





Dear Friends:

In March of this year, we participated in a panel discussion at the Prevention Research Centers national meeting entitled, "PRC Collaboration with State Health Departments: Successes, Challenges, and Future Directions." We discussed the programs described in this periodic report and emphasized two key themes. First, we discussed the value of having a safe venue for diverse policy and advocacy leaders where ideas could be debated openly and commonalities found without concerns about politics, partisanship, and media coverage. Our State Board fills that need for our Center. This led to our second theme: the importance of developing a culture of collaboration where mutually beneficial projects could develop and thrive.

The basis of this culture is trust in the partnership. We raised the idea that trust develops progressively through a process we called the "six C's:"

- 1) Communication
- 2) Collaboration
- 3) Continuity
- 4) Conflict
- 5) Consensus
- 6) Celebration

The first step in developing trusting relationships and a culture of collaboration is **communication**. This is the idea of creating a safe environment for sharing ideas and debating them in an open and honest forum. The next step is **collaboration**. As communication channels develop and people begin to talk openly to one another, collaboration can begin. Ongoing efforts to sustain positive working relationships and communication create a **sense of continuity**, which is the foundation for a lasting partnership. As with any relationship, however, **conflict** is inevitable, and the test of a lasting and committed relationship is how well conflict is managed and resolved. Partnerships that can weather the storm of disagreement, differing agendas, and the struggle for limited resources become stronger if they can come out the other side intact. We have learned that conflict can be productive if the first three steps in partnership formation are in place: communication, collaboration and continuity. The next step is developing **consensus**. Consensus means that partners can differ, yet as long as they can find enough common ground

about an idea (or policy or program) they can move forward with support. Consensus also requires that every partner have their turn to define a debate, take the lead on a project, or share in the resources. Consensus reinforces a sense of community among partners, and the belief that what is good for one is good for the collective. Consensus helps us focus on our goal to improve health for all and avoid the natural tendency to protect our own, retreat to our own silo, and take a defensive posture. Finally, a culture of collaboration requires **celebration**. We need to celebrate the small victories just as much as the big wins. Celebration gives life to our partnership and reminds us about the human side of our work, our agendas, and our struggles. This issue of our periodic report is a celebration of our state partnership. Our PRC State Board still has plenty of room to grow, but we are constantly working on these six C's to maintain our culture of collaboration. We hope you enjoy reading about some of the results.

In good health,

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# Promoting Active Communities



Imagine walking or biking to work or school on a safe and convenient route that is clearly marked and well connected to your final destination. Imagine hopping on a bus with a built-in bike rack allowing you to travel greater distances than your bike can carry you in a short amount of time. Imagine abundant opportunities for recreation located close to home and open to all residents.

Many people no longer have to imagine if it is possible to integrate physical activity into their daily lives. They live in communities that have created compact, mixed-use neighborhoods designed to make it easy for people to walk or bike and to enjoy a variety of opportunities for recreation.

Communities inspired to change their policies and environment to encourage residents to be more physically active can get help from the Promoting Active Communities (PAC) project. PAC has created a web-based tool that enables communities to examine their policies, programs and environments by completing a user-friendly self-assessment ([www.mihealthtools.org/communities](http://www.mihealthtools.org/communities)). The assessment identifies community assets and needs related to physical activity and generates ideas for improvement. Upon completion, communities receive an award from the Governor's Council for Physical Fitness based on their assessment score. In addition, PAC has developed a new companion guide, [Design Guidelines for Active Michigan Communities](#), to assist communities in making evidenced-based changes to improve their amenability to physical activity. The book is available for downloading from the PAC website.

Many communities that have completed the PAC assessment have enhanced their environments to promote active living. Portland, for example, has created eight miles of trails using the Grand and

Looking Glass Rivers as focal points. This trail network connects most of Portland's parks, schools and the downtown district for hiking, biking, rollerblading and cross-country skiing. Development of a new park allowed the construction of another pedestrian bridge, a boardwalk adjacent to the Grand River and a band shell for concerts, to which people often walk or bike. The Portland Parks and Recreation Department teamed up with the school system to use the school facilities for adult sports activities as well as elementary after-school and weekend programs. In the winter, an ice rink is constructed on the Powers Park ball field for free skating. In Davison, a sidewalk expansion program will result in a complete pedestrian network connecting residents to the post office and other walkable destinations. A new two-mile trail in the Davison Regional Park increases visitors' connections to natural areas. Grand Rapids has developed the Millennium Park, a 1,800-acre green space. In addition, the city is in the process of reclaiming 1,500 acres of industrial land that, when complete, will be one of the nation's largest urban parks. It will contain eight miles of walking trails and a 10-mile multi-use trail along the Grand River waterfront. These communities are representative of the efforts that many cities and towns across Michigan are making to promote healthy environments for their residents.



The Promoting Active Communities project is a collaboration among the Michigan Department of Community Health (MDCH), the Governor's Council on Physical Fitness, Michigan State University and the Prevention Research Center of Michigan at the University of Michigan School of Public Health. Following the launch of the new PAC assessment tool, the project plans to evaluate how well the PAC facilitates policy and environmental changes to promote physical activity. If successful, the PAC program will provide a model that could be replicated in other states and communities. The PAC project is funded by a grant from the Centers for Disease Control and Prevention and the Association of Schools of Public Health. For more information about the PAC project, contact: Risa Wilkerson, Governor's Council on Physical Fitness, 800-434-8642, [rwilkerson@michiganfitness.org](mailto:rwilkerson@michiganfitness.org).

# Evaluating Health Disparities Programs



Michigan's geography is a study in contrasts: rocky shores, rolling farm fields, densely wooded forests, and bustling cities. The same diversity is evident in our population, from Arab and Chaldean American communities in Dearborn, to the Native American tribes in the lower and upper peninsulas. Throughout its history, Michigan has attracted people from other parts of the nation and abroad. Many African Americans moved from the South to take jobs in the automobile factories. Hispanics migrated from the Southwest, Mexico, and Central America to work in industry and agriculture. As we celebrate the various cultures and traditions represented in Michigan, we also recognize that there are stark differences in the health

status of our diverse populations. The Michigan Department of Community Health (MDCH) is supporting a network of programs across the state that focus on reducing health disparities among racial and ethnic minorities. These programs are addressing health issues that include infant mortality, cancer, lead poisoning, obesity, diabetes, asthma and hypertension.

The Prevention Research Center of Michigan is conducting a cross-site evaluation to assess the effects of the health disparities reduction programs. The PRC/MI has created a common framework for the cross-site evaluation that focuses on evidenced-based practices. First, we assisted programs in developing logic models for their interventions. Logic models are used as a framework for organizing evaluation information and assessing the extent to which programs have fulfilled their goals. The logic model provides a systematic and succinct format for summarizing program properties, including: resources and partners; activities; outputs; and short-term, intermediate and long-term outcomes. This framework also enhances the program's ability to track program efforts and the effects these efforts have on participants and the community.

The PRC/MI is providing technical assistance to individual programs to help them increase the effectiveness of their work. We have developed data collection and data management tools to track program efforts. For example, we created an intake form for Adult Well-Being Services' Healthy Together Support Groups which tracks relevant information in an efficient manner. We created a database which complements this intake form, so that participant information is easily

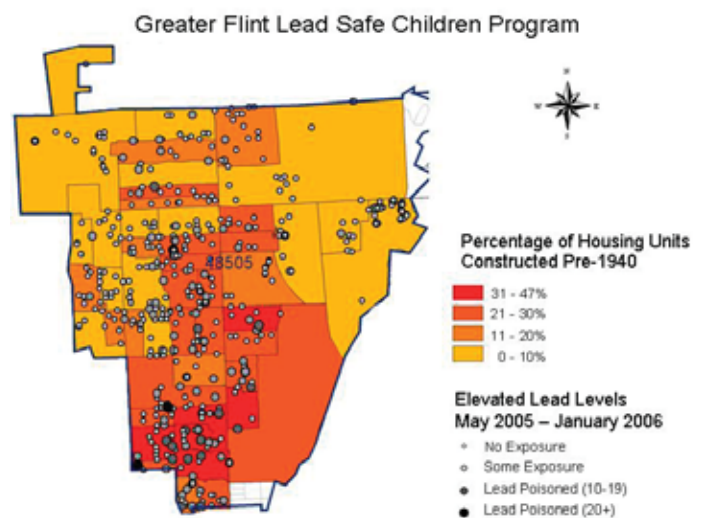


accessible and interpretable at both the individual and group levels. We have also identified existing instruments that would be useful for program efforts, such as the Newest Vital Sign Nutrition Label, which provides a quick assessment of nutrition literacy and the ability to interpret food nutrition labels.

We have also assisted The Greater Flint Lead Safe Children Program (GFLSC) in focusing their program. GFLSC seeks to increase the proportion of African

Americans under age six years in the 48505 zip code who are tested for lead. This area is a State-designated high-risk area for childhood lead poisoning and is also home to the largest concentration of African American children in Flint. The GFLSC is conducting a lead outreach and education campaign to households and physician offices within the 48505 zip code. The evaluation of the GFLSC Program uses Geographical Information Systems to aid and document GFLSC efforts. We used census data to identify geographical locations with higher concentrations of African American children under 6 years of age and housing units constructed prior to 1940. Digital maps were created to track the blocks covered by neighborhood outreach efforts, the number of households reached, distribution of informational packets, and lead screenings. These maps have aided GFLSC in tracking the outputs and outcomes of the program. Blood lead level screening results combined with these maps visually demonstrate the association between the prevalence of older housing stock and elevated blood lead levels. They assist GFLSC staff in prioritizing those areas within 48505 where children are at highest risk of lead poisoning.

The PRC/MI has developed a Cross-Site Evaluation Tool to complement the internal evaluations of the health disparity reduction programs. The tool contains four sections: 1) evidence based practice; 2) process, impact and outcomes indicators; 3) cultural competence; and 4) sustainability. Many of the items are derived from standard questions in the public health evaluation literature; others were created to address the interests of MDCH and features of the intervention programs. Recognizing the diversity of programmatic efforts and organizational evaluation capacity, we sought to enable each program to create the best evaluation possible given the resources and data available. Each section contains a range of components from basic questions to more advanced evaluation techniques.



### Health Disparity Reduction Programs

#### Healthy Together Support Groups

Organization: Adult Well-Being Services  
Focus: Hypertension

#### Cancer Health Communication Program

Organization: Arab American and Chaldean Council  
Focus: Breast, Cervical, Colorectal, and Prostate Cancer

#### El Programa De Diabetes Reducion

Organization: Baldwin Family Health Care, Inc.  
Focus: Disparities and Diabetes

#### Greater Flint Lead Safe Children Program

Organization: Genesee County Health Department and Flint Odyssey House, Inc. Health Awareness Center  
Focus: Childhood lead poisoning

#### Diabetes Prevention Program

Organization: Huron Potawatomi, Inc.  
Focus: Diabetes

#### Healthy Start/Healthy Families Oakland

Organization: Oakland Livingston Human Service Agency  
Focus: Infant mortality

#### Comprehensive Asthma Program (CAP)

Organization: St. Joseph Mercy Hospital  
Focus: Pediatric Asthma

#### Screening, Testing, and Evaluation for Prevention (STEP)

Organization: St. John Community Health Investment Corp.  
Focus: Diabetes and Obesity

#### Back to Sleep Campaign

Organization: Tomorrow's Child / Michigan SIDS  
Focus: Infant Mortality

#### Healthy U Program

Organization: YMCA Grand Rapids  
Focus: Childhood Obesity/Overweight

We are assisting programs in learning how to apply the techniques included in the evaluation tool according to their program design and organizational capacity. The cross-site evaluation tool is designed to be used by programs with differing goals and methods and varying degrees of evaluation capacity, and to extend that capacity with measures of greater sophistication. It will provide a template for programs beyond those currently participating in the disparity reduction initiative.

The Prevention Research Center of Michigan (PRC/MI) strives to embody excellence in public health research, practice, and policy through long-term partnerships based on trust and equality. The Center conducts community-based prevention research aimed at improving health status and reducing morbidity and mortality among populations experiencing a disproportionate share of poor health outcomes.

For a complete description of PRC/MI programs and publications, see our website at <http://www.sph.umich.edu/prc>.

Cover photo credits:

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Sunflowers and Barn: Randall McCune



# An Interview with Michigan's Surgeon General



**Dr. Wisdom, as Michigan's first Surgeon General, what priorities are you focusing on?**

I have four primary roles. First, I serve as chief public health advocate/educator for the State. Second, I work collaboratively with the Michigan Department of Community Health to rebuild public health in Michigan. Third, I work on the policies that support or impact strategic directions. Fourth, I develop collaborative partnerships to achieve these goals.

Within these roles - as outlined in the Michigan Surgeon General's Prescription for a Healthier Michigan - I have focused on physical inactivity, unhealthy eating habits, childhood lead poisoning, tobacco use, chronic disease, infant mortality, unintended pregnancy, coordinated school health, HIV/AIDS, health disparities, suicide, and the economic and social implications of not engaging in prevention activities. The number one strategic priority in the Prescription is promoting healthy lifestyles, and in particular, arresting adult and pediatric obesity and reducing tobacco use.

**You initiated Michigan Steps Up! Could you describe the program?**

**Michigan Steps Up!** is a healthy lifestyles campaign designed to create a social movement among citizens, policy makers, communities, and various sectors throughout Michigan. The campaign addresses three unhealthy lifestyle behaviors that contribute to Michigan's alarming rates of obesity and chronic disease: physical inactivity, unhealthy eating, and tobacco use. This comprehensive, multi-year, multi-partner campaign includes components such as an interactive website, a media campaign, conferences, stakeholder interventions, community grants and more to not only encourage individuals to change their lifestyle, but also to create environmental and policy change in every Michigan community.

The **Michigan Steps Up!** Website ([www.michiganstepsup.org](http://www.michiganstepsup.org)) is an interactive and user-friendly site that contains tools for everyone to start improving their health, including: personal planning tips to set and track goals; free healthy recipes and snack ideas; ideas for making healthy choices when eating out; daily health tips; and links to hundreds of health-related resources. People of all ages can find information about how to move more, eat better, quit smoking or avoid secondhand smoke, maintain a healthy weight, and stay motivated.

Since it was launched, more than 92,000 visits have been logged to the website, and nearly 15,000 people have created personal plans. In addition, Michigan businesses, schools, healthcare providers, communities, and faith-leaders can access low- or no-cost evidence-based tools and resources on the website to help them create policies and environments that are supportive of healthy lifestyles.



The primary focus of **Michigan Steps Up** in 2006 will be moving the campaign to the local level ("local motion") and creating environments and policies that support healthy lifestyles in communities. In 2005, the Department of Community Health awarded five grants to local health departments to organize stakeholders, complete a community assessment, and plan or implement policy and environmental changes that support healthy lifestyles.

Here are some examples of what has happened around Michigan as a result of this social movement:

- Businesses throughout the state are making it easier for employees to be healthy by offering healthier choices in vending machines, providing incentives for employees to participate in wellness programs, allowing employees to take walking breaks, and implementing smoke-free worksite policies.
- Schools are forming Coordinated School Health Teams, adding healthier food and beverage choices to vending machines and lunch programs, adding before and after school physical activity programs, and building gardens to grow produce and educate students. More than 200 Michigan schools applied for the Michigan Surgeon General's Healthy School Environment Recognition Program, which recognizes schools that have taken important steps to create an environment and policies that support and encourage healthy lifestyles among students, staff, and teachers.
- Communities are creating biking infrastructure, installing street lights, adding crosswalks, and taking other steps to ensure that children have safe routes to school and adults have safe routes to work.
- Faith-based organizations are implementing healthy food policies and no-smoking policies, educating members about living a healthy lifestyle, hosting programs that increase access to fresh fruits and vegetables, encouraging physical activity, and more.
- Healthcare providers are encouraging patients to complete Health Risk Assessments through the **Michigan Steps Up!** website and are promoting prevention in their practices. Many have implemented innovative prevention programs targeting healthy eating, physical activity, and tobacco cessation as a result of their participation in the campaign.

(Information and resources for all of the programs described above can be found at <http://www.michiganstepsup.org>)

**The Michigan Steps Up! website includes a Health Risk Assessment tool that anyone can use to create a personalized health profile. What are the benefits of this tool?**

The health risk appraisal (HRA) is a scientifically valid tool that provides individuals with reports on their health risks and provides advice about ways to reduce the risk or suggests further evaluation by a healthcare provider. A personalized report can be printed as well as a report for the participant's healthcare provider. The appraisal takes approximately 10 minutes to complete, and all individual information is kept confidential.

Employers are encouraged to promote use of the HRA to employees. Employers can request a group number that employees will use when completing the HRA. The group number will be used to generate worksite-specific aggregate reports that employers can use when designing tailored worksite wellness programs.

The HRA is important for a number of reasons. First and foremost is raising awareness about an individual's risk for certain conditions. Scientific evidence shows that many chronic conditions or

adverse outcomes of those conditions can be prevented or delayed by reducing risk factors. For example, a recent National Institutes of Health Diabetes Prevention Trial showed conclusively that 58% of individuals at high risk for diabetes could prevent conversion to Type 2 diabetes if they exercised moderately most days and lost about five to seven percent of their body weight (about 15 pounds). For decades, the U.S. Surgeon General has reported the health risks associated with smoking and the advantages to quitting smoking. In 1990, the Surgeon General concluded that people who quit smoking before age 50 have one-half the risk of dying in the next 15 years compared with continuing smokers. Quitting smoking decreases the risk of lung cancer, other cancers, heart attack, stroke, and chronic lung disease.

### **What do you feel are the greatest health challenges facing Michigan in the next decade?**

While we're aware that the leading causes of death in Michigan are heart disease, cancer, and stroke, research confirms that unhealthy lifestyles like tobacco, poor diet, and physical inactivity are the ACTUAL causes of many deaths. Public health is credited with adding 25 years to the life expectancy of people in the United States in the 20th century, but we have thus far failed to adopt the prevention model that can improve health and reduce costs in the 21st century. We must embrace prevention practices and invest in a prevention-focused health improvement agenda to protect both the physical and fiscal health of Michigan.

### **You are a member of the Prevention Research Center of Michigan's State Board. What role do you think the PRC/MI and its State Board can play in meeting the state's health challenges?**

First, the Prevention Research Center has been consistently responsive to various requests put forward over the last several years. For instance, the PRC/MI has assisted with evaluation of twelve health disparities grants awarded through the Michigan Department of Community Health, assisted with the submission of grants, and supported the concept of conducting a Surgeon General post case study. The State Board provides a forum for generating creative solutions to health problems.

The PRC/MI and its State Board can continue to address the state's health challenges by linking State of Michigan staff with university investigators who could help design, evaluate and document lessons learned from state-wide efforts. The PRC/MI can convene academic and community-based groups to address problems that face the state; provide a seminar series or training for State staff on various topics such as health disparities; and facilitate mentoring for University of Michigan students to expose them to state-level challenges and opportunities and interest them in becoming part of the public health workforce.

### **Marketing Public Health**

Michigan's public health system has launched a communications campaign to educate the public about the functions and accomplishments of public health in the state. The heart of the campaign is a logo and motto "Public Health for Michigan, for You." The purpose of the campaign is to inform policy makers and the public about the necessity for a strong public health system. The messages that the campaign stresses are:

- A healthy population is essential for a strong economy
- Disease prevention programs save money in health care costs
- Public health organizations ensure that our food, water and air are safe
- Public health organizations protect children and adults from disease
- Public health organizations are first responders to manmade and natural disasters.



The Michigan Association for Local Public Health (MALPH) and the Michigan Department of Community Health (MDCH) encourage all public health related organizations to use the logo and communications products available through the MALPH website: <http://www.malph.org>. MALPH and MDCH are members of the Prevention Research Center of Michigan's State Board.

## STATE BOARD ORGANIZATIONS

Michigan Association for Local Public Health  
Michigan Association of Health Plans  
Michigan Council for Maternal Child Health  
Michigan Department of Community Health  
Michigan Health & Hospital Association  
Michigan League for Human Services  
Michigan Nurses Association  
Michigan Osteopathic Association  
Michigan Primary Care Association  
Michigan Public Health Institute  
Michigan State Medical Society  
United Auto Workers  
University of Michigan School of Public Health

## GENESEE COUNTY COMMUNITY BOARD ORGANIZATIONS

Dort-Oak Park Neighborhood House  
Faith Access to Community Economic Development  
Flint/Genesee County Neighborhood Roundtable  
Flint Odyssey House Health Awareness Center  
Genesee County Community Action Resource Department  
Genesee County Health Department  
Greater Flint Health Coalition  
University of Michigan - Flint  
University of Michigan School of Public Health  
YOUR Center

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