
- Public Health Delta & Menominee Counties
- Washtenaw County HD
- Wayne County HD



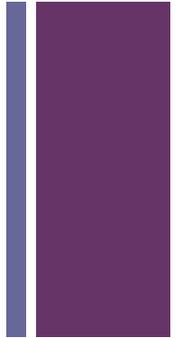
# Building Healthy Communities Michigan State University Extension Grantees 2009



- Ionia County MSUE
- Kent County MSUE
- Saginaw County MSUE
- Wayne County MSUE



# Building Healthy Communities 2009 Interventions

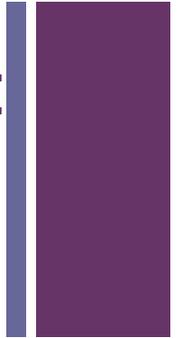


- New and enhanced trails\*
- Enhanced parks\*
- New and enhanced farmers markets\*
- Grocery store policy
- Gardens\*
- Complete streets
- Non-motorized plans
- Worksite policies

\*Tobacco Free Policies MDCH Building Healthy Communities 2008



# Building Healthy Communities Project

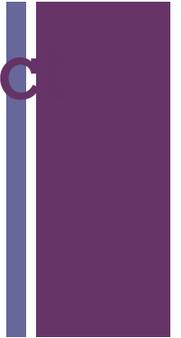


## **2007 Michigan Behavior Risk Factor Survey reports:**

- 21% adults do not get any physical activity
- 21% of adults are smokers
- 25% of adults formerly were smokers
- 65% of adults are overweight or obese



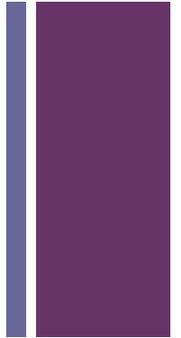
# Building Healthy Communities Project



- **Community** based project
- Schools are not the primary target
- Parents and families can be the target population
- Projects are “population based”
- **Policy and environmental changes**
- Focus on low-income populations



# Building Healthy Communities Project

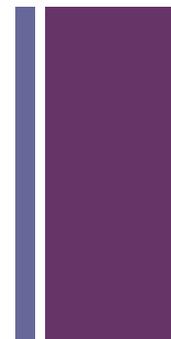


Reduce cardiovascular disease, stroke, obesity and other chronic diseases.

- Increasing physical activity levels
- Increasing fruit and vegetable intake
- Increasing tobacco-free environments



# Building Healthy Communities

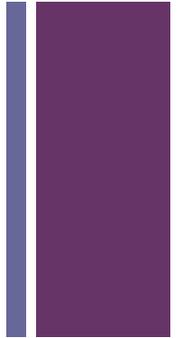


## **Building Healthy Communities Program objectives:**

- (1) to build the capacity of local public health departments to address cardiovascular disease, obesity and other chronic diseases in their communities through development of a local coalition and creation of action plans for implementing policy and environmental change interventions in their communities; and
- (2) to support local health departments and their coalitions who have already undergone this planning process in implementing policy and environmental changes that increase access to healthy eating, physical activity, and tobacco-free lifestyles.



# Building Healthy Communities Project



- Sustain your local health coalition (s)
- Expand the reach of BHC in your jurisdiction
  - Include all 3 topic areas
  - Move into other communities
- Update 3-5 year action plan
- Continue to collect data to develop action ideas into interventions, including evaluation
- Prepare your work plan for reapplication in April/May 2009



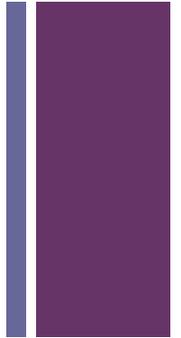
# Coalition Development: Membership

## 1. Develop a strong and diverse local health coalition.

- Zoning and Planning
- City Engineers
- Parks & Recreation
- School Districts
- Colleges/Universities
- Law Enforcement
- Key Businesses
- Health Care Professionals
- Hospitals
- Community Service Orgs
- Local Cool Cities Org
- Local Transportation
- Faith-based Organizations
- Public Health Department
- Residents
- Media
- Health Clubs
- Farmers
- Public Officials
- Chamber of Commerce
- Downtown Development Authorities
- Bicycle, running and skiing groups

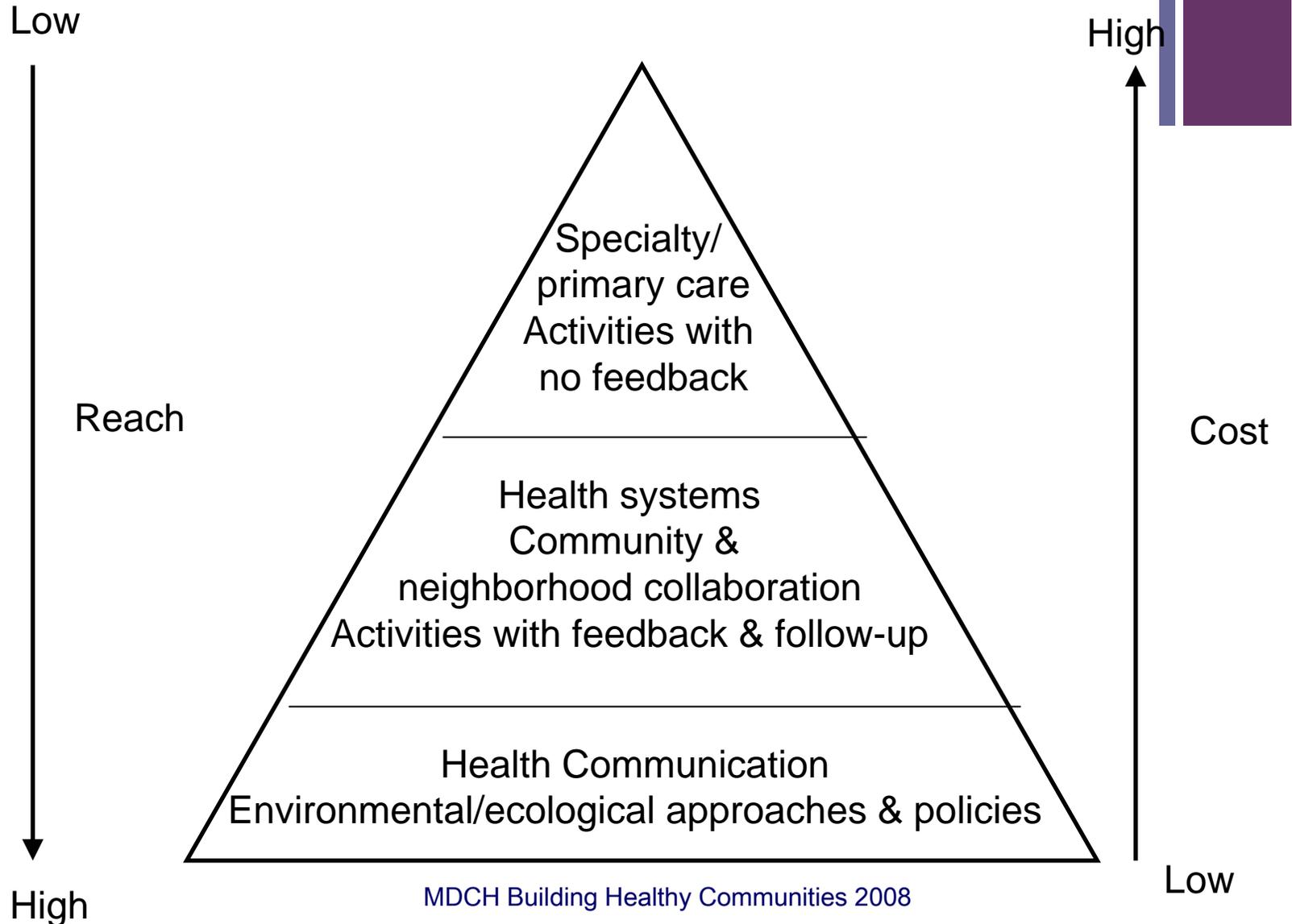


# SEM II





# Why focus on policy & environment?





# Building Healthy Communities

## Project

**3. Develop a 3-5 year Action Plan focusing on the higher levels of the social ecological model.**

Program Goal

Objective

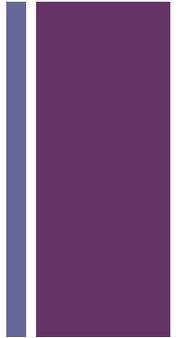
Data Source

Rationale

Activities	Target Completion Date	Lead Staff	Partners	Indicators



# Policy and Environmental Changes (PEC)



## Events

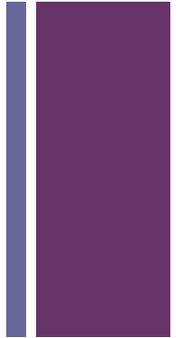
- One time
- Individual
- Short-term
- Non-sustaining

## PEC

- On-going
- Population based
- Long-term
- Sustaining
- Physical change
- Policy-level



# Policy and Environmental Changes (PEC)



## Events

- Taste testing
- 5K event
- Bike rodeo
- Newsletter
- Smart Commute
- 8 week walking program

## PECs

- Farmers market
- Walking path
- Trails
- Zoning for gardens
- Community garden
- Complete streets ordinance



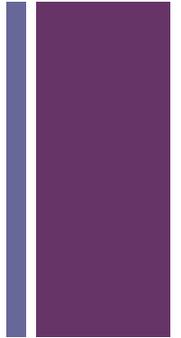
# Building Healthy Communities Project

4. Choose projects from the community action plan and develop **interventions**.

- Purpose
- Description
- Goals and objectives
- Target population
- Research findings
- SEM levels addressed
- Intervention strategies (evidence based or promising practices)
- Evaluation
- Roles of members implementing



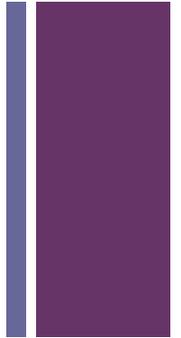
# Evidence-based public health is a process of



- Engaging stakeholders
- Assessing what influences health, health behaviors and community health (literature, local needs, academic theory)
- Developing programs based on assessment (science)
- Evaluating process, impact, and outcome
- Learning from our work and sharing it in ways that are accessible to **ALL** stakeholders

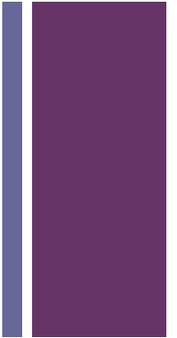


# Building Healthy Communities Project



## Projects and Activities that are NOT Interventions:

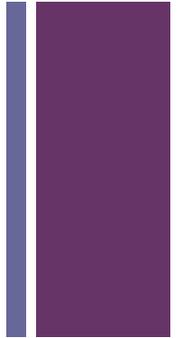
- Curriculum purchased or designed and not put to use
- Curriculum purchased or designed and not tailored to the target audience
- Training alone
- Presentations at conferences and forums
- Coalition and task force meetings



*It's not our job to do research but it is our obligation to implement interventions that have a high probability of changing behavior!*



# Community Level Physical Activity Intervention Strategies

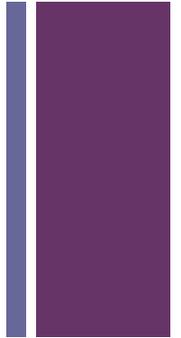


## Evidence Based Strategies:

- Creation of or enhanced access to places for physical activity combined with informational outreach activities.
- Community-scale urban design/land-use policies and practices.
- Street-scale urban design/land-use policies and practices.
- Safe Routes to School (**promising practice**).



# Community Level Fruit and Vegetable Intake Intervention Strategies

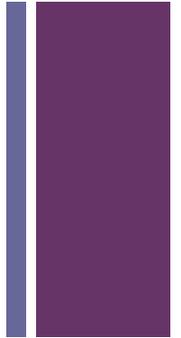


## **Evidence Based Strategies:**

- Economic and urban planning land-use policies that include new grocery stores, improving convenience stores and promoting community gardens and farmers markets.
- Local transportation policies that support walking/biking/public transit to grocery stores and farmers' markets.
- Provide and market convenient packaged fruits and vegetables.



# Community Level Tobacco Prevention Intervention Strategies



## **Evidence Based Strategies:**

- Smoke Free County Policy
- Worksites Smoke Free
- Trails, Parks, Beaches Smoke Free
- 24/7 Tobacco Free Campus – School Districts, University Campus

# + Evaluation Goals

- Goal 1: Develop or identify standardized evaluation tools and protocols for the most common Building Healthy Communities projects.
- Goal 2: Implement standardized evaluation tools in communities on a specified, ongoing basis.
- Goal 3: Obtain program-level statistics describing the impact of individual projects.
- Goal 4: Provide recommendations to local health departments on the most effective strategies to reach program objectives to increase healthy eating, physical activity, and tobacco-free lifestyles.

# + Progress on Goals

- Goal 1: Develop or identify standardized evaluation tools and protocols for the most common Building Healthy Communities projects.
  - System for Observing Play and Recreation in Communities (SOPARC) identified as a validated and reliable tool for measuring physical activity in parks and on trails.
  - Farmers' Market Evaluation Protocol developed including intercept surveys and analysis of market operations.

# + Evaluation Progress on Goals

- Goal 2: Implement standardized evaluation tools in communities on a specified, ongoing basis.
- First implementation (feasibility pilot) June-October 2008.
- 7 Implementation grantees implemented protocols in:
  - 3 farmers' markets
  - 8 trails
  - 4 parks



# + Progress on Goals

- Goal 3: Obtain program-level statistics describing the impact of individual projects.
  - Project level data collected and analyzed.
- Goal 4: Provide recommendations to local health departments on the most effective strategies to reach program objectives to increase healthy eating, physical activity, and tobacco-free lifestyles.
  - Will be shaped over the next year and released following several more rounds of data collection.

# + Evaluation Updates

- New Tools
  - Community Gardens
  - Partnership/Coalition Assessment Tool
- Revise Current Tools
  - SOPARC
    - Update protocols with questions frequently asked.
    - Provide health departments with a presentation to use when training volunteers and coalition members.
    - Determine frequency schedule.
  - Farmers' Market
    - Update protocol based on results.
    - Determine frequency schedule.

# + Evaluation Updates

- Disseminate findings and lessons learned
  - Program Fact Sheet
  - Program Final Report
  - Articles submitted to peer reviewed journals
  - Submit abstracts to national conferences
  - Presentations at state and national conferences



# Timeline of Evaluation Events

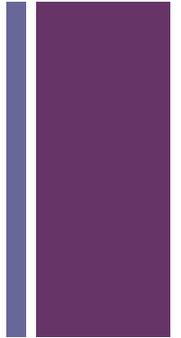
Activity	Anticipated Date of Completion
2008 Evaluation reports to communities	December 2008
Follow up evaluation survey completed by grantees	December 2008
Garden tool released	December 2008
Frequency schedule for implementing evaluation	January 2009
Submission of manuscripts to peer-reviewed journals	February 2009
Implementation of standardized evaluation for gardens, trails, parks, and farmers' markets	May-September 2009

# + How to Use Your Evaluation Results

- Baseline data for comparison to future data sets.
- To make data-decisions when developing interventions.
- To advocate for interventions by demonstrating what works/doesn't.
- To apply for additional grant funds (MDCH and others).
- As a way to demonstrate the effect of your programs to community members and build support for your coalition's mission.



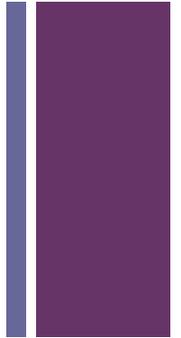
# Building Healthy Communities Calendar



- Monthly Meetings will occur on the 3<sup>rd</sup> Thursday of the month at 2 p.m.
- Conference Call Number
- Quarterly Reports – 15<sup>th</sup> of January, April, July and October
- MDCH-MNN Paperwork due the 10<sup>th</sup> of each month to MDCH
- Next training – March
- MDCH – MNN application – April
- MDCH work plan and reapplication – May
- Additional trainings and site visits - TBD
- Notification of funded projects based on current budget information – July
- [www.michigan.gov/cvh](http://www.michigan.gov/cvh) under Healthy Communities and Health Communities



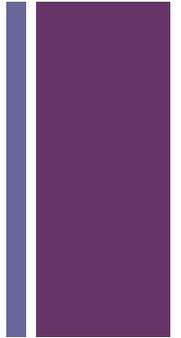
# Quarterly Report



See Handout Example



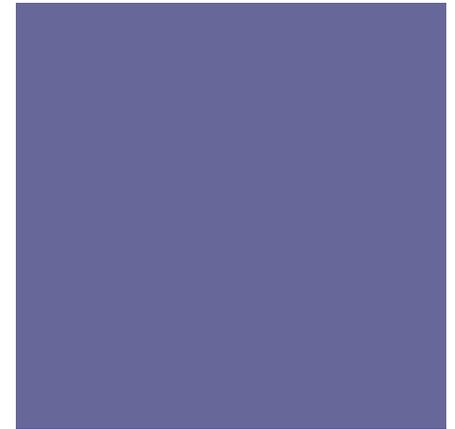
# Year End Reports



- MDCH Building Healthy Report Executive Summary 2008
- Quarterly and Year end report data - KEY
- Pictures, products and resources
- Tell your story



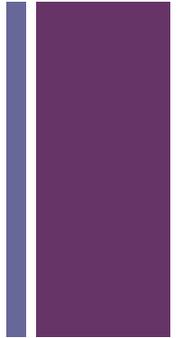
# MDCH-Michigan Nutrition Network Update



Lisa Goldenhar & Matt Golzynski  
MSUE-MNN



# Objectives

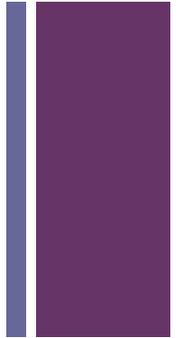


**At the end of today's session, participants will be able to:**

- Distinguish between MNN and SNAP-ED (formerly FSNE)
- Understand the key operating points
- Explain the importance of generating match
- Understand how to complete the federal paperwork



# Important Contacts



Lisa Goldenhar, MDCH  
MNN

517-335-8372

[goldenharl@michigan.gov](mailto:goldenharl@michigan.gov)  
[golzynski@anr.msu.edu](mailto:golzynski@anr.msu.edu)

Matt Golzynski, MSUE-

517-432-5406

Lisa Myers, MSUE-MNN

906-635-6368

[myersli@msu.edu](mailto:myersli@msu.edu)



# MDCH-MNN Estimated Timeline

<b>October</b>	<ul style="list-style-type: none"><li>•Previous year report due</li></ul>
<b>November</b>	<ul style="list-style-type: none"><li>•Professional Service Contracts Complete</li></ul>
<b>December</b>	<ul style="list-style-type: none"><li>•Training</li></ul>
<b>March</b>	<ul style="list-style-type: none"><li>•Release of MNN Application</li></ul>
<b>April</b>	<ul style="list-style-type: none"><li>•MDCH-MNN Application Due</li><li>•Mid-year report due</li></ul>
<b>September</b>	<ul style="list-style-type: none"><li>•Year-end report due</li></ul>

Monthly Reports due on the 10<sup>th</sup> of the month to Lisa Goldenhar, MDCH.



# Understanding MNN & SNAP-ED



# + MiSNAP

## Building a Healthy Population Through Collaboration

### Goal

Encourage partnerships and collaboration between all the USDA Family Nutrition Programs in Michigan, as well as with other groups working on common goals

### Purpose

Promote healthy choices, physical activity, and good nutrition



# + What is the Michigan Nutrition Network (MNN)?

- Facilitates the SNAP-ED program for organizations other than MSUE
- MNN's role:
  - Process Manager
  - Compliance Assurance
  - Program Improvement

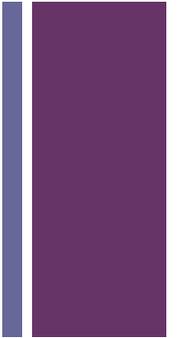


# + Behavioral Outcomes

- Eat fruits and vegetables, whole grains, and fat-free or low-fat milk products every day
- Be physically active every day as part of a healthy lifestyle
- Balance caloric intake from food and beverages with calories expended
- You may address other behavioral outcomes consistent with the Dietary Guidelines (such as physical activity) as long as the **primary** emphasis remains on dietary quality

# + Allowable Activities

- Use gardening to teach about nutrition
- Promote nutrition at special events
- Give advice on where to access low or no cost physical activities
- Perform general clerical duties in support of project
- Develop websites
- Collect dietary intake data for assessment of nutrition knowledge and behavior
- Provide health promotion activities aimed at prevention of disease
- Promotion of physical activity and safe routes to school with nutrition messages



# + Strategies

- Series classes
- Cooking/food preparation demos
- Food tastings
- Newsletters
- Trail maps



# + Allowable / Unallowable Expenditures

- Literature/Materials/AV
- Equipment
- Food Demonstration
- Gardening
- Nutrition Education Events & Classes
- Nutrition Education Reinforcement Items
- Physical Activity Promotion
- Staff and Training Costs
- Retail Restaurants

# + Reasonable & Necessary?

- Pay close attention to pages 34 & 35 in the Training Manual:
  - Reasonable and Necessary “test”
  - Questions to ask yourself to test for “allowability”
  - Remember: We **MUST** strive toward consistency in statewide implementation, therefore there are procedures and timelines that **must** be followed

# + Materials

- Use existing Food Nutrition Services (FNS) materials
- Avoid negative messages
- FNS right to use materials
- Messages that are evidence and science based
- **Include required statements:** non-discrimination, credit to USDA, and outreach message

# + How to Report

- ALWAYS SIGN WITH **BLUE** INK
- When making copies, write or stamp, “COPY” on the appropriate document
- All training reimbursement requires an agenda and a sign in sheet
- When presenting a receipt that includes some SNAP-ED items, circle the SNAP-ED items in **blue** ink. No Highlighters!
- All receipts must be itemized, with a date and the totals must match the total of reimbursement requested
- Every reimbursement request must have a proof of payment
- FAILURE TO DO THESE THINGS, DELAYS THE REIMBURSEMENT PROCESS



# Reporting Requirements

- Two Progress Reports
  - Mid-Year Report: April 15, 2009
  - Year-End Report: September 15, 2009
- All health department match logs and Federal Award Invoicing (Hard Copy AND Electronic) are due the **10th of every month for the previous month's expenses!!**
  - *If documentation is not completed in an accurate and timely manner, federal dollars will not be available to pay for project activities.*
- There will be surprises along the way!!



# + How the paperwork flows

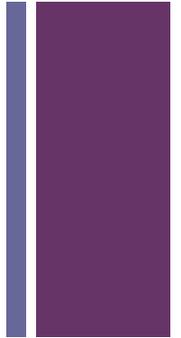
Match & Federal Reimbursement  
Local Coordinating Site



MDCH



MNN on campus – feeds into following  
diagram

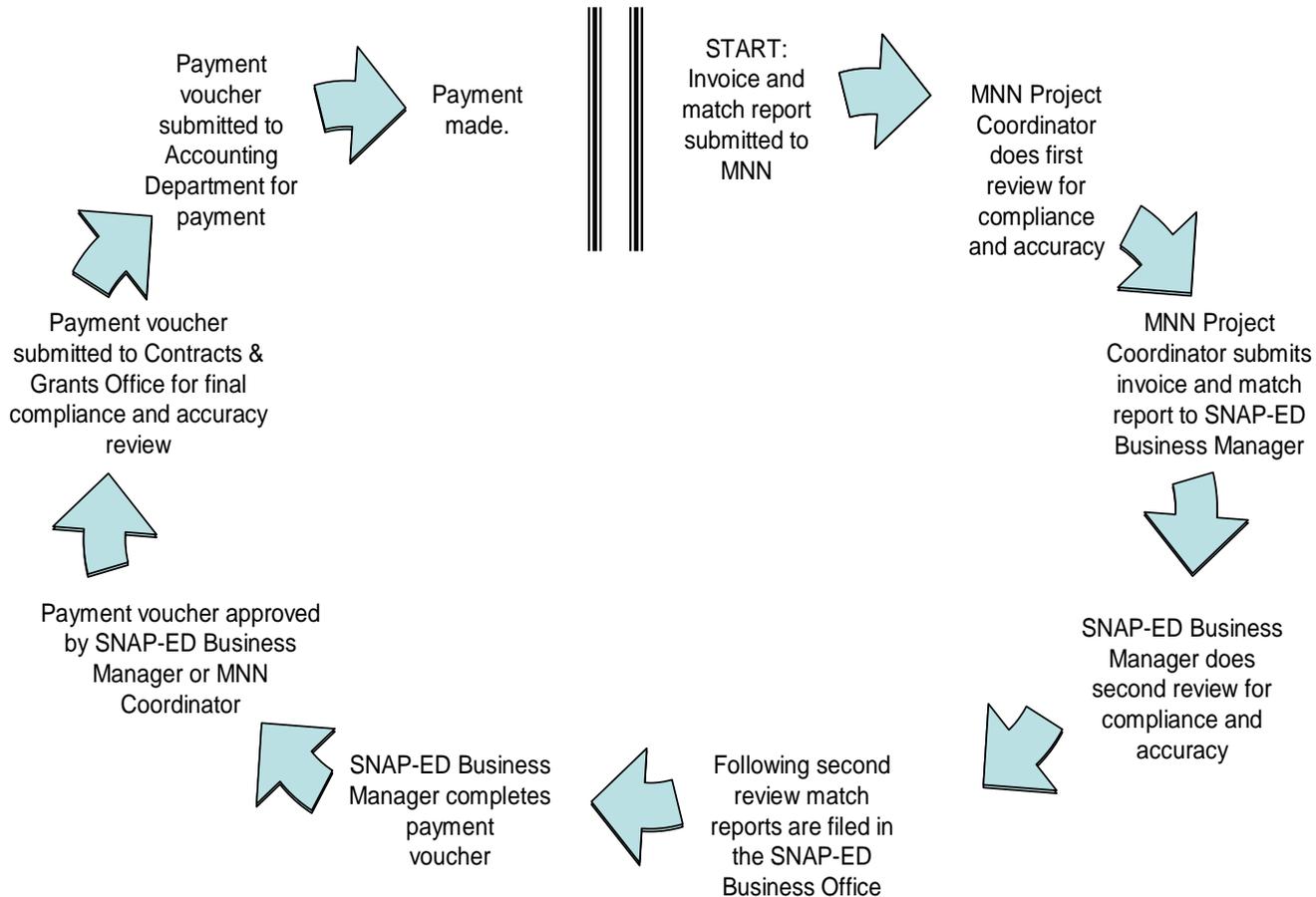


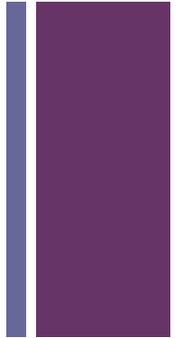
# + Fund Disbursement Cycle

## SNAP-ED Funding Disbursement Michigan State University Extension

SNAP-ED=Supplemental Nutrition Assistance Program - Education

MNN = Michigan Nutrition Network



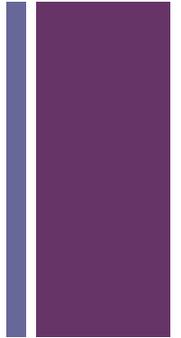


# Understanding The Fiscal Components Of The Program





# Fiscal Component - Federal



- Mileage Logs – Mileage is included in the supply line of your PSC. Mileage logs must be submitted to receive the correct mileage reimbursement.
- Mileage Reimbursement Rate – The maximum rate for mileage reimbursement is \$0.58/mile. If your site reimburses at a lower rate, that is the rate you will be reimbursed.





# Professional Services Contract (PSC)

PSC # \_\_\_\_\_

## Michigan State University Professional Services Contract

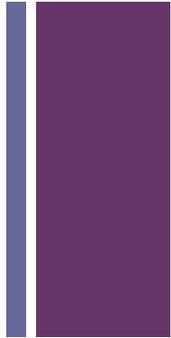
**+** For engagement with a United States Business/Individual and the contract is for \$600.00 or more in total. Work performed by an independent contractor (IC), (business or individual) should be requiring specialized knowledge, or experience where MSU has no control over how the work is done, just the final product. Form should be completed before work commences. See section 76 of the Manual of Business Procedures for guidance. Forward completed document to Purchasing.

MSU enters into a binding agreement with:

Business Name/Authorized Contractor:		Tax ID <input type="checkbox"/>		SSN <input type="checkbox"/>	
Individual Name or Primary Business Partner:		E-mail:		Phone:	
Address:		Beginning date:	Ending date:	Location of services:	
		Payment Terms:		Rate of Pay: (hourly, daily or other)	
Total Amount for Services: \$	Description of services: (engagements greater than \$10,000.00 need sole source documentation)				
Total Amount for	Department's res				

We will complete the amounts when you tell us that your salary/fringe data are complete; reimbursements will not begin until the PSC is complete

The remainder will be completed at MSU. Once complete, we will mail it to you with a "sign here" flag in the ONE place on the second page where the person named on the PSC is to sign – in BLUE ink! Then, you mail it back to us and we will get it into the MSU system for processing.



# + Professional Services Contract (PSC)

PSC # \_\_\_\_\_

## Michigan State University Professional Services Contract

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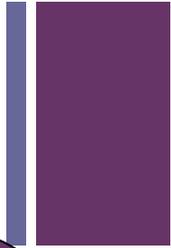
MSU enters into a binding agreement with:

Business Name/Authorized Contractor:		<i>(Check One)</i> Tax ID <input type="checkbox"/>													
Individual Name or Print Name:		SSN <input type="checkbox"/>		Phone:											
Address:		Beginning date:		Ending date:		Location of services:									
		Payment Terms:		Rate of Pay: (hourly, daily or other)											
Total Amount for Services: \$ _____		Agreements greater than \$10,000.00 need sole source documentation)													
Total Amount for Expenses: \$ _____		support services:													
<input type="checkbox"/> Paid through MSU Travel Office		MAU Code:													
MSU Department Name:		E-mail:													
Contact Name:															
Department Address:															
MICHIGAN STATE UNIVERSITY The service to be provided is for the University of Michigan. The department has retained the right to cancel the contract at any time if the contractor is not available for contracts of \$10,000.00 or more.		reasonable, and the service cannot now be provided by current University employees. of the cost and the selection process employed to secure the most qualified contractor is attached for all contracts greater than \$10,000.00.													
MSU Acct Charged: _____		***** WHEN SIGNING ALL DOCUMENTS. *****													
Signature: _____ <i>Authorized signer for account</i>		_____										Date: _____			
Signature: _____ <i>Dean or Vice President of</i>		_____										Date: _____			

After PSC is complete at MSU, you will receive an email with the PSC number – from that point on, you will need to include this number on ALL federal paperwork that you submit



# Time Sheets



A signed copy of this must be kept at your site. It is no longer submitted with your monthly invoices.

**MDCH**  
Subaccount: \_\_\_\_\_ Nutrition Netw

Employee Name: \_\_\_\_\_  
Title/Position: \_\_\_\_\_

**NOTE: This form is to be used for reporting time worked on more than one project.**

**MONTHLY TIME SHEET**

Sunday	Monday
	1
	2
7	8
	9
14	15
	16
21	22
	23
28	29
	30

For increments less than an hour, please use tenths of an hour, (every 6 minutes = 0.1 hour), 15 minutes would be rounded UP to next tenth, i.e., 1 hour and 15 minutes would be noted as 1.3 hours. **DO NOT TYPE FRACTIONS OR HUNDRETHS. MUST USE TENTHS OF AN HOUR.**

Total FSNE Hours for the month: \_\_\_\_\_

Employee Signature & Date  
*(sign in blue ink)*

Supervisor Signature & Date  
*(sign in blue ink)*

I certify that all payments reported are for appropriate purposes and are required for the work being performed under the project entitled: \_\_\_\_\_

County/Agency: \_\_\_\_\_

Agency address: \_\_\_\_\_







# Most Common Mistakes

- Unreadable copies of receipts
- Time sheets not signed by both employee and supervisor
- Using a highlighter or incorrect ink colors - **BLUE** ink only please.
- Missing receipts, supporting documentation, or approval forms
- Not submitting paperwork monthly or on time
- Having unallowable expenses on paperwork such as non-nutritious foods.
- Not saving a copy prior to mailing to MDCH or MNN
- Not including appropriate sub-account name (MDCHmodel) and PSC number on forms

# + What Questions do you have about MDCH-MNN Process?

????





# Hunter Park Area

## Criminal Incidents 9/08 thru 11/08

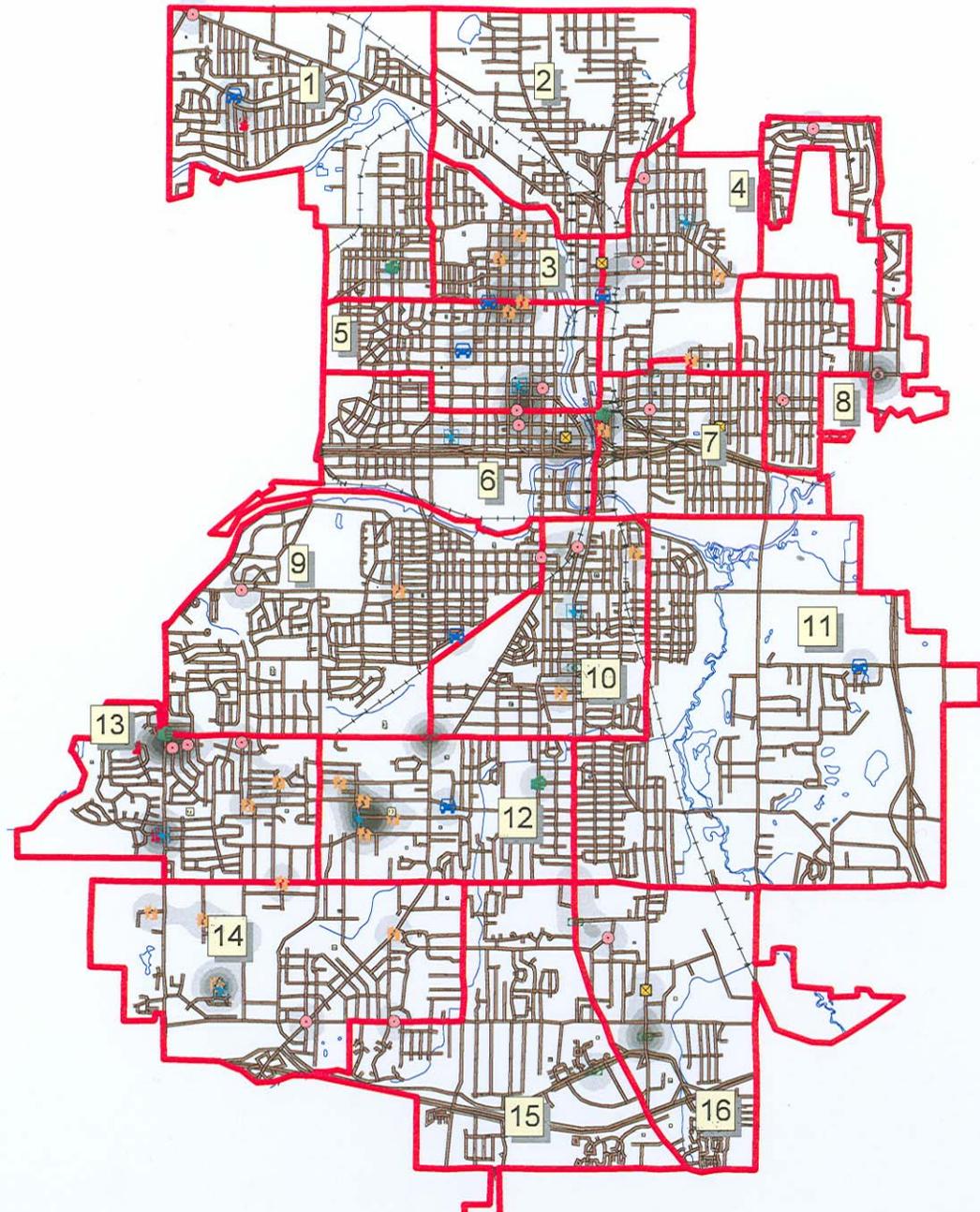
### Incidents

- CSC
- ROBBERY
- ASSAULT
- ARSON
- BURGLARY
- LARCENY
- MVT
- DAMAGE TO PROPERTY
- RETAIL FRAUD
- NARCOTICS
- PROSTITUTION
- Rail Streets



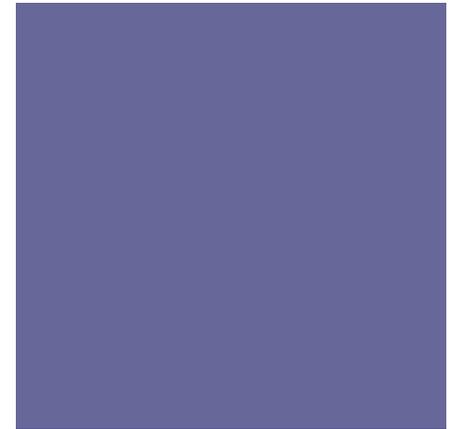
# CityWide Hotspots

11/16/08-11/22/08





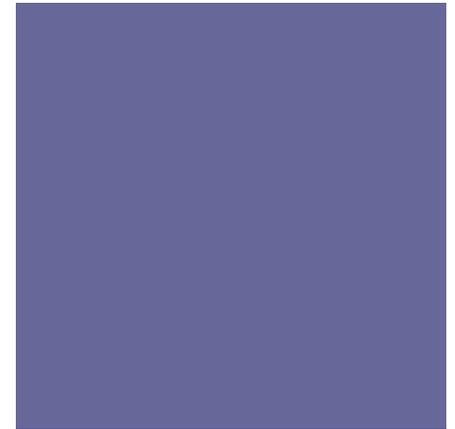
# Lunch Break



Sgt. Scott Schuelke  
Lansing Police Department



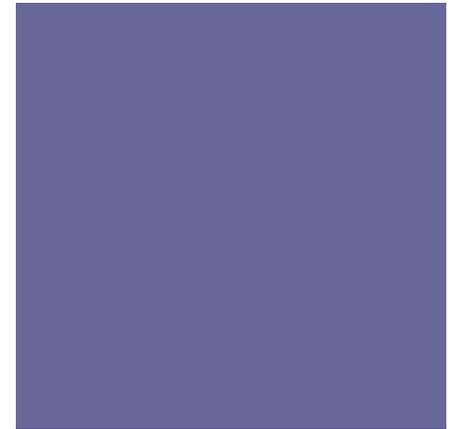
# Complete Streets and Non-Motorized Plans



Emily Meyerson,  
President of the Michigan Association of Planning,  
Owner of Meyerson Consulting,  
and Coordinator of the Northern Lower Peninsula Trailways

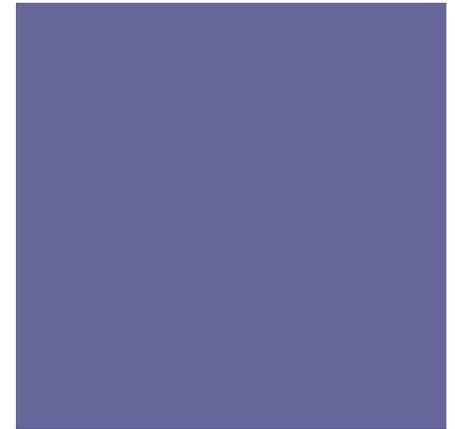


# Break





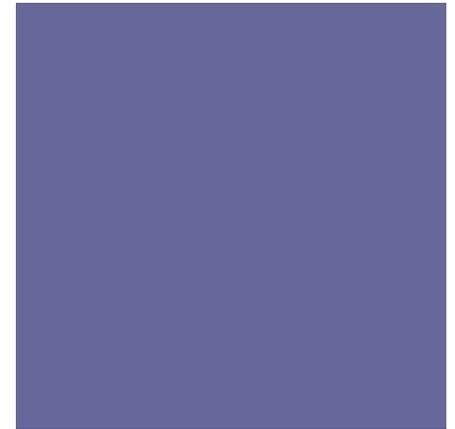
# Garden Development



Amanda Edmonds  
Growing Hope



# Discussion and Questions

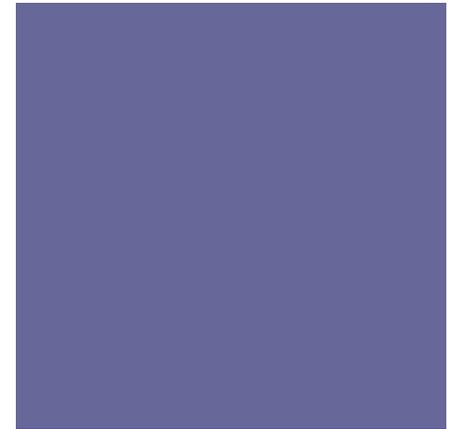




Discussion

Resources

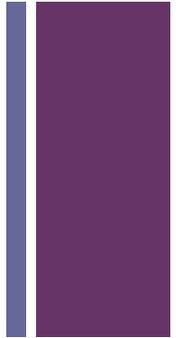
Questions



Jim Harrington



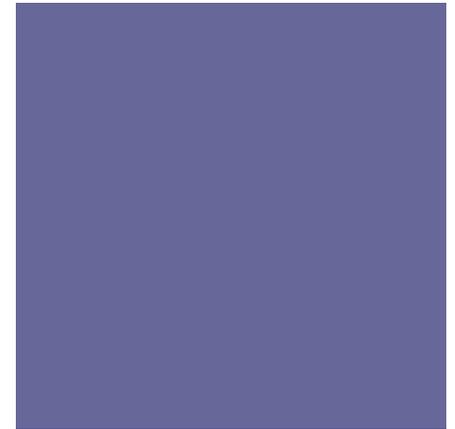
# Building Healthy Communities Resources



- Building Healthy Communities: A Summary of 15 Michigan Success Stories: Pages 42-43
- National Society of Physical Activity Practitioners in Public Health [www.nspapph.org](http://www.nspapph.org)
- Community Health Assessments and Resources: [www.mihealthtools.org](http://www.mihealthtools.org)
- Centers for Disease Control: [www.cdc.gov](http://www.cdc.gov)
- Robert Wood Johnson Foundation: [www.rwjf.org](http://www.rwjf.org)
- Robert Wood Johnson Foundation Active Living Research: [www.activelivingresearch.org](http://www.activelivingresearch.org)
- Design Guidelines for Active Michigan Communities
- MDCH – CVHNPA – [www.michigan.gov/cvh](http://www.michigan.gov/cvh)
- Healthy Communities Toolkit Resources



# Thank you!



Mikelle, Jim, Lisa, Lisa, Holly, Sarah,  
Karah, Elizabeth, Sia & the BHC Team