Reversing the Epidemic of OBESITY and DIABETES

2007 Greater Memphis Area Progress Report

Tracking the Progress of Healthy Memphis Common Table’s Obesity and Diabetes Initiative

November 2008
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The Healthy Memphis Data Center is a collaborative effort of
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QSource
University of Memphis
Memphis & Shelby County Health Department
and the Healthy Memphis Common Table.

The Center is based at University of Tennessee Health Science Center under the
direction of Cindy Martin, MA, and James E. Bailey, MD, MPH. Reports and data are
available at the Center’s website: http://www.healthymemphis.org/data_center

Supported through grants from
Novo Nordisk, Inc., Methodist Interfaith Health Program and
the Health Memphis Common Table through
the Robert Wood Johnson Aligning Forces for Quality Initiative
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Executive Summary

In early 2004, the Community Partners of the Healthy Memphis Common Table recognized that the epidemic of obesity and diabetes was the most important cause of premature death and unnecessary suffering for the people of the Mid-South. The Healthy Memphis Common Table set as its "Big Audacious Goal" to reverse the upward trends in obesity and diabetes by 2008. Volunteer individuals and organizations initiated numerous projects throughout Memphis in businesses, churches, hospitals, clinics and neighborhoods to increase awareness of the epidemic and promote healthy living in the Mid-South (see Appendix 1 for a diagram of these projects). This 2007 Progress Report provides preliminary evidence regarding the success of these efforts in addressing the epidemic of obesity and diabetes in Memphis. The main findings of this report are as follows:

Obesity and Diabetes Still Increasing

The situation in the Mid-South is still dire. The local rates of obesity and overweight continue to increase and remain higher than national averages. More than one in four Shelby County adults is obese. Research shows that it is extremely hard for communities to improve obesity and diabetes rates. Widespread behavior change is particularly difficult to achieve and requires broad community support.

However, local survey results indicate that the Shelby County rate of increase in obesity is slower than the increase in national and state rates. Some portions of our local population may be turning the problem around. The percentage of young adults in Shelby County who are overweight dropped from 31.4% in 2004 to 18.3% in 2007, and the percentage in this age group who are obese declined from 32.9% in 2004 to 16.8% in 2007. This finding could be accounted for by random sampling variation, but it may give some cause for hope.

Adult diabetes in Shelby County continues to increase. Memphis diabetes rates are 50% higher than national averages. Diabetes now affects nearly one in eight Shelby County adults. Increasing diabetes rates may be the result of improved screening efforts by health care providers in the Memphis area.

Among those Shelby County diabetics surveyed in 2007, there is high confidence that they can control their diabetes so that it does not interfere with the things they want to do. There is also evidence of improvements in diabetes care in Shelby County. Rates of eye exams and testing for average blood sugar increased substantially from 2004 to 2007. However, less than 50% of diabetics received all four of the recommended annual care services that we measured.

Reasons for Hope

Although there has been little improvement in obesity and diabetes rates thus far, Memphis leaders have some cause for hope. Community awareness regarding the causes and cures for obesity and diabetes is now very high. Perhaps most encouraging is the finding that more Memphis residents are making healthy behavior changes.
The rate of physical activity is increasing slowly among Shelby County adults. *More adults in Shelby County now are exercising at least one day a week than in Tennessee as a whole,* although these rates remain below national averages. Additionally, there is a substantial increase in the percentage of Memphis youth getting regular physical activity, and the youth rate now exceeds the national average.

Still there is room for improvement. While nearly all Shelby County adults acknowledge that exercise is important to health, only half get exercise at least three days per week as recommended, and more than 25% get no exercise at all.

The 2007 Memphis Behavioral Risk Factor Survey showed that 80% of adults reported eating more fruits and vegetables than in the past, and 67% reported cutting back on high fat and high cholesterol foods. Additionally, *the rates of consumption of the recommended five or more daily servings of fruits and vegetables has increased among Shelby County adults and youth since 2002 and are higher in Shelby County than both the Tennessee and national averages.* While these are big improvements, the rates are still low with fewer than 30% of adults and barely 20% of youth eating the recommended servings.

**Next Steps**

Behaviors that lead to obesity and diabetes are difficult to change. Memphis needs to recommit itself to making the community-wide changes that it will take to support the behavior changes that its people need. Reversing the trends in obesity and diabetes involves efforts to prevent and treat these diseases by promoting physical activity, creating healthy environments, promoting healthier diets and achieving sustained weight loss. Data from large community demonstration projects have shown that sustained improvements require broad commitment to measures proven to support health. This is what the research tells us:

- Having social support and a companion for physical activity increases the likelihood of success of physical activity programs.\(^1\)
- The availability of connected trails and physical activity equipment are associated with active communities. Environmental aesthetics and available sidewalks promote walking.\(^1\)
- Health promotion interventions with complex messages are less effective, so the messages should be short and simple for greatest impact.\(^2\)
- The most successful obesity prevention programs are those aimed at adolescents and those with parental involvement that are aimed at younger children.\(^2\)
- The existing obesity prevention programs are more effective for females, indicating a need to develop alternative interventions for males.\(^2\)
- Healthy changes in diet and physical activity are difficult to maintain in the long-term. Programs that are most effective are sustained and combine counseling for diet and exercise with behavioral strategies to help individuals acquire the skills, motivations and support to change their diet and exercise habits.\(^3,4\)
1. Current Data and Trends

1.1 Reversing Trends in Obesity and Diabetes

In the Memphis area (♦), rates of overweight adults (body mass index 25 to 29.9) are consistent with rates throughout Tennessee (●) and the nation (■) (Figure 1). There is no dramatic change over the years observed.

![Figure 1. Percentage of total adult population of overweight adults](image1.png)

However, the rate of obesity and extreme obesity (Body Mass Index, BMI, 30 and over) is still increasing (Figure 2). In the greater Memphis area, it may be doing so more slowly than in Tennessee or the nation overall. The three-year trend in the Memphis Behavioral Risk Factor (BRFS) survey shows an increase of 1.7% in Memphis/Shelby County compared to a three-year increase of 3.5% in Tennessee and 3.1% nationwide.

![Figure 2. Percentage total adult population of obese and extremely obese adults](image2.png)
Figure 3 shows the percentage in Memphis and Shelby County of overweight adults and obese adults in 2004 and in 2007 in four age categories. The problem in 2007 is most dramatic among the middle aged (35 to 49 years) and older (50 to 64 years) populations where one out of three is overweight or obese.

The change since 2004 varies by age category representing both improvement and decline. There is a sharp decrease in overweight and obesity among 18-to-34 year olds. The rate of overweight among 35-to-49 year olds remains steady, but obesity in this group is increasing. At the same time dramatic increases in overweight and obesity are seen in the 50-to-64 year old group and the 65-year and older group.

Figure 3. Percentage of overweight and obese adults in Shelby County
The percentage of adults with a sedentary lifestyle is declining slowly both nationwide (■) and in Shelby County (▲). The 2007 rate in Shelby County is lower than the Tennessee rate (●) (Figure 4). While this is encouraging, the percentage of sedentary adults in Shelby County remains higher than the national percentage with more than one in four adults getting no daily physical activity.

![Figure 4. Percentage adults with no daily physical activity](image)

While the nationwide rate of consumption of the recommended five servings daily of fruits and vegetables has remained fairly steady since 1994, the rate in Shelby County has improved (Figure 5). The Shelby County rate now slightly exceeds the nationwide rate and the Tennessee rate.

![Figure 5. Percentage of adults eating 5 or more vegetable servings per day](image)
The rate of adult diabetes (Figure 6) in Memphis /Shelby County (12.1%) is more than 50% higher than the national rate (8.0%) and is increasing nearly four times as fast as the national average. While the rise in diabetes rate the Memphis area is alarming, some of the increase is likely the result of improved local screening efforts.

Figure 6. Percentage of total adult population with diabetes
In 2007, more than one out of three (36.8%) Memphis/Shelby County adults reported having high blood pressure (Figure 7). This number represents known cases. The undetected cases would raise the number higher still.

High blood pressure is much more prevalent among African Americans than whites (Figure 8). Of the people who reported having high blood pressure, most (90.1%) are controlling their high blood pressure with medication.
1.2 Promoting a Healthy Lifestyle among Our Youth

The rate of obesity among children in Memphis remained stable from 2003 to 2007 while the rate throughout Tennessee continued to climb (Figure 9). The national rate appears to be leveling off as well. The percentage of obese youth in Memphis remains higher than the national percentage, and one in six high school students is obese.

![Figure 9. Percentage of obese high school students](image)

While Tennessee and national trends of healthy eating among high school students remain fairly flat, Memphis has experienced a dramatic improvement (Figure 10). The rate of healthy eating among Memphis youth now slightly exceeds the national average. Still, barely one in five high school students in Memphis eats five or more servings of vegetables per day.

![Figure 10. Percentage of students eating 5 or more vegetable servings per day](image)
Since 2005, more Tennessee and Memphis high school students have reported being physically active for at least 60 minutes a day on five or more days per week (Figure 11). The percentages of regular physical activity among students in Tennessee and Memphis exceed the national average. However, only one in three Memphis youth is getting regular physical activity.

![% Students Getting Regular Physical Activity](image)

Figure 11. Students physically active at least 1 hour/day, 5 or more days/week

While the rates of high school youth on sports teams have leveled off nationally and across Tennessee, Memphis has seen a substantial increase since 2005 (Figure 12). The percentage of Memphis youth on sports teams slightly exceeds the statewide rate but is lower than the national rate.

![% Youth on Sports Teams](image)

Figure 12. High school youth on sports teams
1.3 Improving the Health Literacy of Our Community

Although nearly all (90.4%) people surveyed in Memphis/Shelby County acknowledged that physical activity is somewhat important or very important (Figure 13), only half (51.5%) report getting vigorous exercise at least three days in the past week as recommended by the Surgeon General, and more than one in four (27.7%) reported getting no exercise at all (Figure 14).

**Figure 13.** Shelby County adults recognizing the importance of exercise

**Figure 14.** Days of exercise in past week for Memphis/Shelby County adults
Only two thirds (68.4%) of Memphis/Shelby County residents surveyed in 2007 felt there are enough places to be physically active, such as recreation centers, fitness centers, and outdoor space in their neighborhoods (Figure 15).

![Availability of Places to Exercise](chart)

**Figure 15. Enough neighborhood places for exercise?**

Education level is strongly associated with health literacy. In the 2007 Memphis Health Literacy Survey, the percentage who reported problems with health information decreased as the education level rose. Unfortunately, 23.6% (close to 1/4) of Memphians over age 25 do not have the equivalent of a high school diploma according to the 2000 census. Even among college graduates, 41% reported problems.

![% Reporting Some Problems Understanding Health Information](chart)

**Figure 16. Problems understanding health information**
Most people in Memphis/Shelby County are taking some measures to improve their health (Figure 17). More than four out of five (83.9%) adults reported eating more fruits and vegetables. Nearly three quarters (72.3%) reported being more physically active, and nearly two thirds (63.8%) reported cutting back on fat and cholesterol.

![% Adults Making Healthy Changes in 2007](image)

*Figure 17. Percentage of Shelby County adults making healthy behavior changes*

One goal of the Healthy Memphis initiative is to improve diabetes care in Shelby County. Rates of eye exams and testing average blood sugar for diabetics increased substantially since 2004 (Figure 18). However, about one in five people still does not receive recommended life-saving care for diabetes. Only half of adult diabetics in the Memphis area have taken classes in how to manage their diabetes (less than in 2004).

![% Shelby County Adults Receiving Some Recommended Care for Diabetes](image)

*Figure 18. Percentage of adults receiving diabetes care*
The adult diabetics in Shelby County who participated in the 2007 Memphis BRFS survey feel fairly to highly confident that they can manage their disease (Figure 19). They are least confident that they can get the recommended amount of regular exercise and that they can prevent their blood sugar level from dropping when they exercise. But they are highly confident that they know what to do when their blood sugar goes higher or lower than it should and that they can judge when the changes in their illness mean they should visit the doctor. Overall, they have high confidence that they can control their diabetes so that it does not interfere with the things they want to do.

Figure 19. Mean confidence in ability to control diabetes
2. **Community Achievements**

2.1 **Major Achievements through Common Table Efforts**

**2003**

_Spring_ - HMCT forms a small group of volunteers to discuss improving Mid-South health

_Fall_ - Local leaders pledge support at Community Summit

_November_ - HMCT produces first obesity and diabetes report

_February_ - 1st Community Partner Meeting - Working Groups form

**2004**

_March_ – TN Healthy Weight Network publishes their policy guide: _Eat Smart, Move More, Tune In_

_April_ - Community Partners Working Group forms Action Teams

_Summer_ – Launch of healthymemphis.org website

_Summer_ – Vending machine legislation passed setting minimum nutritional standards for school vending in grades K-8

_Fall_ - Healthy Memphis Campaign kick-off with _The Commercial Appeal_ & WREG

**2005**

Healthy Memphis Data Center (HMDC) founded with funding from Novo Nordisk and the Urban Child Institute

_January_ – Obesity & Diabetes Initiative Working Groups work with Community Partners to launch 18 obesity and diabetes projects

_Annual Community Diabetes Day_ with the Diabetes Store

_Health & Fitness Expo_ with WREG and _The Commercial Appeal_

_Child Prescription & Obesity Prevention_ at Hope & Healing Center

_BMI legislation_ passed encouraging Tennessee school districts to measure students’ body mass index (BMI)

_2005 Greater Memphis Area Progress Report: Reversing the Epidemic of Obesity and Diabetes_
January - HMCT hosts Shaping America’s Youth with over 1000 Memphians

March - HMCT recognizes over 25 projects for 2006

June - HMCT receives $600,000 Aligning Forces for Quality grant from Robert Wood Johnson Foundation

Summer - Legislation passed requiring at least 90 minutes of physical activity per week in elementary and secondary schools

November - HMCT assists Memphis City Schools in establishing first annual Healthy Choices Week

January – First weekly “Family Health – Take Charge” article published in The Commercial Appeal

Spring – HMCT recognizes over 30 projects

Fall - HMCT launches the Memphis Quality Initiative to improve hospital quality

January - Department of Health and Human Services recognizes HMCT as first Chartered Value Exchange

Spring – HMCT recognizes over 30 projects

June - $1,000,000 Phase II Aligning Forces for Quality grant from Robert Wood Johnson Foundation

September - HMCT Executive Director, Renee’ Frazier recruited

October - $150,000 Grant from Assisi Foundation to engage consumers in seeking high quality healthcare
2.2 Reversing Trends in Obesity and Diabetes

2.2.1 Obesity

The rate of increase in overweight and obesity in adults is slowing. It is still getting worse, but it isn’t getting worse as quickly as it was. The rate in the Memphis area, while dangerously high, is increasing at a significantly slower rate than the national or statewide averages. This offers some hope that we could be starting to turn the problem around.

2.2.2 Diabetes

Although the rate of adult diabetes in Shelby County is 50% higher than the national rate and the rate continues to rise, this actually may be a result of increased detection of the disease due to improved community awareness of the disease and its symptoms and improved screening. Management of diabetes in adults has improved since 2004 as the testing rate for hemoglobin A1c and rates of eye exams increased substantially.

2.2.3 Physical Activity

While the rate of physically active adults in Shelby County remains below the national average, the gap is narrowing as nearly three out of four adults in Shelby County now report participating in some form of exercise each week.

2.2.4 Diet

The rate of US adults consuming the recommended five or more servings of fruits and vegetables per day remains fairly steady, but the Shelby County rate increased in the past five years. The rate in Shelby County now slightly exceeds the nationwide and statewide rates.

2.3 Promoting Healthy Lifestyles among Our Youth

2.3.1 Health Promotion in the Memphis City Schools

Memphis City Schools increased the number of full-time counselors, mental and behavioral health professionals, and certified health and lifetime wellness instructors to promote healthy lifestyles and to address difficult challenges and needs of its student body.

Since 2005, Healthy Choices Week has increased awareness about health concerns in Memphis. This annual campaign is a partnership among the Memphis City Schools, Memphis-Shelby County Health Department and dozens of other local health and community organizations.
Memphis City Schools was awarded a Coordinated School Health (CSH) designation by the Tennessee Department of Education to improve the lives of students and their families through an integrated and multi-faceted program involving health education, health services, counseling, psychological and social services, nutrition, physical education/physical activity, school staff wellness, a healthy school environment, and student-parent-community involvement.

An evaluation of Coordinated School Health is underway in the Memphis City Schools to monitor physical education classes by grade level, student health outcomes such as BMI and blood pressure, compliance with Tennessee’s 90 Minute Physical Activity Law for Elementary and Secondary students (Public Acts Chapter 1001), and the administration of the annual Youth Risk Behavior Survey (YRBS).

2.3.2 Diet

Based on the 2007 Youth Risk Behavior Survey, Memphis youth consume more fruits and vegetables each day and are more active than in 2005.

The Memphis City Schools system put in place a Nutrition and Wellness Policy (#6.4051) that requires that foods and beverages sold or served during the school day be affordable, nutritious, and appealing in order to meet the health and nutrition needs of students as outlined by USDA guidelines.

2.4 Improving the Health Literacy of Our Community

2.4.1 Physical Activity and Diet

The message about the importance of physical activity to our overall health appears to be getting through as nearly 70% of adults in the 2007 Memphis Behavioral Risk Factor Surveillance (MBRFS) survey rated exercise as “very important.”

More people in the Memphis area are taking measures to lower the risks associated with obesity and diabetes. Four out of five in the MBRFS survey reported that they are eating more fruits and vegetables, and nearly three quarters report being more physically active.

2.4.2 Diabetes Management

Adult diabetics in Shelby County feel fairly to highly confident that they can manage their disease. More than half of those surveyed in 2007 reported feeling “totally confident.”
3. Opportunities

The data presented here show promise that the community-wide efforts of the Healthy Memphis Common Table are beginning to have a positive impact on the health of our community. However, the data also highlight areas to receive particular focus as we move forward in building a healthier Memphis.

3.1 Overweight/Obesity

The rates of overweight and obesity remain higher in Shelby County than the national average. It is encouraging to note that the rate of obesity among Memphis youth appears to be leveling off and the rates in both overweight and obesity among young adults (ages 18 to 34) has decreased. However, adults 35 years and older experienced alarming increases, and nearly two out of three (64.9%) adults in Shelby County exceed their normal weight.

Our city has opportunities to help reduce this problem through further public-awareness efforts. Memphis could benefit from community weight loss campaigns, such “This City is Going on a Diet,” a program encouraging Oklahoma City citizens to lose a total of one million pounds in 2008.

3.2 Diabetes

The diabetes prevalence in Shelby County is still very high, and the rate of increase has not yet begun to level off. About one in five adults in the Shelby County still does not receive recommended life-saving care for diabetes, and only half of the adult diabetics have taken a course in how to manage their disease.

Programs are in place to encourage health care providers and their patients to become more proactive in screening for pre-diabetic conditions, diabetes, and complications of diabetes. Employers and health insurance companies should consider offering incentives for diabetics to attend courses on diabetic management.

3.3 Physical Activity

While the message appears to be getting out to residents of Shelby County about the importance of regular physical activity, actually changing behavior lags behind. Residents in the Memphis are still too inactive, with nearly 30% of adults getting no exercise at all. Additionally, fewer than 70% of those surveyed in 2007 felt there are enough places in their neighborhoods to be physically active, such as recreation centers, fitness centers, and safe outdoor space.

City government and private organizations are working to provide more recreational areas, such as the CSX rails-to-trails project. The school systems should place high priority on physical education in spite of budget cuts so that students can form good habits at a young age.
3.4 Healthy Eating

The rates of healthy eating among Memphis youth and adults are better than the national averages, and the local rates are increasing more rapidly than the national or statewide rates. Still, barely one in five Memphis high school students and one in four adults eats the recommended five or more servings of fruits and vegetables per day.

Health-conscious organizations can encourage establishment of more farmers’ markets and can offer cooking demonstrations that provide convenient, economical ways to prepare healthy foods. Gardening groups can help individuals learn to grow fresh vegetables for themselves.
References


Data Sources


Shelby County (CDC) data from CDC Selected Metropolitan/ Micropolitan Area Risk Trends, 2002 – 2007


Youth data from the CDC Youth Risk Behavior Surveillance System (YRBSS), 1999 – 2007

Health literacy data from 2007 Memphis Health Literacy Survey
Healthy Memphis

Common Table Obesity & Diabetes Initiative

Working Groups & Project Leader Organization Chart

**Community Awareness & Education**
- Denise Bollheimer
- Nieka Parks

**Faith & Community Service Providers**
- Patria Johnson
- Barbara McClanahan

**Schools & Education**
- Carol Irwin
- Teresa Cutts

**Health Care Providers**
- Peg Hartig
- Jay Cohen

**Business Community**
- Cristie Travis

**Gov. & Policy Advocacy**
- Cynthia Nunnally
- Bob Duncan
- Robert Schreiber

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**Healthy Memphis Food Service Recognition**
- Candice Slatter

**Mapping Healthy Options**
- Jim Bailey
- Marian Levy

**HMCT Website Project**
- Denise Bollheimer

**Annual Symposium: Memphis Area Nutrition Council**
- Leslie Mahaffey

**Media Team**
- Denise Bollheimer
- Commercial Appeal
- WREG

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**Project Power:**
- Healthy Lifestyle Initiative
- Patria Johnson

**Building Care Pathways to Enhance Community Health**
- Teresa Cutts

**Child Prescription & Obesity Prevention & Intervention**
- Kimberly Baker

**Diabetes Day**
- Patria Johnson

**Memphis City Schools Healthy Choices**
- Nieka Parks

**Uptown Wellness - Humes**
- Stan Hyland
- Cynthia Sadler

**Healthy Kids & Teens Get Fit Video**
- Clintonia Simmons

**Body Works**
- Art Sutherland

**TN Schools BMI Project - Coordinated School Health**
- Ava Taylor

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**Healthy Kids Are a Home Run**
- Leigh Fox

**BlueCross Walking Works for Schools**
- Kathy H. Bingham

**Power of Prevention**
- Jay Cohen

**Memphis City Schools Healthy Choices**
- Nieka Parks

**Uptown Wellness - Humes**
- Stan Hyland
- Cynthia Sadler

**Healthy Kids & Teens Get Fit Video**
- Clintonia Simmons

**Body Works**
- Art Sutherland

**TN Schools BMI Project - Coordinated School Health**
- Ava Taylor

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**Diabetes Quality Improvement – Engaging Providers**
- Cristie Travis

**NCQA Physicians Baseline Evaluation Study**
- Cristie Travis

**Improving Diabetes Indicators for Medicare Patients**
- Manoj Jain

**Aiming for Diabetic Quality Improvement**
- Manoj Jain

**Total Integration Approach for Diabetes Care**
- Pedro Velasquez

**Screening Evidence for Health Care Providers & the Community**
- Melrose Blackett

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**Wolf River Conservancy**
- Keith Kirkland

**Shelby Farms Park Conservancy**
- Laura Adams

**Friends for Our Riverfront**
- Virginia McLean

**MS River Corridor**
- Diana Thredgill

**Greater Memphis Greenline**
- Robert Schreiber

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**Fall 2007**