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| *C:\Users\jim.connelly\Desktop\NJHC Mini Logo2 (5).jpg***Use this form at every workgroup meeting (in-person/by phone). Send a completed copy via email to** **catherine.connelly@njhealthmatters.org****. This form will be used to provide updates to the action plan, evaluation metrics, and to update our website.**  | **Workgroup County/Name/Date** |
| County/Workgroup: SCC Obesity Meeting Date:1-9-2017 |
| **Sign-in Sheet/Attendees** |
| Name: |   | Organization: |   | Email (if new group member or new email address): |
| Helen Homeijer |  |  |  |  |
| Alma Dhuyvetter |  |  |  |  |
| Ann Marie O’Shea |  |  |  |  |
| Dave Tantillo |  |  |  |  |
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Actions Taken Since Last Meeting:

Action/By Who:

Reviewed conversation on BMI data collection and how it would be safe guarded as a non-interested 3rd party.

Discussed how the information will released by grade and not by school to ensure privacy. See emailed document.

Discussed how data is collected and held at the Health Dept and who has access to it?

Review Power Point that we will be utilizing when we approach the Superintendent round table

Next meeting Jan 23, 2017 1pm.

Need to Make Updates to Action Steps (Identify Action Step being **revised** or mark as **NEW**)

Action/By Who/By When:

BMI – forms, Privacy, what is the info for.

Review over view.

-Address roundtable

-Find actual policy and guidelines for Wellness Committee within each school.

-Collect data from schools

Discuss how program options could look and criteria for them to be utilized in menu of options .

Brainstorming program ideas or concepts ie. Nutrition lectures in school, YMCA, Snap Ed ect…

Need to Make Updates to Strategies or Performance Measure

\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list updates below:

Need Data, Research or Technical Support

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please specify need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Key Decisions, Notes, Meeting Summary:

Next Workgroup Meeting (Date, Time, Place): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_