



Healthy Kids, Healthy Michigan

Jackson School District Success Story

Project Overview

In 2007, Governor Granholm received a one-year grant award from the National Governor's Association through the *Healthy Kids, Healthy America* program. This program was designed to provide the nation's governors with the opportunity and means to make progress in addressing childhood obesity in schools and communities in their state. Since children spend a majority of their day at school, school districts are seen as the best avenue to help students and staff adopt healthy eating and physical activity behaviors that are the keys to preventing obesity. Governor Granholm's project, called *Healthy Kids, Healthy Michigan*, included working with local school districts by awarding mini-grants of \$25,000 each to help establish nutrition and physical activity policies aimed at reducing childhood obesity.



District Policies

The Coordinated School Health Team (CSHT) at Jackson School District selected four policies to target within their schools. These policies were chosen because the team had begun to work in these areas with the revision of their Wellness Policy, and so the Healthy Kids, Healthy Michigan grant provided the opportunity to make the leap and create district-wide change. The first policy was to create a la carte food and beverage standards for all schools. Students were eating more a la carte offerings than the traditional lunch, and the majority of those options were unhealthy. They also targeted vending machines, as vending options were not only unhealthy but often competed with the daily lunch offerings in the cafeteria. The third policy Jackson selected was creating classroom snacks/rewards standards, to bring healthy food options to the classroom or eliminate food as a reward altogether. Finally, the district implemented a recess-before-lunch policy for all elementary schools. Research has shown the benefits of recess-before-lunch to include: improved eating, less wasted food, less tummy aches, and better behavior.

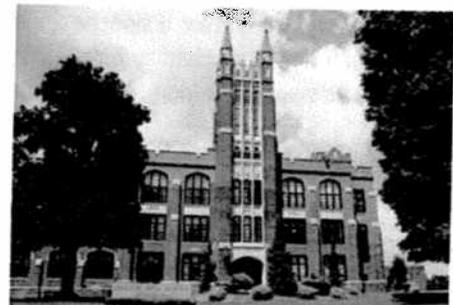


Jackson School District Recognized by the CDC!

Jackson was recently selected as one of six school districts, out of more than 80 nominations, to be applauded by the Centers for Disease Control and Prevention (CDC) in recognition of their exemplary Coordinated School Health Team (CSHT). The CDC recently toured Jackson schools to learn more about their team, which will help to evaluate other efforts across the country. Coordinated school health promotes students' success by addressing all eight components of coordinated school health including: physical education; health services; nutrition services; counseling and social services; healthy school environment; health promotion for staff; family/community involvement; and health education.

Jackson School District:

- ✓ Free/Reduced Lunch: 64.8%
- ✓ Enrollment: 10,700 students
- ✓ Teachers/Staff: 1,135
- ✓ Schools:
 - 10 Elementary
 - 1 - 6th Grade Academy
 - 2 Middle Schools
 - 2 High Schools



Project Success

- ❁ A la carte offerings were removed from all K-6 schools and replaced with fruit and vegetable bars. The students are trying new foods and love their new options! Rather than just 'taking away' the bad foods, the district has 'brought back' healthy foods.
- ❁ All but one vending machine have been removed from the schools. The single remaining machine is in the high school and only available after school hours. Removal of the vending machines has resulted in less hyper-activity among students at lunch time as well as less trash found in the hallways.
- ❁ Classroom parties no longer include unhealthy treats such as cupcakes and candy, but rather healthy food options. Also parties now focus on non-food related events and activities such as painting.
- ❁ For birthdays, some teachers have created a special birthday-chair for their classrooms. Rather than bringing in sweets to celebrate, the student gets to be King or Queen for the day. Using the special chair as a treat emphasizes how special the student is and helps build their self-esteem.
- ❁ Teachers no longer use food as a reward for good behavior or schoolwork. Alternate rewards include extra computer/reading time; special 'helper' roles for students; fun gifts such as stickers or pencils; or verbal praise.
- ❁ Recess before lunch has been implemented in all elementary schools. The new policy has been a great success as students are eating better, wasting less food, and are better behaved in the afternoon.
- ❁ All four of the new school health policies have been board adopted and are being implemented district-wide. Penetrating the entire school system has allowed these policies to achieve widespread success.
- ❁ Although improving food concessions was not part of the initial goal, the momentum of Healthy Kids, Healthy Michigan caused those involved in planning concessions to improve the food items offered at school events.
- ❁ The district now offers non-food items for fundraisers rather than unhealthy candy and snacks that had been offered previously. One alternative used is school-spirited toothbrushes, great for raising money and improving students' health!



Advice to Districts

- ✓ By providing nutritious school meals, kids will not only have the opportunity to consume healthy foods, but will also learn the importance of and make it a habit to start eating healthy at an early age.
- ✓ Utilize research from other school districts to educate staff and parents about the importance of having school health policies. By including staff and parents, you gain support and will have more success throughout the district.
- ✓ Before implementing a district-wide program such as recess-before-lunch, pilot the program in one or two schools. Learning from the experiences of others who have implemented similar changes is key to successfully implementing the change in your district.
- ✓ Locate and use current school health resources. There are a number of valuable resources available including Michigan Action for Healthy Kids: Tips and Tools to Help Implement Michigan's Healthy Food and Beverages Policy as well as the Montana Office of Public Instruction: Recess Before Lunch, A Guide for Success.





Healthy Kids, Healthy Michigan

Taylor School District Success Story

Project Overview

In 2007, Governor Granholm received a one-year grant award from the National Governor's Association through the *Healthy Kids, Healthy America* program. This program was designed to provide the nation's governors with the opportunity and means to make progress in addressing childhood obesity in schools and communities in their state. Since children spend a majority of their day at school, school districts are seen as the best avenue to help students and staff adopt healthy eating and physical activity behaviors that are the keys to preventing obesity. Governor Granholm's project, called *Healthy Kids, Healthy Michigan*, included working with local school districts by awarding mini-grants of \$25,000 each to help establish nutrition and physical activity policies aimed at reducing childhood obesity.



District Policies

The Coordinated School Health Team (CSHT) at Taylor School District worked together to assess their school environment and current Wellness Policy before selecting their targeted policy areas. In the end, they decided to work on three policies. The first was creating a la carte food and beverage standards for all schools, which was also motivated by a push from the food services director to improve the quality of food. They also targeted improving the food sold in the school stores, which often competed with the daily lunch offerings in the cafeteria, and finally, the CSHT worked toward implementing a quality physical education curriculum district wide, which would improve upon the inconsistent programming that had previously been used in the district. School staff, parents, students, and community members were involved in making these changes a reality. A full-time Coordinated School Health Facilitator was hired to champion these goals and has provided tremendous support and momentum throughout the district, motivating staff, parent, students, and the community to support the new healthy policies implemented in the district.



HKHM: A Launching Point for New Initiatives

The success of the Healthy Kids, Healthy Michigan (HKHM) project has created great momentum throughout the district to take further steps to implement other health related projects and grants such as building a school hoop house. With regards to the numerous changes and new projects, the Coordinated School Health Facilitator notes, "I really think the catalyst for all of this was the Healthy Kids, Health Michigan grant." Taylor School District has made tremendous strides forward and continues to work toward a healthy school environment.

Taylor School District:

- ✓ Free/Reduced Lunch: 60%
- ✓ Enrollment: 10,700 students
- ✓ Teachers/Staff: 1,135
- ✓ Schools:
 - 10 Elementary
 - 1 - 6th Grade Academy
 - 2 Middle Schools
 - 2 High Schools



Project Success

- School lunch sales have increased from 450 to 800 per day! They have not only increased the number of students they serve each day, but also offer a healthy and balanced lunch to their students.
- The Marketing Class curriculum has substantially changed due to the change in school store offerings. Teachers now emphasize marketing, such as taste testing, and surveys rather than simply selling food product.
- The number of vending machines in the district has gone from 11 to 4. The four machines that remain only sell water.
- The Exemplary Physical Education Curriculum (EPEC) has been implemented in all schools. For the first time, all of the PE teachers are teaching a consistent, standards-based curriculum and are working together to share ideas. Both the teachers and students love the new activities and games!
- A new water-only policy was also implemented. Students are encouraged to keep hydrated by drinking water throughout the day. In addition, teachers are leading by example by not drinking soda in the classrooms.
- Beautiful posters with the Institute of Medicine (IOM) food standards are on display in all schools and throughout the community including local food markets.
- District has recently encouraged non-food fundraising events. Any fundraising that includes food items such as bake-sales are not allowed during school hours.
- The district purchased a number of dairy carts that sell yogurt, cheese, and milk to students. Success has been so overwhelming that each week they have had to increase the amount of dairy items available to students to ensure that there is enough for everyone. It is a great alternative to unhealthy snacks!
- Teachers have noticed a considerable improvement in behavior of the students including the number of students sent to detention each day. This may be due to the improvement of foods and beverages being offered to the students.



Advice to Districts

- ✓ Build a strong and dedicated Coordinated School Health Team. It is critical to represent multiple points of view that include parents, students, community members, teachers and other related staff.
- ✓ Provide teachers with choices before implementing a change. It is important to have 'buy-in' from teachers so there is consensus before implementing the program, and so they feel adequately prepared to implement it.
- ✓ Include parents! It is important to provide education and outreach to inform parents of the new policies and the importance of creating a healthy school environment for their children.
- ✓ School lunches should be high quality and nutritious. It is not only important to educate students and staff on the importance of eating nutritious foods, but it is just as important to then offer these high quality foods on campus.



A Success Story: *SPLASH* Shaping Positive Lifestyles & Attitudes through School Health

Michigan Department of Education
CDC/DASH CSHP Cooperative Agreement, 2008-2009

- The Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH) funds the Michigan Department of Education (MDE) to provide statewide leadership in Coordinated School Health Programs for school-aged young people.
- In order to increase program impact, MDE partners with the Michigan Department of Community Health (MDCH) on various joint initiatives and programs affecting the health of Michigan youth.
- The *Michigan Model for Health*® is a skills-based, sequential K-12 curriculum addressing the six categories of risky behaviors identified by the CDC, which includes unhealthy food choices and physical inactivity.
- The *Michigan Model for Health*® curriculum had not been updated in several years and therefore statewide implementation levels were waning. However, the curriculum was undergoing a major revision with newly revised lessons available for elementary grades with middle school lessons on physical activity and nutrition soon to be released.

Funding Crisis

- In an era of limited resources for school health, it became critical to think "outside the box" and find ways to pool and leverage resources.
- Two model curricula developed in Michigan were underutilized due to budgetary constraints in schools.
- Nutrition Education dollars through the USDA are available through matching state dollars for the provision of education and outreach around physical activity and nutrition to students and their families. These dollars are available to food stamp eligible populations, which includes students in schools with a population of 50% or more students eligible for free or reduced school meals. Initiatives funded with these dollars are designed to increase the likelihood those persons eligible for the Family Nutrition Program will make healthy food choices within a limited budget and choose active lifestyles consistent with the current Dietary Guidelines for Americans and MyPyramid.

School Health Coordinator Network and Michigan's Model Curricula

- Michigan has a network in place of 25 regional School Health Coordinators. They provide every school district in the state of Michigan with training and technical assistance for Michigan's model health curriculum, the *Michigan Model for Health*®.
- Funding for the coordinator network and the *Michigan Model for Health*® is threatened annually due to Michigan's ongoing fiscal crisis.

Pilot Project

- In fiscal year 2007, an application on behalf of MDE and MDCH was submitted to the Michigan Nutrition Network at the Michigan State University Extension (MSUE) for a pilot project involving seven School Health Coordinators.
- Using state dollars from salaries of state level staff and School Health Coordinators, who are paid with state dollars, federal match was drawn down to fund the project.
- The funds were used to implement the *Michigan Model for Health*®. Participating schools received curriculum training, manuals, and materials all free of charge. Schools also received reimbursement for payment of the substitute teachers employed while the classroom teacher attended training.
- The seven participating School Health Coordinators recruited low-income schools, handled the paperwork for each participating school, hosted and led the curriculum trainings, and provided ongoing technical assistance.
- The paperwork required of this project was quite significant. State level staff assigned to complete paperwork plus the added responsibilities put on the participating School Health Coordinators was

overwhelming and burdensome. However, the potential for statewide impact was considerable with additional funding available should more state matching funds be identified.

- During this pilot year 10,860 students were reached through the work of 168 teachers from 71 schools.
- The Michigan Department of Community Health (MDCH) named a Project Manager to move forward with the project and expand it significantly.

A New Partnership

- In 2008, the project expanded with additional schools brought on board and teacher salaries put up as state match. Time teachers spent implementing the curriculum would now be used as state match to draw down additional federal dollars.
- A new partnership was formed with the Michigan Fitness Foundation (MFF) to implement the *Exemplary Physical Education Curriculum* (EPEC) in addition to the *Michigan Model for Health®*.
- EPEC, developed by the Michigan Fitness Foundation, revised K-5th grade lessons to include a nutrition awareness component.
- This new partnership significantly increased the federal dollars available to implement the project, allowing for the added benefit to low-income schools of dollars put toward outreach events for parents and families. Each participating school was given funds to hold outreach events designed to educate parents and families about nutrition and physical activity.
- Additional funds enabled MDCH to hire staff members to provide administrative support to the project and the participating School Health Coordinators.
- An additional 14 Coordinators joined the project in 2008, bringing the total to 21.
- In 2008, 1,510 teachers and 66,569 students from 166 low-income schools participated.

Making a SPLASH

- In 2009, the project continued to grow with additional low-income schools signing on and state level staff hired for administrative oversight.
- Twenty-one School Health Coordinators participated, working with 2,500 teachers in 249 schools to reach 93,717 students.
- The project was given the title of Shaping Positive Lifestyles & Attitudes through

School Health, or SPLASH. A marketing plan was developed and implemented, including recruitment materials developed for Coordinators to use with schools. The new title, logo, and materials helped significantly with "branding" the project.

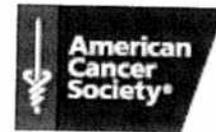
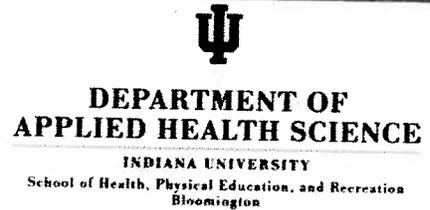
- A website was developed for recruiting purposes, but also for all project participants to access information and paperwork forms. It has become an excellent communication tool. www.health-splash.org
- SPLASH banners were distributed to each participating school identifying the school as being involved in the project.
- Schools previously trained in the *Michigan Model for Health®* and EPEC in preceding project years were now eligible for additional funds for outreach to parents and families, taste-testing, and other nutrition education activities.

The Current State of SPLASH

- A state level team, comprised of staff members from MDCH, MDE, and consultants, works tirelessly to implement the project in such a way that schools are able to participate with minimal paperwork and administrative burden. SPLASH kits have been developed for participating teachers that include all curricular materials and project paperwork.
- SPLASH continues to evolve and grow. The 2009/2010 school year has 310 low-income schools ready to take advantage of the opportunities available through the project.
- Given Michigan's ongoing financial crisis and the constant pressure put on schools to meet student needs without appropriate funding levels SPLASH has become a vital partner for low-income schools seeking to provide students and their families with quality education about the importance of healthy eating and physical activity.
- By providing for quality health education and physical education curricular programs in these schools with the greatest need, SPLASH is reducing disparity in the delivery of these valuable lessons and skill development.



Shaping Positive Lifestyles & Attitudes
through School Health



Expanding Coordinated School Health Programs Across Michigan and Indiana

Public Health Problem

High school students in Indiana and Michigan continue to engage in high rates of risk behaviors that contribute to the leading causes of death and disability in the United States:

- 15% of Indiana students and 12% of Michigan students were overweight.
- Only 15% of students in Indiana and 17% in Michigan ate fruits and vegetables at least five times per day.
- 11% of students in both Indiana and Michigan failed to participate in any form of vigorous or moderate physical activity.
- 60% of students in Indiana and 52% in Michigan had ever tried a cigarette.

CSHPs provide schools with a framework to help encourage and support students in adopting healthy behaviors. To ensure that school districts receive the intensive training and support needed to develop, implement, and sustain CSHPs, the Great Lakes American Cancer Society (ACS), Indiana Departments of Education and Health, and Michigan Departments of Education and Health worked together to develop the *MICHIANA School Health Leadership Institute*.

Program Example

Started in 2004 with support from CDC and ACS, *MICHIANA* is a five-year initiative designed to replicate the success of earlier ACS National School Health Leadership Institutes in developing sustainable local CSHPs. Eighteen districts, representing 98,000 students from 190 schools in Indiana and 49,000 students from 107 schools in Michigan, were selected to participate in *MICHIANA*. During the first three years of *MICHIANA*, district teams of two to seven staff each participated in six, bi-annual trainings designed to provide team members with the knowledge and skills needed to successfully implement and sustain a CSHP. In the previous two years, district teams focused on implementing CSHPs while continuing to receive support and technical assistance from the ACS and the Indiana and Michigan Departments of Education and Health.

Division of Adolescent and School Health (DASH)
2007 Program Review

Implications and Impact

Now in their 4th year of *MICHIANA*, the 18 initial districts have experienced substantial successes:

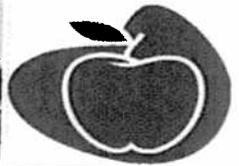
INDIANA

- Receipt of over \$10 million in grant funding.
- Implementation of policies limiting the sale of unhealthy foods in cafeterias and vending machines in 10 districts.
- Passage of tobacco-free campus policies in 10 districts.
- Creation of staff positions dedicated to CSHP in four districts.
- Initiation of a school breakfast program in 10 districts.
- Requiring the integration of physical activity throughout every school day in kindergarten through fifth grades in 10 districts.

MICHIGAN

- Receipt of over \$1.6 million in grant funding.
- Implementation of 5 district policies offering healthy vending choices and improving options in the cafeteria.
- Passage of 24/7 tobacco-free campus policies in 8 districts.
- Formation of 8 district-wide CSH councils and 26 CSH building level teams.
- Opening of three School-Based Health Centers.
- Implementation of *Michigan Model for Health*[®] comprehensive school health education curriculum in eight districts.

As a result of the success of the initial *MICHIANA Institute*, the Great Lakes ACS has committed to supporting a second five-year *Institute* that will reach approximately 20 new school districts. The success of *MICHIANA* has been due to the support and commitment of the partners involved. By pooling their financial and human resources, *MICHIANA* partners were able to have a greater impact in each state than any one partner could have accomplished alone.



Healthy Kids, Healthy Michigan

Advocates for Healthy Weight in Children

www.americanheart.org/healthykidshealthymichigan

What success has the coalition had thus far?

Over the past 30 years, obesity rates have continued to increase rapidly across all age groups. Among children ages 6 -11, the national rate of childhood obesity has quadrupled. In Michigan, nearly \$3 billion is spent in annual medical costs treating obese adults. If these trends continue, the children of Michigan may be the first generation to not have a longer life span than their parents.

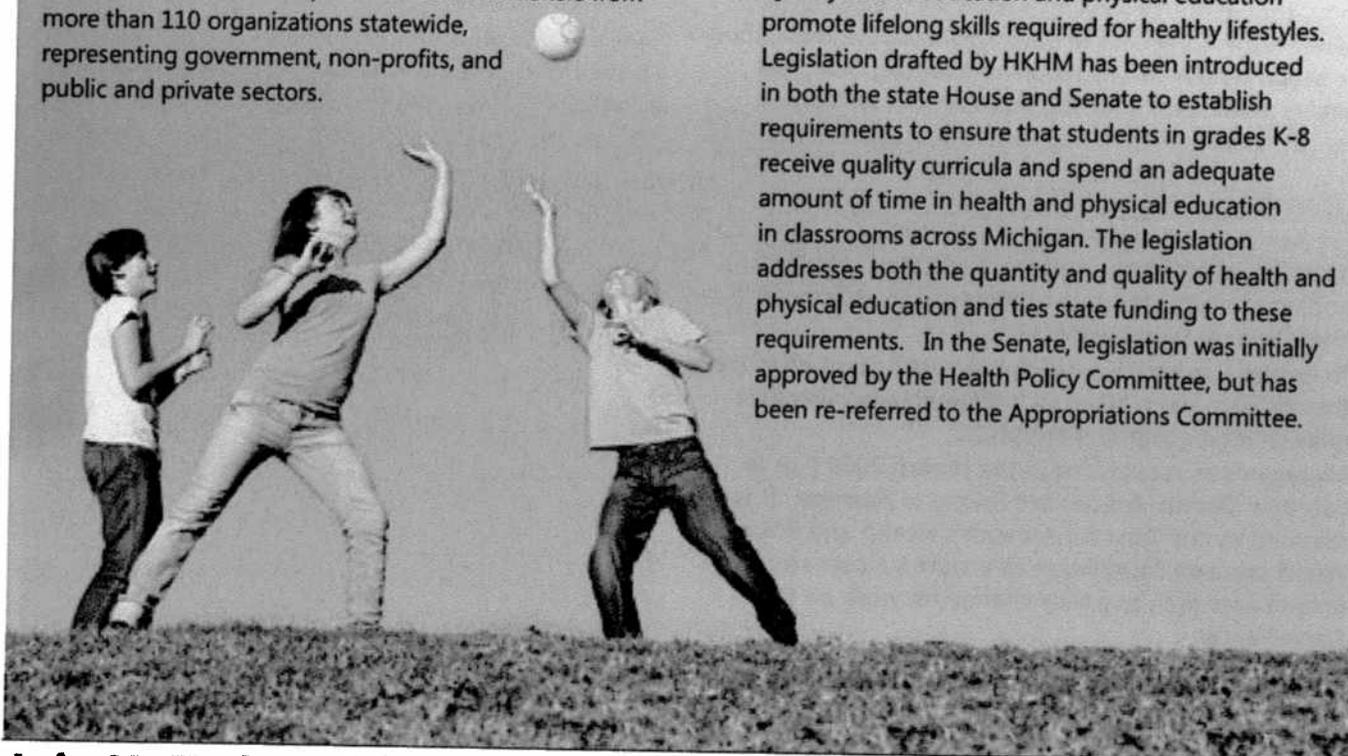
Healthy Kids, Healthy Michigan (HKHM) emerged with an obesity prevention policy prioritization effort in late 2007. In 2008, HKHM transformed into a coalition dedicated to reducing childhood obesity in Michigan through strategic policy initiatives and a campaign was launched to concurrently address its 6 highest priority policy issues. The coalition is now comprised of decision makers from more than 110 organizations statewide, representing government, non-profits, and public and private sectors.

Public Act 231

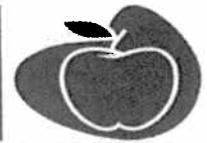
- In July 2008, Public Act 231 was signed into law by Gov. Jennifer Granholm. This allows food retailers, specifically grocery stores who offer fresh produce and vegetables, to expand, improve, or develop their establishments in both rural and urban underserved areas by requesting a property tax abatement.
- Public Act 231 will increase access to fresh and healthy foods to residents of underserved areas.
- HKHM is continuing to work with partners on implementation and promotion of this property tax abatement.

Physical and Health Education Requirements:

- Quality health education and physical education promote lifelong skills required for healthy lifestyles. Legislation drafted by HKHM has been introduced in both the state House and Senate to establish requirements to ensure that students in grades K-8 receive quality curricula and spend an adequate amount of time in health and physical education in classrooms across Michigan. The legislation addresses both the quantity and quality of health and physical education and ties state funding to these requirements. In the Senate, legislation was initially approved by the Health Policy Committee, but has been re-referred to the Appropriations Committee.



Join Us Today! Help Us Build a Healthier Future for Michigan's Kids



What success has the coalition had thus far?

Medicaid Coverage of Childhood Obesity:

- On June 2, an official letter clarifying Medicaid policy for local providers, called the L-Letter, was sent to pediatric health care providers with information on the appropriate way to bill Medicaid for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or "well-child" visits that include prevention, identification, and treatment of childhood obesity.
- HKHM is working to educate health care providers through supplemental publications and presentations on childhood obesity coverage through Medicaid.

Complete Streets

- A draft legislative resolution and an accompanying white paper explaining the rationale and need for legislative and administrative action, has been developed by HKHM. Policymakers are currently being recruited as sponsors for this resolution.
- HKHM's efforts are synergistic with other state and local Complete Streets efforts. For example, in August, the Lansing City Council adopted the Lansing Complete Streets Ordinance which states that the city will have a non-motorized network plan, and will update it every 5 years. Several other local units of government have also adopted or begun serious consideration for adopting Complete Streets resolutions, including, Ash Township in Monroe County, Jackson, Flint, Grand Rapids, Marquette, and Detroit.

Body Mass Index Surveillance:

- The coalition worked with technical and administrative teams to integrate the additions of height, weight and body mass index (BMI) capabilities to the Michigan Care Improvement Registry (MCIR).
- To ensure this health surveillance tool is used effectively, the coalition has worked to initiate an administrative rules change governing the MCIR.
- Michigan was recognized in the report: *2009 F as in Fat: How Obesity Policies are Failing in America*. It was released by the Trust for America's Health and Robert Wood Johnson Foundation as a state success story and unique approach to policy change for work on BMI Surveillance.

What does the future hold?

HKHM continues to grow, and look for new members and partner organizations. Our collaboration is an excellent avenue to deliver one, clear message to state leaders about the importance and impact obesity has on the state. Through our strong partnerships, we have a better opportunity to move forward on key policy priorities impacting childhood obesity than we would acting individually.

How will the coalition continue to address childhood obesity?

- HKHM has determined a five-year strategic policy plan and each year the coalition identifies priorities to focus on for the year.
- HKHM continues to grow its membership and increase involvement in the fight against childhood obesity.
- The coalition is focused on educating organizations, community members, and elected officials of their policy initiatives.

Contact Us

Healthy Kids, Healthy Michigan
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Join Us Today! Help Us Build a Healthier Future for Michigan's Kids



Healthy Kids, Healthy Michigan

Advocates for Healthy Weight in Children

2010 Policy Priorities

Education Policy Action Team (EPAT)

Physical Education and Health Education Requirements: *Providing specific guidelines for health education and physical education instruction in grades K – 8 and outlining specifics for frequency and class size.*

Legislation has been introduced in the Michigan House and Senate that provides specific guidelines, but also does not allow extracurricular activities to be substituted for physical education. Health education and physical education curricula will be aligned with grade level content expectations approved by the State Board of Education. Throughout 2010 EPAT will continue working with the Legislature to turn this proposed legislation into state law.

Implementing District Coordinated School Health Councils: *Require coordinated school health councils.*

The goal of EPAT is for legislation to be introduced in the first half of 2010 that will require districts to create and maintain a council to annually develop a Healthy School Action Plan, establish who should be a part of the council and how often they meet and provide districts with technical assistance in drafting, implementing, and evaluating plans. School districts would be required to submit their Healthy School Action Plans to the Department of Education annually.

State Nutrition Standards for the School Campus: *Statewide adoption of Michigan's Nutrition Standards Recommendations for all foods available in Michigan Schools.*

During the 2009-2010 school year, 48 Michigan schools are participating as pilot schools implementing the Nutrition Standards currently in draft form. The Michigan Department of Education (MDE) will be gathering feedback from the pilot schools in the spring of 2010, and collecting public comment during the summer. By Fall 2010, MDE would like to submit finalized Nutrition Standards to the State Board of Education for approval. HKHM will collaborate with the MDE and other key stakeholder groups to promote the new Nutrition Standards, advocate for statewide adoption, and encourage school participation.



Healthy Kids, Healthy Michigan

Advocates for Healthy Weight in Children

Health, Family and Childcare Services Policy Action Team (HPAT)

Medicaid Coverage of Childhood Obesity: *Raise awareness and strengthen physician knowledge of billing practices as it relates to childhood obesity.*

In 2010, the policy action team is developing supplemental advocacy material to be presented at conferences and used to spread the message throughout the physician community.

Also, a priority is evaluation of the effect the L-Letter has had on “well child” visits. It is important to identify how well the message is being communicated. Based on the findings, HPAT will make necessary recommendations and will adjust their efforts to ensure the L-Letter significantly impacts how physicians are practicing as it relates to protecting Michigan’s youngest citizens.

BMI Surveillance: *Complete the work, which began in 2009, to finalize MCIR BMI programming.*

In 2009, HPAT made significant strides in developing a statewide system to monitor Body Mass Index (BMI) that would be integrated with the state’s current system, the Michigan Care Improvement Registry (MCIR). Going forward, HPAT aims to have BMI added to the MCIR successfully, including: completion of the rules change, development of MCIR training documents, and define data quality standards.

Child Care Nutrition Regulations and Physical Activity Guidelines: *Advance policies to improve nutrition standards and increase the required daily physical activity in child care settings.*

After researching other states, the HPAT recognized the significant actions being taken in California, Delaware, and New York City to control screen time and raise nutrition standards in day cares. Preliminary research indicates that obesity can start as young as age 2. To address these serious concerns in Michigan child care, the Child Care Services Policy Work Group formed to advocate policies that will implement nutrition standards and physical activity requirements in child care settings.

Community Policy Action Team (CPAT)

Michigan Complete Streets & Safe Routes to School: *Advance incentives and legislation to apply Complete Streets/Safe Routes to School (SRTS)/Context Sensitive Solutions (CSS), including safety of pedestrians and bicyclists when building, reconstructing, or rehabilitating public infrastructure.*

The ultimate goal is to make it easier for children and families to incorporate physical activity into their daily lives. Now that a resolution supporting Complete Streets has been introduced, the subcommittee plans to develop policy language and introduce legislation on a statewide level.



Healthy Kids, Healthy Michigan

Advocates for Healthy Weight in Children

Access to healthy food through community and school gardens: *Advance policy to increase the number of community and school gardens in underserved areas.*

Community and school gardens can not only provide fresh foods to families in underserved areas, but research has shown that school gardening programs potentially positively impact the amount of fruits and vegetables consumed by youth involved in these programs.

In the coming year, the subcommittee will develop strategies and tools to target policy and local ordinances, work with affected stakeholders to determine needs and awareness, and identify state and local resources for community and school garden programs.

Access to healthy food through healthy food retail: *Advance policy to support supply and increased demand for healthy food options in low-income and underserved areas.*

Now that legislation has been passed that offers a tax incentive to food retailers who open stores in underserved areas, the subcommittee will continue working to increase access to fresh foods by addressing consumer demand for healthy food options in low-income areas. A priority of the policy action team is to extend the distribution period of the once-monthly food assistance program in order to ensure all low-income individuals have access to healthy food.

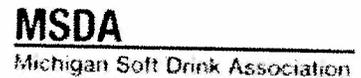
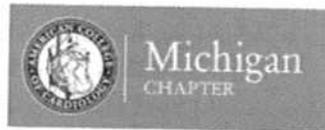
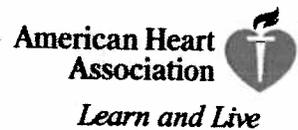


Healthy Kids, Healthy Michigan

Advocates for Healthy Weight in Children

Steering Committee

- Altarum Institute
- American Cancer Society
- American Heart Association
- Michigan Association for Health, Physical Education, Recreation, & Dance
- Michigan Chapter of the American College of Cardiology
- Michigan Fitness Foundation
- Michigan Health & Hospital Association
- Michigan Soft Drink Association
- Michigan State Medical Society
- University of Michigan, C.S. Mott Children's Hospital



Ex-officio Steering Committee Members

- Education Policy Action Team
- Community Policy Action Team
- Health, Family and Child Care Policy Action Team
- Michigan Department of Agriculture
- Michigan Department of Community Health
- Michigan Department of Education
- Michigan Department of Human Services
- Michigan Department of Transportation
- Michigan Department of Labor & Economic Growth

Partners

- Michigan Association of Osteopathic Family Physicians
- Michigan Council for Maternal and Child Health
- Michigan State University, C.S. Mott Group for Sustainable Food Systems
- Beaumont Hospitals, Community Affairs
- Meijer



Healthy Kids, Healthy Michigan

Advocates for Healthy Weight in Children

Members

- Allegiance Health Department of Prevention & Community Health
- American Diabetes Association
- Ann Arbor YMCA
- Arab Community Center for Economic and Social Services
- Association of Child Development
- Bay-Arenac Intermediate School District
- BE-FIT, Inc.
- Big Brothers Big Sisters of Marquette & Alger Counties
- Blue Cross Blue Shield of Michigan
- Chelsea Community Hospital
- Children's Health Initiative Program
- City Connect Detroit
- Center for Childhood Weight Management
- Community Health Committee of the Health Improvement Plan of Washtenaw County
- Community Health & Social Services Center, Inc.
- Comprehensive School Health Coordinators' Association
- Corner Health Center
- Crim Fitness Foundation
- Detroit Community-Academic Urban Research Center
- Detroit Economic Growth Corporation
- Eastern Michigan University, School of Health Promotion and Human Performance
- Eaton Intermediate School District
- Evolve Nonprofit
- Food System Economic Partnership
- Generation With Promise – Office of the Surgeon General
- Governor's Office of Community & Faith-Based Initiatives
- The Greening of Detroit
- Health Tank
- Healthy Environments Partnership
- Henry Ford Health System
- Lakeview School District
- League of Michigan Bicyclists
- Jackson Public Schools
- Joy – Southfield Community Development Corporation
- Mayor's Time
- Medical Network One
- Marbec, Ltd.
- Michigan Apple Committee
- Michigan Association for the Education of Young Children
- Michigan Association of Local Public Health
- Michigan Association of Planning
- Michigan Chapter American Academy of Pediatrics
- Michigan Chapter of the American Society of Landscape Architects
- Michigan Dietetic Association
- Michigan Environmental Council
- Michigan Farm Bureau
- Michigan Farmers Market Association
- Michigan Food Policy Council
- Michigan 4C Association
- Michigan Grocers Association
- Michigan Head Start State Based TTA Office
- Michigan Osteopathic Association
- Michigan Podiatric Medical Association
- Michigan Primary Care Association
- Michigan Public Health Institute
- Michigan Recreation and Park Association
- Michigan State University, Department of Pediatrics and Human Development
- Michigan State University, Center for Economic Analysis
- Michigan State University, College of Osteopathic Medicine
- Michigan Suburbs Alliance
- Michigan Trails and Greenways Alliance
- Oakland County Osteopathic Association
- Rowe Professional Services Company
- Spartan Stores
- St. Joseph Mercy Medical Group/Pediatrics
- Taylor School District
- Tom Rifai, MD, PC
- University of Michigan, Pediatric Comprehensive Weight Management Center
- University of Michigan, Project Healthy Schools
- Washtenaw County Public Health
- Wayne State University, Department of Pediatrics
- Wayne State University, Nutrition & Food Science

Dr. Pat Cooper coming to Michigan

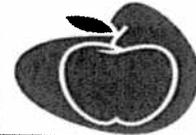
HKHM is pleased to announce that national education leader Dr. Pat Cooper will be in Lansing on Wednesday, Feb. 24 and Thursday, Feb. 25 addressing members of Michigan's Legislature about the essential nature of coordinated school health programs.

Dr. Cooper currently serves as the chief executive officer of the Early Childhood and Family Learning Foundation in New Orleans. The foundation is focused on establishing community centers in the most economically depressed and crime-ridden neighborhoods of New Orleans. The centers establish universal, quality early child care programs and coordinated school health programs in the schools, while providing a one-stop health, social service and education opportunity for the community.

Prior to his New Orleans appointment, Dr. Cooper served as superintendent of schools in McComb, Miss. During his ten years there, the school district studied the successful relationship between coordinated school health programs and school reform. The results have been extremely positive – with significant, documented gains in academics, social and emotional arenas.

His experience goes beyond administration, serving as a classroom teacher of the emotionally disturbed, as a principal, university faculty member and as assistant state superintendent in the Louisiana State Department of Education. He is considered a national expert on coordinated school health, and has been making presentations across the country for the past ten years.

According to Dr. Cooper, "Simply providing access to education will not solve anybody's problems if the nation's schools are overwhelmed. We must work together to take action for children's nutrition, fitness and overall health, to create healthy, safe, supportive schools where teachers can teach and children can learn."



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Healthy Kids, Healthy Michigan Continues the Fight Against Childhood Obesity

Lansing, MI – Over the past 30 years, obesity rates have continued to increase rapidly across all age groups, but especially among children ages 6 -11 where the rates have quadrupled. In Michigan, nearly \$3 billion is spent in annual medical costs because of obesity. Healthy Kids, Healthy Michigan (HKHM), a coalition dedicated to addressing childhood obesity through policy, held a press conference at the State Capitol today to review their successes throughout the first policy year and unveil their 2010 policy goals.

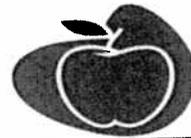
“A year after we first unveiled our coalition goals, we are proud to come back and tell you about the great successes of our coalition in the prevention and education of childhood obesity,” said Katherine Knoll, chair of the HKHM Steering Committee. “Although we have a lot more work to do, we are proud of our accomplishments to date as they validate our passion and dedication to reduce childhood obesity in Michigan.”

Healthy Kids, Healthy Michigan Achievements:

- **Public Act 231:** Overweight and poor nutrition are often related to living in “food deserts,” areas where residents have limited access to affordable, healthy foods. In July 2008, Public Act 231 was signed into law by Gov. Jennifer Granholm. PA 231 allows food retailers, specifically grocery stores who offer fresh produce and vegetables, that expand, improve, or develop their establishments in both rural and urban underserved areas, to request property tax abatement for up to 10-years.
- **Physical and Health Education Requirements:** Physical education and health education directly affect the healthy behaviors and educational achievement of students. Legislation has been introduced in both the state House (House Bills 4923 and 4924) and Senate (Senate Bills 365 and 366) to establish standards for school districts to follow and extend the required number of hours K-8 students spend in health education and physical education in classrooms across Michigan. The bills also tie state funding to the health and physical education requirements.
- **Body Mass Index Surveillance:** The coalition has worked with technical and administrative teams to integrate the additions of height, weight, and body mass index (BMI) capabilities to the Michigan Care Improvement Registry (MCIR), a health surveillance tool for tracking pediatric BMI. The addition of the BMI measurement to the MCIR will allow officials to monitor the rate of childhood obesity across the state to determine the impact of childhood obesity prevention efforts currently in place.
- **Medicaid Coverage of Childhood Obesity:** The coalition helped clarify the existing billing policy and created communication efforts for pediatric health care providers with information on the appropriate way to bill Medicaid for “well-child” visits that include prevention, identification, and treatment of childhood obesity.

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Healthy Kids, Healthy Michigan



Advocates for Healthy Weight in Children

www.americanheart.org/healthykidshealthymichigan

- **Complete Streets:** Most Michigan communities are not designed to promote walking or biking to work and school. House Resolution 187 and House Concurrent Resolution 034 have both been introduced and encourage communities to adopt an active transportation infrastructure that promotes walking and bicycle usage, keeps communities healthy and active, and reduces childhood obesity.

Today, HKHM also recognized Sen. Mark Jansen, R-Gaines Township who sponsored PA 231 and worked to ensure its passage in both the House and Senate. Also honored was Steve Fitton, Director of Medicaid Policy at the Michigan Department of Community Health, who led the efforts of the Medicaid L-Letter development and distribution. Both Sen. Jansen and Steve Fitton have been integral to HKHM's successes over the past year.

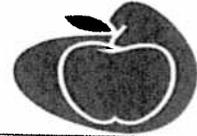
Dr. Pat Cooper, Chief Executive Officer of the Early Childhood and Family Learning Foundation in New Orleans, was also on hand to discuss the coordinated school health program model. Cooper participated in the press conference and spoke about the importance of childhood obesity education and prevention. The school coordinated health program model incorporates a combination of health and physical education, nutrition services, counseling services, and academic opportunities. Dr. Cooper will discuss his success and experience in tackling obesity problems on Thursday before the House and Senate Education Committees.

In 2010, Healthy Kids, Healthy Michigan will focus on the following policy priorities:

- **Physical Education and Health Education Requirements:** Provide specific guidelines for health education and physical education instruction in grades K – 8, outlining specifics for frequency and class size.
- **Implementing District Coordinated School Health Councils:** Require coordinated school health councils. Public school districts would create and maintain councils, which involve school faculty and parents, who develop specific goals, strategies, benchmarks and yearly reports designed to improve the mental and social health and wellness of students and staff.
- **State Nutrition Standards for the School Campus:** Statewide adoption of Michigan's Nutrition Standards recommendations for all foods available in Michigan Schools. By offering and selling healthy food, schools provide a supportive and educational environment while teaching children how to make healthy choices.
- **BMI Surveillance:** Complete the work, which began in 2009, to finalize MCIR BMI programming. HKHM is invested in completing the process of having BMI added to the MCIR successfully, including: completion of the rules change, development of MCIR training documents and definition of data quality standards. These final steps will increase the effectiveness of the tool.
- **Child Care Nutrition Regulations and Physical Activity Guidelines:** Advance policies to improve nutrition standards and increase the required daily physical activity in child care settings. With obesity beginning as early as two-years-old, these regulations and guidelines would take preventative steps to ensure nutrition and physical activity are addressed.
- **Michigan Complete Streets & Safe Routes to School:** Advance incentives and legislation to apply Complete Streets/Safe Routes to School (SRTS)/Context Sensitive Solutions (CSS) including safety of pedestrians and bicyclists when building, reconstructing, or rehabilitating public infrastructure. These actions will increase physical activity in communities across the state.

-MORE-

Healthy Kids, Healthy Michigan



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- **Access to healthy food through community and school gardens:** Increase the number of community and school gardens in underserved areas. Community and school gardens provide access to fresh foods for families living in underserved areas. Research suggests that community and school gardens have the potential to increase levels of fresh fruit and vegetables consumed daily.

About Healthy Kids, Healthy Michigan

Healthy Kids, Healthy Michigan is a coalition dedicated to reducing childhood obesity in Michigan through strategic policy initiatives while working with state government leaders. HKHM is comprised of executive-level decision makers from more than 110 organizations statewide. These organizations represent government, public and private sectors, school districts, health care, and non-profit organizations.

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