***Healthy Dearborn is a community united to promote a healthier tomorrow!*   
 *Our Vision:* Dearborn, a thriving, diverse community, will fully embrace a unified culture of health where everyone enjoys whole health (mind, body, spirit), with equal access to healthy foods, health care, green space and opportunities for safe, active living.**

***Our Mission:* We will create valuable opportunities for people in Dearborn to practice healthy lifestyles by enriching their minds, nurturing their bodies, and revitalizing their spirit.**

**HEALTHY DEARBORN COALITION   
MEETING MINUTES  
2/20/18**

**City Hall Artspace Lofts, Dearborn 48126**

**Attendees:** Ali Baleed Almaklani, Merit Amadi, Dennis Archambault, Mary Baker, Toni Battle, Suzy Berschback, Sophie Blaharski, Rachelle Bonelli, Nicole Broderson, Bethany Burge, , Mitzi Cardona, Erin Centeio, Danene Charles, Arden Ciaciuch, Kelly Citron, Athena Curtiss, Dan Cook, Meghan Dwaihy, Brandi Ekpiken, Farah Erzouki, Shadya Essaili, Mary Margaret Flinn, Pat Flinn, Katherine Fuller, Heather Harmon, Tim Harrison, Terra Hassan, Mona Hijazi, Craig Kotajarvi, Kelsey Lemay, Erica Lyght, Melissa Makled, Cynthia Mason, Colin MacDougall, Marci Mahssney, Chris Mayer, Dorothy McLeer, Stephanie Osborn, Kate Pepin, Carmel Price, Betty Priskorn, Brian Ricci, Megan Righey, Glenn Savarese, Joan Schilling, Ghadah Sharif, Donna Simmons, David Solomon, Tameka Spruce, Sharon Stanek, Maha Taranish, Jim Thorpe, Mohammed Turfe, Claudia Walters, Eric Woody, Lacea Zavala

***Host: Michael Bewick, Executive Director, East Dearborn Downtown Development   
 Authority***

Sara Gleicher introduced the meeting host, Michael Bewick, Executive Director for the East Dearborn Downtown Development Authority. He described the Artspace Lofts and stated that the room in which we were gathered was the former Dearborn City Council chambers. After the coalition meeting, Michael led a large group of coalition members on a tour of the building, including a visit to one of the resident artist’s loft apartment.

Sara then reviewed the meeting agenda, noting that three action teams – Healthy Schools, Healthy at Work and Healthy Foods – are nearing completion of their strategic plans. The newer committees are just starting work on those; these committees are Healthy Communications and Health Disparities/Health Equity. Following brief instructions for the day’s activities, teams met in groups. Their notes follow:

**Healthy Communications:**

* The committee reviewed the City of Dearborn website, Healthy Dearborn website and Facebook pages. Observations: the City’s website doesn’t have Healthy Dearborn a strong enough profile to equate it with other programs offered to Dearborn residents. While technically not a municipal program, it would be good to have a higher profile. Likewise, it would be good to create closer integration between the City of Dearborn website and the Healthy Dearborn website.
* City of Dearborn slogan could/should include a reference to healthy communities.

Current slogan: “Delivering superior public service and earning the public’s trust every day.”

Potential revision: “Delivering superior public service, promoting a culture of health, and earning the public’s trust every day.”

* Didn’t see much about Healthy Dearborn’s activities/accomplishments on the Dearborn website.
* On the Healthy Dearborn Facebook page there needs to be more content on the work of Healthy Dearborn work teams, the researchers, and the student.
* Create a Google photo Page. Eric has experience in this area and will lead this process; he will also be the lead on the social media component of the Healthy Communication Work Team.
* Eric Suggested creating a Facebook Live segment featuring interviews with relevant representatives of Healthy Dearborn activities/events. Eric also noted that community leaders involved in events like Walk and Roll could be contacted to do promotions of their upcoming involvement in the event.
* The group discussed the opportunity of engaging existing micro networks within Dearborn as an effective communication strategy. For example, local community and political activists have their own platforms; Dearborn in the Raw and One Dearborn are options; it was agreed that local neighborhood groups should be prioritized over political groups.
* We had also talked about encouraging members of the Healthy Dearborn Coalition to become members of the Facebook group and to share the content with their networks.
* Claudia is working with Carmel and Natalie on a grant proposal to pull together the various maps that have been created for, or are relevant to Healthy Dearborn, including park locations, health disparities as listed in the 500 Cities Project. This will be the focus of Claudia’s contribution to Health Dearborn in the near future. Other map projects may include:
* Existing non-motorized public transportation routes
* Maps required by work groups
* Air/environmental contamination zones
* To address intra-organizational communications, the group agreed to initiate a content generation system, with members agreeing to contact leads from each group regularly to get tips on news items and follow up on old items. Also, because Dennis serves on the Steering Committee, content ideas will come from that forum.
* Colin: Healthy Food, Health Disparities/health equity
* Eric: Healthy at School, Healthy At work
* Dennis: Built environment and physical activity
* Potential content:
* Healthy Restaurant Award

Colin will work with Sara on supplementing publicity on the Healthy Restaurant Award

* “All of Us” research project
* South End Initiative
* Eric and Colin will develop a resource list of local advocacy and news media sources for publicity projects.

**Healthy Environments for Physical Activity:**

* A proposed goal is: Increase physical activity by ensuring that everyone, no matter when they live, has access to safe and desirable opportunities for play and active lifestyles. The first objective is: Ensure that people have the opportunity and are encouraged to participate in physical activity programing where they live, learn and play.
* There was discussion on access to public schools’ property. What is the process for deciding/action for preference of user groups? How are these activities determined? Could students research this action item? Discuss with DPS school board.
* Is there a schedule for individual school locations? Dearborn Parks & Rec Guide, Dearborn Community Arts Council brochure available online. School brochure mailed to residents. How to encourage use of resources and participate, where are they available and how encourage use?
* Neighborhood walking group kickoff? Student to promote walking complement of Walk & Roll.
* Objective 2 as proposed may not “fit” committee in newest form. Bikes available but helmets are still a challenge. Discussion of helmet donations and organization give-away – student investigation? Field trip with Glenn to Back Alley Bikes!
* Open Streets initiative: no cars certain time, pedestrian friendly
* Moe, City Planner, should present to coalition or committee on city work on bike trails, central loop, connecting properties for bikes.

**Health Disparities/Health Equity:**

* We need to ask people about their health needs
* Focus more on advertising. Many residents do not know about the activities and programs provided through Healthy Dearborn
* The Health Communications team could help in making people and groups more communicated
* “Health mapping” – look for data and see what residents think to gain more knowledge about health in the target areas. E.g., focus groups
* We might need to work with other groups and organizations such as ACCESS
* Low attendance in community forums: 1) do meetings in evening; 2) enough advertising; 3) consider language barrier (translation); 4) provide child care for the meetings – we could use our volunteers for taking care of kids; 5) food for the meetings
* Educate ourselves more about the disparities and the community in general
* Let the residents know that we acknowledge the health disparity and we care about them – “listening sessions” or “community forum” We could ask community leaders for help
* We can start by presenting statistical data to people e.g., 500 Cities project (how do we introduce our mission and the issue of health disparity to residents)
* We could use the help of other HD teams such as “support and connection”
* Consider survey fatigue – one way to avoid it is by working with other teams or present the event to the coalition and see what each tea thinks
* Upstream vs downstream policies
* Considering other health issues that haven’t been addressed enough, e.g., mental health, social isolation

**Healthy Foods – notes to be included soon!**

**Healthy Schools**

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| **ACTION PLAN – HEALTHY SCHOOLS –** | | | | | |
| **GOAL:** Ensure that all Dearborn Public School students are meeting the state recommended standards for physical activity and are consuming the recommended amount of daily fresh fruits and vegetables. | | | | | |
| **Objective 1:** Increase knowledge on healthy lifestyles for families and members of school communities (PTA, PTO) through the schools. | | | | | |
| **Activity** | **Target Date** | **Resources Required** | **Lead Person/ Organization** | **Anticipated Product or Result** | **Progress Notes** |
| Parent workshops \* funded at certain sites  - Salina Elem, Int  - McCollough Unis | 9/1 | Child care | LAHC, | Parent workshops once a month |  |
| Cooking Matters |  |  | Henry Ford? |  |  |
| Eating Smart Being Active | 9/1 | Child care | Parents, LAHC, Fitness & Cooking | Fitness sessions & cooking class, 8 weeks |  |
| Parent workshops |  | Child care | ACCESS, United Way | Early Childhood parenting classes around healthy eating & creating less stress |  |
| Create Healthy Breakfast options for students | 8/1 | They have funding for resources | United Way |  |  |

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| **ACTION PLAN – HEALTHY SCHOOLS** | | | | | |
| **GOAL:** All Dearborn Public School students are meeting the state recommended standards for physical activity and are consuming the recommended amount of daily fresh fruits and vegetables. | | | | | |
| **Objective 2:** Increase physical activity during the school day at the elementary level. | | | | | |
| **Activity** | **Target Date** | **Resources Required** | **Lead Person/ Organization** | **Anticipated Product or Result** | **Progress Notes** |
| .Ensure that funds (Title I, Title IV) are allocated for Health & Wellness as required by ESSA, for: 1) Before/after school activities/clubs, and; 2) PD (health & wellness) |  |  |  | Included in School SIP plans | PA program in- stead of in-school suspension |
| Provide professional development for teachers about strategies to transition students from brain-break activity to classroom instruction. |  |  |  |  |  |
| Determine a timeline for implementation. |  |  |  |  |  |
| Professional development for the relationship between physical activity and academic achievement | Now |  | United Way, WSU | Principals allowing space in schools |  |
| Bike ride – Wednesday evening Walk & Rolls – bike education in schools | 5/1 | Middle school ACCESS | Pat Flinn, Dearborn Public Schools |  |  |

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| **ACTION PLAN – HEALTHY SCHOOLS** | | | | | | | | | | |
| **GOAL:** All Dearborn Public School students are meeting the state recommended standards for physical activity and are consuming the recommended amount of daily fresh fruits and vegetables | | | | | | | | | | |
| **Objective 3:** Implement healthy nutrition lessons during the school day at the elementary level. | | | | | | | | | | |
| **Activity** | **Target Date** | | **Resources Required** | | | **Lead Person/ Organization** | | **Anticipated Product or Result** | | **Progress Notes** |
| Ensure that nutrition education lessons are aligned with state standards to maximize teacher buy-in and ease of content integration. | 9/1 | | Meeting with teachers; healthy lessons; figure out plan implementation | | | Healthy Dearborn & DPS | |  | |  |
| Principals getting 5,2,1,0 posters to give to parents | 3/1 | |  | | |  | |  | |  |
| **Objective 4:** Promote the Year of Health, led by City in partnership with Schools and Beaumont. | | | | | | | | | | |
| **Activity** | | **Target Date** | | **Resources Required** | **Lead Person/ Organization** | | **Anticipated Product or Result** | | **Progress Notes** | |
| Get a meeting with Dr. Maleyko for the fall | | 8/1 | |  |  | |  | |  | |
| Announcement about pushing health & wellness with City | |  | |  |  | |  | |  | |

**Healthy at Work**

Discussion notes:

* Overview given of action group, Healthy Dearborn, intent to distribute survey with goal of 10 organizations per year; student intern is making second contact with organizations.
* MSU Extension Service – update: Xi Chen is no longer with MSUE; Joan Schilling is representing MSUE now from the Disease Prevention & Management Work Team. Collaboration with AHA was discussed.
* New activity for objective 1: promote survey: Arab Chamber of Commerce & Unions. Add target audience & target date for distribution of survey to action steps
* Question about presenting to City Council; can Sara facilitate? Maybe each action team has a paragraph/slide to present; can we have a council member come here, “Meet Your Council” is already in place – ask Mona about this
* Can Communications Work team connect with webpage
* March meeting: assign tasks form action plan to individual work team members

Sara: can you send the work survey to all coalition members: invitation for businesses to join the action team.

* **See Action Team Chart on the following pages**

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| **ACTION PLAN – HEALTHY AT WORK** | | | | | | | | | | |
| **GOAL:** By 2022, create a more health conscious workforce in Dearborn through engaging 50 businesses with wellness program providers in Dearborn. | | | | | | | | | | |
| **Objective 1:** Distribute survey and follow up with survey respondents that have expressed interest in workplace wellness. | | | | | | | | | | |
| **Activity** | **Target Date** | | | **Resources Required** | | **Lead Person/ Organization** | | **Anticipated Product or Result** | | **Progress Notes** |
| Follow up with eleven companies that completed the workplace survey with three touches, 1 email and 1 packet via US mail, starting with personal phone call. | By end of 2/18 | | |  | | AHA | |  | |  |
| Match resources with company’s needs and priorities and tailor (staged). | 3/18 | | |  | |  | |  | |  |
| Revisit re-distribution of survey to companies and Chamber. | Summer, 2018 | | |  | |  | |  | |  |
| Presentations to Arab Chamber of Commerce & UAW | Summer, 2018 | | | Need contacts for both groups | |  | |  | |  |
| Dearborn Schools – connect with Danene Charles |  | | |  | |  | |  | |  |
| **Objective 2:** Increase employee based wellness program provider list. | | | | | | | | | | |
| Consider webpage improvements with, for example, more clickable and obvious navigation for Healthy@Work page, “AHA Workplace Health Solutions.” | |  |  | |  | |  | |  | |
| Connect with Communications team | |  |  | |  | |  | |  | |
| Website page improvement re: action team | |  |  | |  | |  | |  | |

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| **ACTION PLAN – HEALTHY AT WORK** | | | | | |
| **GOAL:** By 2022, create a more health conscious workforce in Dearborn through engaging 50 businesses with wellness program providers in Dearborn. | | | | | |
| **Objective 3:** Increase business representation within Healthy at Work Action Team. | | | | | |
| **Activity** | **Target Date** | **Resources Required** | **Lead Person/ Organization** | **Anticipated Product or Result** | **Progress Notes** |
| . |  |  |  |  |  |
| **Objective 4:** Create a Healthy Dearborn Starter Toolkit. | | | | | |
| **Activity** | **Target Date** | **Resources Required** | **Lead Person/ Organization** | **Anticipated Product or Result** | **Progress Notes** |
| Review AHA Starter toolkit called “Workplace Health Solutions”. |  |  | Mitzi |  |  |

**Inclusive Health Advisory Committee**

* Inclusive Health committee is off to a great start. Our mission is to help Healthy Dearborn (HD) become more inclusive to the Disabled community in all programming, policies and procedures. We want to be a resource for all the action teams and HD as a whole. Also, we want to help people with disabilities living or visiting Dearborn to become healthier.
* According to [www.healthypeople.gov](http://www.healthypeople.gov) website, until recently, people with disabilities have been overlooked in public health surveys, data analyses, and health reports, making it difficult to raise awareness about their health status and existing disparities. Emerging data indicate that individuals with disabilities, as a group, experience health disparities in routine public health arenas such as health behaviors, clinical preventive services and chronic conditions. Compared with individuals without disabilities, individuals with disabilities are:
* Less likely to receive recommended preventive health care services
* At a high risk for poor health outcomes such as obesity, hypertension, falls-related injuries and mood disorders
* More likely to engage in unhealthy behaviors that put their health at risk, such as smoking and inadequate physical activity
* Everyone who sits on this advisory committee will also sit on an action team. They will be the eyes and ears of people with disabilities in HD. We will look over the minutes of each action team and give suggestions on how to make their ideas more disability friendly.
* Tameka is continuing to recruit people to this committee
* Two people attended the meeting today: David Solomon and Shadya Essalli and they’re interested in being part of the Inclusive Health committee. They both sat on the healthy Schools action team and had an idea: it will be interesting to help kids with special needs to learn how to ride their bikes. Shadya will contact someone who can assist with this.
* Talked with Danene Charles about teaching kids with special needs in DPS schools and she will follow up to provide contact information for the Director of DPS Special Education Division.

Following action team break-outs, everyone reconvened in a large group to hear a presentation from ACCESS on the “All of Us” research project. This project is a federal effort launched in 2015 by the National Institute of Health, the nation’s leading research agency making important discoveries to improve health and save lives.

ACCESS is a community partner for this federal effort and they will conduct the community outreach, including to underrepresented Arab populations.

The goal is to collect health data on one million or more participants, from all walks of life. Once the data is collected, it will be the largest, richest biomedical dataset ever that will be available and free to access. Individual participants will have access to the information and data about themselves. Data will be broadly available to empower research. The other values of participating in this project are: opportunity to fight disease and improve health of future generations; opportunity to ensure that all minority communities are included in studies that lead to new understanding and treatments, and; opportunity to be part of a movement to make health care more precise, more personal and effective.

Minority populations are historically underrepresented in data collection, clinical trials and research. This project will aim to be fully inclusive of these populations.

This is a phased process. First, community partners are informing people about the project. The next phase, the launch, is targeted for some time this spring, in April. There will be a phases of pilot, iteration and scaling up.

The meeting was adjourned at 10:00 a.m.

**Future Meeting Dates:**

* Tuesday, March 20th, **Dearborn Public Schools Administrative Center, 18700 Audette, Dearborn 48124** – **Guest speaker: Dr. Marijata Daniel-Echols, Program Director, Center for Health Equity Practice, Michigan Public Health Institute**
* Tuesday, April 17th, 15500 Lundy Parkway, Dearborn 48126 **– Special presentations by: Norm Cox, Multi-Modal Transportation Plan Consultant for City of Dearborn and Mohamed Ayoub, Dearborn Senior City Planner**