Policies and Programs to Promote Healthy Lifestyles Among Michigan’s Children
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Why do we need to promote healthy lifestyles in Michigan?

The prevalence of overweight and obesity among adults in the United States has increased significantly in recent years. The rate of overweight among children and adolescents has similarly increased. The annual health care costs for obesity are almost $120 billion nationwide. Medicaid and Medicare underwrite half of the health care costs for obesity.¹

- Michigan has a higher than average proportion of overweight and obese children and adults.²
- In 2000, 61% of persons in Michigan were overweight or obese (39% overweight and 22% obese).³

Obesity is associated with a considerable increase in risk for chronic diseases. The risk for developing diabetes is increased 10 times, and the risk for developing cardiovascular disease is increased 2-3 times.⁴

- Heart disease is the leading cause of all deaths in Michigan and the nation, as well as the leading cause of premature death for black males statewide.⁵
- Children and youth are showing increasing rates of risk factors associated with heart disease. This will contribute to increasing rates of heart disease in the future.⁶
- The costs of all heart disease in Michigan for 2003 were estimated at $8.07 billion.⁷
- Michigan rates of heart disease mortality are consistently higher than the national average.⁸

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- In the past six years there has been a 24% increase in the rate of persons clinically diagnosed with the disease in Michigan.¹¹
- The increase in diabetes prevalence has been higher in Michigan than for other states.¹²
- Diabetes-related medical costs in Michigan exceed $2.9 billion annually with 60% of the costs attributed to hospitalization.¹³
How many of Michigan's children are overweight?

Overweight High School Students in 2001

<table>
<thead>
<tr>
<th>Percent of Population</th>
<th>National Rate for Students Grades 9-12 in 2001 (weighted data)</th>
<th>Michigan Rate for Students Grades 9-12 in 2001 (weighted data)</th>
</tr>
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<tbody>
<tr>
<td>10.5%</td>
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<td>10.7%</td>
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<td>12%</td>
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</tbody>
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U.S. | Michigan


1. The rate of overweight for Michigan high school students is slightly higher than that of the nation.
2. In 2001 10.7% of Michigan students in grades 9-12 were overweight compared to 10.5% of 9-12 graders nationwide

What can we do to reduce the risks?

As stated in Healthy Michigan 2010, "the goal of chronic disease prevention and control efforts is to improve the health of all of Michigan’s populations through preventing chronic diseases or delaying their onset until very late in life through:

- Increased physical activity,
- Good nutrition,
- Tobacco cessation,
- Alcohol in moderation, and
- Positive mental health."

For more information:

There are many initiatives to address smoking, alcohol abuse and other factors associated with chronic disease in Michigan and nationwide. However, for the purpose of this briefing report we will cover a selection from the many programs that address healthy eating and physical fitness in Michigan’s children. Improving the health of Michigan’s children and youth is important for their overall well-being and for the prevention of premature morbidity and mortality.
How is Michigan promoting healthy lifestyles?

Michigan State Board of Education Recommendations

The Michigan State Board of Education has adopted a number of recommended guidelines for local school districts on the promotion of health and physical activity. In Michigan, each local school district determines its own policies; therefore, the State Board of Education’s guidelines are recommendations rather than rules.

- **Physical Activity** - all public schools promote health by offering high quality physical education opportunities, including:
  - At least 150 minutes of instruction per week for elementary school students.
  - 225 minutes of instruction per week for secondary school students.
  - Time for unstructured physical activity each day for grades K-6.

For more information:

- **Healthy Food Choices** - ensure that healthy food choices are available in venues within the school/district's control such as:
  - Vending machines, a-la-carte sales, food rewards, fundraisers, school stores, concessions, school parties, activities, and meetings.

For more information:

- **Implementation of Coordinated School Health Programs (CSHP)** The CSHP model was proposed by the Centers for Disease Control and Prevention (CDC) in 1987 to help students achieve academic success by improving health. A school committee, which typically includes a representative from each of eight component areas that play a role in student health, assesses the school environment and develops school health priorities and programs.

For more information:

- **The State Board of Education recommended that:**
  - Each school district develop a comprehensive plan for a Coordinated School Health Program.
  - Each school district establish a District School Health Council and a School Health Team in each building. They should represent a diverse array of students, staff, families, and community members.
  - The Michigan Department of Education provide assistance to schools so they can effectively implement their CSHP.

For more information:
Supporting Children and Families While Controlling Medicaid Costs

Recommendations from Michigan Action For Healthy Kids (MAFHK)

Michigan Action For Healthy Kids is a state coalition of individuals and organizations working together to improve the nutrition and physical activity habits of children through school-based programs and interventions. The MAFHK coalition includes health and education professionals from over 250 organizations and is part of a nationwide initiative. For further information on the goals, objectives, and resource materials on MAFHK see www.actionforhealthykids.org and click on “Michigan” under “Select Your State.”

- MAFHK, along with organizations throughout Michigan, encourages schools to complete the Healthy School Action Tool (HSAT), an online assessment designed to help schools create healthier school environments. The development of HSAT was a collaborative effort of the Michigan Department of Community Health’s Cardiovascular Health, Nutrition, and Physical Activity Section, the Michigan Department of Education, Michigan State University Extension, Michigan Team Nutrition, and the United Dairy Industry of Michigan.6

- The following five recommendations are from the HSAT Website on how schools can create healthier school environments.7

1. Implement recommendations from The Role of Michigan Schools in Promoting Healthy Weight, a consensus paper that addresses weight concerns about Michigan’s children
2. Establish a Coordinated School Health Team in the school and join Michigan Team Nutrition www.tn.fcs.msue.msu.edu
3. Complete the Healthy School Action Tool (HSAT)
4. Use HSAT results to make policy and environmental changes
5. Facilitate action in the community by joining Michigan Action for Healthy Kids

For more information: http://www.mihealthtools.org

Programs and Initiatives

- A Michigan Action for Healthy Kids “Healthy School” pilot project is in progress. The project will implement and evaluate the nutrition and physical activity interventions recommended by the MAFHK, and provide conclusions to assess the practicality of executing these interventions in other Michigan schools.8 Progress to date: 9

1. Two pilot schools were selected for the study.
2. Each school has a Coordinated School Health Team and has completed the HSAT assessment. Each school has developed a specific action plan for improving nutrition and physical activity, based on its HSAT results.
3. MAFHK expects that the outcome data will prove the effectiveness of the interventions and the viability of implementing them in other Michigan schools.

For more information: http://www.actionforhealthykids.org/AFHK/team_center_team_public_view.php?team=MI&Submit=Go
The **Nutrition Education Aimed at Toddlers** (NEAT) research project was federally funded through the Department of Health and Human Services, Administration on Children, Youth, and Families (ACYF). The purpose of the intervention was to enhance toddlers’ self-regulated feeding behavior and toddler-parent feeding interactions. The program served low-income families with toddlers in Early Head Start (EHS) programs from 28 Michigan Counties. 135 families were enrolled. Complete information was obtained for 43 parent-toddler pairs in the intervention group and 53 pairs in the non-intervention group.

The program had two main components:
- Four NEAT classes taught by a trained paraprofessional nutrition instructor on meal planning and positive meal-time caregiver-toddler interactions.
- Reinforcement Activities, which consisted of 18 weekly, short activities provided in each family’s home by EHS home visitors.

**Conclusion:**
- Low-income EHS parents need support and direction in feeding their toddlers appropriately.
- Findings show that parents in the intervention group had an increase in knowledge, although there is a potential for increasing parent knowledge about feeding toddlers.

The project was a collaboration between Early Head Start, Michigan State University, and Michigan State University Extension.

For more information:
http://nursing.msu.edu/neat/executivesummary.html

The **Soup and Salad Program** is a program for child care providers of low-income children. Grant money was awarded to 348 home and center-based child care providers by the Michigan Community Coordinated Child Care Association (Michigan 4C) with funds provided by the Michigan Family Independence Agency through a federal Community Food and Nutrition Grant.

The program was designed to encourage healthy eating and to promote curiosity about gardening and its connection to healthy eating. Feedback from providers has been positive. Because of the grant, children were able to both grow and eat fresh vegetables.

For more information:
http://www.michigan.gov/printerFriendly/0,1687,7-192-29942-102421,00.html

**Michigan Team Nutrition (TN)** is part of a nationwide USDA initiative designed to motivate, encourage, and empower schools, families, and the community to work together to continually improve school meals and make food and physical activity choices for a healthy lifestyle. In Michigan, TN is implemented cooperatively by the state of Michigan Department of Education and MSU Extension. More than 900 schools are enrolled as Michigan TN schools. Enrolled schools can apply for mini-grant and are provided with educational resources. Team Nutrition schools are using the Healthy School Action Tool to determine, implement, and evaluate school environment and policy changes to promote healthy eating and/or physical activity.

For more information:
http://www.msue.msu.edu/fnh/tn/index.html
Information and public awareness

- Michigan Action for Healthy Kids (MAFKH) created a 30 second public service announcement (PSA) encouraging kids to make healthy choices. It was broadcast 40,000 times on cable stations early in 2004. Targeted toward teens, its message was, “Smart students make smart choices about healthy eating and being physically active.”

For more information:
http://www.actionforhealthykids.org/AFHK/team_center/
team_public_view.php?team=MI&Submit=Go

- The Healthy Kids Healthy Weight publication represents a collaboration between the Michigan Department of Community Health and the Michigan Board of Education. The concept is to help families understand the importance of healthy weight in children. Several fact sheets from the booklet are available for download from the following site: http://www.emc.cmich.edu/healthyweight. Topics covered in the fact sheets include fit families and healthy eating.