

MICHIGAN HEALTH ENDOWMENT FUND



NUTRITION AND HEALTHY LIFESTYLES

2022 CHILDREN'S HEALTH FORUM: WHAT WE LEARNED

In fall of 2022, the Michigan Health Endowment Fund hosted grantees, leaders, and other partners working in children's food security, nutrition, and fitness. We wanted to learn about the most persistent challenges and the ripest opportunities in these areas and how the Health Fund can help address them to improve children's health across the state.

Here are some of our big takeaways.

ADDRESS SYSTEMIC BARRIERS TO HEALTH

We know that systemic issues have an immense impact on the food and lifestyles of Michigan's kids. Our stakeholders were clear: the built environment, economic conditions, and a complex web of policies affect how food is grown, where it's available, how much it costs, and whether kids can live active lifestyles.

Because the Health Fund works across sectors, geographies, and interests, we're uniquely positioned to help address overarching issues like equitable food sourcing, the school food environment, and the infrastructure that influences diet and activity.

In 2023, we'll likely support initiatives that bring a health equity lens to the built environment, one of the most consequential systems that affects residents' likely health outcomes. We'll empower food policy councils and other groups who can help forge healthier institutions, advance equitable food policies, and overcome structural barriers to healthy living.

SUPPORT COMMUNITIES

While we can and should improve Michigan’s food system, that doesn’t mean funding only large-scale projects at sizeable institutions. Attendees emphasized that the pathway to lasting change is through community decision-making, collaborative programming over “hero” interventions, and moving from community engagement to community empowerment.

The Health Fund understands that successful systemic changes are driven by the knowledge, experience, and power of those who are impacted by those systems every day.

To that end, we’re increasingly seeking proposals that develop local leaders, rely on input from those most affected by a particular issue, and center the needs of residents. We’re deepening relationships in communities where we’ve already made grants, and reaching out to learn from those we don’t know as well.

In 2023, the Nutrition & Healthy Lifestyles program may consider smaller grant requests and smaller grantee organizations than we have in the past, empowering communities to take the reins to help their youngest residents live healthy lives.



SCALE AND SUSTAIN

Philanthropic support can take a successful model from innovation to best practice and beyond. This can take many shapes—some of the most mentioned were making connections among nonprofits and funding agencies, supporting relationships across sectors, and investing in an idea beyond a single grant cycle. In fact, supporting cross-sector collaboratives was one of the most common ways stakeholders said we could help scale effective models and leverage existing resources like national funding programs.

At the Health Fund, we carry our grantees’ stories, successes, and needs with us all the time, and we want to be effective champions of their work at every table where we have a seat. As our own body of work grows, we’re better able to make connections that can meaningfully advance great ideas. While we’re limited by our founding legislation when it comes to long-term grants, our investment in our grantees doesn’t end with a closeout report.

In 2023 and beyond, you’ll see us offer more opportunities for capacity building, convening, and technical assistance—all with the aim of strengthening grantees’ position to replicate, scale, and sustain approaches that lead to healthier communities throughout Michigan.

STAY TUNED

This won’t be the last time we invite feedback on our strategy. Going forward, we’ll expand our convenings to include more people working on children’s physical health. Beyond informing our own approach, we want to provide space for a broader dialogue about how Michigan’s food systems, policies, and communities can help kids grow strong and healthy no matter their zip code.

For a detailed recap of the event, please see the full report prepared by Public Sector Consultants. Stay tuned for more information about the next Children’s Health Forum, planned for fall 2023.

2022 Children's Health Forum

Summary and Participant Recommendations

October 31, 2022





**PUBLIC SECTOR
CONSULTANTS**

Prepared by

Public Sector Consultants
www.publicsectorconsultants.com

Prepared for

Michigan Health Endowment Fund
www.mihealthfund.org

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Background

On Wednesday, September 28, 2022, Public Sector Consultants (PSC) facilitated a day-long Children’s Health Forum hosted by the Michigan Health Endowment Fund (Health Fund) at the MTG Space in Lansing, Michigan. Thirty-two leaders¹ from multiple sectors—including education, healthcare, nonprofits, and philanthropy—came together to identify strategies the Health Fund should consider to improve Michigan children's health and wellness. Participants were welcomed by the Health Fund, engaged in dialogue with two thought leaders, and participated in two workshop sessions, one to diagnose barriers and issues impeding children’s health and the other to prescribe solutions to these issues from an interdisciplinary perspective. During each workshop session, participants were divided among four separate stations. Each station had a different focus question, and the groups rotated to each station to answer the all the questions. For each question, individual experts were asked to list, prioritize, and share their top ideas with their group before collectively identifying the best ideas to put forth for Health Fund consideration. Lastly, participants ranked all recommendations according to feasibility and impact, resulting in a series of prioritized recommendations to guide future Health Fund Nutrition and Healthy Lifestyles grantmaking.

Challenges to Improving Children's Health in Michigan

Thought Leader Dialogue One: The Diagnosis Comes before the Cure: Systemic Issues Shaping the Future of Michigan's Children

Dr. Mona Hanna-Attisha from the Michigan State University College of Human Medicine led the first thought leader dialogue and set the tone of the Children’s Health Forum as she described how current children’s health approaches focus on present illness, not future wellness, and urged a shift toward proactive policy and investment in public health at both the state and national levels. She said children need to be treated holistically and as full of potential—with future health and success in mind. On the contrary, she argued, the U.S. heavily funds healthcare—mostly bedside interactions—when that is only 15 to 25 percent of keeping children healthy. Hanna-Attisha suggested we need to invest in the things that keep children healthy, namely higher minimum wages, universal early childhood services, access to food, and an expanded social safety net. She also stressed that environmental justice, racism, and voting are also social determinants of health.

"Why can't we build infrastructures and societies that are resilient and stop asking children to be resilient instead?"

—Dr. Mona Hanna Attisha

¹ This number does not include Health Fund or PSC staff.

Hanna-Attisha also urged participants to center children’s voices in conversations about their health. While attendees were present to advocate for children, she said, children themselves also need to be given the opportunity voice their concerns directly because these do not always align with adults' concerns. Hanna-Attisha particularly stressed that children notice adult inaction on issues children care about, and this has led to high levels of anxiety among children.

Hanna-Attisha concluded with a clear reminder that children's health is everyone's health and that there are concrete costs to doing nothing, both now and in the future. Adults must make children’s health their number-one priority and support all children to reach their full potential through an intersectional lens that recognizes and addresses unjust, systemic root causes (Exhibit 1).

EXHIBIT 1. Graphic Recording of First Thought Leader Dialogue

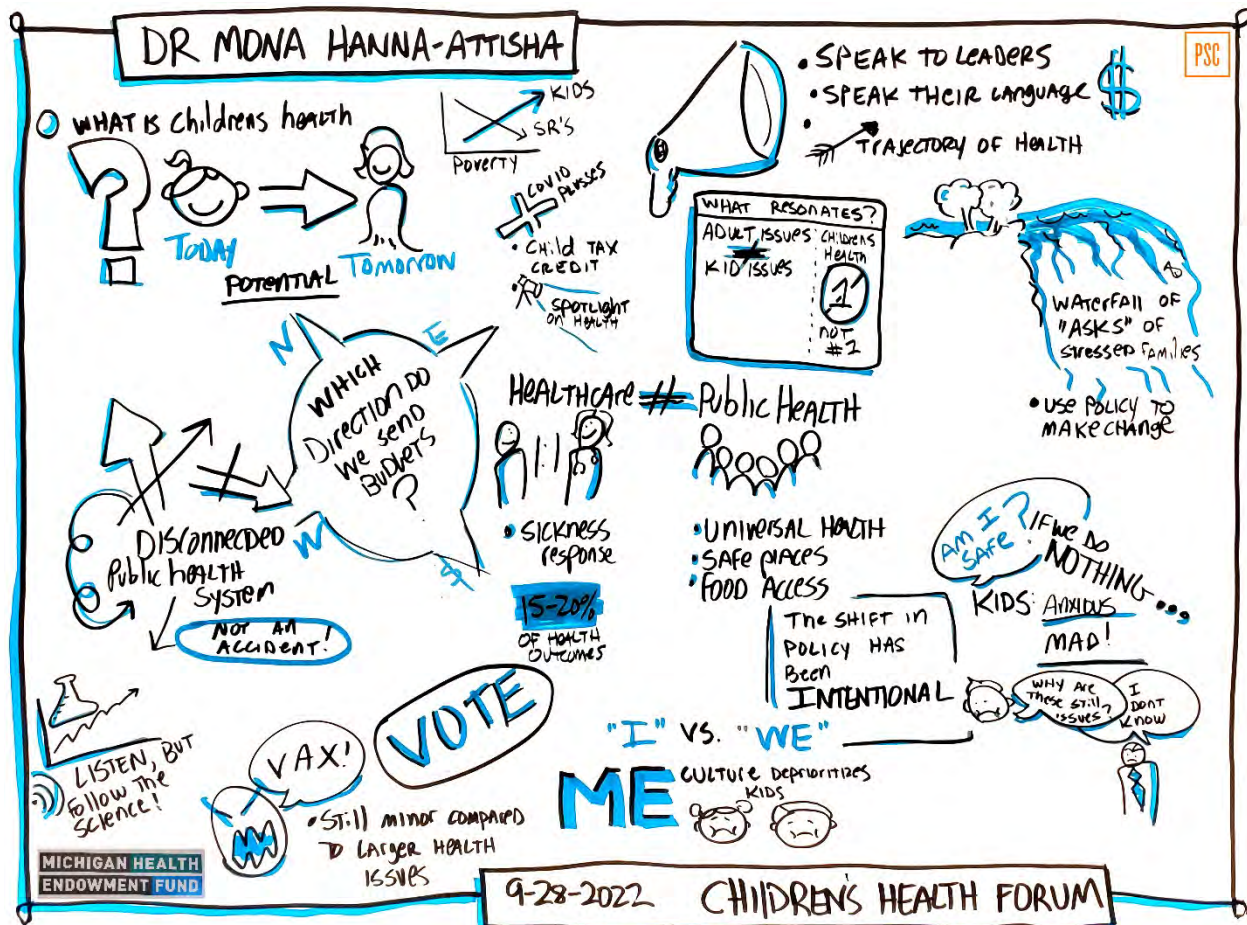


Table One Topic: Systemic Barriers

Table one question: *What specific underlying systemic issues must Michigan address to reduce the persistent disparities in diet and physical-activity related health outcomes for Michigan children?*

1. Structural racism leading to generational poverty
2. Divestment in communities, infrastructure, and equitable access to resources
3. Food norms in public institutions

4. Built environment/increasing accessibility
5. Funding/property taxes for built-environment improvements
6. Capitalism—food subsidy; food apartheid; minimum wage; property taxes
7. Multiple definitions
8. Profit driven food sourcing

Table Two Topic: Gaps in Available Data

Table two question: *What gaps in key data, if any, impede you and your partner organizations' progress addressing the children's health issues discussed today?*

1. No more data—we have enough data—we need action
2. Physical activity surveillance data
3. Child caregiver health data
4. Impact of screen time
5. ROI of interventions and their outcomes—time and cost analysis
6. Relevant data to stakeholders
7. Pushback on student surveys

Table Three Topic: Training and Professional Development Opportunities

Table three question: *What unmet training needs, if any, do you and your partners have related to the children's health issues discussed today?*

1. Training alone doesn't work, there needs to be multiple levels of training and support; PCOI/ISF/MTSS/ continuous improvement
2. Break down silos by providing training for more than just one group
3. Whole child focus
4. Community mobilization strategies
5. Adverse childhood experiences (ACEs) and resiliency/trauma-informed parenting
6. Systems thinking/collective impact
7. Shifting power, moving beyond “community engagement”
8. Self-work (e.g., implicit bias, facilitative leadership, etc.)
9. Cultural humility (especially regarding disabilities?); collaborative, growth mindset; continuous quality improvement (CQI)
10. The why; systemic issues; history; root cause; why act/do

Table Four: Policy Barriers

Table four question: *What policy barriers, if any, are impeding you and your partner organizations' progress on the children's health issues discussed today?*

1. Specification to funding mechanisms—overregulation prevents flexibility
2. Disconnects between local, state, and national policies and responsibilities

3. The “how” (beyond creating policy) – communicate policy so we all are aware and implement the policy
4. Lawyers/legal barriers to school wellness policies
5. The “why” isn’t considered in the policy
6. Timing, specifically “quick fixes”
7. Reimbursement rates for school meals, farm to Early Childhood Education, etc. are “band aids”
8. Siloed applications for social services (Universal application process needed)
9. Data, funding, and programming silos, etc. limit impact
10. Policy process (e.g., legislature term limits, lobbying, etc.)

Opportunities to Improve Michigan Children's Health

Thought Leader Dialogue Two: From Planning to Action: Scaling What Works for Michigan Children

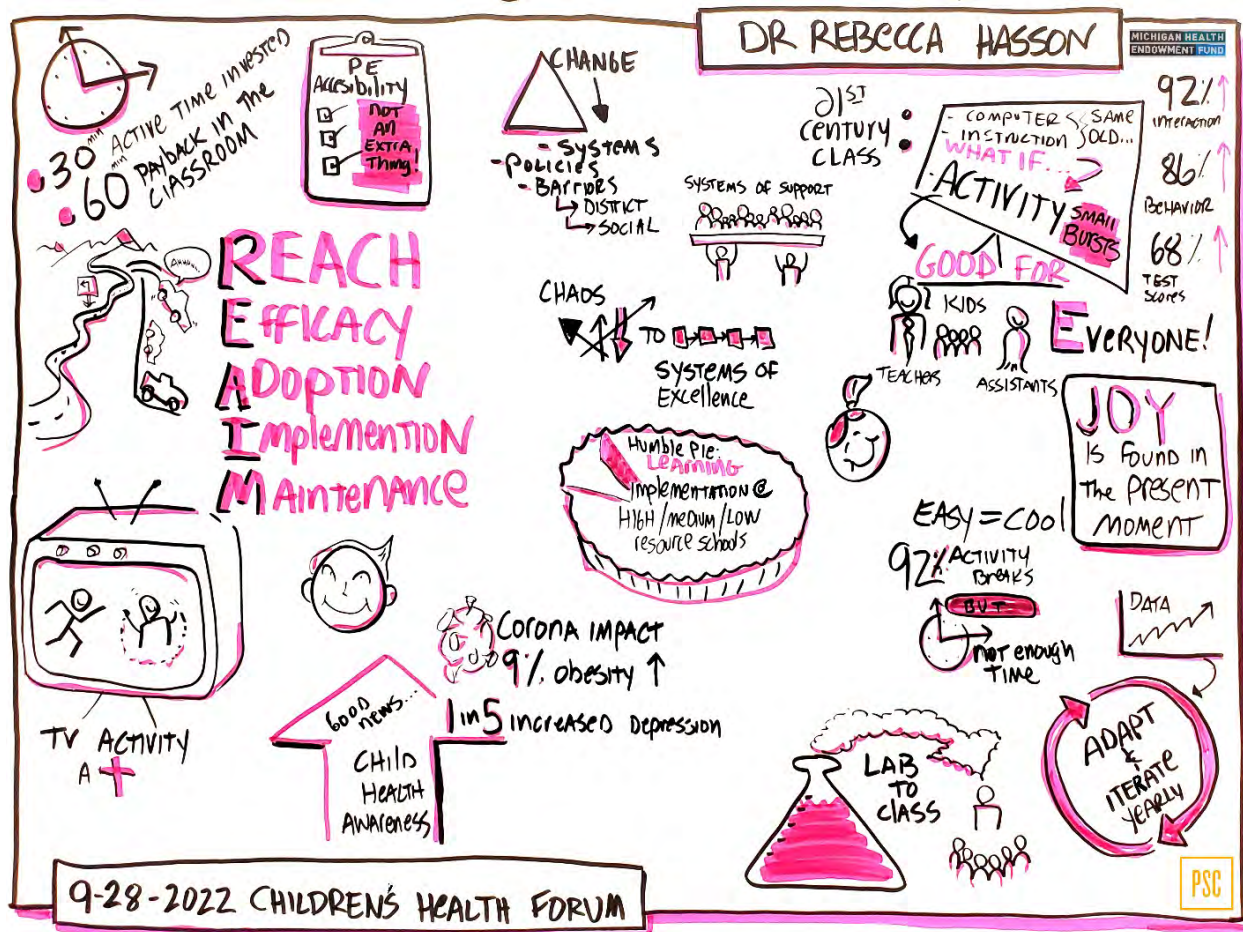
Dr. Rebecca Hasson from The University of Michigan School of Kinesiology began the afternoon session with a video voiceover about the pervasiveness of student inactivity during the school day. While classroom technology and configurations have evolved significantly in recent years, student physical activity has not. Most students remain seated at their desks most of the day, just as they have in the past, and Hasson argued that classrooms can also be spaces that help children meet both their physical activity and academic goals, because a few minutes of in-class physical activity builds cohesion, relationships, and respect between students.

"For better or worse, our schools have been tasked with supporting children's health."

—Dr. Rebecca Hasson

What's more, Hasson argued, integrating physical activity into the classroom is low cost and high impact: retrofitting classrooms for improved physical activity can help reverse the negative child physical and mental health impacts documented as a result of the COVID-19 pandemic. Such interventions are highly adaptable to accommodate students with different needs and can provide wide benefits if scaled and implemented with fidelity. However, an equity-based approach must be used to bring such interventions to scale, Hasson said, noting that most teachers do not incorporate adequate classroom physical activity to achieve health impact and that disenfranchised neighborhoods are least equipped to do so. She noted strong correlations between increasing privilege (namely students' household income) and increased time devoted to in-class physical activity best practices, stressing funders and practitioners must be mindful to avoid the "success to the successful" pitfall while expanding their efforts statewide (Exhibit 2).

EXHIBIT 2. Graphic Recording of Second Thought Leader Dialogue



Topic(s) of Afternoon Breakout Session

After the morning session spent working to identify barriers to improving children's health, participants then spent the afternoon building consensus around actionable steps to improve children's health. Participants were allowed to start with any of the focus questions in the room and work collaboratively to generate, prioritize, and rank ideas that respected the diversity of perspectives among experts at their table. Results of this exercise are reflected Exhibit 3.

EXHIBIT 3. Workshop Outcomes: Participant Recommendations

ACTIONS

TABLE 1

- A BLEND EXISTING RESOURCES
- B UNIVERSAL EFFICACY IN IMPLEMENTED PROGRAMS
- C POLICIES THAT... many more resources
- D CULTURAL & COMMUNITY RELEVANT RESOURCES
- E CONNECTING SIMILAR PROVIDERS TO HELP CHILDREN
- F ADD TO MADE DASHBOARD
- G COLLECT DATA FOR CLEAR STATEMENT OF IMPACT
- H LISTEN TO KIDS SUPPORT TEACHERS
- I COLLABORATIVE PROGRAMMING VS HERO INTERVENTION
- J A → B → C CROSS SECTOR RELATIONSHIP BUILDING
- K

TABLE 2

- A EASY ACCESS TO SOCIAL SERVICES + RESOURCES
- B FUNDING CROSS SECTOR PARTNERSHIPS
- C SYSTEMS FOR COMMUNITY DECISION MAKING
- D LOCAL + STATE DATA ACCESS
- E INFLUENCE INFRASTRUCTURE DOLLARS
- F STATE FUNDING CORRECT FUNDING PARTNERS
- G 10^c MEALS, LESS PAPERWORK
- H LEVERAGE ECE MEALS IN DISTRIBUTION + PROCESSORS
- I COMMUNITY SCAN OF... ATSS PROGRAMMING
- J ASSECT. FAMILIES LEVERAGE!
- K

TABLE 3

- A WHOLE CHILD PROGRAMMING FOR ALL CHILDREN
- B 10^c MEALS, NO APPLICATION
- C PRE-K PARENT TOOLS + TRAINING
- D FIT KIDS 360
- E SAFE TALK SUICIDE PREVENTION
- F BETTER W/ BREAKFAST + LUNCH UNIVERSAL MEALS
- G INCLUSIVE PE FOR ALL
- H HEALTH IT - CLOSED LOOP (REFERRALS)
- I FRESH FOOD PRODUCTION AND CONSUMPTION
- J PRODUCE P PARKS/UTU
- K COMMUNITY DESIGN FOR ALL PROGRAMS

TABLE 4

- A CHAIN LINK FUNDING
- B MAP FUNDING TO ORG'S
- C ENCOURAGE LONGTERM FUNDING
- D EXTEND CREDIBILITY
- E COLLABORATIVE FUNDING
- F UTILIZE MHEP FUNDING TO SCALE UP PROGRAMMING
- G CAP-6 MODEL
- H
- I
- J
- K

9-28-22 CHILDRENS HEALTH FORUM

Participants did not feel that the Health Fund has the responsibility for implementing all the recommendations necessary to achieve its mission. Participants identified some recommendations as other organizations' niche or sole responsibility, and other recommendations as being best suited for the Health Fund to address in partnership with other organizations (Exhibits 4–7). Nonetheless, participants did highlight several recommendations for the Health Fund to address, which are described below.

Table One: Scaling Effective Interventions

When asked what specifically must be done to scale effective interventions statewide to improve persistent gaps in diet- and physical activity–related health outcomes for Michigan children, a large share of respondents (82 percent) believed the Health Fund should facilitate cross-sector relationship building and support collaborative programming instead of "hero" interventions by one entity, often from outside the community being served (75 percent). Following these priorities, participants believed the Health Fund should ensure universal consistency and efficacy in programs being scaled (60 percent) and support data collection to create a statement of impact (58 percent) (Exhibit 4).

EXHIBIT 4. Scaling Effective Interventions, by the Organization that Should Be Responsible

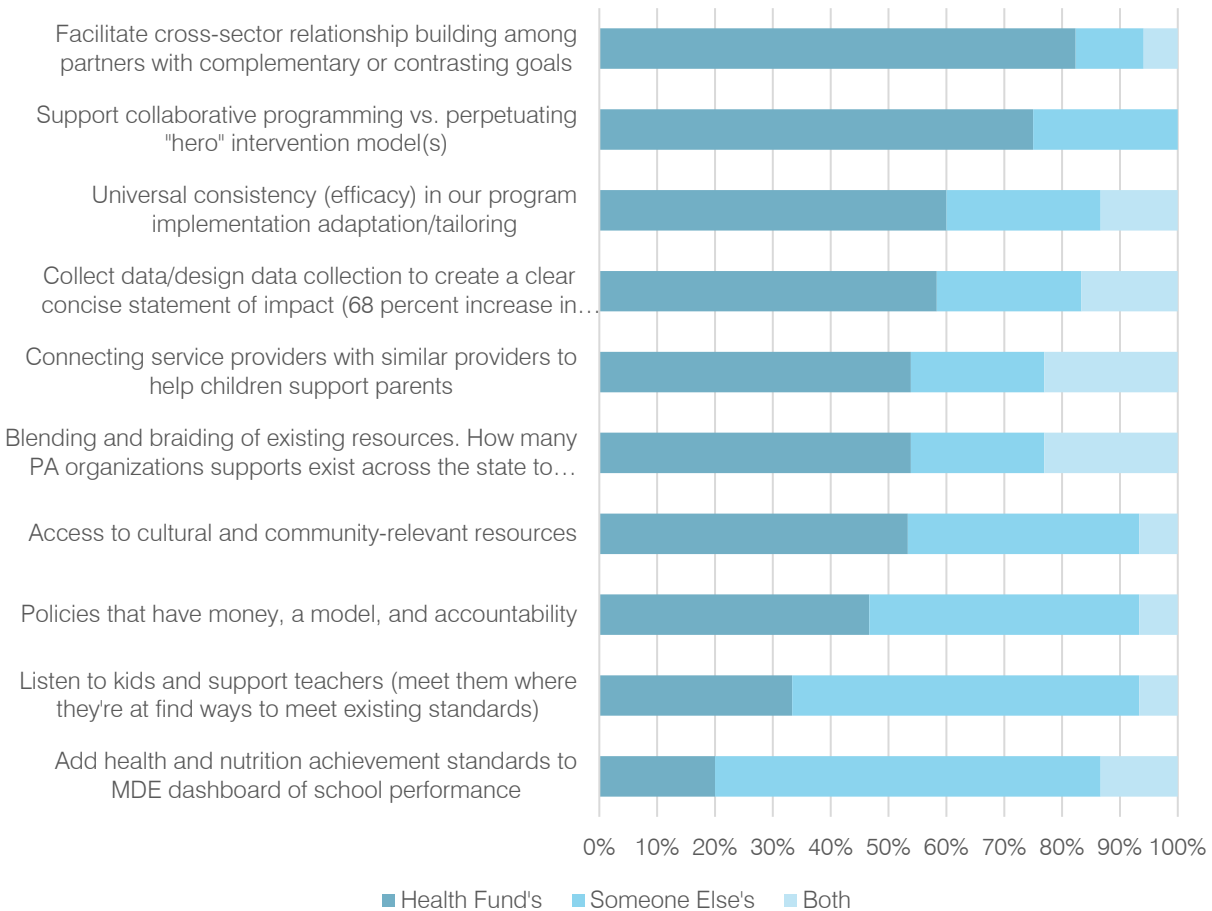


Table Two: Leveraging Existing Resources

When asked what the Health Fund should do to better leverage national, state, and/or local assets to help improve child health, participants overwhelmingly emphasized funding cross-sector partnerships for meaningful transformation (100 percent of respondents), followed by systems that center community decision making and power (58 percent), and multitiered systems of support (57 percent) (Exhibit 5).

EXHIBIT 5. Leveraging Existing Resources, by the Organization that Should be Responsible

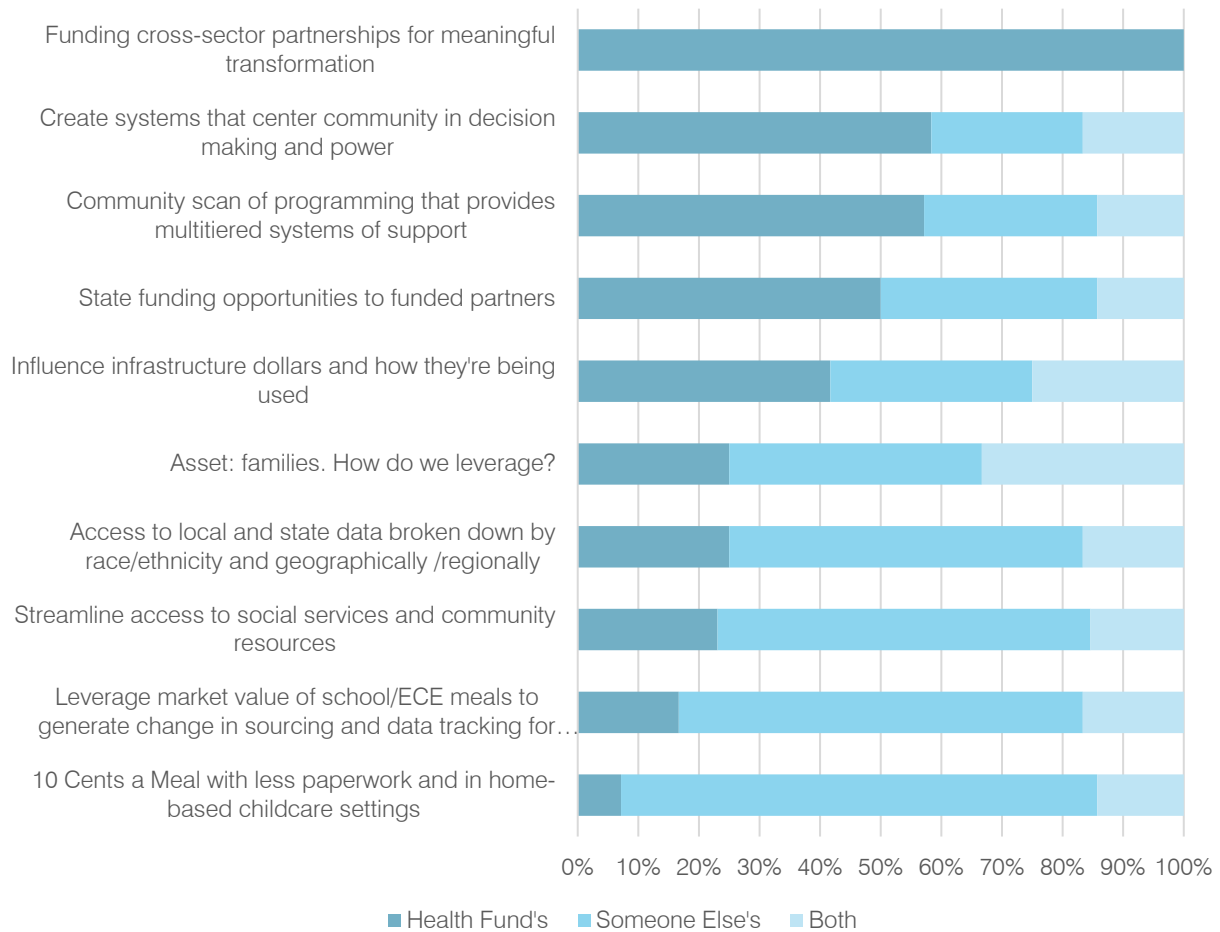


Table Three: Promising Models

When asked what promising practices or early innovations in children’s health—with potential to scale statewide—the Health Fund should be aware of, participants ranked implementing a dedicated person for whole child programming (75 percent of respondents) and supporting FitKids360 (64 percent) as the most important areas the Health Fund should focus on. Participants ranked programs that simultaneously focus on food consumption and production (54 percent) as the Health Fund's next most important priority (Exhibit 6).

EXHIBIT 6. Promising Models

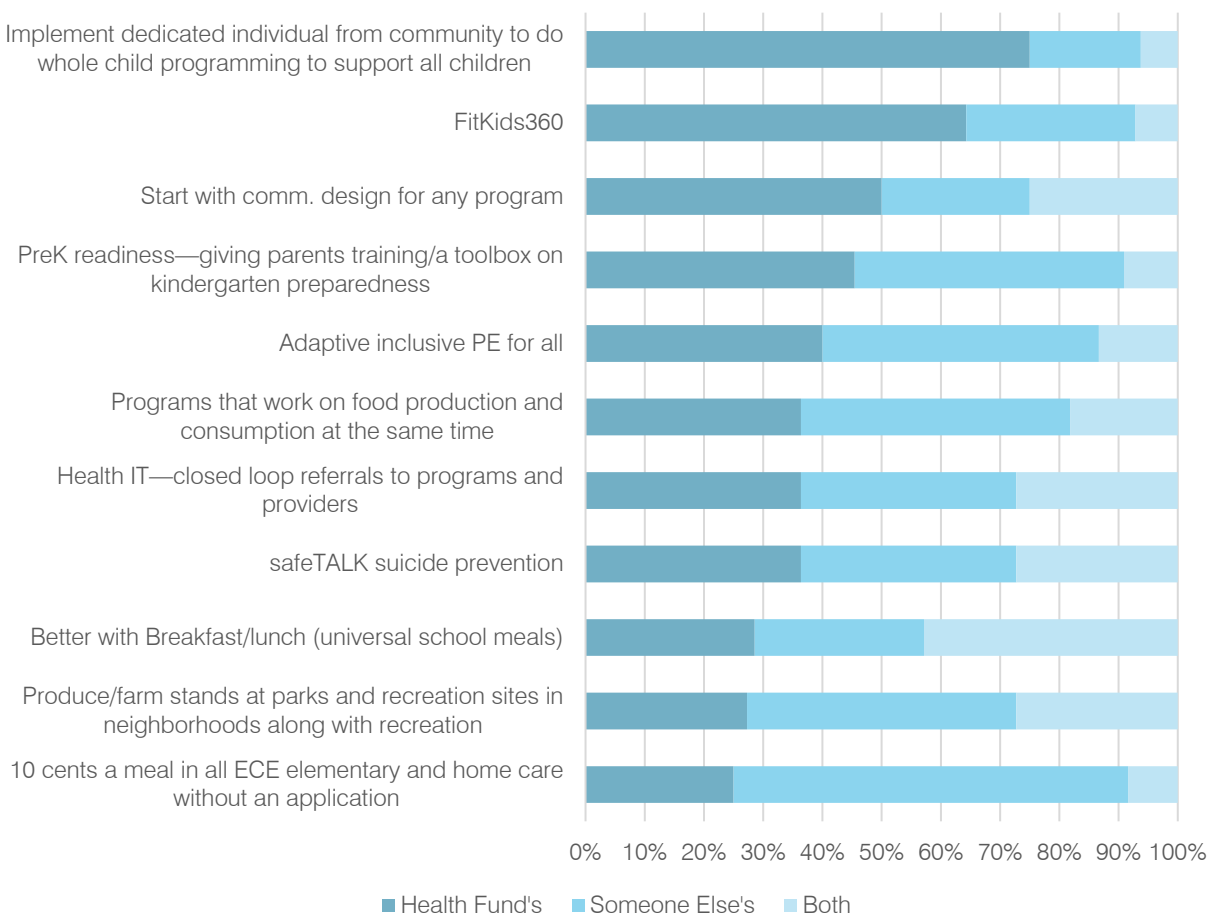
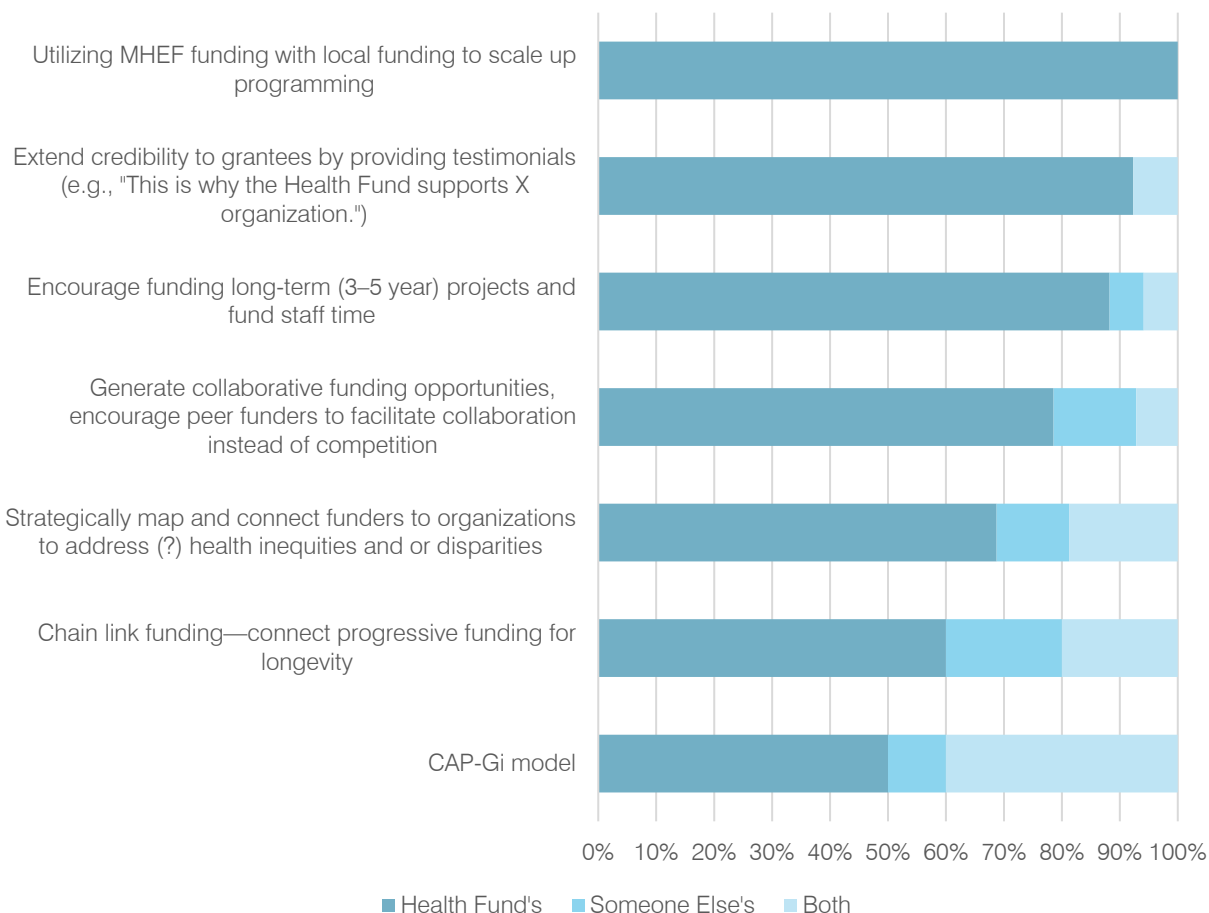


Table Four: Strategic Partnerships

When participants were asked how the Health Fund might specifically partner with other funders—or help participants partner with these funders—to address persistent health disparities for Michigan children, participants overwhelmingly believed the Health Fund should prioritize leveraging local funding sources to scale up programming (100 percent of respondents), vouching for grantees by creating testimonials (92 percent), and funding long-term projects and staff time (88 percent) (Exhibit 7).

EXHIBIT 7. Strategic Partnerships

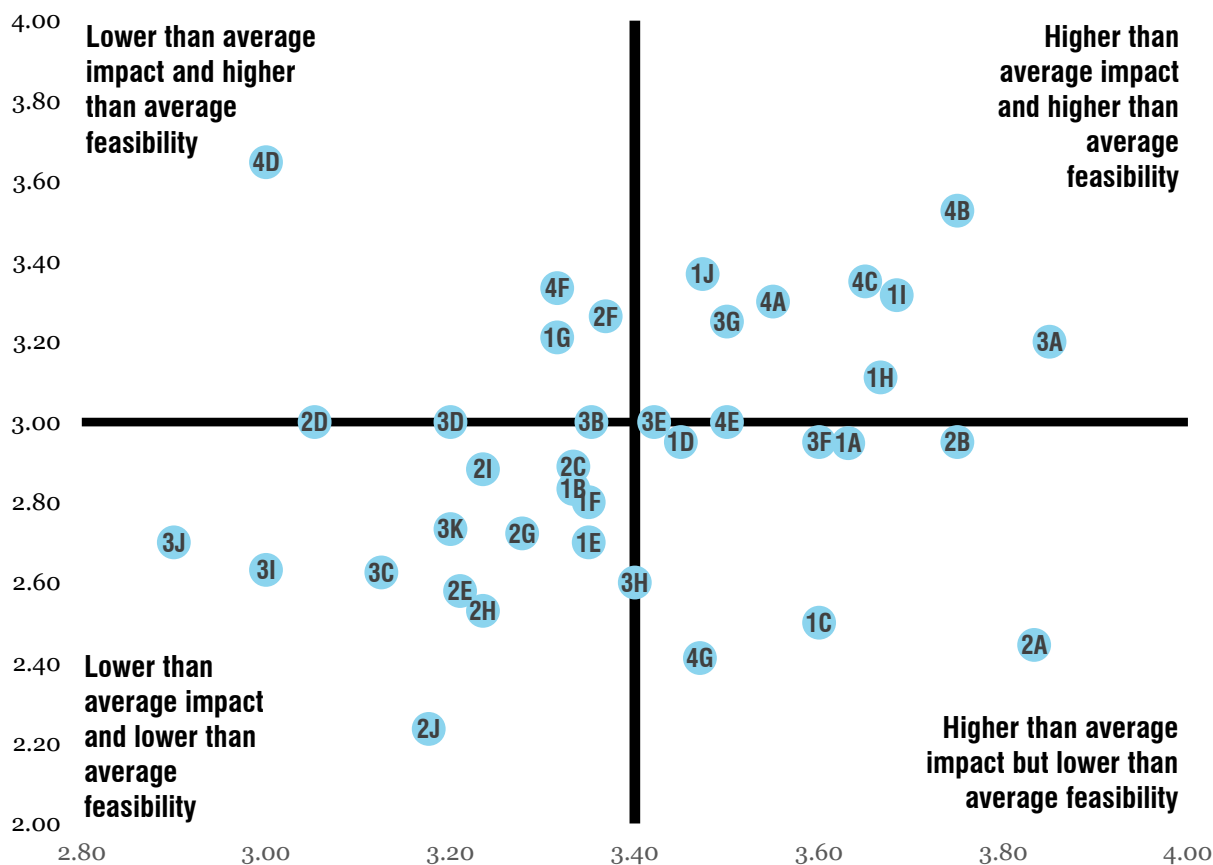


Priority Recommendations

Exhibit 8 shows the average of participants' feasibility and impact scores for each idea. Participants deemed all ideas both feasible and impactful, albeit by varying degrees. In general, participant recommendations scored higher for impact than feasibility. The ideas participants ranked both most feasible *and* highest impact were deemed priorities for future Health Fund consideration. We're highlighting a handful of the top-ranked ones below, and the entire priority list is in Exhibit 8.

- Strategically mapping and connecting funders to organizations to better address health inequities and disparities
- Providing testimonials to vouch for specific organizations the Health Fund has supported
- Supporting dedicated community-based staffing to implement whole child programming for all children in the community
- Funding long-term (three- to five-year) projects and staff time
- Supporting collaborative programming vs. perpetuating "hero" intervention model(s)
- Linking progressive funding opportunities over time to support intervention longevity

EXHIBIT 8. Participant Average Impact and Feasibility Scores



Key: Participant Ideas by Table

Table 1: Scaling Effective Interventions

1A	Blending and braiding of existing resources. How many PA organizations supports exist across the state to form partnerships?
1B	Universal consistency (efficacy) in our program implementation adaptation/tailoring
1C	Policies that have money, a model, and accountability
1D	Access to cultural and community-relevant resources
1E	Connecting service providers with similar providers to help children support parents
1F	Add health and nutrition achievement standards to MDE dashboard of school performance
1G	Collect data/design data collection to create a clear concise statement of impact (68 percent increase in test scores)
1H	Listen to kids and support teachers (meet them where they're at find ways to meet existing standards)
1I	Support collaborative programming vs. perpetuating "hero" intervention model(s)
1J	Facilitate cross-sector relationship building among partners with complementary or contrasting goals

Table 2: Leveraging Existing Resources

2A	Streamline access to social services and community resources
2B	Funding cross-sector partnerships for meaningful transformation
2C	Create systems that center community in decision making and power
2D	Access to local and state data broken down by race/ethnicity and geographically /regionally
2E	Influence infrastructure dollars and how they're being used
2F	State funding opportunities to funded partners
2G	10 Cents a Meal with less paperwork and in home-based childcare settings
2H	Leverage market value of school/ECE meals to generate change in sourcing and data tracking for large and small distributors, processors, aggregators, and farms
2I	Community scan of programming that provides multitiered systems of support
2J	Asset: families. How do we leverage?

Table 3: Promising Models

3A	Implement dedicated individual from community to do whole child programming to support all children
3B	10 cents a meal in all ECE elementary and home care without an application
3C	PreK readiness—giving parents training/a toolbox on kindergarten preparedness
3D	FitKids360
3E	safeTALK suicide prevention
3F	Better with Breakfast/lunch (universal school meals)
3G	Adaptive inclusive PE for all
3H	Health IT—closed loop referrals to programs and providers
3I	Programs that work on food production and consumption at the same time
3J	Produce/farm stands at parks and recreation sites in neighborhoods along with recreation
3K	Start with comm. design for any program

Table 4: Strategic Partnerships

4A	Chain link funding—connect progressive funding for longevity
4B	Strategically map and connect funders to organizations to address (?) health inequities and or disparities
4C	Encourage funding long-term (3–5 year) projects and fund staff time
4D	Extend credibility to grantees by providing testimonials (e.g., "This is why the Health Fund supports X organization.")
4E	Generate collaborative funding opportunities, encourage peer funders to facilitate collaboration instead of competition
4F	Utilizing MHEF funding with local funding to scale up programming
4G	CAP-Gi model

Appendix A. Health Fund Strategic Plan Brief

STRATEGIC PLAN

2021-2025

**MICHIGAN HEALTH
ENDOWMENT FUND**

MISSION

To improve the health of Michigan residents, with special emphasis on the health and wellness of children and seniors, while reducing the cost of health care.

VISION

Every person in Michigan has the opportunity to pursue a healthy, full life. Individuals can access the care they need, families and communities support healthy living, and systems promote equitable health outcomes.

STRATEGIES	GRANTMAKING	NON-GRANT ACTIVITIES
<ul style="list-style-type: none">• Spark innovation• Expand proven solutions• Share what works• Strengthen health network• Inform policy and government services	<ul style="list-style-type: none">• Community partnerships• Innovation, model development, and replication• Systems change	<ul style="list-style-type: none">• Develop policy and practice strategies• Convene collaborations• Build capacity• Provide thought partnership• Disseminate data and stories

OUR FIVE-YEAR GOALS

- 1 Increase access to services
- 2 Bridge health equity gaps
- 3 Advance integrated care
- 4 Expand reputation as a thought leader
- 5 Increase efficacy and cost-effectiveness
- 6 Strengthen health workforce and nonprofit community

GUIDING PRINCIPLES

IMPACT | COLLABORATION | INNOVATION | LEADERSHIP | EQUITY | STEWARDSHIP

GRANTMAKING

CURRENT PROGRAMS

Behavioral Health

Improving access to high-quality mental health and substance use disorder health care with a focus on expanding integration of care and the behavioral health workforce.

Healthy Aging

Improving the quality and coordination of care and supporting caregivers to improve the health and well-being of older adults.

Nutrition & Healthy Lifestyles

Improving food systems, eliminating barriers to healthy eating, and promoting opportunities for access to physical activity and wellness interventions, with an emphasis on children.

Community Health Impact

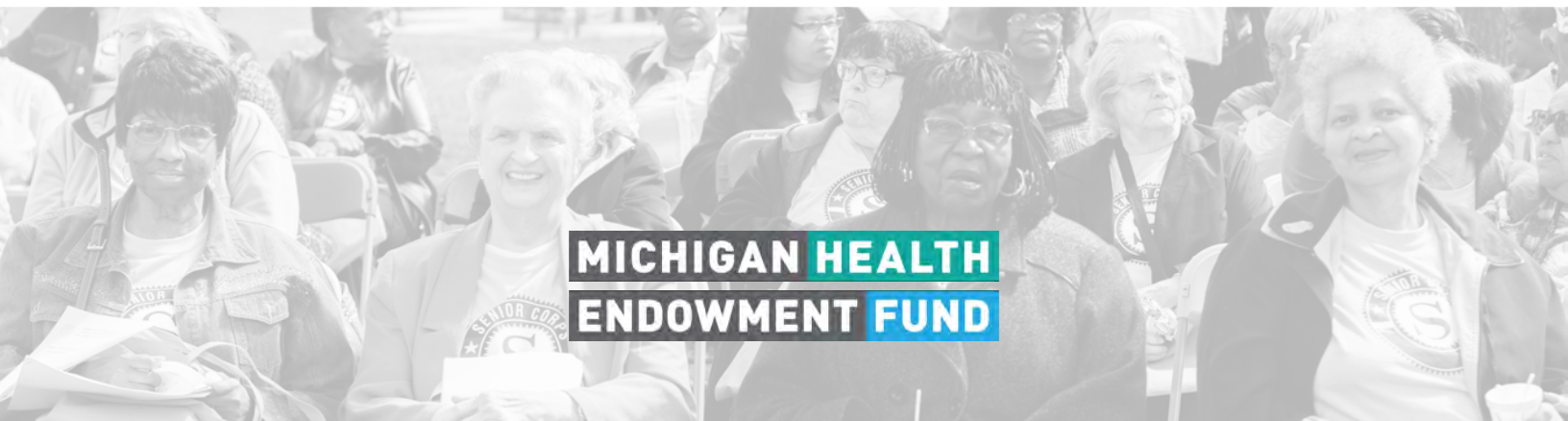
Supporting community-driven solutions, nonprofit collaboration, and capacity building.

Special Projects & Emerging Ideas

Enabling statewide, transformational, and systemic change through invitation-only partnerships.

AREAS OF INCREASED EMPHASIS

- Building on existing efforts, we will expand our work on **maternal and infant health** to reduce disparities and improve outcomes for infants and their mothers, including morbidity, mortality, and behavioral health.
- Across the program areas named above, the Health Fund is committed to increasing understanding, training, and response to the unique challenges faced by **foster and adopted children**, including those in guardian and kinship care, and their caregivers.



Appendix B. Agenda



Agenda

Children's Health Forum

September 28, 2022 | 9:00 AM–3:30 PM

The MTG Space
4039 Legacy Parkway
Lansing, MI 48911

Time	Agenda Item	Facilitator
9:00 AM	Open networking and light refreshments	
9:30 AM	Welcome and event overview	Neel Hajra and Laurie Solotorow, Michigan Health Endowment Fund (Health Fund)
9:45 AM	Grounding: Structure for the day and individual introductions	Justin Fast, Public Sector Consultants (PSC)
10:15 AM	Thought leader dialogue: <i>The Diagnosis Comes before the Cure: Systemic Issues Shaping the Future of Michigan's Children</i>	Dr. Mona Hanna-Attisha, Michigan State University College of Human Medicine
10:45 AM	Facilitated group workshop	Kristin Hofman and Justin Fast, PSC
12:00 PM	Break for lunch	
12:45 PM	Thought leader dialogue: <i>From Planning to Action: Scaling What Works for Michigan Children</i>	Dr. Rebecca Hasson, University of Michigan School of Kinesiology
1:20 PM	Facilitated group workshop	Kristin Hofman and Justin Fast, PSC
2:45 PM	Focused conversation and next steps	Justin Fast, PSC
2:55 PM	Closing remarks and thank you	Laurie Solotorow, Health Fund
3:00 PM	Open networking	
3:30 PM	Event concludes	

Appendix C. Attendee Contact List

Attendee Contact List

Jan Delatorre
Michigan Health Endowment Fund
jan@mihealthfund.org

Neel Hajra
Michigan Health Endowment Fund
neel@mihealthfund.org

Dr. Tayo Moss
Michigan Health Endowment Fund
tayo@mihealthfund.org

Genevieve Otis
Michigan Health Endowment Fund
genevieve@mihealthfund.org

Laurie Solotorow
Michigan Health Endowment Fund
laurie@mihealthfund.org

Barbara Blum Alexander
Healthy Kids, Healthy Michigan
Bblum1@hfhs.org

Ashley Bradshaw
Michigan Department of Health and Human
Services
BradshawA2@michigan.gov

Mallory DePrekal
Communities in Schools, MI
mallort@cismichigan.org

Amber Desgranges
Michigan Primary Care Association
adesgranges@mpca.net

Tagg Doll
Michigan Department of Health and Human
Services
DollT@michigan.gov

Justin Fast
Public Sector Consultants
jfast@publicsectorconsultants.com

Taryn Gal
Michigan Organization on Adolescent Sexual
Health
Taryn.gal@moash.org

Sara Gold
Health and Basic Needs, UWSEM
Sara.gold@liveunitedsem.org

Dan Gorman
Muskegon ISD
GormanD@mapsk12.org

Dr. Mona Hanna-Attisha
Michigan State University College of Human
Medicine

Dr. Rebecca Hasson
University of Michigan School of Kinesiology

Kristin Hofman
Public Sector Consultants
khofman@publicsectorconsultants.com

Dr. Teresa Holtrop
Wayne Children's Healthcare Access Program
tholtrop@wchap.org

Leah Ketcheson
Wayne State University
Leah.ketcheson@wayne.edu

Dr. Joyce Lee, MD
University of Michigan
joyclee@med.umich.edu

Jennifer Luccarelli
Oakland University
lucarell@oakland.edu

Matt Matthews
Playworks
Matt.matthews@playworks.org

Meghan McDermott
Groundwork Center for Resilient Communities
Meghan@groundworkcenter.org

Janee Moore
Michigan Department of Health and Human
Services
Moorej44@michigan.gov

Dr. Oluwaferanmi O. Okanlami
University of Michigan
okanlami@umich.edu

Dawn Opal, PHD, JD
Food Bank Council of Michigan
dopel@fbcnich.org

Sarah Panken
Michigan Fitness Foundation
slpanken@michiganfitness.org

Tom Richardson
Van Buren ISD (retired)
Tlrichard10@yahoo.com

Keyuana Rosemond, MSW, MPA
Health Net West Michigan; FitKids 360
krosemond@healthnetwm.org

Amy Saxe-Custack, PhD, RD
Michigan State University
saxeamym@anr.msu.edu

Michelle Seguin, MD
Portage Health Foundation
mseguin@phfgive.org

Amy Wassman
Michigan Department of Education
wassmannA1@michigan.gov

Laurel Whalen
Wayne State University
Laurel.whelen@wayne.edu

Pam Yager
Blue Cross/Blue Shield
PYager@bcbsm.com

Appendix D. Worksession Handouts

Children’s Health Forum: Session One

Worksheet A – Issues Facing Michigan Children

		Persistent gaps in health outcomes ¹			
		Mothers and infants	Foster children	People with behavioral health needs	BIPOC Communities
8 Key Focus Areas ²	Access to Healthy Food				
	Foodborne Illness Prevention				
	Behavioral Health Services				
	Health Related Transportation Services				
	Health Services for Foster and Adopted Children				
	Technology Enhancements				
	Infant Mortality				
	Wellness and Fitness				

¹ 2021-2025 Strategic Plan p. 6

² <https://mihealthfund.org/issues/eight-legislative-focus-areas>

Children’s Health Forum: Session Two

Worksheet B – Recommended Actions for Improving Children’s Health in Michigan

		Persistent gaps in health outcomes ³			
		Mothers and infants	Foster children	People with behavioral health needs	BIPOC Communities
8 Key Focus Areas ⁴	Access to Healthy Food				
	Foodborne Illness Prevention				
	Behavioral Health Services				
	Health Related Transportation Services				
	Health Services for Foster and Adopted Children				
	Technology Enhancements				
	Infant Mortality				
	Wellness and Fitness				

³ 2021-2025 Strategic Plan p. 6

⁴ <https://mihealthfund.org/issues/eight-legislative-focus-areas>

Children's Health Forum: Session Two

Worksheet C: Prioritizing Interventions to Improve Children's Health in Michigan

Station One

Instructions: Return to each table and review your colleagues' recommended actions. At each of the four tables, answer questions one through four for each recommended action (A-K) listed on the easel. Choose only ONE response for each of the four questions. When complete, please return this form to a Public Sector Consultants team member. Thank you!

Recommended Actions	1. Is this action necessary to achieve the Health Fund's mission?		2. For all "Yes" responses, whose responsibility, strength, or niche is this action?		3. Impact score?	4. Feasibility score?
	No	Yes	Health Fund's	Someone Else's (Please Identify Who)	1 = low impact 4 = high impact	1 = low feasibility 4 = high feasibility
A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
F	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
G	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
H	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
J	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
K	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④

Children's Health Forum: Session Two

Worksheet C: Prioritizing Interventions to Improve Children's Health in Michigan

Station Two

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D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
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F	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
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H	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
J	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
K	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④

Children's Health Forum: Session Two

Worksheet C: Prioritizing Interventions to Improve Children's Health in Michigan

Station Three

Instructions: Return to each table and review your colleagues' recommended actions. At each of the four tables, answer questions one through four for each recommended action (A-K) listed on the easel. Choose only ONE response for each of the four questions. When complete, please return this form to a Public Sector Consultants team member. Thank you!

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C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
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E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
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I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
J	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
K	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④

Children's Health Forum: Session Two

Worksheet C: Prioritizing Interventions to Improve Children's Health in Michigan

Station Four

Instructions: Return to each table and review your colleagues' recommended actions. At each of the four tables, answer questions one through four for each recommended action (A-K) listed on the easel. Choose only ONE response for each of the four questions. When complete, please return this form to a Public Sector Consultants team member. Thank you!

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B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
F	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
G	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
H	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
J	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④
K	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____	① ② ③ ④	① ② ③ ④



**PUBLIC SECTOR
CONSULTANTS**

230 N. Washington
Square
Suite 300
Lansing, MI 48933