Welcome & Overview

Katherine Knoll
Steering Committee Chair
Regional Vice President of Advocacy, American Heart Association
Meeting Agenda

8:15  Policy Action Team Meetings
  • Community Policy Action Team – Physical Activity, Room 202
  • Education Policy Action Team, Room 201
  • Health, Family & Child Care Services Policy Action Team, Governor's Rm.

9:15  Welcome

9:30  Policy Action Team Reports

11:00  Governor Snyder and the Michigan Legislature: What’s on their 2012 agenda? How do we respond?

11:30  Results of 2012 Policy Priority Vote & Closing Remarks

2:00 – 3:30  Community Policy Action Team- Healthy Food Access Meeting, Washington Square Building, 109 West Michigan Avenue, 2nd Floor
Where have we been since 2010?

• Increased membership
• Continued dedication by motivated experts
• Cultivated new relationships
• Michigan Care Improvement Registry administrative rules movement
• Obesity highlighted in Governor’s State of the State and Message on Health
• Lawmakers and media are engaged
Healthy Kids, Healthy Michigan

2011 Legislative Event

- February 16, 2011: 173 advocates attended and conducted 119 legislative visits
Internal Successes from 2011

• Food access reinvigorated
• Breastfeeding established
• Steering Committee expanded
• Media coverage increased
Healthy Kids, Healthy Michigan

Ex-officio Steering Committee Members
• Community Policy Action Team
• Education Policy Action Team
• Health, Family and Child Care Services Policy Action Team
• Michigan Department of Agriculture
• Michigan Department of Community Health
• Michigan Department of Education
• Michigan Department of Human Services
• Michigan Department of Labor & Economic Growth
• Michigan Department of Transportation
Community Policy Action Team – Physical Activity

Sarah Panken
Active Communities Manager, Michigan Fitness Foundation
2010 Focus

Advance policy through incentives and legislation to apply Complete Streets/SRTS/CSS including safety of pedestrians and bicyclists when building, reconstructing, or rehabilitating public infrastructure.

www.healthykidshealthymich.com
2010 Successes

- Resolutions
- Legislation
- Coalition Building
- ARRA Grant
- Local policies
Successes: Local Complete Streets Policies

49+ Resolutions
9+ Ordinances
Other communities
• embedding in Master Plans
• changing internal practices
• creating and adopting active/non-motorized transportation plans

www.michigancompletestreets.org
2011 Focus – Partnerships

Stakeholder and partner expertise

HKHM
Michigan SRTS State Network Policy Project

www.healthykidshealthymich.com
2011 Focus

• Continue to support state and local Complete Streets policy change
  – Support to Advisory Council
  – Training and TA for locals through member organizations

• Safe Routes to School (SRTS)
  – Driver’s Education
  – School Siting
  – Program sustainability/innovation
2011 Focus – Complete Streets

- Letters/resources to communities for ordinances
- Complete Streets Advisory Council met three times and working on model policy
- Developing resources
- Online forum for discussions

www.healthykidshealthymich.com
2011 Focus – Driver’s Ed Curriculum/ Vulnerable Roadway Users

• Support HBs 4685 & 4686
• Expanding amount and placement of bike/ped safety curriculum:
  – Drivers Ed
  – Basic Driver Improvement Course
  – Kiosks/literature at Sec. of State offices
• Continue to expand CPAT and engage stakeholders

Photo by Trailnet
2011 Focus – School Siting

- Position paper:
  - School district/community collaboration
  - School building law
  - Revise school site plan regulations
  - Revise the 1975 School Plant Planning Handbook
  - Revise bonding regulations

- Gather tools and resources

Illustration by Walkable and Livable Communities Institute

www.healthykidshealthymich.com
2011 Focus – SRTS Program
Sustainability & Innovation

• Research:
  – National sites for diversified funding sources
  – Statewide examples

• Survey of statewide examples and stakeholders

Photo by Ray Sharp
Today!

• No vote necessary

• Continue work from 2010 policy vote
  – Advance policy for school districts and communities to consider active transportation when making decisions about school and the community built environments.

www.healthykidshealthymich.com
Community Policy Action Team: Healthy Food Access

Kathryn Colasanti
Specialist, C.S. Mott Group for Sustainable Food Systems at MSU

Tina Reynolds
Health Policy Director, Michigan Environmental Council

www.healthykidshealthymich.com
Reinvigorating Around an Important Issue

• Meeting held Tuesday, September 13

• Past Priorities Identified:
  – Model ordinance for community gardens
  – Expand summer food service program participation
  – Promote farmers markets and the expansion of grocery stores in low income areas to include fresh produce

• Second meeting to be held this afternoon!
Healthy Kids, Healthy Michigan

New areas to be explored:

- WIC EBT card technology and streamlining federal food benefits into one redemption system
- Pricing of healthy foods in relation to less healthy choices
- Incorporation of food access in transportation planning
- Beyond PA 231 – encouraging grocery stores and small store ordering of healthy foods through current suppliers
- Social marketing and community engagement
- Label of origin (e.g. Select Michigan)

- Retailer incentives to carry healthy foods, point of purchase restrictions on SNAP, or incentives to purchase with federal food assistance benefits
- Food benefits tied to healthy cooking education
- The “ten cent solution”
- Michigan Nutrition Standards
- Farm to school opportunities including campus-wide foods (non-meal), preschool & daycare
- Gardening
Advance policy to create environments where children have access to healthy food.
Healthy Kids, Healthy Michigan

Health, Family and Child Care Services Policy Action Team

Susan Woolford, MD, MPH
Medical Director, Pediatric Comprehensive Weight Management Center,
University of Michigan, C.S. Mott Children’s Hospital

Alice Christensen, BSN, IBCLC
Co-Chair, Michigan Breastfeeding Network

Ruth Kaleniecki
Program Manager, National Kidney Foundation of Michigan
2011 Policy Areas

- Medicaid Coverage of Childhood Obesity
- Body Mass Index in the Michigan Care Improvement Registry (MCIR)
- Child Care Obesity Prevention Regulations

www.healthykidshealthymich.com
Advocates for Healthy Weight in Children

Medicaid Policy Priority

www.healthykidshealthymich.com
June 2009

Dear Provider:

Re: CHILDHOOD OBESITY

During the past several decades, obesity rates in Michigan have soared among all age groups, quadrupling among children ages 6 to 11. Low income children are disproportionately affected by this trend, making Medicaid an important partner in the fight to keep our children healthy and productive.

In support of Healthy Kids, Healthy Michigan: Advocates for Healthy Weight in Children, a coalition to combat childhood obesity, the Michigan Department of Community Health (MDCH) would like to provide you with some additional information regarding billing and reimbursement for obesity related services provided in an office/outpatient setting. We will provide excerpts from the Medicaid Provider Manual and highlight various scenarios to help guide physicians when billing for services that address obesity.

Advocates for Healthy Weight in Children
Accomplishments
To evaluate the impact of the L-Letter
Accomplishments
Convened a Data Analysis Subcommittee

Pediatric Medicaid Enrollees with an Obesity Diagnosis

- 278.00 – obesity, unspecified
- 278.01 – obesity, morbid
- 278.02 – obesity, overweight

www.healthykidshealthymich.com
BMI Policy Priority
Accomplishments
Revision and submission of the MCIR Administrative Rules

**Administrative Rules Process in a Nutshell (2011)**

<table>
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<th>Request for Rulemaking (RFR) (2 days)</th>
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| Public Hearing (1-2 months) | - Regulatory Impact Statement and Cost Benefit Analysis (the “why” and "$" document) is approved by the RAO and sent to ORR for approval.  
  - Rulemaking Policy Analysis Form is sent to ORR.  
  - Public hearing notice and LSB-corrected rules are sent by RAO to ORR.  
  - Newspaper ads (hearing notice secured by RAO).  
  - Michigan Register (ORR publishes notice and rules).  
  - Court reporter (secured by RAO).  
  - Public comment period beyond hearing noted. |
Accomplishments

Revision and submission of the MCIR Administrative Rules
Completion of MCIR BMI Growth Module programming
### BMI Measurements (red highlight denotes taken during pregnancy)

<table>
<thead>
<tr>
<th>Date</th>
<th>Age</th>
<th>Weight/Pctl</th>
<th>Height/Pctl</th>
<th>BMI</th>
<th>Percentile</th>
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<tr>
<td>12/12/2009</td>
<td>19 yrs exactly</td>
<td>105 lbs/1</td>
<td>4 ft 10 in/1</td>
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### Counseling Activity

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**BMI Measurements** *red highlight denotes taken during pregnancy*

**Counseling Activity**

No counseling activity found

**Healthy Weight**
- Date: 03/01/2011
- Age: 15 Years 11 Months
- Weight: 180 lbs
- Weight Percentile: 94
- Height: 6 ft 2 in
- Height Percentile: 98
- BMI Value: 23.1
- BMI Percentile: 79
- Clinical decision support...
**Weight Status:** This 12-18 year old’s BMI percentile puts her/him in the **obese category** (BMI ≥ 95th percentile)

**STEP 1: ASSESS THE CURRENT AND FUTURE WEIGHT-RELATED DISEASE BURDEN.**

**a. Assess Vitals:** Is the patient hypertensive?

<table>
<thead>
<tr>
<th>Age</th>
<th>BP % 95</th>
<th>Systolic BP (mmHg) ← Percentile of Height →</th>
<th>Diastolic BP (mmHg) ← Percentile of Height →</th>
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**b. Is the child taking any of these obesogenic medications?**

- Antipsychotics
- Mood Stabilizers
- TCA
- Anticonvulsants
- Prednisone
- SSRI
Accomplishments

• Revision and submission of the MCIR Administrative Rules
• Completion of MCIR BMI Growth Module programming
• Creation of tip sheets and resources to assist MCIR users

www.healthykidshealthy mich.com
Healthy Kids, Healthy Michigan

Why is the Michigan Care Improvement Registry (MCIR) Collecting BMI on Children?

“Body mass index (BMI), is a number calculated from a person’s weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems.” (CDC website listed below)

Because available BMI data is limited for infants and children the entry of height and weight through the MCIR BMI Growth Module will allow for passive surveillance of BMI among Michigan children ages 0–18 years. The goal of the surveillance program is to inform state and local public health agencies and programs of the prevalence of underweight, overweight, and obesity among Michigan children ages 0–18 years, thereby allowing them to target resources and interventions to specific populations. Finally, BMI data may be used to evaluate existing policies and to influence policy development.

Healthcare providers are vital in the collection of BMI surveillance data. Children are commonly seen by health care providers for infant and early childhood health and immunization visits, a crucial time in promotion of health behaviors to promote normal weight for length (< 2 years) and BMI (2 – 18 years). Height and weight are currently measured by health professionals, and although measurement practices are currently not standardized between clinics (except for WIC which does use standardized equipment and methods), they are of use at the individual level to guide health care professionals to determine the best treatment plan.

Furthermore, similar to communicable diseases or other public health concerns, BMI surveillance will be used by public health officials to assess the burden of various conditions, screen for new patterns of risk factors or diseases, and for early detection of outbreaks. For effective prevention or treatment of any disease or condition, it is essential to know the magnitude of the problem, where and in whom it is being found, its causes, and the effectiveness of treatments used so that we can develop ways to prevent the further spread of illness. For example, collecting weight and height in adults has helped us conclude that a higher prevalence of chronic diseases exists among overweight and obese individuals compared to healthy weight individuals.

Sources

How to Measure Height

Equipment Needed
- Stadiometer – A stadiometer is a vertical board with attached measurements and a movable horizontal board which can be brought down into contact with the head
- Do not use the device attached to some weighing scales – these are not accurate.
- Form and pen to record height

Instructions
1. Have the student remove heavy outer clothing (such as coats, jackets and vests), shoes, and hair accessories located on the top of the head.
2. Instruct the student to stand with heels, buttocks and upper back (but not necessarily the head) touching the stadiometer. Feet should be together, with arms hanging in a relaxed position by the sides of the body.
3. Have the student look straight ahead with their line of vision parallel to the floor, also known as the Frankfort plane position (see figure below).
4. Move the adjustable headboard on the stadiometer down to the uppermost portion of the head, compressing the hair, if necessary. Lower the board until it firmly touches the crown of the head.
5. Hold the headboard in place and have the student step away from the stadiometer.
6. Read the height on the vertical board and record it immediately on the participant’s height form.

Frankfort Plane

Avoid These Common Mistakes
- Not using Frankfort plane.
- Improper position.
- Using straight ruler instead of right angle block.
- Using height rod on weight scales.
- Measuring on carpet.
- Shoes are not removed.
Next Steps

• Complete MCIR Administrative Rules Change
• Deployment of the MCIR BMI Growth Module
### Next Steps

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<td>- Board/commission (and department) approves rules.</td>
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<td>- Department submits to ORR for approval.</td>
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<td>- ORR submits the final rules to LSB, and LSB has 21 days to certify the rules for form, classification, and arrangement.</td>
</tr>
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<td></td>
<td>- ORR locally certifies (and can also certify for form if LSB did not certify).</td>
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Child Care Policy Priority

Ruth Kaleniecki
Program Manager, National Kidney Foundation of Michigan

www.healthykidshealthymich.com

Advocates for Healthy Weight in Children
2011 Policy Focus

• **Licensed Child Care Centers:**
  – Improving nutrition standards
  – Increasing the physical activity required daily
  – Limiting screen time (television, video and computer)

• **Impact:**
  • Child care centers: 4,470
  • Capacity: 294,362+ children
Healthy Kids, Healthy Michigan

Spectrum of Opportunities for State Action in Early Care and Education (Ages 0-5 years)

Source: CDC Expert Panel, Sept. 2010
Healthy Kids, Healthy Michigan

Spectrum of Opportunities for State Action in Early Care and Education (Ages 0-5 years)

Source: CDC Expert Panel, Sept. 2010
2012 Policy Focus

• Licensed Family and Group Child Care Homes:
  – Improving nutrition standards
    • Including infant feeding and breastfeeding support
  – Increasing the physical activity required daily
  – Limiting screen time (television, video and computer)

• Impact:
  – Family Homes: 5,015
    • Capacity: 29,819+ children
  – Group Homes: 2421
    • Capacity: 28,939+ children
Breastfeeding Policy Priority

Alice Christensen, BSN, IBCLC
Co-Chair, Michigan Breastfeeding Network

www.healthykidshealthymich.com

Advocates for Healthy Weight in Children
HPAT Breastfeeding Policy Workgroup

- Formed in an effort to prevent obesity starting in infancy
- Breastfeeding as an obesity prevention measure
- Surgeon General’s Call to Action to Support Breastfeeding
Rationale

- Michigan falls below national breastfeeding rates and Healthy People 2020 Goals

<table>
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<tr>
<th></th>
<th>National</th>
<th>Michigan</th>
<th>HP 2020 Goals</th>
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<tbody>
<tr>
<td>Ever Breastfed</td>
<td>74.6%</td>
<td>69.3%</td>
<td>81.9%</td>
</tr>
<tr>
<td>Breastfeeding at six months</td>
<td>44.3%</td>
<td>42.9%</td>
<td>60.5%</td>
</tr>
<tr>
<td>Breastfeeding at one year</td>
<td>23.8%</td>
<td>18.2%</td>
<td>34.1%</td>
</tr>
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Healthy Kids, Healthy Michigan

Policy Research

• Specific policy vehicle not yet determined
• Goal - Advance policy that will support increasing breastfeeding initiation, duration and exclusivity through:
  – Reimbursement opportunities
  – Maternity Care Services
  – Provider offices
  – Licensed child care
The Breastfeeding Policy Workgroup has begun working on a DRAFT issue brief addressing obesity prevention starting in infancy.

- Understand the issue brief needs to address strategic policy initiatives.

- Policy changes are needed.
Healthy Kids, Healthy Michigan

BREASTFEEDING
It Rocks!

www.healthykidshealthymich.com
Advocates of Healthy Weight in Children

Roger Jackson
Executive Director
Michigan Association of Health, Physical Education, Recreation, and Dance

www.healthykidshealthymich.com
2011 Policy Priorities

- Health Education & Physical Education Requirements
  - Bills introduced (2010)
  - Movement nationwide to broaden focus

- Coordinated School Health Councils

- Nutrition Standards
  - State Board of Education policy
  - Healthy, Hunger-Free Kids Act
  - ARRA funded pilot implemented by MDCH & MDE
Michigan Nutrition Standards Pilot

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Healthy Kids, Healthy Michigan

Michigan Nutrition Standards Pilot

www.healthykidshealthymich.com
Michigan Nutrition Standards Pilot

www.healthykidshealthymich.com
Michigan Nutrition Standards

• Toolkit: Team Up to Make Healthy the Easy Choice
• Regional Trainings: November 7-11, 2011
• Website: www.michigan.gov/nutritionstandards
2012 Policy Priority
Healthy Kids, Healthy Michigan

Coordinated School Health Model

- Family/Community Involvement
- Health Promotion for Staff
- Healthy School Environment
- Health Education
- Physical Education
- Health Services
- Nutrition Services
- Counseling, Psychological & Social Services

www.healthykidshealthymich.com
Three components EPAT emphasizes

- Health Education
- Nutrition Services
- Physical Education
Physical Activity Guidelines for America – Children & Youth

• 60 minutes every day
• Moderate or vigorous
• 3 days per week vigorous
• 3 days per week bone building & muscle strengthening
• As close to guidelines as possible for children & youth with disabilities
Healthy Kids, Healthy Michigan

To promote physical activity, school systems should:

- Require daily physical education in pre-kindergarten through grade 12, allowing 150 minutes per week for elementary schools and 225 minutes per week for secondary schools.

- Require and implement a planned and sequential physical education curriculum for pre-kindergarten through grade 12 that is based on national standards.

- 20 minutes daily recess...

- Intramural physical activity programs...

- Walk- and bike-to-school programs...

- Joint use agreements...
Healthy Kids, Healthy Michigan

Let's Move in School

Physical Education

Physical Activity During School

Physical Activity Before and After School

Staff Involvement

Family and Community Involvement

Comprehensive School Physical Activity Program

www.LetsMoveInSchool.org

National Association for Sport and Physical Education of the American Alliance for Health, Physical Education, Recreation and Dance

www.healthykidshealthymich.com
One priority that encompasses all strategies:

“OBESITY PREVENTION IN SCHOOLS”

Health education

Comprehensive School Physical Activity Programs, with Physical Education as the cornerstone

Coordinated School Health Councils

Nutrition Standards
Advocate for policies that prevent obesity utilizing the coordinated school health model, with emphasis on physical education, health education, comprehensive school physical activity programs and nutrition standards.
Governor Snyder and the Michigan Legislature: What’s on their 2012 agenda? How do we respond?

Emily Gerkin Palsrok
Managing Director, Lambert Edwards & Associates

Peter Ruddell
Partner, Wiener Associates

Healthy Kids, Healthy Michigan

Advocates for Healthy Weight in Children
HKHM Lobbying and Public Affairs

Peter Ruddell, Partner
Wiener Associates
peterruddell@wienerassociates.com

Emily Gerkin Palsrok, Managing Director
Lambert, Edwards & Associates
epalsrok@lambert-edwards.com
What can be done to address childhood obesity?

• Governor’s message
• Michigan Nutrition Standards pilot programs
• Quotes from several people associated with HKHM
HKHM Guest Editorial Published in Six Michigan Publications in Fall 2011
More than 10 news articles were published about childhood obesity in the past month in Michigan print and broadcast outlets around the state.
Social Media Presence

• 614 “Friends”
• Averaging 8-10 posts, comments and “likes” each week
• Averaging 75 visitors each week

• 521 “Followers”
• Averaging 3-4 “retweets” each week
• Averaging 3-4 “@mentions” each week
• Monitored 22 #childhoodobesity tweets in one hour
• Monitored 4 #healthykids tweets in same hour
Healthy Kids, Healthy Michigan

www.HealthyKidsHealthyMich.com

- Averaging 500-550 visitors each week
- Continually updating with new information and calendar events
Legislature’s Fall Agenda

• Bridge
• Abortion
• School Choice
• Guns
• Personal Property Tax Reform
• Auto Insurance Reform
Governor’s Fall Messages

• Health and Wellness (more later)
• Infrastructure (delivered next week)
• Talent and Workforce Development (delivered mid-November)
Governor’s Fall Agenda

- Bridge
- Health Insurance Exchanges
- School Choice – Charter Expansion
- Personal Property Tax
“Taking **personal responsibility** to manage these measures . . .”

“But, as we **individually** take these steps…”

“Government and the private sector can and should **empower Michiganders** with the tools necessary to access quality health care and live a healthy lifestyle.”

“… by assuming **personal responsibility** for their own health and wellness.”
Healthy Kids, Healthy Michigan

Health and Wellness: Plans

1. Voluntary BMI report to MCIR
2. MI Dept of Ed “facilitate participation in physical activity and health education throughout all grade levels”
3. Encourage all schools to adopt nutrition standards
4. Looking to Obesity Summit for policy recommendations