

June 3, 2014 Meeting Summary

Next meeting: July 1st 6 pm, Chelsea Community Hospital Atrium B

Attendees: Dan Kaminsky, Kathy Carter, Stephanie Doll, Mary Hall, Melissa Johnson, Jim Randolph, Jennifer Smith, Ruth VanBogelen, Jack Wheeler (Riley Curran attended second half of meeting)

Summary

- 1. REVIEW OF HIP, MIPHY, NEAT, PAC DATA.** *The objective of the review was to generate a list of potential health indicators –areas for improvement in Chelsea. An overview of relevant data from four different health-related surveys was presented. Highlights of the data review are provided in the table below. (For details, please see Ruth’s powerpoint, which is posted on the Chelsea Wellness Coalition webpage as “239_chelsea_wellness_data_summary_june_2014”).*

Data Source	Population	Areas of Concern
<p>2010 HIP Survey “Health Improvement Plan” (Washtenaw County gathers data from the national BRFSS “Behavioral Health Factors Surveillance System,” which is run by the CDC)</p> <p>Frequency: 5 yrs Next Survey: 2015; available Spring 2016</p>	<p>Western Washtenaw County (defined as Dexter, Chelsea, Manchester) and Washtenaw County as a whole.</p> <p>Source: Data from national BRFSS survey</p>	<p>(Comparing Western Washtenaw County against Washtenaw County as a whole—areas of concern identified where Western Washtenaw data worse than entire county data)</p> <p><i>PHYSICAL HEALTH [% of population]</i> Smoking: W.Washtenaw-56% All County -33% Binge Drinking: W.Washtenaw-16% All County -15% < 5-8 Fruit/Veg: W.Washtenaw-92% All County -82% *Lack Food: W.Washtenaw-9% All County -8% **Sedentary child: W.Washtenaw-133 min All County -117 Overweight: W.Washtenaw-44% All County -34% Obese: W.Washtenaw-19% All County -23%</p> <p><i>MENTAL HEALTH [% of population]</i> ★Contemplated Suicide (last 12 months):W.Washtenaw-66% All County -19 % Seen by Mental Health Professional: W.Washtenaw-4% All County -13 %</p> <p><i>INFRASTRUCTURE [% of population]</i> ***Lack Walks/Paths: W.Washtenaw-28% All County - 12 %</p> <hr/> <p>* Lack Food -- “skipped meals due to not enough food” **Sedentary – “tv/screen time > 2 hrs/day” *** Lack Walks/Paths—“not enough sidewalks, walking paths, trails) ★: star indicates data needing clarification from Washtenaw County</p>
<p>2012 MiPHY “Michigan Profile for Healthy Youth”</p> <p>Frequency: 2 yrs Next Survey: 2014; available by September Coalition meeting</p>	<p>Chelsea High School Students</p> <p>Source: online questionnaire filled in by students; data collected by schools</p>	<p>(Areas of concern : areas where 2012 data shows significant increase over 2010 data; significant increase defined as 25% increase or more)</p> <p>Alcohol Use (Significant increase in Chelsea and in County as a whole) --<i>Binging</i> (Significant increase in Chelsea but below County) --<i>Use on School Property</i> (Significant increase in Chelsea but below County) --<i>Stealing Alcohol from Home</i> (Significant increase in Chelsea and greater than County as a whole) Marijuana Use --Ease of Access (Significant increase in Chelsea and in County as a whole) Cigarette Use</p>
<p>2012 NEAT “Nutrition Environment</p>	<p>Population: Chelsea</p>	<p>Comparing 2012 to 2010, nutritional environment in Chelsea is improving overall; however, “school meal programs” and “school community” categories slipped slightly</p>

Assessment Tool"	community	in terms of support for community environment/policies supporting good nutrition. Fast food establishments continue to be "not at all supportive."
<p>2012 PAC "Promoting Active Communities"</p> <p>PAC is an online self-assessment tool run by the State of Michigan to enable communities to evaluate their built environments, policies, and programs that support active living.</p>	<p>Population: Chelsea community</p> <p>Source: CWF intern interviews community members one- on-one.</p>	<p>Based on the 2012 PAC assessment, Chelsea was awarded the Silver level, which is defined as "having achieved significant progress toward making it easy for people to be active." Silver is the third out of five possible levels (i.e., copper, bronze, silver, gold, platinum)</p> <p>Criteria for the next two highest levels are:</p> <ul style="list-style-type: none"> • Gold: Community can document outstanding achievements in making it easy for people to be active. • Platinum: Community is a model of commitment to healthy, active living.

Areas For Improvement/Potential Health Indicators

Based on review of data, the following areas for improvement were identified:

- **mental/emotional health**
- **overweight/obesity levels**
- **alcohol, marijuana and cigarette use**
- **availability of sidewalks, walking paths, and trails**

Discussion of these areas is summarized below.

Mental/Emotional Health: Interventions that address "stress" may be appropriate. Stress affects physical health as well as mental health; therefore, potential health indicators may fall into several categories. **Noted:** *Interventions targeting mental health conditions that require medication would be "out of mission" for the Chelsea Wellness Foundation.*

Data Limitations: We need clarification on "suicide contemplation data" from Washtenaw County. Seems unlikely that 66% of Western Washtenaw respondents contemplated suicide in 2010. Update: this percentage is highly skewed due to limited number of respondents to that question; therefore, 66% not useful. Also, data is fairly dated (2010) and includes responses from Manchester, as well as Dexter and Chelsea. The next HIP survey should better characterize Chelsea since it will provide data for Dexter and Chelsea (w/o Manchester included). The next HIP survey will be conducted in 2015 with results available in Spring 2016.

Overweight Levels: Interventions that address overweight and obesity are appropriate (e.g., related to nutrition and physical activity); however, there is concern about the use of BMI as a health indicator. Overweight/obese survey data are based solely on BMI (body mass index; a measure of weight adjusted for height). BMI alone is not considered an accurate fitness measure on an *individual* basis; since muscle weighs more than fat, a muscular person will have a higher BMI than an out-of-shape person of the same height. However, *population* surveys often use BMI as indicator of "% overweight/obese" since height and weight data are readily available at a population-level.

Data Limitations: Clarification on "<5 to 8 fruits/veggies data" from Washtenaw County. Fruit/veggie data inadvertently listed as just "fruit" on pptslide; however, data refers to CDC's BRFSS survey question on *both* fruits and vegetables.

Alcohol, Marijuana, Cigarettes (High School Students): Srsly is an ongoing intervention that already addresses substance abuse among high school students. Coalition may suggest specific focus-areas based on survey data. **Noted:** *Use of alcohol, marijuana, and cigarettes among teenagers may be correlated with mental/emotional health issues (e.g., self-medicating); therefore, interventions addressing substance abuse may also address mental/emotional health area.*

Infrastructure: Interventions that address increasing the availability of sidewalks, walking paths, and trails may be appropriate.

2. **DISCUSSION OF GOALS FOR THE YEAR 4 PLAN. *Objective:*** *Goals should direct what interventions the coalition is looking for so there is balanced portfolio and the coalition is proactive rather than reactive to intervention ideas.*

Based on the data review, potential goals were discussed; however, it was agreed that two actions should be completed before a full list of goals can be generated: specific current data should be clarified (i.e., suicide contemplation and fruit/vegee data) and the 2014 MiPHY data (available by September) should be reviewed at the September Coalition meeting. In addition, it was suggested that we look at longer trends in data; this meeting's data review was limited to trends from 2010 to 2012 only, and 2010 data may reflect the poor economy/high unemployment during that year.

Despite these limitations, the following "potential goals" were identified:

- **Pathway from Chelsea to Park Lyndon (intervention first proposed in 2013)**
Addresses: Lack of walks/paths/trails; "stress" (mental/emotional health); sedentary lifestyle; overweight/obesity
Concern: High cost cannot be covered by Coalition alone
Ideas: Bring in other partners (e.g., Sylvan Township; Deny the Mine group; Washtenaw County—*once Chelsea has Master Plan in place*). Jack offered to investigate possible partnerships for pathway.
- **Reduce Substance Abuse among Teens—addressed by SRSly**
Ideas: Coalition may offer SRSly suggestions for focus areas.

3. **PROPOSAL FROM MEMBERSHIP TEAM. *Objective:*** *Develop the definition of a coalition member.* Jennifer presented the Membership Team's proposed criteria for coalition membership (i.e., definitions and expectations of two levels of membership). Please see Membership team's proposal powerpoint on Coalition Webpage.

The Membership team proposes two different membership categories--*voting member and non-voting member*—with voting members required to (1) attend at least 60% of Coalition meetings and (2) participate on a working Team. This proposal addresses the issue of "everyone showing up for voting meetings" while participation falls off during non-voting meetings. Individuals who show up only to vote likely do not understand the Coalition's overall priorities/goals and may be focused on the value of only a single intervention. Discussion of the pros and cons of the proposed membership criteria raised questions about the Coalition's "process" (e.g., would "non-voting members" be excluded from voting meetings). Since three Coalition teams are involved issues that involve the Coalition's "process"(i.e., Membership, Prioritization, and Evaluation teams), it was decided that discussion of the Membership team's proposed criteria and the issues it raises around "process" will continue as more teams present their proposals in the coming months.