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# Submission #260

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## Submission information

Form: [University of Michigan Staff Impact Awards](#)

Submitted by [julinels](#)

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## Who is the nomination for?

Team

## Nomination for Team

### Team Name

Project Healthy Schools

### Department

MHealthy

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## Please select all criteria described within your nomination

- Recognizing collaboration between multiple schools, colleges or units
- Supporting workplace flexibility as a way to build a positive work culture
- "Outside the cube" innovations in process, product, method or systems

## Description of the nominee's contributions

Criterion 2: Recognizing collaboration and innovation between multiple schools, colleges or units.

Examples include:

Project Healthy Schools (PHS) is a Community-University of Michigan collaboration designed to reduce childhood obesity and improve the current and future health of Michigan's youth. It is one of only a few school-based programs that have demonstrated significant and lasting improvements in health behavior and cardiovascular risk factors. Through education and wellness activities, Project Healthy Schools enables middle school students to increase physical activity, eat healthier, and understand how nutrition and activity influence their lifelong health. In addition, once implemented in a school, the program continues year after year, benefitting future generations of students.

In 2004, the PHS program was created through a collaboration between several U-M and Michigan Medicine departments, the Ann Arbor Public Schools, the Washtenaw County Health Department and the Ann Arbor YMCA. Collaboration and innovation are part of our DNA. The PHS team is currently collaborating with a number of U-M departments to continue to improve the program and to assist the various departments in meeting their goals. Current collaborations include:

InPACT Program - PHS is partnering with U-M's Schools of Kinesiology, Education and Architecture to study the effects of interrupting prolonged sitting with activity (InPACT) in the classroom. The partnership is providing U-M students with real world experience and research opportunities. PHS's role in the collaboration included helping with the development of the intervention and teacher training materials, co-facilitating the teacher trainings, recruiting partner schools and acting as a liaison between the InPACT team and school staff. The School of Kinesiology provided the expertise for designing the physical activity breaks. The School of Education provided expertise on curriculum design and the Taubman School of Architecture created new classroom layouts more conducive to physical activity.

Nephrology Partnership - Two Michigan Medicine nephrologists are collaborating with PHS to raise awareness about kidney disease prevention, especially among students in Detroit, a high-risk area for chronic kidney disease and morbidity. The risk factors for heart disease and chronic kidney disease (CKD) are very similar. The collaboration has resulted in the development of both a high school and a middle school kidney health curriculum. For the past two years, the physicians have delivered the high school curriculum to Cody High School students in PHS' Science of Wellness class. The interactive presentation includes topics such as the anatomy of the kidney, kidney function, kidney-related health screening, pathology of the kidney and how to keep the kidneys healthy. Students also participate in a lab simulation of a kidney screening, testing fake urine with a dipstick analysis. The middle school curriculum, which ties to middle school science standards, was piloted at East Middle School in Plymouth and Munger Middle School in Detroit last spring. PHS worked with an external vendor, Wolverine Sports, to develop an interactive kidney model for use with the lessons, when no existing model could be found. Several more

schools are using the lessons this fall. PHS and the nephrologists jointly applied for and received a grant to measure the effectiveness of this kidney disease prevention intervention.

Depression Center Collaboration - PHS consulted with Depression Center staff to help them adapt their high school "Peer to Peer" depression awareness program for use in middle schools and provided introductions to staff and principals in PHS schools. Depression Center staff are now providing teachers at these middle schools with professional development around suicide prevention and collaborating with PHS to better support the health and well-being of students and staff. PHS and staff from the Depression Center are also applying for a grant to develop and pilot middle school lessons on mental and emotional health. This collaboration will also provide additional opportunities for research.

Solution for U-M Grounds Department Abandoned Bikes - After reading about the issue of abandoned bikes on campus, a PHS team member contacted the U-M Grounds Department to find out what would be done with the abandoned bikes. He then offered to act as a liaison between the department and PHS partner, Back Alley Bikes, a bike-education nonprofit in Detroit. For the past three years, PHS has facilitated the donation of hundreds of abandoned bikes collected by the U-M Grounds Department to local nonprofits. This year, PHS coordinated and assisted with the removal and repurposing of over 250 abandoned bikes. PHS contacted its partners, Back Alley Bikes in Detroit and Program to Educate All Cyclists (PEAC) in Washtenaw County, and arranged for them to pick up the bikes and bike parts. Back Alley Bikes and PEAC help underprivileged kids and people with disabilities, respectively, learn about bike safety and provide training on bike maintenance by helping kids repair and/or build their own bikes from salvaged bike parts.

U-M Nursing School Partnership - For the past three years, PHS has provided community health clinical placement sites in Detroit and other under-resourced communities for U-M nursing students. Community Health Nursing class is a required course for senior nursing students. The student nurses assist with teaching PHS lessons and wellness initiatives while also designing and implementing community health projects, such as conducting community health assessments at each school and designing interventions tailored to each school's needs, developing a plan to address chronic absenteeism in schools and other projects tailored to the needs of the schools and the interests of the nursing students. The partnership allows the nursing students to get real world experience and feel the impact of their work.

Health Ambassador Program - PHS provides opportunities for students from the Medical School, U-M School of Public Health, U-M School of Social Work and various undergraduate programs to serve as "health ambassadors," teaching PHS lessons in Ann Arbor and Ypsilanti middle schools. PHS also provides opportunities for students from Skyline High School's Science of Wellness program (developed in partnership with PHS) to serve as "health ambassadors," teaching PHS lessons in Ann Arbor middle schools. Many of these students also experienced PHS as middle school students.

Michigan Clinical Research and Reporting Program (MCCORRP) - A summer internship program with Michigan Medicine's Michigan Clinical Research and Reporting Program (MCCORRP), provides U-M students with opportunities to assist with research efforts using PHS data. Students gain valuable experience developing hypotheses, compiling statistics, presenting results and sometimes having their work published in national journals.

Internships/Special Project Opportunities for U-M Students - PHS has maintained regular internship placements for the past two years. Our fall, winter, and summer interns have contributed to a wide variety of projects, from curriculum development and implementation to program evaluation. In addition, PHS served as a client for several U-M courses, for which students work on semester-long projects related to Project Healthy Schools, including several classes from the School of Public Health (program development, program evaluation), School of Information (social media, contextual inquiry), and School of Social Work.

PHS also mentored three graduate students through four independent study projects, which allowed students to study a topic of interest in-depth in partnership with a faculty member and a client.

The PHS program was co-founded by Kim Eagle, M.D., Albion Walter Hewlett professor of internal medicine and director of the U-M Cardiovascular Center, and LaVaughn Palma-Davis, retired senior director of U-M Health and Well-Being Services. PHS' core team consists of nine people: Program Manager Jean DuRussel-Weston; Wellness Coordinators Jennifer Alexander, Jacob Robidou, and Jana Stewart; Wellness and Grants Coordinator Brad Newman; Curriculum and Training Coordinator Ben Ransier; Administrative Assistant Miriam Dineen; Program Assistant Nate Saulter; and Special Projects Facilitator Julie Nelson. Director of Development for Cardiovascular Programs Katie Schutt and Assistant Director of Development Ryann Eff and Senior Director, Corporate and Foundation Relations Joe Piffaretti provide fundraising support. Clinical Research Coordinator Health Rachel Krallman provides research support. Senior Director for Benefits, Health and Well-Being Services Rich Holcomb and Director, MHealthy Karen Schmidt provide administrative oversight.

Criterion 4: Supporting workplace flexibility as a way to build a positive work culture. Examples include: The Project Healthy Schools team works hard and team members are passionate about their work. Each of the five wellness coordinators supports an average of 15 schools apiece. It's not unusual for a wellness coordinator to be on the road to a school at 5 a.m. for a morning meeting or to be stuck in rush hour traffic returning from a school visit. Several team members have young children, and children add plenty of variables to a parents day. Project Healthy Schools Manager Jean DuRussel-Weston strives to support the needs of her staff by allowing flexibility for work-life balance.

Flexible office hours - Other departments have "core hours" and expect staff to be at their desks until 4pm. Families, traffic and life is unpredictable. It serves as a major stress reduction when staff doesn't feel rushed to be in at 8 a.m. on the dot. Wellness coordinators and other team members are allowed to 'flex' their hours to make up for early morning or evening meetings, or time away from the office for doctors appointments and family care issues. For example, one team member with a toddler and an infant says, "I'm not worried about being "late" when my toddler refuses to get in the car or the baby leaks through onto his clothes as we get ready to walk out the door. A department that understands the difference between chronically negligent behavior at work and life happening feels so evolved."

Another team member leaves work at 2:30 p.m. most days to pick up her young children from school and take them home. Then she returns to work. To make up for the time away, she comes in early and occasionally works later. Not having a hard in and out time provides so much less anxiety.

Flexible driving locations - When driving to locations across Michigan, efficiency is prioritized over office time. For example, one wellness coordinator lives north of Ann Arbor. When she has a lunch meeting with a school in Flint, she is allowed to work from home for a couple hours in the morning before heading for Flint. This allows her to be more productive, using the time that she would have spent driving back and forth to the office to connect with her other schools, check emails and do other work on line.

PTO, FMLA and parental leave flexibility. Staff is allowed to use leave in a way that works for them. There are no blackout dates when time off is not allowed. Managers and directors of our unit have verbalized that staff and family well-being comes before work. They show true care and concern for the well-being of their staff.

For example, last summer, PHS hired a new wellness coordinator who was working for another U-M department and went out on maternity leave shortly after her June interview. Normally, PHS likes new wellness coordinators to start in July so the new hire can be available to help with program updates and special projects and their training can be spread out over the lighter summer months. The team's willingness to work short staffed through the summer was a huge flex from wanting to be staffed in July.

At a minimum, PHS needed the new wellness coordinator on board by early September when most schools return from summer break. PHS offered her the job if she could start on September 4, which meant returning to work eight weeks postpartum, rather than the normal 12 weeks. Upon accepting the position, the new wellness coordinator was allowed to use the remainder of her maternity leave intermittently to spend time with her infant son. This allowed her to have a gradual return to work, as suggested on U-M's own HR work-life balance site. The new wellness coordinator continues to take a day off, where her calendar allows, to bond with her son. Her manager and director are supportive of this arrangement. The PHS team works together to cover for each other.

Promote and encourage fitness class participation - The PHS manager and other members of the PHS team regularly attend lunchtime exercise classes in the fitness center in the basement of Wolverine Tower. Team members are not expected to make up the time by staying later, which might lead some staff to skip the exercise. (Most team members who participate in the exercise classes do voluntarily put in extra hours.) The exercise break in the middle of the day makes the day go faster, and helps boost team members' energy, productivity and camaraderie.

Criterion 5: "Outside the cube" innovations in process, product, method or systems

The Project Healthy Schools program is continuously improving, innovating and evolving. This is how we've been able to grow from one school in Ann Arbor in 2004 to over 100 schools across the state and beyond today. Once the program is implemented in a school, in most schools it continues year after year. At first, the program was customized to the needs of every school, and the number of schools grew slowly. Then in 2013, PHS became part of the Building Healthy Communities (BHC) partnership, with funding from Blue Cross Blue Shield of Michigan and the Michigan Department of Health and Human Services. That funding, along with funding from other sources, allows PHS to add 10 or more schools every year. This rapid growth required PHS to rethink our program delivery model which allowed us to increase the number of schools by 163 percent with only a 16 percent increase in staff since 2013, while maintaining the quality and effectiveness of the program. Some of the innovations which made this growth possible include:

Standardizing program components and changing from a three-year to one-year sustainability model - Originally, a PHS coordinator worked on-site with a school periodically for three years to train the school wellness champion and wellness team on all facets of implementing and sustaining a school wellness program customized to each school's needs. The Building Healthy Communities funding only provided for one year of support. This required PHS to standardize the program components and change our approach to training, doing more training up front in the first year and following up with schools via phone, email, text and video conferencing in the second year and beyond. In standardizing, PHS identified the core components of the program -- Assessment, Education, Environment and Measurement -- and made sure each school completed key pieces from each section. Schools were also required to complete their choice of at least four wellness initiatives. This allowed the schools flexibility while helping to improve the efficiency and sustainability of the program and made it possible to roll the program out to a larger number of schools with minimal increases in staff.

Developing a Request for Application - The Request for Application (RFA) process includes two mailings, an informational webinar, a written application, as well as an interview process. The RFA process has increased the number of schools applying for the program. Since there is more competition to get into the program, PHS can be more selective, choosing schools which are the best fit for the program and who really want the program so they are more likely to be successful and sustain the program for years to come. The RFA also sets clear expectations for what PHS will provide and for the school's responsibilities.

Five-step implementation process - PHS developed a Five-Step Model to streamline and standardize the implementation process and provide schools with a step by step guide to walk them through the process

of successfully implementing the program. The five steps include:

Build Support

Identify one or more school wellness champions

Form a school wellness team

Engage the school community

Assess School Wellness Culture

Administer pre-program Health Behavior Questionnaires

Complete the Healthy School Action Tools

Conduct a lunchroom assessment

Make an Action Plan

Analyze the assessment results

Identify your school's wellness goals

Create an action plan

Take Action

Teach 10 PHS lessons

Hold school-wide wellness initiatives

Measure Success

Administer the post-program Health Behavior Questionnaire

Complete the post-lesson surveys

Share your school's photos and success stories

Development of a secure online portal - With the five-step model in place, PHS contracted with a vendor to help us build an on-line, password protected website to house all of the PHS materials. The PHS Portal provides schools with online access to PHS lesson materials, wellness champion resources, dozens of wellness initiative plans, videos, a networking forum for connecting with other schools, and more. The portal also walks schools through the five-step implementation process, providing milestones under each step for schools to complete. Providing most PHS materials on-line instead of via a printed "toolkit" cut program costs by \$57 per school, made it easier to update and add materials and means that the materials are always easily available for school staff.

Long-Distance Model - Developing the PHS portal was also part of a larger strategy to develop a long-distance model so the program could be delivered all across the state of Michigan and beyond. The program is now being successfully implemented all across Michigan, including in 18 schools in the Upper Peninsula. We also recently added one school in Arizona and five schools in Bangladesh. Michigan schools that implement PHS using the long-distance model receive just two visits from a PHS wellness coordinator, one at the beginning of the year to deliver lesson props and train the school's staff, and one near the end of the school year to debrief and plan for the following year. In addition to the information on the Portal, the schools receive a three-page month by month breakdown of tasks and deadlines. The PHS coordinator stays in touch with the schools via monthly emails, a mid-year assessment phone call and is available for consultation by phone or email throughout the school year.

In addition to the program implementation innovations described above, PHS also has contributed to several innovative partnerships described under Criteria 2 of this award application. A couple of the most innovative partnerships include:

InPACT Program - PHS is partnering with U-M's Schools of Kinesiology, Education and Architecture to study the effects of interrupting prolonged sitting with activity (InPACT) in the classroom.

Solution for U-M Grounds Department Abandoned Bikes - PHS facilitated the donation of hundreds of abandoned bikes collected by the U-M Grounds Department every year to local nonprofits. The nonprofits use the bikes to help underprivileged kids and people with disabilities learn about bike safety and provide training on bike maintenance by helping kids repair and/or build their own bikes from salvaged bike parts.

Nephrology Partnership - Two Michigan Medicine nephrologists are collaborating with PHS to raise

awareness about kidney disease prevention. The collaboration has resulted in the development of both a high school and a middle school kidney health curriculum and creation of an interactive kidney model for use with the lessons.

For more information on these innovative partnership, see Criteria 2 of this award application.

## Supporting Documentation

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