Initial Community-Academic Partnerships

- Wisconsin Nutrition and Growth Study (WINGS) Epidemiological study to assess prevalence rates and contributing risk factors for obesity, cardiovascular disease, and glucose intolerance in Wisconsin American Indian children.
- Healthy Children Strong Families (HCSF) 1 and HCSF 2 Community-based participatory research assessing early childhood interventions to address childhood obesity among American Indian children.
- Developed initial Community Advisory Board to guide community-academic partnership efforts.

Community Engagement Workgroup

- Collaborative group of community and academic partners
- Facilitated by Jodi Pfarr, consultant with aha! Process, Inc.
- Key point of collaboration between community and academic partners and among community agencies for multiple initiatives related to community health
- Meets quarterly to monitor and maintain progress on community health initiatives.
- Enables partners to identify, discuss, and address underlying factors that broadly influence community health.

Community Obesity Prevention Initiatives Implemented

PoliciesStrengthened school nutrition policies	SystemsNew grocery store built on reservation	EnvironmentsNewly refinished track accessible to community members
 Tribal wellness policy to support employee physical activity during the workday 	• Smart Sacks program in schools provides students with healthy foods for the weekend.	 New sidewalks built throughout the largest reservation community
• Lengthened recreation center hours	 Development of gardening programs and school and community gardens 	• Development of school and community gardens

• **Additional programs:** Initiatives focusing on providing nutrition education and opportunities for family and community physical activity.

Key Contributors to Successes

- Exchange of expertise between community and academic partners
- Strong interagency partnerships
- Strong agency leadership support
- Community-academic partnerships facilitate leveraging funding streams and other resources.

Current Initiatives

- Wisconsin Obesity Prevention Initiative pilot project
 - Assesses the impact of combining community organizing and collective impact to promote policy, systems, and environmental change to prevent obesity.



Menominee Community Engagement Workgroup Process

Development of Community Engagement Workgroup (CEW)

- •Community parnters: Menominee Tribal Clinic, Menominee Indian School District, Menominee Tribal School, Menominee Food Distribution Program, College of Menominee Nation, Menominee Nation Head Start, local human services organizations, youth-serving organizations, and others
- Primary academic partner: University of Wisconsin Department of Family Medicine

Identify priority areas and first year acomplishments

- Developed "future picture" of community health and wellbeing.
- Identified three priority areas: youth obesity, teen pregnancy, school readiness.
- Identified first year accomploshments related to each priority area.

90-day action plans

- Partners identify and delegate action steps and complete written 90-day action plans.
- CEW meets quarterly to report on progress and deveop new plans.
- 90-day plans maintain accountability and document processes, community involvement, and progress of community health initiatives.

Key obesity prevention initiatives

- •Policy: School nutrition policies and tribal agency wellness policies
- •System: Food systems changes including development of school and community gardens, a new grocery store, and "Smart Sacks" school food programs
- Environment: Enhanced environments for physical activity including refinished sidewalks and track.
- Programs: Regular nutrition education and physical activity promotion programs

Long-term

•Utilize existing local data sources to monitor obesity prevalence and risk and protective factors related to childhood obesity.

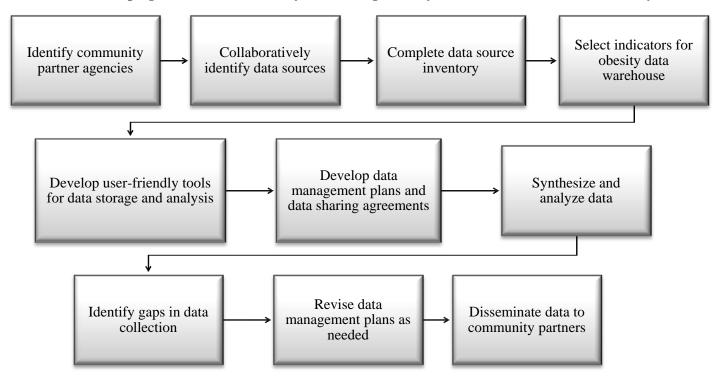
evaluation





Obesity Surveillance and Long-term Evaluation

Process for developing local childhood obesity data management system in the Menominee community

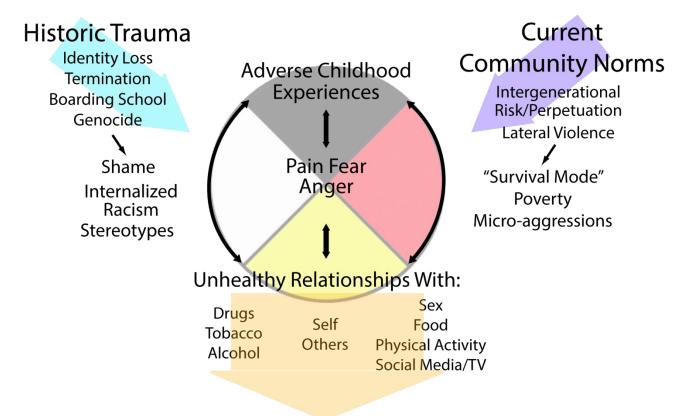


Local sources of demographic, anthropometric, and obesity risk factor data.			
Data Source	Population	Data available	
School Fitnessgram™ data	Children in grades K-12	 Demographic: age, gender, grade level Anthropometric: height, weight, percent body fat Fitness: aerobic capacity, flexibility, strength 	
Head Start screenings	Children ages 2- 4 years	Demographic: age, genderAnthropometric: height, weight	
WIC data	Low-income mothers and children ages 0-4 years	 Maternal risk factors: high pregnancy weight gain, smoking Nutritional factors: breastfeeding initiation/duration, sugary beverage consumption Infant risks: high weight for length, low birthweight 	
Youth Risk Behavior Survey (YRBS)	High school aged students	 Physical activity frequency and duration Screen time behaviors 	





Broken Hoop Model



↑ Teen Pregnancy ↑ Obesity/Chronic Disease ↓ School Readiness

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Acknowledgements:

We gratefully acknowledge the participation, insights, and support of the Menominee Tribal Clinic, Menominee Nation Early Childhood, Menominee Indian School District, Menominee Tribal School, and the Menominee Community Engagement Workgroup.

External Funding:

- 1) University of Wisconsin-Madison School of Medicine and Public Health, Wisconsin Partnership Program, Community-Academic Partnership Fund: "Menominee Journey to Wellness" to Menominee Nation
- 2) University of Wisconsin Madison School of Medicine and Public Heath, Wisconsin Partnership Program, Wisconsin Population Health Service Fellowship
- 2) NIH RO1 HL114912 to Alex Adams
- 3) NIH: 1 U01 HL087381-01 to Alex Adams

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