Menominee Journey to Wellness: 
Leveraging Community-Academic Partnership to Prevent Obesity through Policy, Systems, and Environmental Change

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

<table>
<thead>
<tr>
<th>Policies</th>
<th>Systems</th>
<th>Environments</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Strengthened school nutrition policies</td>
<td>• New grocery store built on reservation</td>
<td>• Newly refinished track accessible to community members</td>
</tr>
<tr>
<td>• Tribal wellness policy to support employee physical activity during the workday</td>
<td>• Smart Sacks program in schools provides students with healthy foods for the weekend.</td>
<td>• New sidewalks built throughout the largest reservation community</td>
</tr>
<tr>
<td>• Lengthened recreation center hours</td>
<td>• Development of gardening programs and school and community gardens</td>
<td>• Development of school and community gardens</td>
</tr>
</tbody>
</table>

• 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

- Community partners: 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

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

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

- Utilize existing local data sources to monitor obesity prevalence and risk and protective factors related to childhood obesity.
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**Obesity Surveillance and Long-term Evaluation**

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

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### Local sources of demographic, anthropometric, and obesity risk factor data.

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Population</th>
<th>Data available</th>
</tr>
</thead>
</table>
| 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, gender  
                           |                                                  | • Anthropometric: 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 |

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**Broken Hoop Model**

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Developed in collaboration with the Menominee Community Engagement Workgroup
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