



KEEP IT SACRED

NATIONAL NATIVE NETWORK



Technical Assistance Webinar

REACH Obesity Strategies



Noel Pingatore, BS CPH

Department Manager, Health Education and Chronic Disease
Inter-Tribal Council of Michigan, Inc.

2006 – CPH – Public Health – University of Iowa, School of Public Health –
Iowa City, IA

1990 – BS – Exercise Science – Lake Superior State University – Sault Ste.
Marie, MI

REACH Obesity Strategies

Noel Pingatore, BS CPH

Noel serves as the manager for the Inter-Tribal Council of Michigan's Department of Health Education and Chronic Disease. Noel oversees national and inter-tribal health promotion education and training programs specific to clinical providers. This includes clinical guidelines, policies and protocols, public health campaigns, messaging, and promotions.

Noel administers programs focused on quality improvement, data collection and management. This includes creating tribal cancer profiles and facilitating analysis of the state's cancer registry data on AI to guide clinical and public health program development, policy and systems change.

Noel is an active member of the Michigan Cancer Consortium and participates in committees focused on health disparities.



REACH Obesity Strategies



Emily H. Vander Klok, BS

Community Health Outreach Manager

Nottawaseppi Huron Band of the Potawatomi Health Department

2019 – MA Certificate – Spirituality, Culture, and Health – Western Michigan University – Kalamazoo, MI

2005 – BS – Exercise Physiology – Syracuse University – Syracuse, NY

REACH Obesity Strategies



Emily H. VanderKlok, BS

Ms. VanderKlok is the Community health Outreach Manager for the Nottawaseppi Huron Band of the Potawatomi Health Department.

Since 2005, she has managed various community health initiatives for hospitals, associations, non-profits, and the tribal community. She has experience with community health needs assessment at the community and regional level, as well as experience with community health improvement plans, grant management, health policy, quality improvement, and trauma-informed interventions.

She specializes in community health strategies for culturally and spiritually diverse communities and is currently completing a master's degree in spirituality, culture and health. In her current role, she supervises all community health staff, programs, and events for the NHBP Health Department.

REACH Obesity Strategies

Angela Johnston, BS

REACH Grant Coordinator

Bay Mills Health Center

2019 – BS with option in Community Development – Central Michigan University – Mt. Pleasant, MI

2014 – Certificate – Health Science – Bay Mills Community College – Brimley, MI

2012 – Certificate – Emergency Medical Technician – Bay Mills Community College – Brimley, MI

2009 – Certificate – Early Childhood Development – Bay Mills Community College – Brimley, MI

REACH Obesity Strategies

Angela Johnston, BS

Angela Johnston is currently the Michigan Tribal Food Access Coordinator and REACH Grant Coordinator for the Bay Mills Health Center.

Mrs. Johnston has worked in Community Health in various roles over the years, this has allowed her to gain a lot of personal and professional knowledge of the community she lives and works in along with seeing the need for health prevention programs.

During the years working in Community Health, Mrs. Johnston realized community health is her passion and because of this she is currently working towards a Bachelor's of Science with an option in Community Development.

Mrs. Johnston plans to continue her education and enroll in Central Michigan University's Masters of Health Administration program immediately after graduation in the summer of 2019.

Faculty Disclosure Statement

- Funding for this webinar was made possible by the Centers for Disease Control and Prevention DP13-1314 Consortium of Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities grant. Webinar contents do not necessarily represent the official views of the Centers for Disease Control and Prevention.
- No commercial interest support was used to fund this activity.

Accreditation

The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The IHS Clinical Support Center designates this live activity for 1 hour of *AMA PRA Category 1 Credit™* for each hour of participation. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Indian Health Service Clinical Support Center is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This activity is designated 1.0 contact hour for each hour of participation.

CE Evaluation and Certificate

- Continuing Education guidelines require that the attendance of all who participate be properly documented.
- To obtain a certificate of continuing education, you must be registered for the course, participate in the webinar in its entirety, and submit a completed post-webinar survey.
- The post-webinar survey will be emailed to you after the completion of the course.
- Certificates will be mailed to participants within four weeks by the Indian Health Service Clinical Support Center.

Learning Objectives/Outcomes

By the end of this webinar, participants will be able to:

1. Examine the REACH Journey to Wellness model for obesity prevention in multiple tribes.
2. Identify the positive impact of promoting participant driven healthy lifestyle adaptations vs. weight reduction programs to address obesity.
3. Implement effective physical activity and nutrition strategies to address overweight and obesity in American Indian communities.



NNN and IHS HP/DP Technical Assistance Webinar

Reaching Promising Practices - Obesity Prevention

September 26, 2018



Webinar Objectives

- ▶ Examine the REACH Journey to Wellness model for obesity prevention in multiple tribes.
- ▶ Identify the positive impact of promoting participant driven healthy lifestyle adaptations vs weight reduction programs to address obesity.
- ▶ Implement effective physical activity or nutrition strategies to address overweight and obesity in American Indian communities.



REACH Overview

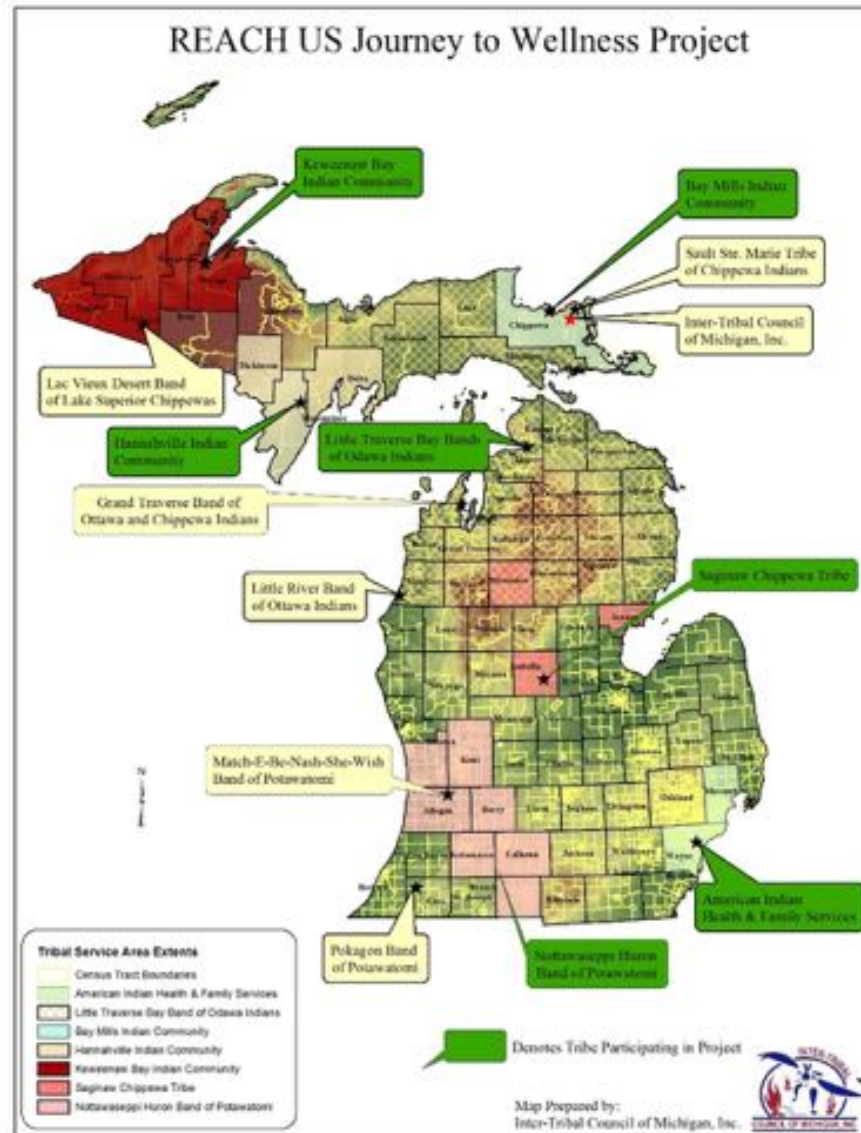
- REACH is a national program administered by the Centers for Disease Control and Prevention (CDC) to reduce racial and ethnic health disparities.
- REACH 2014, is a 3+ year initiative, built upon a body of knowledge developed through previous REACH programs
- REACH works to strengthens capacity and implements evidence- and practice-based strategies in minority populations.

ITCM REACH Model

- Tailored after ITCM's successful Coalition and sub-contract model - Supported 7 FTEs at 7 Tribes/Agencies
- Tribal Communities were included in the development of their own Community Action Plans following CDC guidance
- Evidence-Based PSE Strategies were allowed
 - No Direct Services



ITCM REACH Communities



Presenting
Today:

Bay Mills Indian
Community
–Angie Johnston

and

Nottawaseppi Huron
Band of Potawatomi
– Emily Vander Klok

REACH Objectives

Commercial Tobacco Use and Exposure

Poor Nutrition

Physical Inactivity

Community-Clinic Linkages

Obesity



PPO 02: Increase the number of people with improved access to environments with healthy food/beverage options

- Nutrition Annual Objectives varied each year depending on each tribal community needs

Years 1 and 2 Achievements:

- Five REACH communities expanded their Farmers Markets' vendors.
- Four REACH communities accept EBT as a form of payment.
- Two REACH communities participated in the Nutrition Prescription Program, serving 437 people.
- Nine coalitions/workgroups were convened improving tribal food systems, .

Project Period Objective: Increase the number of people with improved access to physical activity opportunities

- **Annual Objective** - Increase the number of updated physical activity social support interventions



Years 1 and 2 Achievements:
81 Social Support activities
provided to REACH Tribes.

Physical Activity Support Includes:

- Transportation to the PA
- Adjusting the PA schedule to meet the needs of the participants
- Calling to remind participants to attend
- Checking in with participants to find out why they aren't attending
 - Walking Groups
 - Hiking Groups
 - Snowshoeing Groups

Bay Mills Indian Community (BMIC)

known In our Ojibwe
language as
Gnoozhekaaning
(Place of the Pike)



Bay Mills Is located on
the shores of lake
superior

We have a long history of
racism, historical trauma
and systematic
oppression



Realizing that there is no easy, simple or fast way to eliminate health problems and that community health is affected by four major factors

- Physical factors
- **Community organizing**
- Individual behavior
- **Social and cultural factors**



COMPARISON

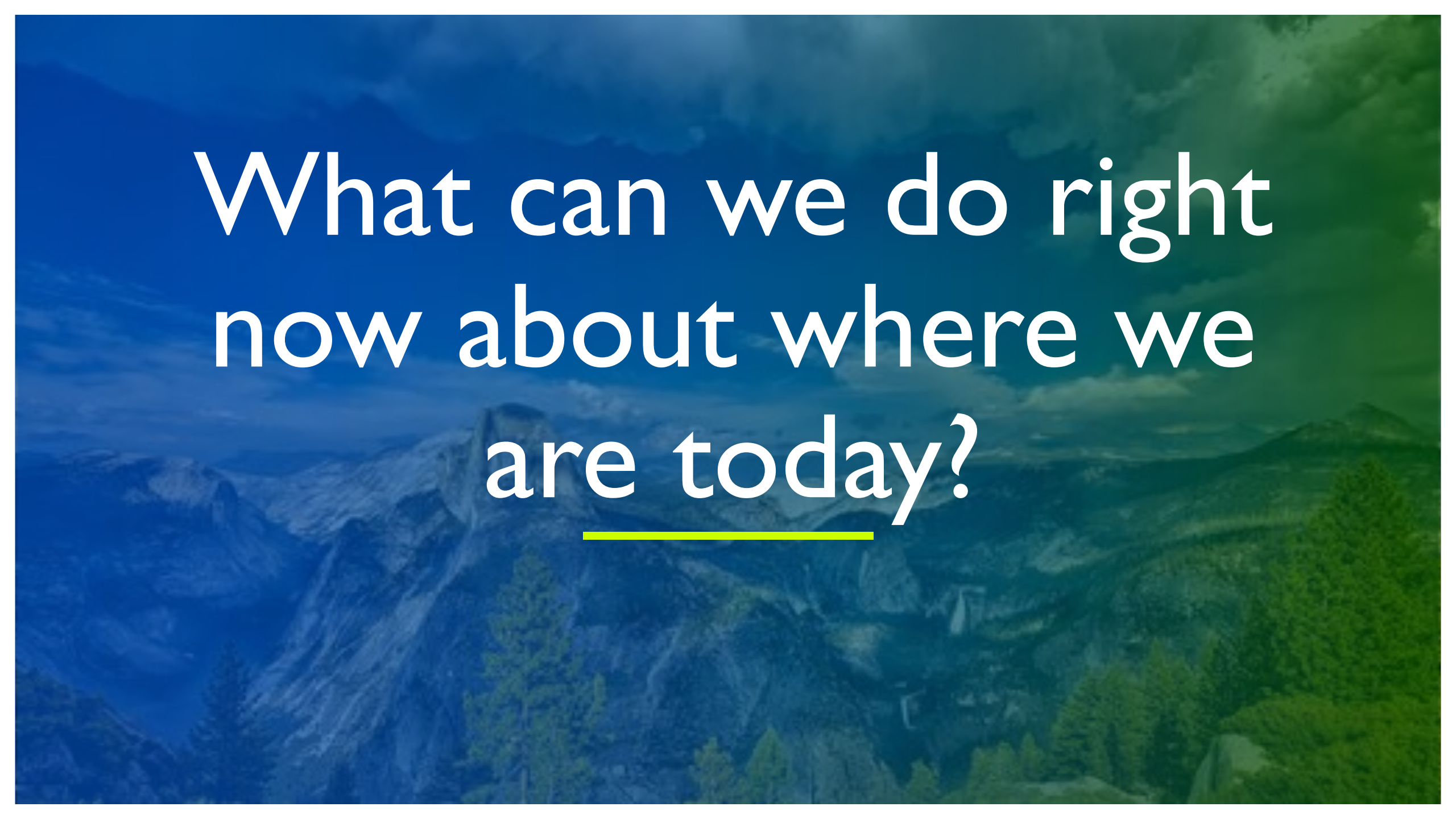
“Increase the number of people with improved access to physical activity opportunities” - REACH Journey to Wellness

The past

- We relied on our physical abilities to survive
- We walked everywhere for everything
- we walked to hunt and gather food
- In the winter months we were active outdoors

Modern day

- We rely on modern conveniences to survive
- We drive everywhere for everything
- we sit and use the internet to read menus and have food delivered to our doors.
- Many of us avoid going outdoors in the winter months



What can we do right
now about where we
are today?

We need to get back to our roots

We were.....

- Hunters
- Gatherers
- Fisherman
- consumed healthy indigenous local foods
- A community that worked and played together
- We were physically active
- Obesity was unheard of
- **We held a snowshoe dance?**

Snow shoe dance

“The *snow-shoe dance* . . . is exceedingly picturesque, being danced with the snow shoes under the feet, at the falling of the first snow in the beginning of winter, when they sing a song of thanksgiving to the Great Spirit for sending them a return of snow, when they can run on their snow shoes in their valued hunts, and easily take the game for their food.” The details were probably sketched at Fort Snelling (in today’s Minnesota) in 1835, but George Catlin never saw the dance performed in winter. (Catlin, *Letters and Notes*, vol. 2, no. 51, 1841, reprint 1973; Truettner, *The Natural Man Observed*, 1979)



Putting it all together

High obesity rates

High depression rates

Long winters/lots of snow

Lack of winter physical activity opportunities

Lack of motivation



Native American children have higher overweight and obesity rates than any other racial or ethnic group.³



Snow shoe walking started to become an obvious decision

To do list:

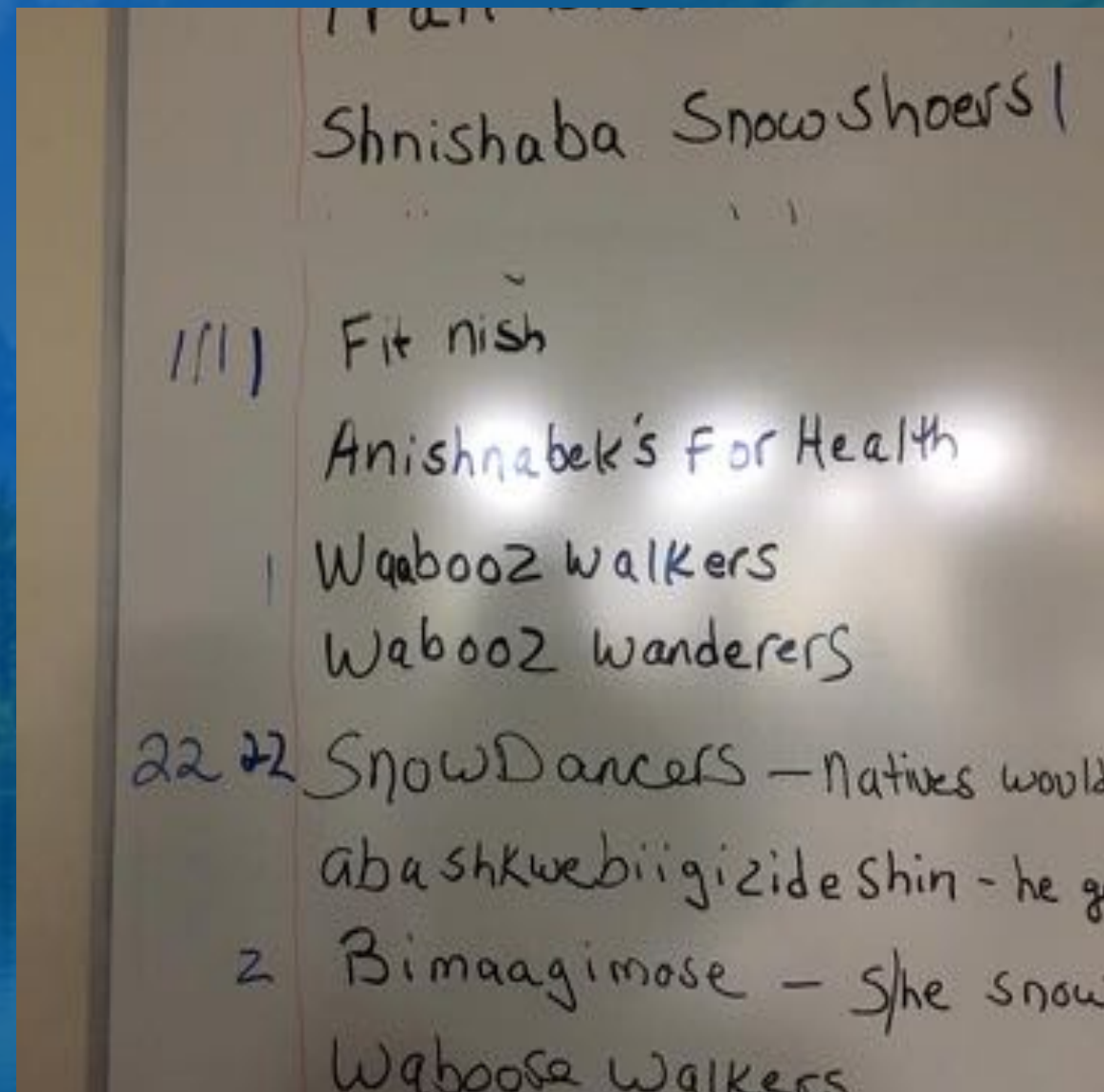
1. Hold workshop on making traditional snow shoes
2. Create social media page for our group
3. Advertise workshop and contest for a name of the group



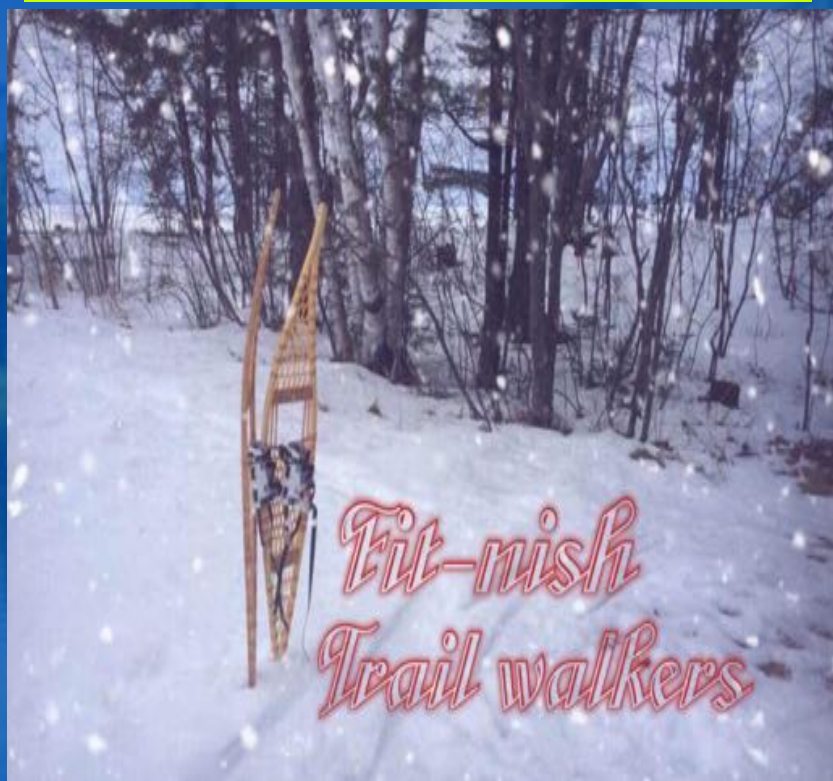
Tribal members participating in workshop

During our workshop we....

1. Voted on name for group
2. Planned our first hike together



Getting stronger!



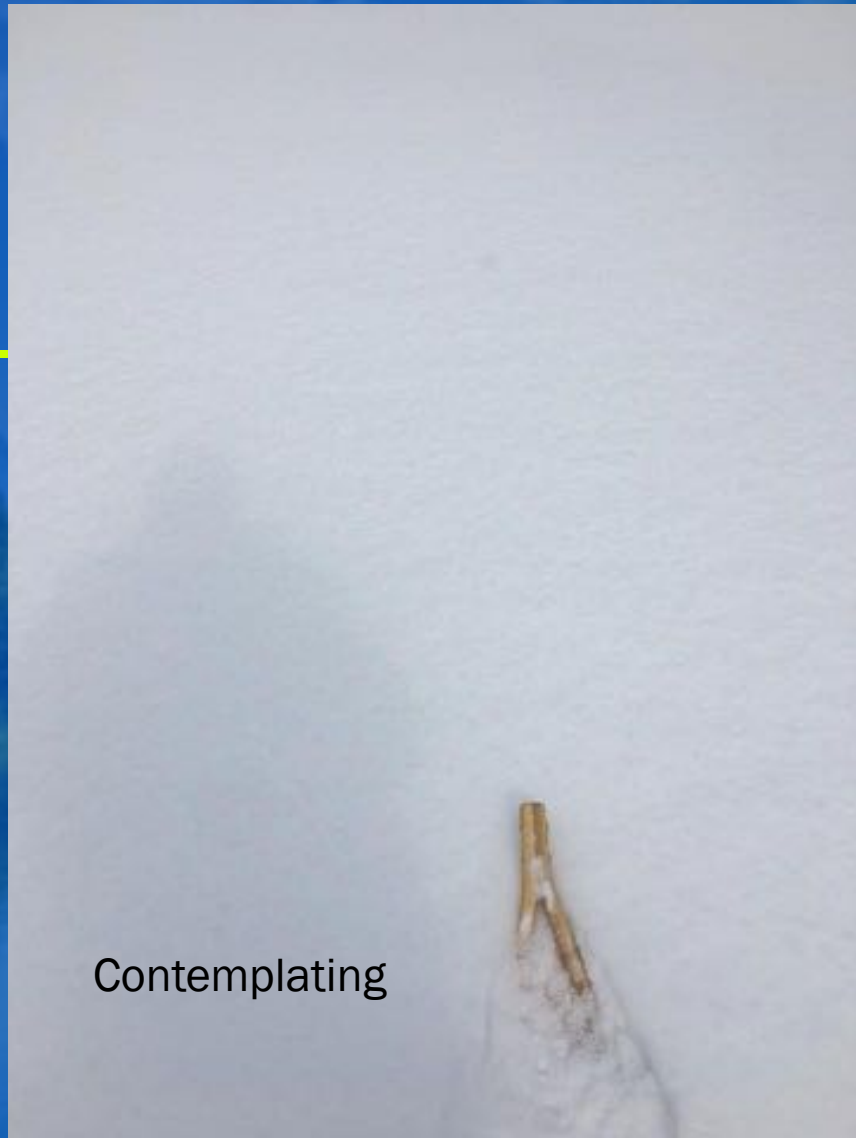
A boy and his dog



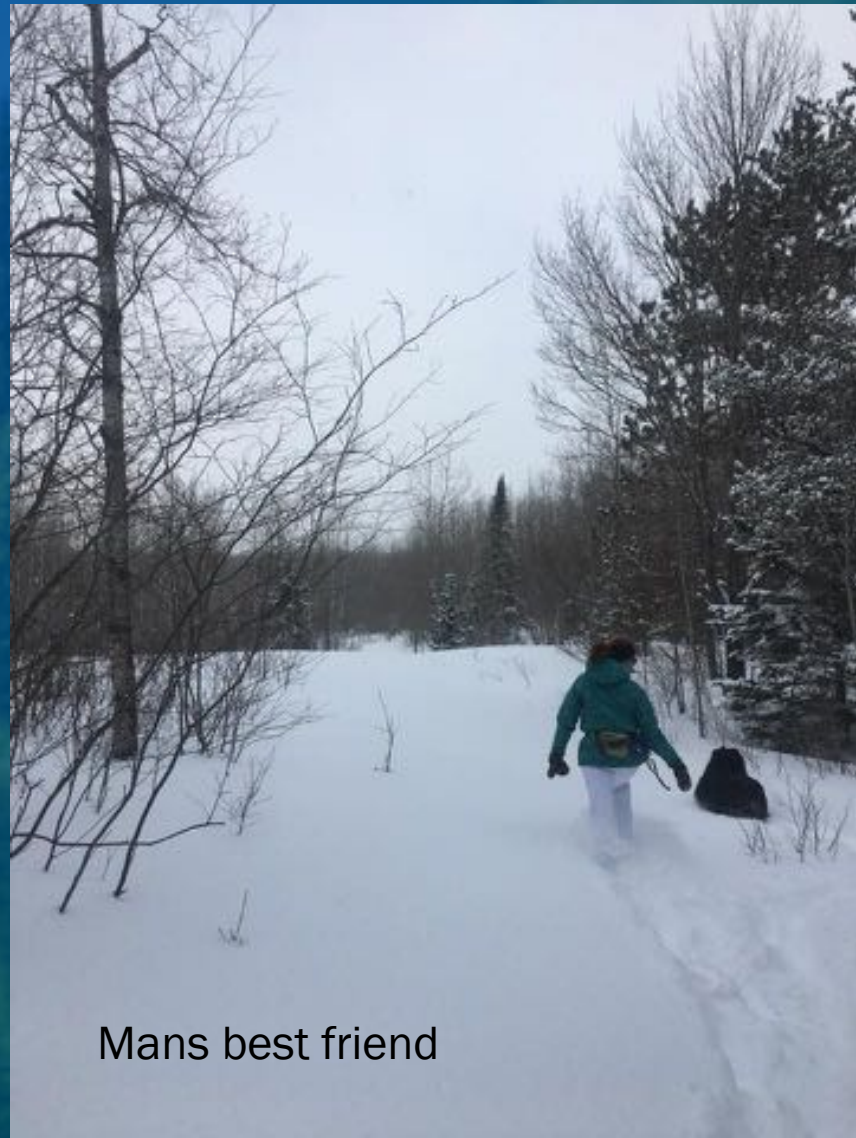
Little boy and his dog along the shores



110 foot white pine



Contemplating



Mans best friend



Oscar our Mascot



Making new traditions



What's next for us?

- We were identified in the Bay Mills Township Recreation Plan as a community physical activity resource, so this has really motivated us to continue
- Partnering with Michigan State University Extension Program to plan guided foraging hikes.
- Partnering with the Bay Mills Community college to hold physical activity events in our community such as, survival skill hikes, demonstration of how to use equipment (snowshoes, skis, skates).
- Create a Indigenous food resource guide.

Quotes from Fit-Nish Trail Walker participants

“ I love it! The Fit-Nish Trail Walkers group gives those in our community an opportunity to come together, share stories and explore our fantastic back yard J “

- “Fit-Nish Trail Walkers means a lot to me because it helps me stay fit and get out and see things I wouldn't have thought I would. I see and meet new people. And, the outdoors, I think would really help a lot of people with their sobriety and stay fit & well. And one last thing, you get to spend sometime with family and friends and it don't get better than that”
- “Inspired me to get up in the morning, meet with people of the community. I look forward to the days we get together, what better way can you come up with to break up the busy week. Every walk/trip I feel like we are heading on some great adventure”

Final thought

“The health of one person is not just an individual responsibility but also a community responsibility” – James F. McKenzie-

Miqwetch

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https://www.facebook.com/groups/178617932751691/?ref=br_r



**NOTTAWASEPPI HURON
BAND OF THE POTAWATOMI**

A FEDERALLY RECOGNIZED TRIBAL GOVERNMENT

BMI Themes and Strategies

- Utilizing access and population level interventions
- A general shift in programming focus from weight to participant driven healthy lifestyle adaptations.
- Targeted prevention activities and education with youth and adolescents.
- Targeted prevention activities and education for Maternal Child Health participants.

Nutrition and Traditional Food Access and Education

- Cooking Matters
- Food Preservation
- Traditional Cooking Demonstrations
- Veggie Van
- Sprout Box
- Community Garden
- Nutrition Prescription



Youth

- Nutrition and physical activity education and opportunities into youth programming.
 - Healthy Snacking
 - Healthy Beverages
 - Cardio Drumming
 - Kick Boxing
 - MIFO Training
 - Girls On The Run
 - Light Up the Rez 5K
 - BMI at Back to School Event

Girls On The Run 2018



Light Up The Rez 5K/ Turtle Trot 2018



Maternal Child Health

- Community Health Nurse Nutrition credentialing for earlier intervention with families.
- Nutrition education during home visits
- Veggie boxes during growing season
- Initiatives to connect with women during pregnancy

Organization Nutrition Standards- in process

- Nutrition standards for meals during programming and tribal functions- in process
- Serve Safe Certification
- Group cooking training- in process
- Improved youth BMI referral and follow up

Nutrition Prescription Program

- Fruit and Vegetable box distribution
 - youth programming
 - maternal child health families
 - diabetic patients
 - employee wellness participants
- Recipes and Nutrition Education



Getting Started

- Budget!
- \$25 per box
- Connect with local growers and distributors- contracts, MOUs
- MSU-E was a great resource for us
- Develop In Season Recipes
- Communicate Referral Procedures
- Market Program to clients

FAMILY FUN in the Kitchen

With a **NUTRITION PRESCRIPTION!**



OTTAWA-CARLETON DISTRICT HEALTH UNIT

A HEALTHY COMMUNITY THROUGH WELL-BEING

Eligible Montreal Child Health Families have three opportunities to earn veggie boxes during the June, July and August growing season by completing the following:

- Participate in at least three home visits between January 1 and July 31.
- Participate in the Family Sport Nutrition Session during the Home Visiting Program before August 31.
- Participate in a family meal with a registered dietitian before August 31.

Veggie boxes include locally sourced produce when possible, valued at around \$20, and healthy cooking tips. Boxes will be distributed monthly during the program.

For more information please contact:

Robin Tawel, BSN Community Health Nurse New Credit Location 905.709.4422	Deen Corbett-Ropes, BSN Community Health Nurse Credit Union Location 905.299.0200
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See back for more!

TIPS for Raising a HEALTHY EATER



- 1 Offer several healthy choices at each meal. Try to make one of the options something the child already likes to eat.
- 2 Provide two to three healthy snacks throughout the day. Many young children are unable to eat large meals and need healthy snack options for optimal nutrition.
- 3 Let children feed themselves using finger foods.
- 4 Young children may avoid hot or cold food. Serve food at room temperature.
- 5 Let children take a dip. Healthy dips like low-fat salad dressing, ketchup, yogurt, salsa and hummus make trying new veggies fun!
- 6 If the child refuses something the first time, try it again at a different meal.
- 7 If they don't like it, maybe they will like it! Licking a new food is a good way to introduce children to flavor and texture.
- 8 Refrain from forcing children to eat. Demanding that children "eat all their veggies" or "clean their plate" typically backfires and leads to the child eating less healthy food. This also teaches children to ignore hunger and fullness signals.
- 9 Stop making "deals" with kids, such as: "If you eat all your veggies you can have dessert!" This strategy does not work in the long run. Never use food as a reward.
- 10 Turn the television off! Children that eat in front of the TV have a harder time recognizing when they are full and tend to eat more. Use meal time for family interaction and conversation!

Introducing young children to healthy foods is an important step in healthy development. If a child may need to be exposed to a new food up to 10 times before they will try it! For children under the age of one, consult their pediatrician.



DIABETES in MOTION

2017 Program Requirements

Complete the following measures from January 2, 2017 – December 31, 2017 to earn the following wellness items!

- Two out of four measures completed by August 31 = Box of local produce items
- All four measures completed before December 31, 2017 = Box of local produce plus Nike N7 Air Native Shoes

1. Exam: Complete annual Diabetes Retinopathy Exam with documentation.
2. Education: Attend a referred education appointment for Diabetes Education including Self-Management education or Nutrition.
3. Self-Management: Demonstrate a documented improvement in A1c over a three month period.
4. Biometrics: Demonstrate a documented improvement in Blood Pressure or Body Mass Index.

FOR QUESTIONS, PLEASE CONTACT THE NHBP
HEALTH AND HUMAN SERVICES OFFICE: 888.662.2808



NOTTAWASEPPI HURON BAND OF THE POTAWATOMI
A FEDERALLY RECOGNIZED TRIBAL GOVERNMENT

Delivery VS Drop Spot Considerations

- Pros of Delivery

- Assists in relationship building
- Insures produce isn't left too long w/o refrigeration
- Education Opportunities

- Cons of Delivery

- Time and Manpower
- Clients may not be home

- Pros of Drop Spot

- More Convenient for Staff
- Changes perceptions of clinic

- Cons of Drop Spot

- Many people can not come during business hours
- What happens when people don't get their produce?

Employee Wellness



- High percentage of employees are Tribal Members and Spouses
- Improving the health of the workforce will have a ripple effect on families and the community
- Utilizes programs, weekly challenges, fitness tracking, exercise flex time, and online education.
- 500 points = \$500

Employee Wellness History

- Taskforce assembled- **Late 2012**
- Exercise flex pilot- **Sept 2013**
- Exercise flex policy- **March 2014**
- Strategic Plan Objective- **2014**
- Re-Assembled Taskforce
- Employee Wellness Survey- **Sept 2014**
- Analyzed findings, trends, gaps
- Researched best practices
- Developed Recommendations and Implementation Plan
- Implementation Plan Approved- **June 2015**
- Created Employee Wellness Implementation Packet
- Program Roll Out- **Oct 2015!**
- Full Program- **January 2015!!!**

Employee Wellness Survey

- Key Findings-
 - 92.06% of respondents would participate
 - Time, Schedule, and Workload are barriers
 - #1 way people want info is via email
 - Most people prefer end of the day wellness activities
 - 30% report a chronic health condition
- Obesity, Diabetes, high BP were the top 3 health concerns
- Over 70% do not receive recommended exercise
- Over 80% classified themselves as over weight
- Over 80% do not receive recommended fruit and veggies
- #1 Social Emotional topic is stress management

Implementation Packets



Table of Contents:

- I. Purpose and Importance
- II. Acronyms and Definitions
- III. Quick Start Guide
- IV. Program Structure, Points and Prizes
- V. Program and Challenge Schedule
- VI. Activity Trackers
- VII. 3FITT Overview
- VIII. HRA
- IX. Programs and Services
- X. Employee Assistance Program-HelpNet
- XI. Policy and Contract
- XII. Mno-Zhyé Champion Application
- XIII. Mno-Zhyé Wellness Tips
 - A. Physical Activity
 - B. Nutrition Tips
 - C. Mental Fitness Tips
 - D. Tobacco Cessation
- I. Maps of Fitness and Nutrition Opportunities
- II. Resources

Full Mno-Zhyé Program

Participation Points

Activity	Description	Points
Exercise Flex	Average 4 exercise flex sessions per month within a quarter.	25
Exercise Classes	Average 4 exercise classes a month within a quarter.	25
HRA	Complete during the Health Fair or by appointment. Eligible for points once every 6 months.	25
Tribe to Tribe Walking Challenge	Complete 400,000 steps during the 9 week program (200 miles).	25
Hold it For the Holidays	Maintain weight within a one pound limit or lose weight during the program.	25
Winter Meltdown	Achieve 12 points during the program. Points must include beginning and ending weigh ins.	25
Fall Food Program	Attend 4 of the 6 nutrition activities and turn in eating logs.	25
3FITT Online Class	Complete one of the recommended health classes on your 3FITT profile.	25

Exercise Flex and Classes

- Onsite Fitness and Exercise
 - Average 4 times per month
 - Average 8 times per month
- Fitness Classes
 - Cardio Drumming
 - Yoga
 - Zumba
 - PiYo
 - Kick Boxing





Full Mno-Zhyé Program

Performance Points

Activity	Description	Points
Quarterly Goal #1	Achieve 500,000 steps per quarter. 500,000 steps = an average of 2.75 miles a day	50
Quarterly Goal #2	Achieve 700,000 steps per quarter. 700,000 steps = an average of 3.8 miles a day	100
Quarterly Goal #3	Achieve 900,000 steps per quarter. 900,000 steps = an average of 5 miles a day	150





Quarterly Challenges

- 1 per quarter
- Different health focus
 - Exercise
 - Nutrition
 - Water
 - Mindfulness
 - Sleep
- Last 1 week
- May be individual or departmental challenges
- Gift card incentives for completers!

Microsoft Edge browser window showing a page with a sidebar on the left and a main content area. The sidebar contains a vertical list of items, including a large 'e' and a '10,000' graphic. The main content area features a section titled 'The 10,000 Day Challenge' with a green bar and a blue button. The right sidebar contains a search bar and a list of items.

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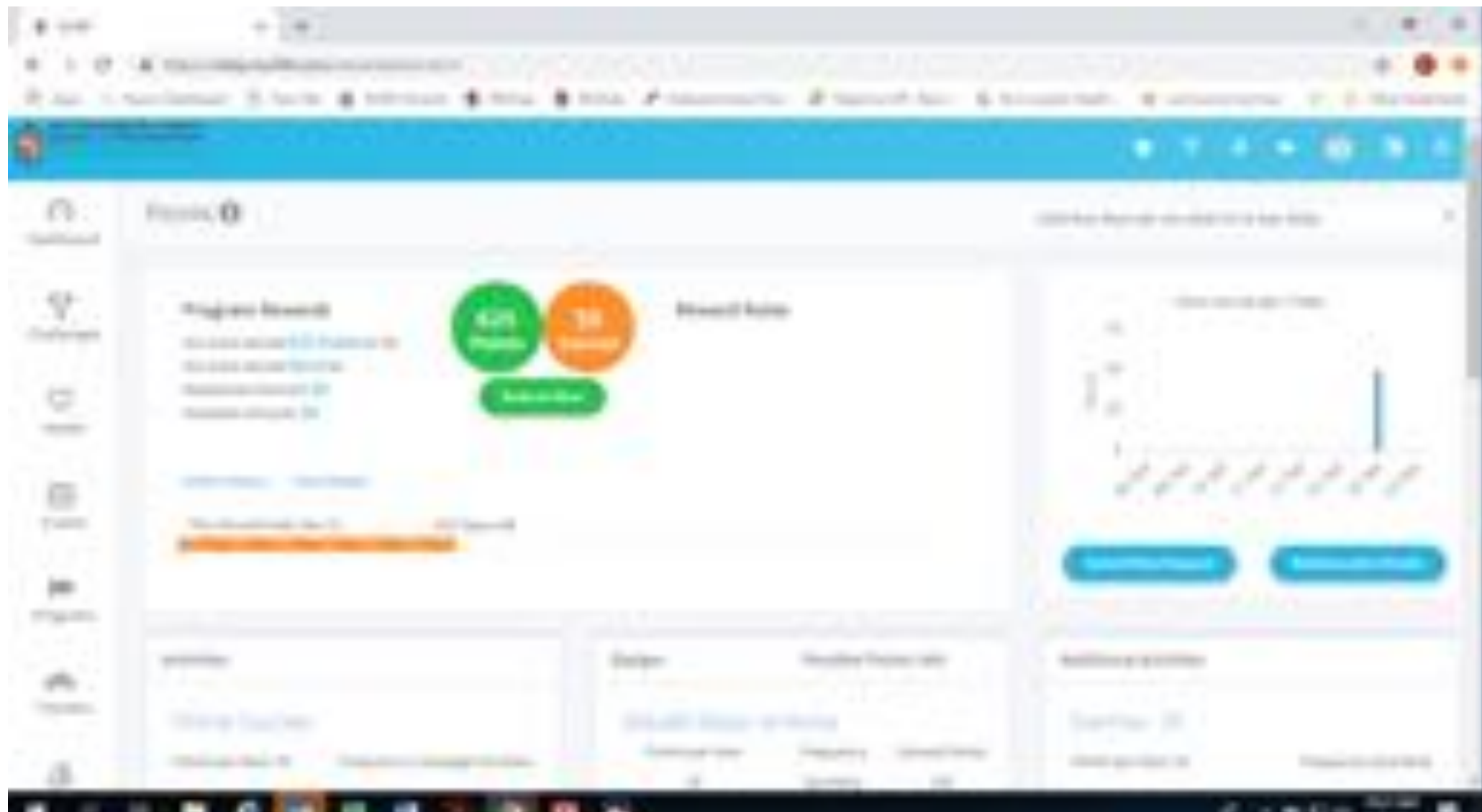
Online Classes



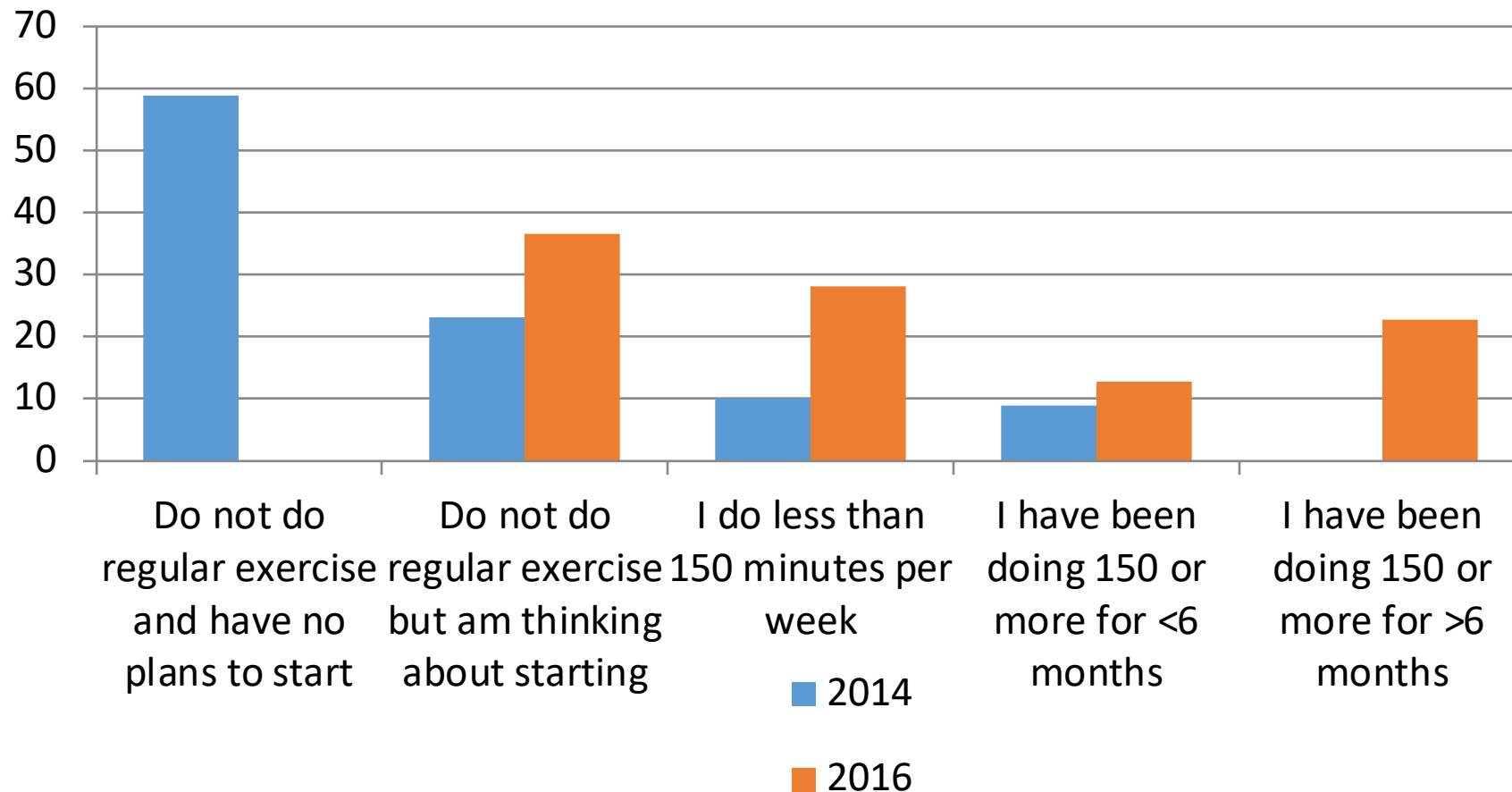
Online classes
nutrition
physical activity
tobacco cessation
Finances
Stress
Weight Loss

Points and Prizes

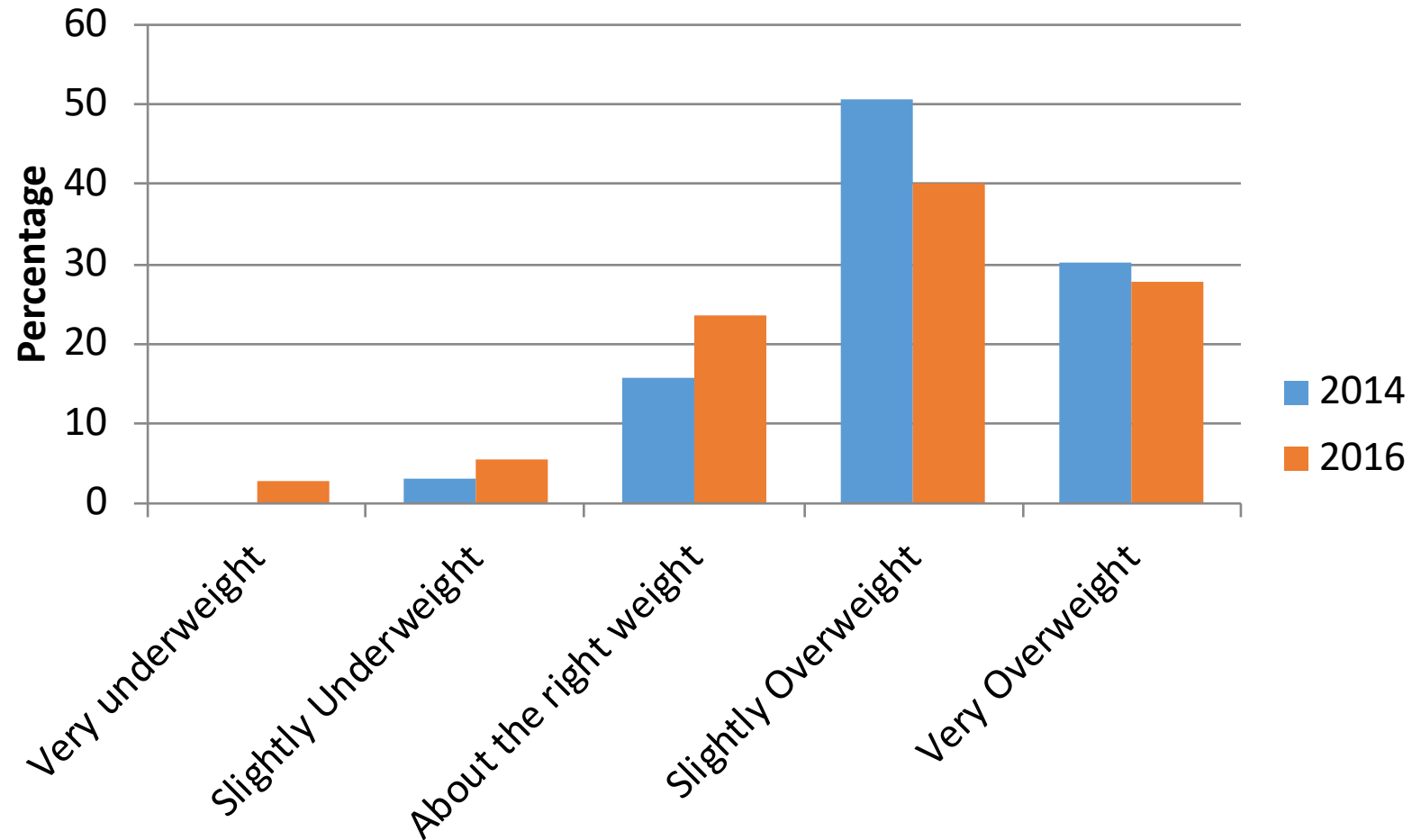
Points Earned	Description	Prize
250	By the end of the 2 nd quarter (halfway into the program).	\$25 on veggie bucks
300	By the end of the 4 th quarter (end of the program).	\$50 Nike voucher
500	By the end of the 4 th quarter (end of the program).	\$200-\$500 depending on total cost savings
Quarterly Challenge Completer	Achieved an individual challenge.	\$10 gift card
Quarterly Challenge Winner	Achieved a departmental challenge.	\$20 gift card



Current Level of Physical Activity



Current Weight



Top 10 Benefits for Participants

1. Greater involvement in programs and event
2. Increased comradery
3. Improved physical activity
4. Improved water consumption
5. Improved job satisfaction
6. Improved overall health
7. Improved energy levels
8. Improved food choices
9. Improved health knowledge
10. Increased physical activity and nutrition knowledge

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