



The Minnesota Statewide Health Improvement Program

SHIP Progress Brief - Year 2



Minnesota Department of Health
March 2012
P.O. Box 64975
St. Paul, MN 55164-0975
<http://www.health.state.mn.us>

health reform
MINNESOTA

SHIP | Statewide Health Improvement Program

The Minnesota Statewide Health Improvement Program SHIP Progress Brief - Year 2

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Protecting, maintaining and improving the health of all Minnesotans

March 2, 2012

Dear Legislators:

Now two-and-a-half years into the Statewide Health Improvement Program (SHIP), this legislative report affords us the opportunity to reflect on the program's past successes and challenges, what it means to Minnesota communities right now, and where we are going in the future. We are inspired by how this investment has helped Minnesota Communities to make progress towards improving conditions leading to better health by fostering and encouraging healthy choices for kids and adults alike.

With SHIP, school children have increased access to healthier food and more opportunities for physical activity. Many employers are increasing opportunities in the work place for their employees to access healthier food choices, increase physical activity and decrease tobacco use, leading to reductions in health care costs and increased productivity. Through active living partnerships, more people have access to safer routes for biking and walking in communities across the state. Communities are taking action to reduce exposure to second hand smoke at home, at colleges and in parks. Taken together, this means that Minnesotans are setting the stage for achieving better health by improving conditions that lead to more physical activity, healthier eating, and reduction in use and exposure to commercial tobacco products.

These successes are critical if we are to reign in health care costs. In 2008, Minnesota policy makers recognized that to contain spiraling health care costs, investments in prevention were needed. The Legislature passed landmark health reform legislation, with SHIP as a cornerstone to address the leading preventable causes of chronic disease: unhealthy eating, physical inactivity and tobacco use and exposure. Nearly two-thirds of Minnesotans are overweight or obese, and 16 percent of adults still smoke. As a result, chronic diseases—such as heart disease, stroke, diabetes and cancer—account for 70 percent of all deaths and 75 percent of health care spending. Yet only a fraction of health care dollars go toward prevention. In 2009, an average of \$6,913 was spent on health care per Minnesotan, while Minnesota invested under \$4 per person on health improvement efforts through SHIP.

Now we are moving forward into fiscal year 2012-13. While we are challenged by a nearly 70 percent reduction in SHIP funding, we are nonetheless committed to producing measurable results in reduced risk and improved health indicators, which over time will lead to a reduction in health care spending. Next year we look forward to reporting continued progress as we continue to move closer to our goal of protecting, maintaining and improving the health of all Minnesotans.

Sincerely,

A handwritten signature in black ink, appearing to read "Edward P. Ehlinger". The signature is fluid and cursive, with a long, sweeping underline.

Edward P. Ehlinger, MD, MSPH
Commissioner
P.O. Box 64975
St. Paul, MN 55164-0975

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Executive Summary

In 2008, Minnesota policy makers recognized that containing spiraling health care costs could not be impacted by changes in medical care alone; investments in prevention were needed. With bipartisan support in the Legislature, Minnesota passed a ground-breaking health reform law consisting of, among other things, a comprehensive package of reforms designed to achieve the goals of improving the health of the population, the patient experience of care and the affordability of health care. An important part of this health reform effort was the Statewide Health Improvement Program (SHIP), an investment in primary prevention activities designed to improve community health through reducing the risk factors most contributing to chronic disease and thereby reduce health care costs.

Two-year SHIP grants were awarded on July 1, 2009, to community health boards (CHBs) and tribal governments across the state to decrease obesity by increasing physical activity and improving nutrition and reduce tobacco use and exposure. All 53 community health boards and nine of 11 tribal governments in Minnesota received SHIP funds. Grants were awarded through a competitive process for statewide investments of \$20 million in 2010 and \$27 million in 2011.

SHIP employs best practices and proven, science-based strategies as developed by the Centers for Disease Control and Prevention (CDC) and other leaders in health improvement. SHIP focuses on creating sustainable, systemic changes where we live, work, learn and play in order to make it easier for Minnesotans to choose and maintain healthy behaviors.

Because of SHIP, Minnesotans enjoy greater access to fruits and vegetables, more opportunities for physical activity and less exposure to second hand smoke. Many of our children now get better food in schools and more physical activity. More health care providers are getting the tools they need to refer their patients to appropriate resources to address obesity and tobacco use, and more Minnesota employers are reducing health care costs and increasing productivity through workplace wellness programs.

Improving health outcomes requires strong public-private partnerships. SHIP has launched new community partnerships across the state with not only local public health and tribal grantees, but also with businesses, farmers, schools, community groups, chambers of commerce, hospitals, health plans, city planners, county boards, tribal officials and more. These partnerships have successfully implemented changes in schools, health care systems, workplaces and at the broader community level that help assure the opportunity for better health for more Minnesotans.

GOING FORWARD

This first two years of SHIP ended as of June 30, 2011. Now funded for \$15 million over two years, this smaller version of SHIP continues to be a critical tool for improving community health and reducing the rising cost of health care. While no longer statewide, 18 SHIP grantees, covering 51 counties and one tribe, are leading the way in becoming healthier communities where schoolchildren, employees, health care workers, and average citizens have the healthiest choices available to take responsibility for their own health improvement. Going forward into its third year, SHIP communities are up to the challenge and are moving forward with comprehensive, evidence-based health improvement strategies, aimed at reducing obesity and tobacco use rates across the state.



Introduction

The Statewide Health Improvement Program (SHIP) works to prevent disease before it starts by helping create healthier communities that support individuals seeking to make healthy choices in their daily lives. In its first two years, SHIP has led to real, sustainable improvement in the public's health.

SHIP improves health and contains health care costs in two ways: (1) by reducing the percentage of Minnesotans who use or are exposed to tobacco and (2) by reducing the percentage of

Minnesotans who are obese or overweight through better nutrition and increased physical activity. By reducing these risk factors, SHIP addresses the top three preventable causes of death in the United States.

Because of SHIP, Minnesotans enjoy greater access to fruits and vegetables, more opportunities for physical activity and less exposure to second-hand smoke. Many of our children now get better food in schools and more physical activity. More health care providers are getting the tools they need to refer their patients to appropriate programming to address obesity and tobacco use, and more Minnesota employers are reducing health care costs and increasing productivity through workplace wellness programs.

Improving health outcomes requires strong public-private partnerships. SHIP has launched new community partnerships across the state with not only local public health and tribal grantees, but also with businesses, farmers, schools, community groups, chambers of commerce, hospitals, health plans, city planners, county boards, tribal officials and more. These partnerships have successfully implemented changes in schools, health care systems, workplaces and at the broader community level that help assure the opportunity for better health for more Minnesotans.

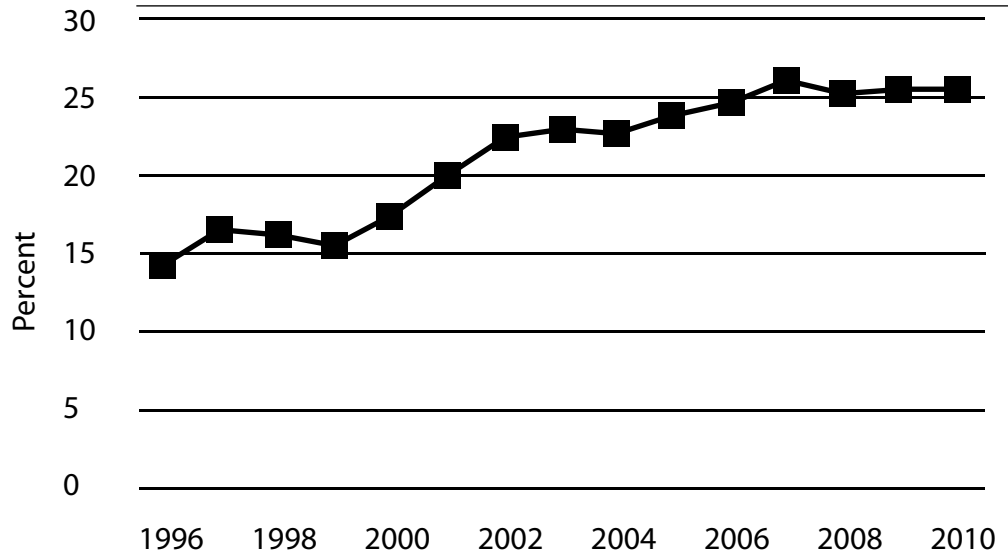
For example, Rigid Hitch, a Burnsville manufacturer, connected with SHIP when Betsy Kauffman, human resources manager, completed a Dakota County survey about potential ways to improve employee wellness and health. Nearly half of their employees smoked or chewed tobacco and may have been a contributor to the company’s annual increases of 15 to 30 percent in health care claims. A Dakota County SHIP staff person followed up with no-cost ideas for improvement.

“They let us know about the resources that were available and brought them to us,” Kauffman says. “As a smaller employer, I really appreciated their efforts because we don’t have the resources to go out searching for these solutions.” As a result, tobacco use among employees dropped by 20 percent, a clear win-win for Kauffman, Rigid Hitch, the employees who quit and the entire state.

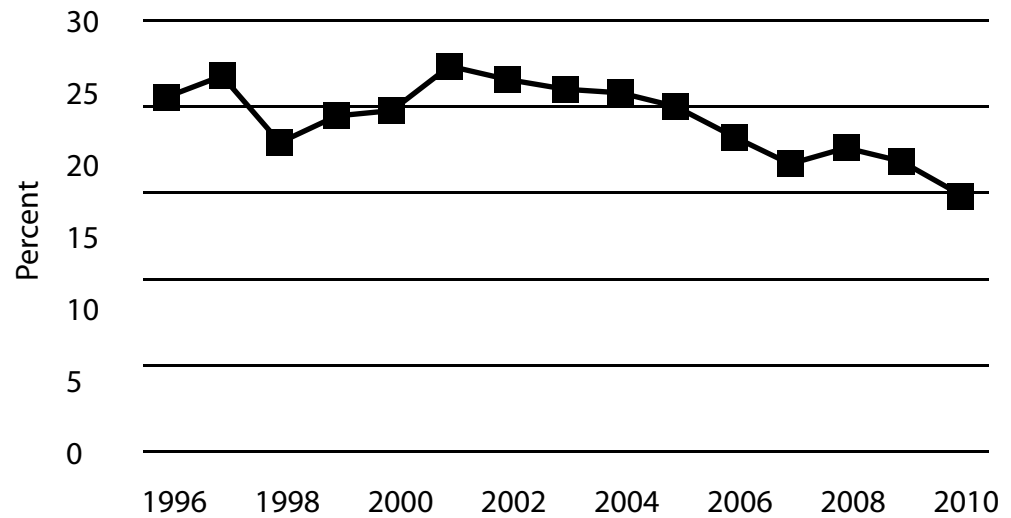
Hundreds of examples like this affecting hundreds of thousands of people in all corners of Minnesota have added up to real change.

In Minnesota, the rate of increase in obesity has leveled off, and the percentage of adults who smoke continues downward.

Figure 1: Percent of Minnesota Adults Obese (BRFSS)



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Figure 2: Percent of Minnesota Adult Current Smokers (BRFSS)

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

MDH looks forward to seeing these trends continue. However, the Minnesota Department of Health (MDH) is far from declaring victory. Tackling the leading causes of chronic diseases and premature death must be a priority. SHIP employs research-based, best-practice strategies to address this problem and make real, sustainable improvement in the public's health. Although it is too soon to see measurable improvements in health due to the slow onset of chronic illness, Minnesotans have already benefitted from real health improvement. We expect to see early indicators of improved health outcomes in the next several years if resources for these efforts are sustained.

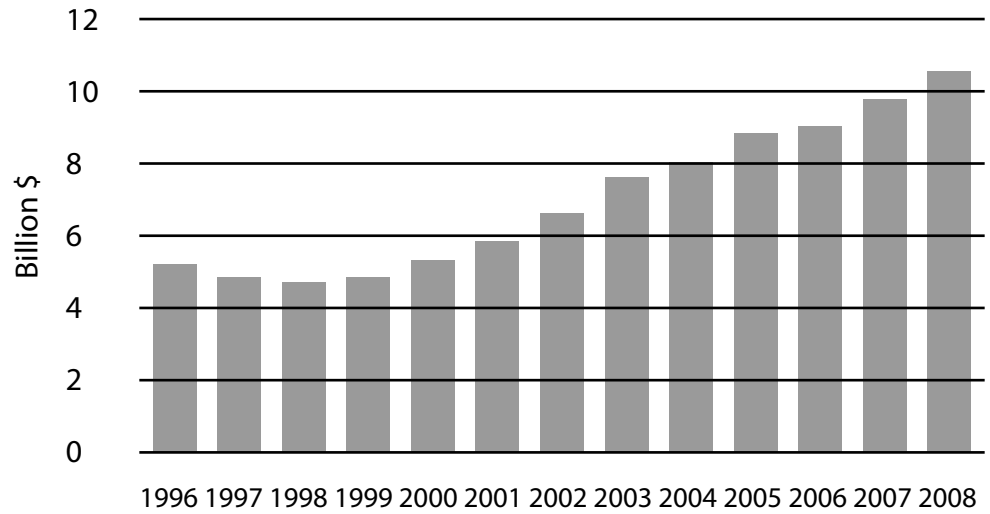


Healthy food can be convenient, too. Corner stores like the Lowry Food Market in Minneapolis are joining the effort by offering fresh produce items and other healthy ideas like recipe cards to inspire more nutritious meals.

SHIP is a smart investment. Founding father and early innovator Benjamin Franklin said, "An ounce of prevention is worth a pound of cure." Minnesota has begun to embrace this by making an important down payment on good health. However, investment in prevention is still small when compared to health care.

While improved health is of course a valuable outcome in its own right, SHIP is designed to reduce health care costs in response to contain the spiraling costs of health care in our state:

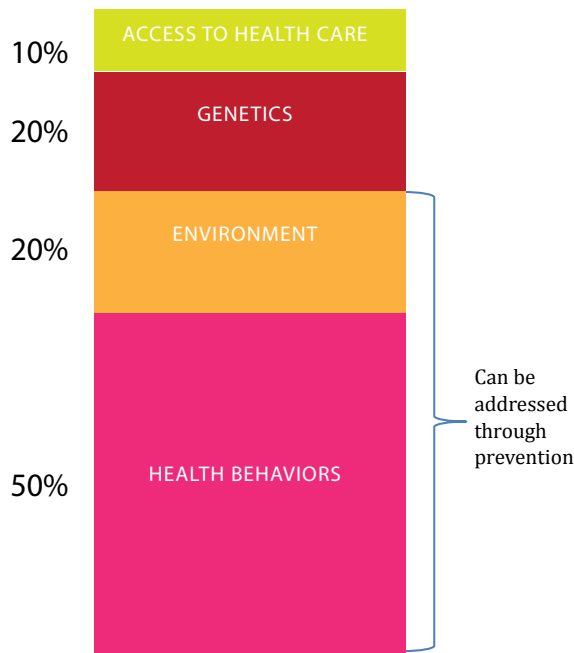
Figure 3: Health Care Spending in Minnesota from 1996-2008



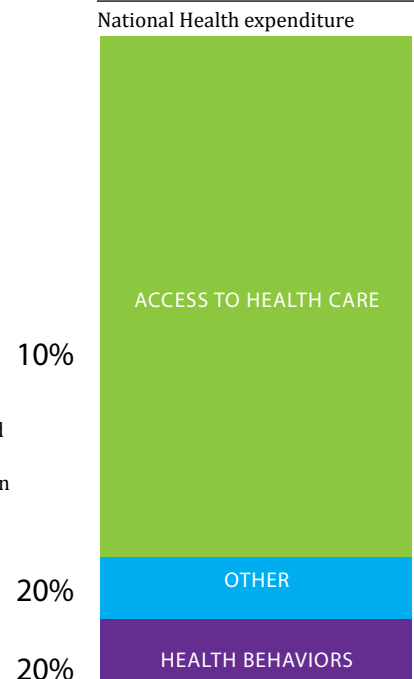
Source: http://www.usgovernmentsspending.com/spending_chart_1996_2008MNb_13s1li111mcn_10t_Health_Care_Spending_Chart

In 2009, an average of \$6,913 was spent on health care per Minnesotan, yet Minnesota spent under \$4 per person on SHIP. Investment in proven prevention activities like those implemented through SHIP is a small investment with the opportunity for big savings for all Minnesotans.

What influences health status?



Where do we spend the money?





Background

The problem Minnesota now faces, of insufficient physical activity, poor nutrition and commercial tobacco use and exposure, did not begin overnight, nor will it be solved quickly. Obesity increased 250 percent between 1990 and 2006, and costs Minnesotans \$1.3 billion annually.¹ Due to effective tobacco control efforts in Minnesota and nationally, tobacco use has been going down, but even with this progress, 15 percent of adults continue to smoke² and tobacco use remains the leading cause of preventable death and disease in Minnesota.

As the state's lead public health agency, MDH believes it must address the top three preventable causes of illness and death in the U.S.: tobacco use/exposure, physical inactivity and poor nutrition.

- These three factors have been estimated to cause 35 percent of all deaths in the U.S., or 800,000 deaths each year.³
- Chronic diseases in general, such as heart disease, diabetes and cancer, account for an estimated 75 percent of health care spending in the U.S.⁴
- In Minnesota, nearly two-thirds of adults are overweight or obese.⁵ Nationally, childhood obesity has more than tripled in the last thirty years.⁶
- Only one out of four Minnesota adults eats enough fruits and vegetables (at least five a day, each day).⁷
- Only slightly more than half of Minnesota adults get at least a moderate level of exercise.⁸
- Fifteen percent of Minnesota adults are current smokers, and many others are subjected to secondhand smoke.⁹

Studies prove that tobacco use and obesity increase health care costs.



Shifting community fitness into a higher gear. A new community bike-sharing program at Little Earth in South Minneapolis encourages fitness and family activities.

A HealthPartners study of over 5,000 adult enrollees in 1995-1996 finds that:¹⁰

- Each additional unit of body mass index (BMI) increases medical charges by nearly two percent.
- A history of tobacco use is associated with 26 percent higher medical charges.
- Each additional day of physical activity per week reduces medical charges by almost five percent.

Meanwhile, a national study finds that 27 percent of health care charges for adults over age 40 are associated with being physically inactive, overweight and/or obese.¹¹ Per capita private health insurance spending for obese adults was \$1,272 higher than that for normal weight adults in 2002.¹²

HISTORY

In 2008, Minnesota policy makers recognized that containing the spiraling costs of health care in our state could not be impacted by changes in medical care alone; investments in prevention were needed. With bipartisan support in the Legislature, Minnesota passed a ground-breaking health reform law consisting, among other things, of a comprehensive package of reforms designed to achieve the goals of improving the health of the population, the patient experience of care and the affordability of health care. An important part of this health reform effort was a substantial investment in primary prevention activities designed to improve community health through reducing the risk factors most contributing to chronic disease and thereby reduce health care costs over the long run.

As part of the health reform initiative, SHIP grants were awarded on July 1, 2009, to community health boards (CHBs) and tribal governments across the state to increase physical activity, improve nutrition and reduce tobacco use and exposure. All 53 community health boards and nine of 11 tribal governments in Minnesota received SHIP funds. Grants were awarded through a competitive process for statewide investments of \$20 million in 2010 and \$27 million in 2011. SHIP efforts continued to the end of the fiscal year and continued through the first quarter of fiscal year 2012 to ensure continuity of the work, staffing and partnerships while the next funding cycle of SHIP was planned.

THE STATE'S ROLE

- SHIP is based upon effective community level prevention strategies. MDH plays a critical role in linking communities to the science-based best practices to ensure local communities succeed, serving as the stewards of taxpayer money so that our dollars are spent effectively, evaluating the progress of local health improvement efforts, and working to ensure the sustainability of communities' health improvement efforts.
- MDH developed a comprehensive menu of strategies through a rigorous review process. These evidence-based strategies have demonstrated effectiveness based on research and proven best practices, and the majority of strategies are directly linked to The Guide to Community Preventive Services¹³ and CDC's Best Practices for Comprehensive Tobacco Control Programs.¹⁴
- In the first two years of SHIP, a statewide evaluation framework measured local public health efforts addressing physical activity, nutrition and tobacco use and exposure. During the next phase of SHIP, evaluation will measure individual health behaviors linked to these risk factors and begin to assess improvements in health and related chronic disease.
- A system for technical assistance aiding grantees at the local level was developed. A team of experts, both internal and external to MDH, provides specific trainings, responsive one-on-one technical assistance, extensive guidance documents and peer-to-peer technical assistance that bolsters grantees' ability to successfully implement SHIP strategies.
- Strong partnerships at the state, local and national level facilitate collaboration and ensure that SHIP adds value rather than duplicating other efforts. Local schools, health plans, businesses, non-profit organizations, government agencies, state-level groups and federal entities such as the CDC are all meaningfully involved in moving SHIP forward.

LOCAL CONTROL

SHIP is built on two pillars: local control and sustainability.

Local governments, businesses, schools, and leaders are the experts when it comes to their communities. Strategies that work best in Minneapolis may or may not be the best option in Rock County or the Grand Portage Reservation. Therefore, the key to SHIP's success

Focus on Faribault, Martin and Watonwan counties

What does SHIP mean to Faribault, Martin and Watonwan counties?

“Opportunity: the opportunity to prevent long-term illness and create a healthier community,” says Chera Sevcik, SHIP coordinator.

“[SHIP] has truly been a success for Watonwan County,” says John Baerg, Watonwan County Commissioner.

“The SHIP initiative has been noticeable.... Citizens are being involved in the promotion of healthy living in the type of foods they eat and

the activities they participate in.” One area of emphasis for SHIP has been schools. 34 schools, serving over six thousand students, have spent the past year working hard to ensure students have access to nutritious foods and physical activity during the school day. Schools “are now offering more healthy foods to the students. The active living activities are encouraging walking and bicycling to all ages,” adds Baerg.

Since SHIP began two years ago, there is “a lot of passion” around the topic, according to Sevcik. Sevcik has seen a greater awareness in the community of the problem of obesity, especially around food and food deserts (food

deserts are areas where a person cannot buy fresh fruits and vegetables within a reasonable distance). “Really surprising considering we are a farming community.” Looking at food systems not only helps the community; local farmers have told Sevcik how thinking local when it comes to food has been a huge boost to them, and SHIP has been key to making those connections. “People are seeing how SHIP can improve health, help local businesses, and improve the economy.” She adds, “A lot of partners are extremely grateful.”

“A plus for the county I see happening is that the citizens in the county are working together,” says Commissioner Baerg. Local public health staff assembled a leadership team made up of interested citizens, University of Minnesota extension staff, businesses, school staff, city and county government leaders, and county commissioners. “This is the most successful program I have been involved with that brings the community together,” adds Baerg.

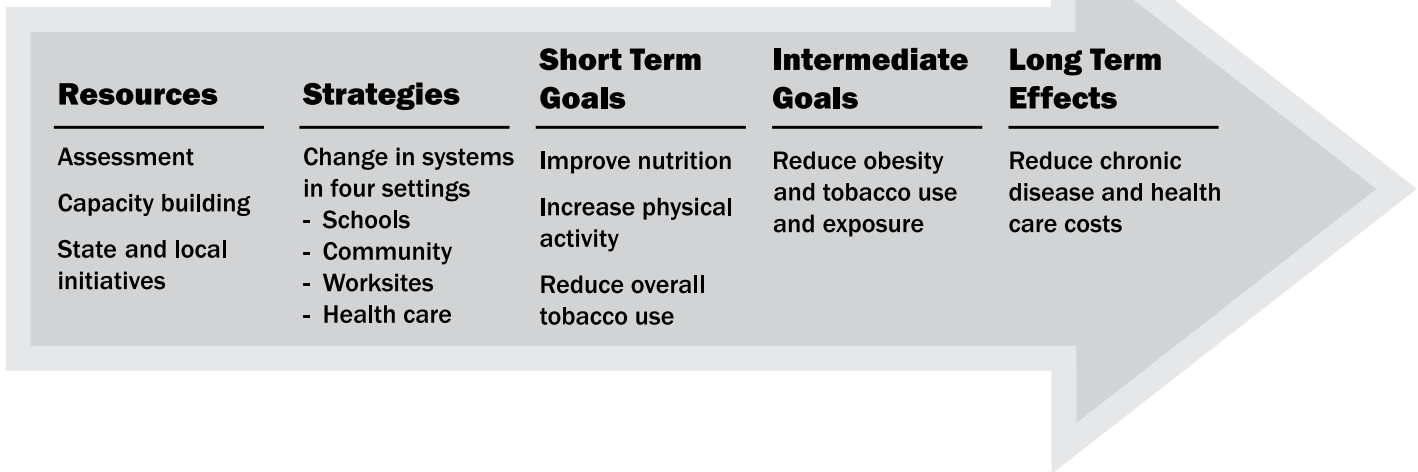


Chera Sevcik (middle) and the Blue Earth Area Active Living Coalition

is working with communities so that their health improvement strategies are effective and relevant. MDH supported local public health and tribal health agencies by compiling science-based best practices into a menu of strategies. Local public health and tribal health agencies and their local partners then chose those strategies that best fit the needs of their individual communities. Grantees selected a minimum of four strategies, working in schools, communities, worksites and health care settings, addressing both physical activity, nutrition, and tobacco use and exposure.

SUSTAINABLE HEALTH IMPROVEMENT

SHIP strategies are designed to affect a broad segment of the population and to build long-lasting changes so that improvements are sustainable. An extensive body of research suggests that personal choices are made in the context of the broader social, political, and built environment, and that this context is instrumental in encouraging or inhibiting healthy behaviors for individuals.¹⁵





More vegetables, less junk food. A staff garden at a local Rochester fire station provides fresh produce to inspire healthier meals.

As such, SHIP makes a marked departure from traditional individual-based public health prevention programs, because behavior changes that result from these efforts can be difficult to sustain beyond the life of the program.

For example, one traditional way to improve nutrition is to try to convince people to eat better. These programs may or may not be effective, and generally any positive effect attained disappears when the campaign ends. On the other hand, by working with local agencies, businesses and communities, SHIP has worked to encourage farmers markets. As a result, the number of farmers markets across the state jumped 95 percent since SHIP began. Research tells us that this increased access to affordable, healthy foods leads to increased consumption of healthy foods. Better nutrition will in turn reduce obesity, and lower obesity means better health and lower health care costs. This is a health improvement strategy that is sustainable, measurable, and effective.

This is but one example, and in the first two years SHIP employed and evaluated 24 such best practice strategies. Rather than try to convince people to walk more, local communities may see the need for more sidewalks so that people CAN walk more. Rather than asking people to eat healthier, with SHIP a school may decide to work with local farmers to bring in fresh produce for the students. Rather than simply asking people not to smoke around children, communities are deciding to make parks and playgrounds smoke-free.

For more information on SHIP strategies, see Appendix A



Results

WHERE SHIP IS NOW

As previously stated, SHIP has made strides in improving nutrition, increasing physical activity, and decreasing commercial tobacco use and exposure. In 2009, before SHIP grants were awarded, MDH began developing the resources and tools communities needed to successfully implement SHIP. By 2010, all grantees were implementing evidence-based strategies in their communities. By the end of 2011, SHIP has shown progress in moving into its short-term

goals of improved nutrition, increased physical activity, and reduced overall commercial tobacco use and exposure. As funding and efforts continue, intermediate goals and long-term effects will lead Minnesota to increased health.

Businesses play a vital role in the health of their employees

SHIP works closely with businesses across the state to help promote a healthy, productive workforce. These efforts can dramatically improve employers' ability to manage the cost of

health care, benefits and insurance. Studies suggest the return on investment for worksite wellness initiatives is approximately \$3 to \$6 saved for every \$1 spent.¹⁶ In addition, investment in worksite wellness efforts can yield more than a 25 percent reduction in costs related to sick leave, workers' compensation and disability compensation.¹⁷



Tapping local experts in Litchfield

Tapping local expertise and working together as a community is what the SHIP is all about.

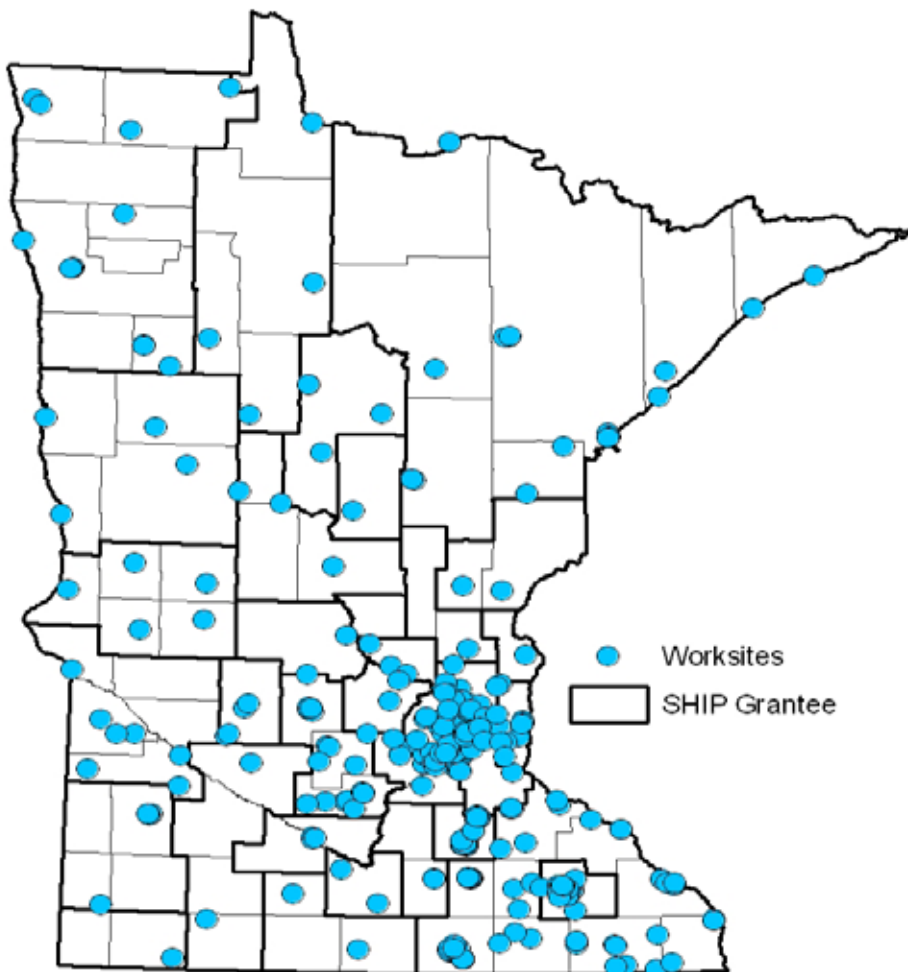
In Meeker County, Minnesota Rubber & Plastics launched wellness programs at its Litchfield plant about six years before SHIP came on the scene. “We started because health care premiums were

going through the roof,” says human resource manager Marla Wendlandt. These efforts became known in the wider community, so when the local SHIP was forming they asked Minnesota Rubber & Plastics representatives to serve on the board.

As a result, SHIP connected Minnesota Rubber & Plastics and seven other worksites, four local hospitals, public schools and public health agencies.

The Chamber of Commerce in Litchfield, a town of 6,700, joined SHIP from the start, working with the alliance and communicating opportunities to its 250 members. The chamber also hosts a small-employer focus group to gain feedback. “Worksite wellness is one way to help businesses minimize their health care cost increases,” says director Dee Schutte.

Another enthusiastic participant is Meeker Memorial Hospital. Promoting health makes sense, says Lori Rice, coordinator of education and marketing. Initiatives include new food choices on menus that feature low-fat and reduced-salt dishes with moderate calorie counts for patients, staff at meetings and guests at the cafeteria. The wellness committee seeks to develop a smoke-free campus policy. And, along with 220 employees, about 100 volunteers also have been offered low-cost health assessments. “We felt it was important to include our whole community here at the Meeker Memorial Hospital,” Rice says.



Employers Engaged in Worksite Wellness

HEALTHIER EMPLOYEES SAVE MONEY FOR BUSINESSES

Local SHIP staff work closely with businesses around the state. One key partnership is with the Alliance for a Healthier Minnesota. The Alliance is a coalition of key Minnesota corporations including Blue Cross and Blue Shield of Minnesota, Cargill, General Mills, Medica, Medtronic, Target, United Health Group and others, who employ more than 125,000 Minnesotans and more than 800,000 people globally.

Important successes include:

- SHIP has helped over 870 employers lead worksite wellness initiatives. Currently, these efforts reach over 138,000 employees across the state and set the stage to increase physical activity, improve nutrition and reduce tobacco use and exposure, and thereby improve productivity and help contain health care costs.
- Twenty-one worksites have implemented tobacco-free grounds and 20 additional sites are working to implement this strategy. For example, in Faribault and Martin counties, a comprehensive worksite wellness activity that included commercial tobacco reduction led to a 10 percent increase in respondents who quit smoking, and a 20 percent increase in those who would like to quit within the next month or two. Leech Lake Band of Ojibwe's SHIP program increased the percentage of people who quit using commercial tobacco from seven percent last year to 30 percent this year.
- Employees who exercise have fewer illnesses, are less stressed, and have better outlooks toward work and better relationships at work.¹⁸ Across the state, 47 employers have taken steps to encourage more physical activity at their businesses. For example, county employees in Stearns County took part in a worksite challenge to make healthy physical, nutritional, emotional and environmental choices. On average, a quarter of the employees (26 percent) participating increased their activity levels (being active 30 minutes per day on at least five days).
- Across Minnesota, 90 employers are improving food options available to staff. For example, efforts at the Carver County Government Center resulted in a 44 percent increase in healthy food options in vending machines.

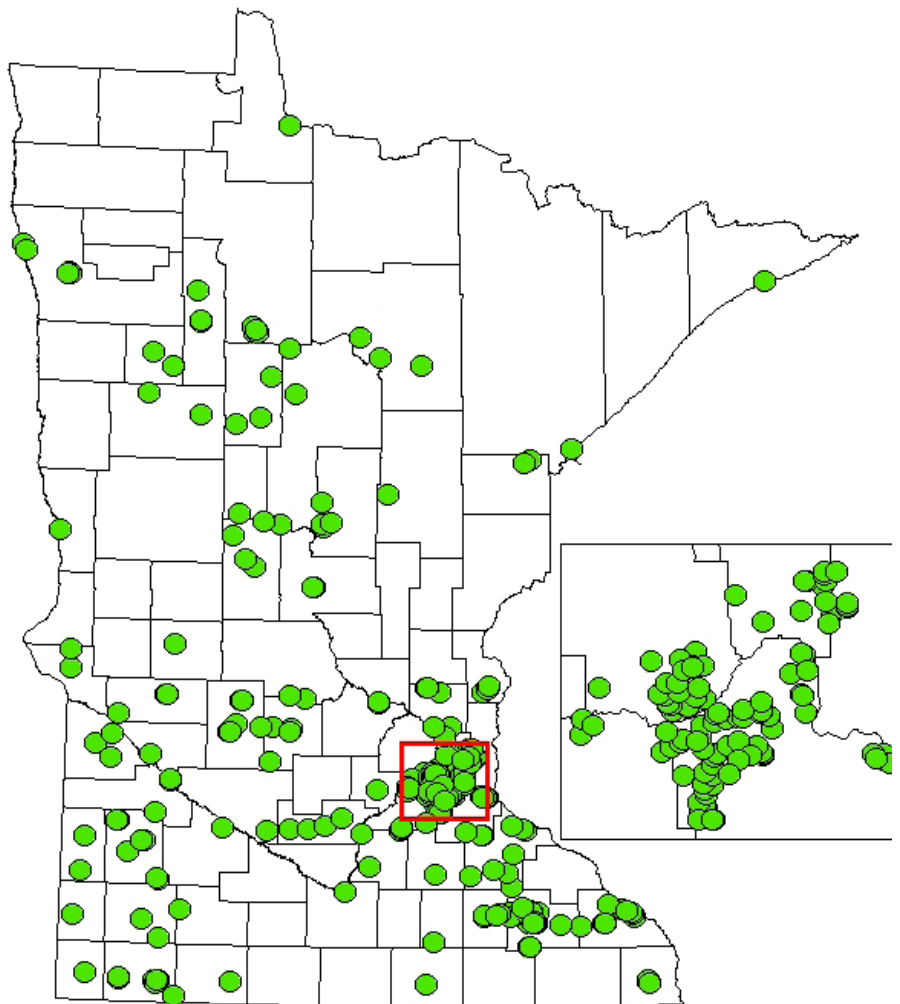


More local, fresh choices at school. Across the state, schools are making the healthy choice the easy choice with growing farm to school programs and more fresh produce. Students at Dover-Eyota Public Schools are just some of the thousands of kids reaping the nutritional benefits.

GOOD NUTRITION NOW AVAILABLE TO MORE MINNESOTANS

Approximately 80 percent of Minnesotans fail to meet basic nutritional guidelines.^{19,20} This lack of nutrition is strongly associated with obesity and related chronic diseases. Also, the negative effects of poor nutrition are particularly damaging for children; food insufficiency and unhealthy dietary behaviors are associated with lower levels of cognitive functioning and academic achievement.²¹

To address this issue, SHIP grantees are pursuing various efforts to increase access to healthy foods in schools, communities and worksites. These efforts include changing the food offered in schools to encourage healthy eating, increasing the availability of fruits and vegetables in the community, and working with employers to support the consumption of healthy foods and reduce consumption of foods that include high levels of calories, sodium, sugar and fat.



Schools Actively Engaged In Farm to Schools

Important successes include:

- Healthy eating patterns are established in early childhood and tend to track to adulthood.²² SHIP has helped 544 child care sites improve access to healthy foods for approximately 8,564 children. For example, in Benton County half the children in participating daycares ate more fruits and vegetables. In Dakota County, the percentage of children eating more fruits and vegetables increased to 69 percent.
- Farmers markets increase access to fruits and vegetables, a key component of healthy eating and weight maintenance. In its first year, SHIP communities created 24 new farmers markets and improved 29 existing markets by increasing hours, marketing to a greater proportion of the population and encouraging Electronic Benefits Transfer use to increase access for low-income families. Between 2009 and 2011, the number of farmers markets statewide jumped 95 percent (compared to 36 percent nationally).
- Farm to School efforts are under way to increase access to local produce in more than 360 schools and 22 school districts across Minnesota, serving more than 200,000 students. Farm to School and related MDH nutrition initiatives such as Great Trays and the Salad Bar Initiative have led to an almost doubling of salads sold in the Robbinsdale district. In Wright County, efforts in improving healthy eating in schools yielded a 19 percent increase in students who ate more vegetables, and an eight percent increase in those who ate more fruit.
- In collaboration with Great Trays, a CDC grant-funded program at MDH, school nutrition staff from 75 percent of eligible districts throughout the state have been trained on menu planning and procurement strategies to serve healthy meals.



More physical activity and better nutrition for Minneapolis preschoolers

Thanks to SHIP, over 6,600 Minneapolis toddlers now experience healthier food and more physical activity at their child care program. As part of SHIP, the Minneapolis Department of Health and Family Support contracted with Resources for Child Caring (RCC), the Twin Cities child care resource referral agency, to work with Parents in Community Action (PICA) Head Start, which serves low income children .

RCC reached nearly two-thirds of all Minneapolis licensed child care programs with eight hours of training and ongoing tips provided through monthly newsletters. RCC reaches a high proportion of English-Language-Learner child care providers, many of whom were previously unaware of portion size and physical activity recommendations for children. RCC developed parent engagement materials, including a lending library of parent-child activities and resources for healthy eating.

RCC worked with PICA, who has now made physical activity and nutrition changes throughout its nine sites. Teachers, cooks and other

staff participated in nutrition and physical activity training, and cooks made changes to menus, adding more fruits and vegetables, low fat proteins and vegetarian entrees.

Because of these efforts, both PICA Head Start and RCC have adopted obesity prevention activities into their ongoing programming and training. Evaluation of the project found that child care providers on average improved nutrition and physical activity practices in their programs allowing for more physical activity time and more fruits and vegetables at meal and snack time.



Keeping kids active and engaged. 902 childcare centers now integrate movement into learning, serving approximately 21,447 children to date.

PHYSICAL ACTIVITY BECOMES EASIER

Only about half of Minnesotans meet the recommendations for physical activity.²³ Lack of physical activity is associated with a host of health-related problems, including obesity and related chronic diseases. Inadequate physical activity is also associated with increased disciplinary problems and diminished academic achievement among youth.²⁴

To address this issue, SHIP grantees are supporting school districts to employ various strategies to increase opportunities for regular physical activity. These efforts include physical changes such as crosswalks and signs to support walking and biking for transportation and recreation, increasing access to existing community and school recreational facilities and working with schools to encourage biking and walking to school.

Important successes include:

- Because of SHIP, approximately 255 Minnesota cities are working to create master walk and bike plans; updating municipal plans to include “complete streets” with sidewalks and crosswalks; increasing access to parks, trails and recreational facilities; connecting and promoting trail systems; and collaborating on projects that improve walkability and bikeability in communities.
- Physical activity patterns are established early in childhood and tend to track to adulthood.²⁵ Changes in the environment in child care settings can result in promising behavioral changes and lower obesity rates.²⁶ In the past two years, 902 child care sites have increased physical activity opportunities, serving approximately 21,447 children. For example, compared to the summer of 2010, children enrolled in participating daycares in Benton County engaged in 38 percent more structured physical activity (where a provider leads the activity, ensuring all children participate fully). Meanwhile, in participating Dakota County daycares, the percentage of preschoolers engaging in 60 minutes of instructor-led activity increased from 32 percent to 61 percent.
- At least 117 schools across the state are actively engaged in implementing Safe Routes to School, increasing opportunities and support for youth to walk or bike to school. These schools serve at least 77,000 students. For example, Safe Routes to School activities in the Hopkins School District means the number of children who walk or bike to school nearly quadrupled from 2010 to 2011. When students are given the chance to move around and be active in recess or during other parts of the school day, they are more attentive and able to concentrate on the tasks presented.^{27,28,29} Forty-six schools have increased physical activity opportunities within the instructional setting, increasing learning and building a foundation for lifelong physical activity. For example, elementary students in Dakota County have increased their activity levels, with a 33 percent increase in students who were active or exercising for at least a half an hour during the school day, and an increase of 14 percent outside the school day.



Physical activity equals healthy and happy kids in Cass County

Schools in Cass County are already seeing results of their efforts to increase physical activity among their students.

With the help of SHIP, four of the five schools in Cass County created programs to improve students' physical activity, reaching 2,000 students. It starts with the belief that an environment that supports and models healthy behavior for youth is critical for them to become healthy, productive adults. "It was important to keep in our minds who we were doing all of this for, and why. The future is in their

little hands; we just have to give them the tools...it's our job," says Jessica Nyland, Pillager school nurse.

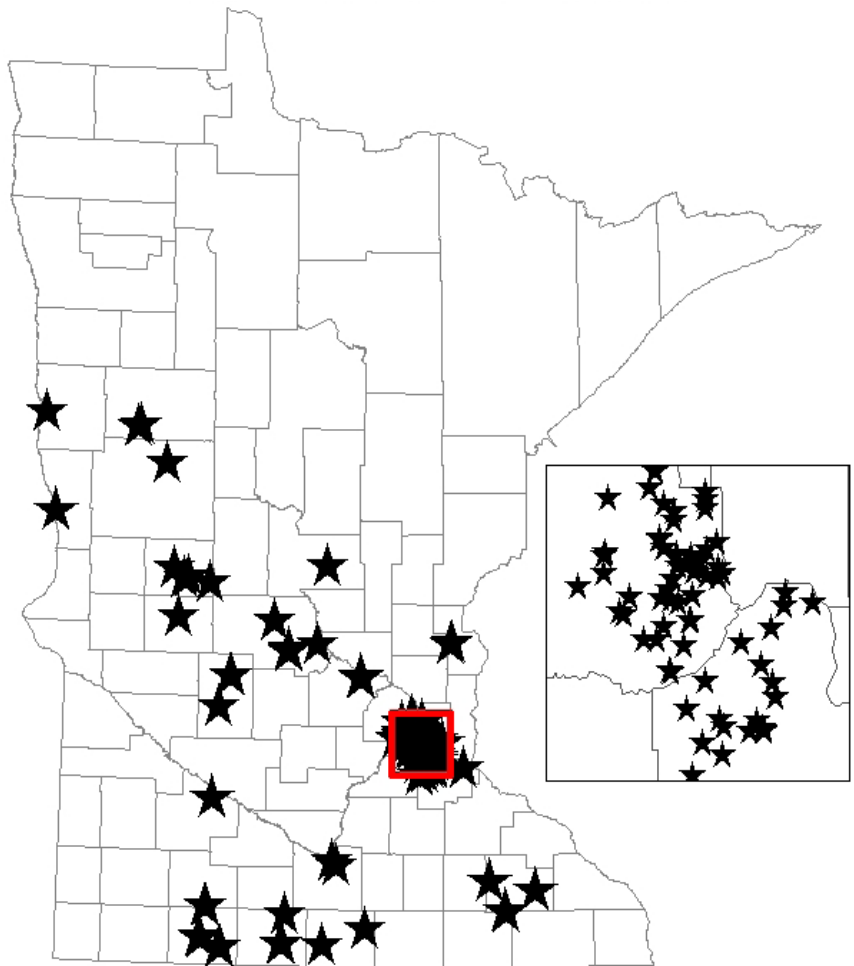
The SHIP-funded projects are making an impact on the school environment and the students. Mandy Giffen, a health educator at Northland Remer School, reports, "One of our 11th graders has lost 60 pounds since we started our 'Walk to the Moon' walking program. It's amazing to see such a transformation." Giffen noted that Northland Remer also added a program called "Eagle Energizers," which incorporates short bursts of physical activity into the classroom curriculum.

Walker/Hackensack/Akeley (WHA) is also seeing outcomes of their project on students. Sandy Munson, the school nurse, says, "Some of these kids didn't fit into groups... and now they get to know each other and have found a place to belong. I never expected that to be a part of it."

Trent Mix, a seventh grader at WHA says, "When I didn't walk, I didn't feel so good in the afternoons. But now that I walk, I feel better. I am losing weight!"



The school bus that runs on sneakers. A walking school bus, like this one at Lyndale Community School, means kids are walking to school again, encouraging each other to be healthy and active while saving their school district money on transportation costs.



Schools Actively Engaged In Safe Routes to Schools

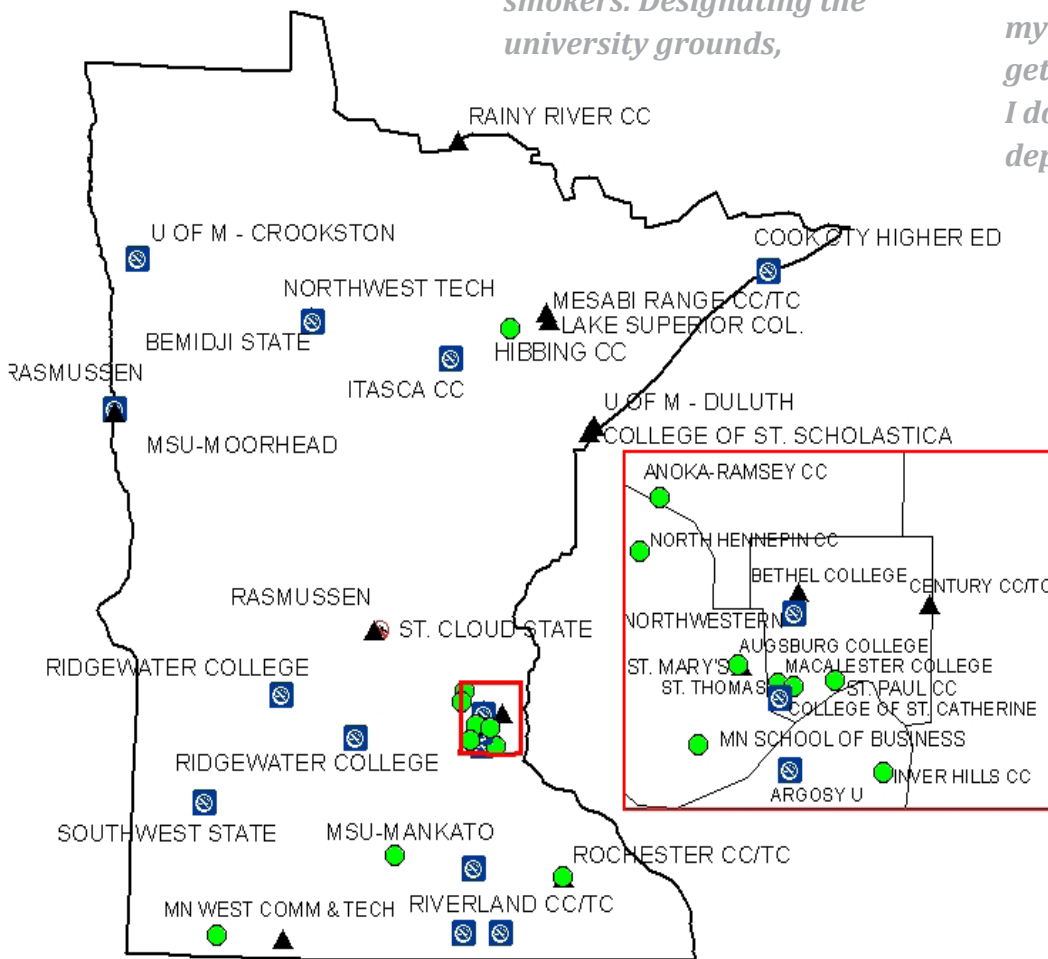
“I don’t smoke because my life depends on it,” says Mankato State student

“I feel that everyone has a right to walk around in a smoke-free environment, and allowing people to smoke on campus takes away that right,” says a Mankato college student. Students are abuzz over changes at Minnesota

State University-Mankato. SHIP staff in Blue Earth County teamed with Mankato State and the American Lung Association, Minnesota (ALAMN) to work toward making the Minnesota State University-Mankato campus tobacco-free. The campus is home to over 16,000 students, staff and faculty, and is home to the Viking’s training camp and a number of sports teams.

Slightly over one-quarter of the students are currently smokers. Designating the university grounds,

dormitories, and school-sponsored events as tobacco free will help not only reduce tobacco use but also prevent second hand smoke exposure, thus promoting better health for a large number of people. “I make my own personal choice not to smoke, so why should my health be impacted by another person’s decision,” says a student. And adds another, “Having asthma, it is very hard to walk behind smokers on my way to class.” It is also hard to breathe in my dorm room because smoke gets in through the window. I don’t smoke because my life depends on it.”



Smoke/Tobacco-Free Post Secondary Schools and Schools Actively Engaged in Becoming Smoke-Free

REDUCING COMMERCIAL TOBACCO USE AND EXPOSURE

Despite recent trends indicating reductions in tobacco use across the state, tobacco use and exposure continues to be a serious problem. Approximately 15 percent of Minnesota's adults use tobacco on a regular basis,³⁰ and smoking is responsible for 5,135 deaths and \$2.87 billion in excess medical costs in Minnesota each year.^{31,32}

SHIP grantees are working to reduce individuals' exposure to secondhand smoke and increase access to cessation services for current tobacco users.

Important successes in the area of reducing commercial tobacco use and exposure include:

- To prevent tobacco smoke exposure, six cities have adopted tobacco-free parks policies, and 14 additional cities are currently working on this strategy.
- 227 apartment buildings have adopted smoke free policies. Another 142 are working toward it.
- Thirty-three post-secondary schools are working to connect students with smoking cessation services including quit lines, quitting websites and face-to-face counseling.
- Thirty-one post-secondary schools are working to have tobacco-free campuses.

Providers focus on prevention in Bloomington

As an alternative health clinic focused on prevention, Bloomington Natural Care Center at Northwestern Health Sciences University was eager to be involved in adopting new practices to address overweight and obesity. A dedicated team of providers and administrators set about the task of assessing current systems

and practices to create a plan for change. As a result, they have adopted a new protocol and standard of care to assess BMI, provide basic nutrition and physical activity screening, educate their patients on their risk and assist them in taking action to change their behaviors. The protocol is implemented by all 12 providers with all new patients, reaching over 1,100 patients annually. Tools are customized and standardized for the clinic, including patient educational materials,

office prompts and promotion of healthy behaviors, and a community resource guide. Chart modifications were made to ensure all new patients were receiving this care. An audit of charts and survey of providers reveals that practice change has been successful and enjoys strong provider support. With the exception of a few patients who refused BMI screening, all charts audited indicate patients received the full spectrum of care.



WORKING WITH HEALTH CARE PROVIDERS TO HELP IMPROVE THE LONG-TERM HEALTH OF PATIENTS

In their position on the front lines of the battle with chronic disease, health care providers are powerful advocates for health improvement through prevention. Clinics and hospitals provide a unique setting where people discuss their health with medical providers, making them key to the success of health improvement in Minnesota. Health care providers promote healthy lifestyle behaviors by encouraging individuals to maintain healthy eating habits, participate in regular physical activity, avoid the use of tobacco products and limit exposure to secondhand smoke.

Important successes include:

- A key chronic disease prevention strategy for health care providers is to implement the Institute for Clinical Systems Improvement (ICSI) prevention guidelines for obesity, physical activity and nutrition. Approximately 60 clinics are now assessing and discussing patient risk behaviors and referring patients to community resources. For example, in Minneapolis, participating health care providers increased their patient referrals for healthy eating and physical activity. For obesity, provider referrals increased from 23 percent last year to 52 percent this year, and follow-up on at-risk patients increased from 38 percent to 80 percent. Screening for secondhand smoke increased from 33 percent to 50 percent.
- Across Minnesota, 73 Clinics and hospitals are now working to support breastfeeding. Breastfeeding saves on health care costs because of fewer sick care visits, prescriptions, and hospitalizations.³³ Breastfed babies are at a lower risk for many health problems, such as ear and respiratory infections, diarrhea, asthma and obesity, and mothers who breastfeed are less likely to develop diabetes or breast or ovarian cancer.



SHIP going forward

In 2012, SHIP continues to work to prevent chronic diseases—such as heart disease, stroke, diabetes, and cancer—through decreasing obesity by increasing physical activity and improving nutrition and reducing tobacco use and exposure. SHIP remains a critical component of Minnesota’s health reform initiative to reduce health care costs in Minnesota.

Now entering its third year, SHIP has had to evolve in response to reduced funding. On December 9, 2011, MDH announced 18 new community grants for 18 months, down from 41 grants for 2009 and 2010.

	SHIP 2010-2011	SHIP 2012-2013
Funding	\$47 million	\$15 million
Grantees	41	18
Counties	87	51
Community Health Boards	53	29
Tribal Governments	9	1

With funding to local communities reduced by 70 percent, expected cost savings as projected in 2009—\$1.9 billion or 3.8 percent of projected health care spending by 2015—will need to be reevaluated. In 2012, MDH will use the Prevention Impacts Simulation Model (PRISM) system from the CDC to measure the impact on health care costs resulting from SHIP. A lack of statewide reach, as well as reduced capacity as a result of reduced funding, is expected to result in reduced health improvement and therefore reduced health care cost savings.

In spite of reduced funding and a smaller reach across Minnesota, SHIP strategies remain focused on sustainable, population-based strategies in schools, communities, worksites and health care systems.

SHIP is poised for continued impact in the following ways:

- All 2012 grantees received funding in the first funding cycle of SHIP and therefore, are well prepared to advance their communities' health improvement efforts.
- MDH has streamlined its grants management system in order to improve communications with grantees and better track results by strategy and by month.
- MDH has standardized its evaluation measures, outcomes and tools for each strategy for improved reporting capabilities.
- The number of strategies recommended to SHIP communities decreased from 33 to 14. This narrowed focus maximizes efficiencies and eliminates less impactful strategies. For example, Farm to Fork initiatives will continue as research demonstrates they lead to increased consumption of fruits and vegetables; using signage to encourage employees to climb worksite stairwells was dropped due to its lower impact.
- In the first round of SHIP funding, some clinicians effectively changed their practice to screen and counsel patients, but didn't have the resources to offer follow-up services. The smaller number of SHIP grantees are better prepared to support clinics to embrace best practices around clinical preventive services, which results in more comprehensive approaches to patients at risk for chronic diseases related to poor diet, inadequate physical activity and tobacco use. BMI, blood pressure, cholesterol, glucose and tobacco screenings, counseling *and* referral systems will lead to a more complete and effective experience for patients.
- New SHIP grantees have combined strategies to maximize impact. For example, many grantees are implementing worksite wellness strategies in health care settings, often where they overlap with health care improvement strategies. This dual strategy approach will likely reach more patients, support a healthier health care workforce and realize health care cost savings—both for health sector employees and the patients they serve.
- Since sustainability was a focus of SHIP from the beginning, health improvement in even non-funded communities continues. SHIP strategies already in place, from Active Communities to smoke-free campuses to Farm to School programs, continue to reap health benefits for many communities in Minnesota.

MDH is eager to build on SHIP's successes to date and to report continued progress in 2013 based on these promising new approaches, even as challenges remain. First, improving health outcomes takes time. In order for health care savings to be realized, progress may be more likely when measuring it from the beginning of SHIP in 2010 and viewed as a long term investment in improved health. Second, as discussed previously, reduced funding in the second round of SHIP will most certainly negatively impact projected health improvement and health care costs savings.

Improving health outcomes and reducing health care costs is a multidimensional problem that requires multidimensional solutions. SHIP continues to be a critical tool for reversing Minnesota's troubling trends in health outcomes and costs and returning our state to better health. 2012-2013 SHIP grantees are up to the challenge. Given adequate supports, financing and flexibility, SHIP communities will lead the way in becoming healthy communities where schoolchildren, employees, health care workers, and average citizens have the healthiest choices available to take responsibility for their own health improvement.



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Appendix A: SHIP Menu of Strategies Brief FY 2010-11

The Menu of Strategies lists all strategies that were allowable as part of SHIP (See www.health.state.mn.us/healthreform/ship for more detailed information about each strategy). The first menu is for community health boards and second is for tribal governments. Each menu is divided by risk factor (tobacco use and exposure, physical activity, nutrition, and healthy weight/healthy behavior) and by setting (schools, community, worksite, and health care).

1. Menu of Strategies for Community Health Boards

Tobacco Strategies¹

Objectives: to reduce tobacco use initiation, increase access to tobacco use cessation, and decrease places where tobacco use is permitted through policy, systems and environmental changes.

SCHOOL SETTING

Tobacco industry funding – Post secondary: Implement a post-secondary school policy of not accepting any funding, curricula, sponsorships, or other materials from any tobacco companies or their front groups for technical schools, community colleges, colleges, and universities

Tobacco-free campuses – Post secondary: Implement a tobacco-free policy to apply to students, staff and visitors on all post-secondary school grounds, in student housing, and at all school sponsored events on technical school, community college, college and university campuses

Tobacco industry funding/curricula – K-12: Implement a K-12 school policy of not accepting any funding, curricula, or other materials from any tobacco companies or their front groups

Tobacco-free grounds – K-12: Implement a tobacco-free policy to apply to students, staff and visitors on all K-12 school grounds, in school vehicles, and at all school sponsored events

Connect post-secondary students to cessation services: Implement mechanisms that connect students of technical schools, community colleges, colleges, and universities with existing cessation services including quitlines, quitting websites, and face-to-face counseling

COMMUNITY SETTING

Mass media campaign:² Implement a culturally sensitive mass media counter-marketing campaign when combined with local strategies

Smoke-free multi-unit housing: Implement voluntary smoke-free housing policies in multi-unit housing

Smoke-free cars: Implement voluntary smoke-free cars policies

Tobacco-free outdoor recreation: Implement tobacco-free policies for parks, playgrounds, beaches, zoos, fairs, and other recreational settings

Restrict youth access to tobacco:³ Implement policies that restrict youth access to tobacco such as sales laws directed at tobacco retailers to reduce illegal sales to minors

WORKSITE SETTING

Tobacco-free worksite grounds: Implement worksite policies for tobacco-free grounds including parking lots

Connect employees to cessation services: Implement mechanisms that connect people with existing effective cessation services including quitlines, quitting websites, and face-to-face counseling

Comprehensive cessation benefits for employees: Implement comprehensive cessation benefits as part of benefits package for employees

HEALTH CARE SETTING

Tobacco-free hospital and health care grounds: Implement tobacco-free grounds policies for hospitals and other health care facilities

Connect people to cessation services: Implement mechanisms (such as the 5As and fax referral) that connect people with existing effective cessation services

Physical Activity Strategies⁴

Objectives: to increase opportunities for physical activity through policy, systems, and environmental changes.

SCHOOL SETTING

Active schools: Implement policies and practices that create active schools by increasing opportunities for non-motorized transportation (walking and biking to-and-from school) and access to school recreation facilities

School Physical Education: Implement policies and practices that support quality school-based physical education

COMMUNITY SETTING

Active communities: Implement policies and practices that create active communities by increasing opportunities for non-motorized transportation (walking and biking) and access to community recreation facilities

Active child care: Implement policies and practices that support physical activity in licensed child care and pre-school settings

Community stair use:³ Implement signage prompting use of stairs⁵

WORKSITE SETTING

Active worksites: Implement policies and practices that create active worksites by increasing opportunities for non-motorized transportation (walking and biking) and access to worksite recreation facilities

Worksite stair use:³ Implement signage prompting use of stairs⁵

Nutrition Strategies

Objectives: to increase access to high quality nutritious foods and increase initiation, exclusivity, and duration of breastfeeding through policy, systems, and environmental changes.

SCHOOL SETTING

Healthy eating in schools: Implement comprehensive nutrition policies including: breakfast promotion; healthy lunch and snacks, including classroom celebrations and incentives, fundraising, concessions, and vending; school gardens; and Farm-to-School initiatives

School breastfeeding support: Implement school policies that encourage and enable staff and older students to breastfeed their children, such as: educate and train about breastfeeding; provide designated private space for breastfeeding

or expressing milk; allow flexible scheduling to support milk expression during work; and provide information on resources for obtaining high-quality breast pumps

COMMUNITY SETTING

Healthy eating in communities: Implement policies, practices, and environmental changes that improve access to nutritious foods such as fruits and vegetables (limited to):

- Increase availability and affordability of nutritious foods in grocery stores, corner stores, concession facilities, faith institutions, long-term care facilities, social service agencies, and other food vendors (e.g. staple foods ordinances, healthy corner store initiatives, and affordable transportation options to grocery stores selling nutritious foods);
- Require calorie or nutrition labeling on menus;
- License and facilitate the development of new farmer's markets and promote their use; and
- Create zoning ordinances that facilitate the development of new community gardens and other small scale food production strategies (e.g. backyard gardening, youth gardening unrelated to schools, etc.) and promote their use

Healthy eating in child care: Implement policies and practices that support healthy eating in licensed child care and pre-school settings

WORKSITE SETTING

Worksite breastfeeding support: Implement worksite policies that support breastfeeding such as: educate and train about breastfeeding; provide designated private space for breastfeeding or expressing milk; allow flexible scheduling to support milk expression during work; and provide information on resources for obtaining high-quality breast pumps

HEALTH CARE SETTING

Health care breastfeeding support: Implement breastfeeding practices in maternity care that provides prenatal, birth, and postpartum services, for example: develop a written policy on breastfeeding, provide education and training, encourage early breastfeeding initiation, support cue-based feeding, restrict supplements and pacifiers for breastfed infants, and provide for post-discharge follow-up

Healthy Weight⁶ and Healthy Behaviors⁷ Strategies

Objectives: to increase opportunities to maintain healthy weight and healthy behaviors through policy, systems, and environmental changes.

WORKSITE SETTING

Comprehensive worksite wellness: Implement a comprehensive employee wellness initiative that provides health assessment with follow-up coaching; ongoing health education, and has policies and environment supports that promote healthy weight and healthy behaviors

HEALTH CARE SETTING

ICSI guidelines in health care: Support implementation of ICSI Guidelines for “Prevention and Management of Obesity” and “Primary Prevention of Chronic Disease Risk Factors” by health care providers for adults and children where applicable

Health care referrals to local resources:

Develop relationships among health care providers and community leaders and build partnerships to facilitate active referral of patients to local resources that increase access to high quality nutritious foods, opportunities for physical activity, and tobacco use cessation

Patient self-management: Implement client or patient self-management support strategies of information exchange and collaborative decision making in order to motivate and aid clients and patients in making daily decisions to improve their behaviors relating to eating, physical activity, and abstinence from tobacco use

2. Menu of Strategies for Tribal Governments

Implementation of these strategies will be facilitated by tribal governments and/or their partners. For purposes of SHIP, implementation is defined as the process of developing, adopting, implementing, enforcing, and maintaining strategies unless otherwise specified. MDH recognizes that tribal governments are at different stages of readiness and will implement strategies accordingly. See the “Tribal Guide to Implementing and Evaluating Strategies” (available at: www.health.state.mn.us/healthreform/ship.html) for more detailed information about each strategy.

Tobacco Strategies⁸

Objectives: To reduce tobacco use initiation, increase access to tobacco use cessation, and decrease places where tobacco use is permitted through policy, resolutions, systems and environmental changes.

SCHOOL SETTING

Tobacco industry funding – Post secondary: Implement a school policy or resolution of not accepting any funding, curricula, sponsorships, or other materials from any tobacco companies or their front groups in a tribal post-secondary school setting

Tobacco-free campuses – Post secondary: Implement a tobacco-free policy or resolution to apply to students, staff and visitors on all post-secondary school grounds, in student housing, and at all school sponsored events in a tribal post-secondary school setting

Tobacco industry funding/curricula – K-12 or tribal: Implement a K-12 tribal-based or public school policy or resolution of not accepting any funding, curricula, or other materials from any tobacco companies or their front groups

Tobacco-free grounds – K-12 or tribal: Implement a tobacco-free policy or resolution to apply to students, staff and visitors on all tribal-based or public K-12 school grounds, in school vehicles, and at all school sponsored events

Connect post-secondary students to cessation services: Implement mechanisms that connect students of a tribal-based post-secondary school with existing cessation services including quitlines, quitting websites, and face-to-face counseling

COMMUNITY SETTING

Mass media campaign:⁹ Implement a culturally specific mass media counter-marketing campaign when combined with local strategies

Smoke-free indoor environments: Implement policies or resolutions for smoke-free establishments, restaurants, and other public indoor spaces under tribal jurisdiction

Smoke-free tribal multi-unit housing: Implement smoke-free tribal multi-unit housing policies or resolutions that designate a percentage of all residential multi-unit buildings as smoke-free

Smoke-free cars: Implement voluntary smoke-free cars policies or resolutions

Tobacco-free outdoor recreation: Implement tobacco-free policies or resolution for parks, playgrounds, swimming areas, pow-wow grounds, fairs, and other recreational settings

Restrict youth access to tobacco:¹⁰ Implement policies or resolutions that restrict youth access to tobacco such as sales laws directed at tobacco retailers to reduce illegal sales to minors

WORKSITE SETTING

Smoke-free indoor worksites: Implement policies or resolutions for smoke-free worksites, such as casinos, tribal offices and other business establishments under tribal jurisdiction

Tobacco-free worksite grounds: Implement tribal-based worksite policies or resolutions for tobacco-free grounds including parking lots

Connect employees to cessation services: Implement mechanisms that connect people with existing effective cessation services including quitlines, quitting websites, and face-to-face counseling

Comprehensive cessation benefits for employees: Implement comprehensive cessation benefits as part of benefits package for employees of tribal-based worksites

HEALTH CARE SETTING

Tobacco-free hospital and health care grounds: Implement tobacco-free grounds policies or resolutions for hospitals and other health care facilities

Connect people to cessation services: Implement mechanisms (such as the 5As and fax referral) within a tribal health care setting that connect people with existing effective cessation services

Physical Activity Strategies

Objectives: to increase opportunities for physical activity through policy, resolutions, systems, and environmental changes.

SCHOOL SETTING

Active schools: Implement policies and practices that create active tribal-based or public schools by increasing opportunities for non-motorized transportation (walking and biking to-and-from school) and access to school recreation facilities

School Physical Education: Implement policies and practices that support quality school-based physical education

COMMUNITY SETTING

Active communities: Implement policies and practices that create active tribal communities by increasing opportunities for non-motorized transportation (walking and biking) and access to community recreation facilities

Active child care: Implement policies and practices that support physical activity in licensed child care and pre-school environments located in tribal settings or within tribal jurisdiction

WORKSITE SETTING

Active worksites: Implement policies and practices that create active worksites in tribal settings by increasing opportunities for non-motorized transportation (walking and biking) and access to worksite recreation facilities

Nutrition Strategies

Objectives: to increase access to high quality nutritious foods and increase initiation, exclusivity, and duration of breastfeeding through policy, resolutions, systems, and environmental changes.

SCHOOL SETTING

Healthy eating in schools: Implement comprehensive nutrition policies including: breakfast promotion; healthy lunch and snacks, including classroom celebrations and incentives, fundraising, concessions, and vending; school gardens; and Farm-to-School initiatives in a tribal-based or public school setting

School breastfeeding support: Implement tribal-based or public school policies that encourage and enable staff and older students to breastfeed their children, such as: educate and train about

breastfeeding; provide designated private space for breastfeeding or expressing milk; allow flexible scheduling to support milk expression during school; and provide information on resources for obtaining high-quality breast pumps

COMMUNITY SETTING

Healthy eating in communities: Implement policies, practices, and environmental changes that improve access to nutritious foods (limited to):

Increase availability and affordability of nutritious foods in grocery stores, corner stores, concession facilities, faith institutions, long-term care facilities, social service agencies, and other food vendors (e.g. staple foods ordinances, healthy corner store initiatives, and affordable transportation options to grocery stores selling nutritious foods);

Facilitate the development of new farmer's markets and promote their use; and

Facilitate the development of new community gardens and other small scale food production strategies (e.g. backyard gardening, youth gardening unrelated to schools, etc.) and promote their use

Healthy eating in child care: Implement policies and/or practices that support healthy eating in licensed child care and pre-school environments located in tribal settings or within tribal jurisdiction

Traditional local foods: Implement policies and practices to increase access to and promote the consumption of nutritious traditional local foods

WORKSITE SETTING

Healthy eating in worksites: Implement policies and practices that support increased consumption of fruits and vegetables and other nutritious foods such as: healthy food service and

catering options, healthy vending, and access to community supported agriculture in tribal-based worksite settings

Worksite breastfeeding support: Implement tribal-based worksite policies or resolutions that support breastfeeding such as: educate and train about breastfeeding; provide designated private space for breastfeeding or expressing milk; allow flexible scheduling to support milk expression during work; and provide information on resources for obtaining high-quality breast pumps

HEALTH CARE SETTING

Health care breastfeeding support: Implement breastfeeding practices in maternity care that provides prenatal, birth, and postpartum services, for example: develop a written policy on breastfeeding, provide education and training, encourage early breastfeeding initiation, support cue-based feeding, restrict supplements and pacifiers for breastfed infants, and provide for post-discharge follow-up

Healthy Weight¹¹ and Healthy Behaviors¹² Strategies

Objectives: to increase opportunities to maintain healthy weight and healthy behaviors through policy, resolutions, systems, and environmental changes.

WORKSITE SETTING

Comprehensive worksite wellness: Implement a comprehensive employee wellness initiative that provides health assessment with follow-up coaching; ongoing health education, and has policies and environment supports that promote healthy weight and healthy behaviors in tribal-based worksite settings

HEALTH CARE SETTING

ICSI guidelines in health care: Support implementation of ICSI Guidelines for “Prevention and Management of Obesity” and “Primary Prevention of Chronic Disease Risk Factors” by tribal health care providers for adults and children where applicable

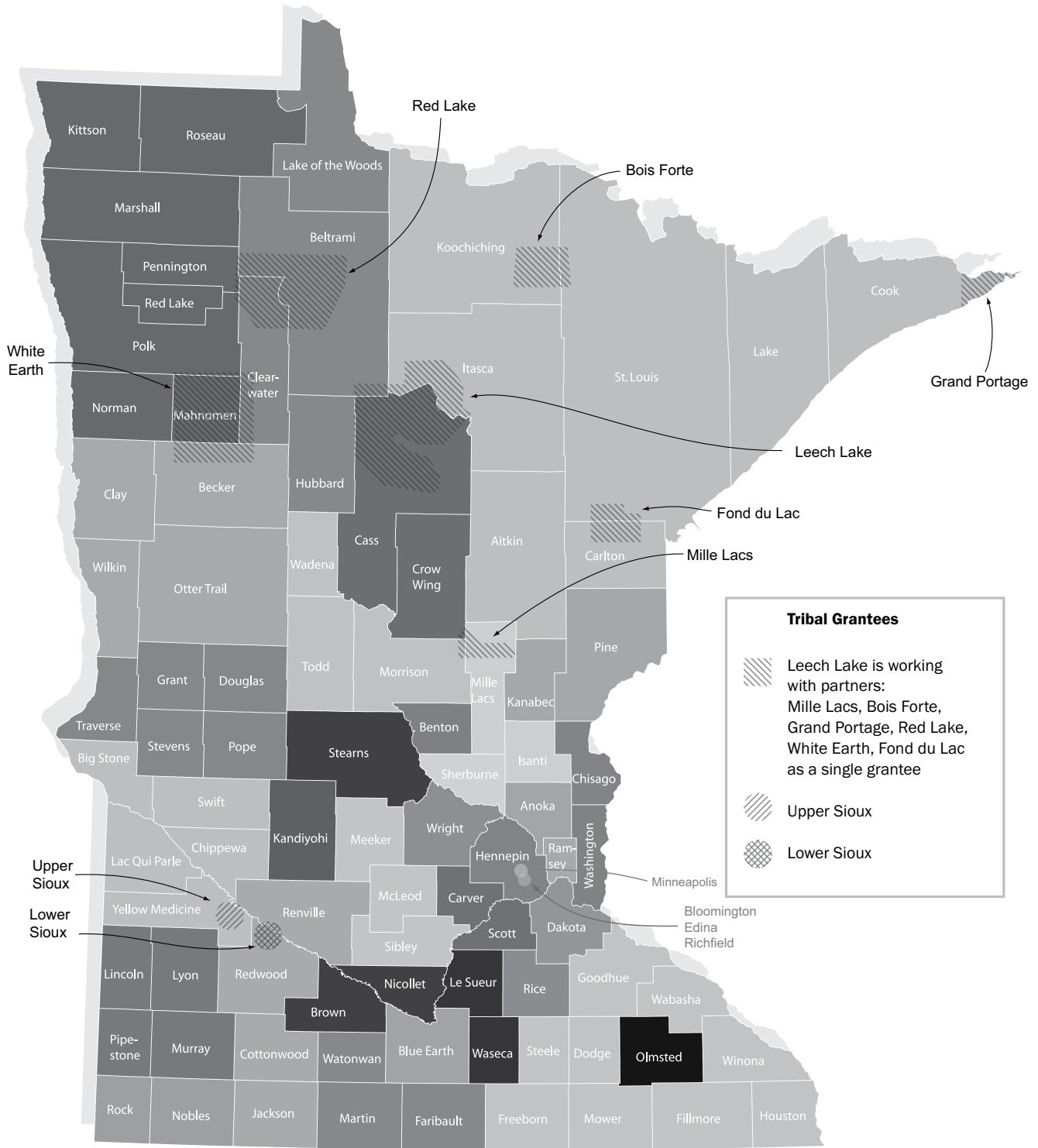
Health care referrals to local resources: Develop relationships among tribal health care providers and tribal community leaders and build partnerships to facilitate active referral of patients to local resources that increase access to high quality nutritious foods, opportunities for physical activity, and tobacco use cessation

Patient self-management: Implement client or patient self-management support strategies of information exchange and collaborative decision making in order to motivate and aid clients and patients in making daily decisions to improve their behaviors relating to eating, physical activity, and abstinence from tobacco use

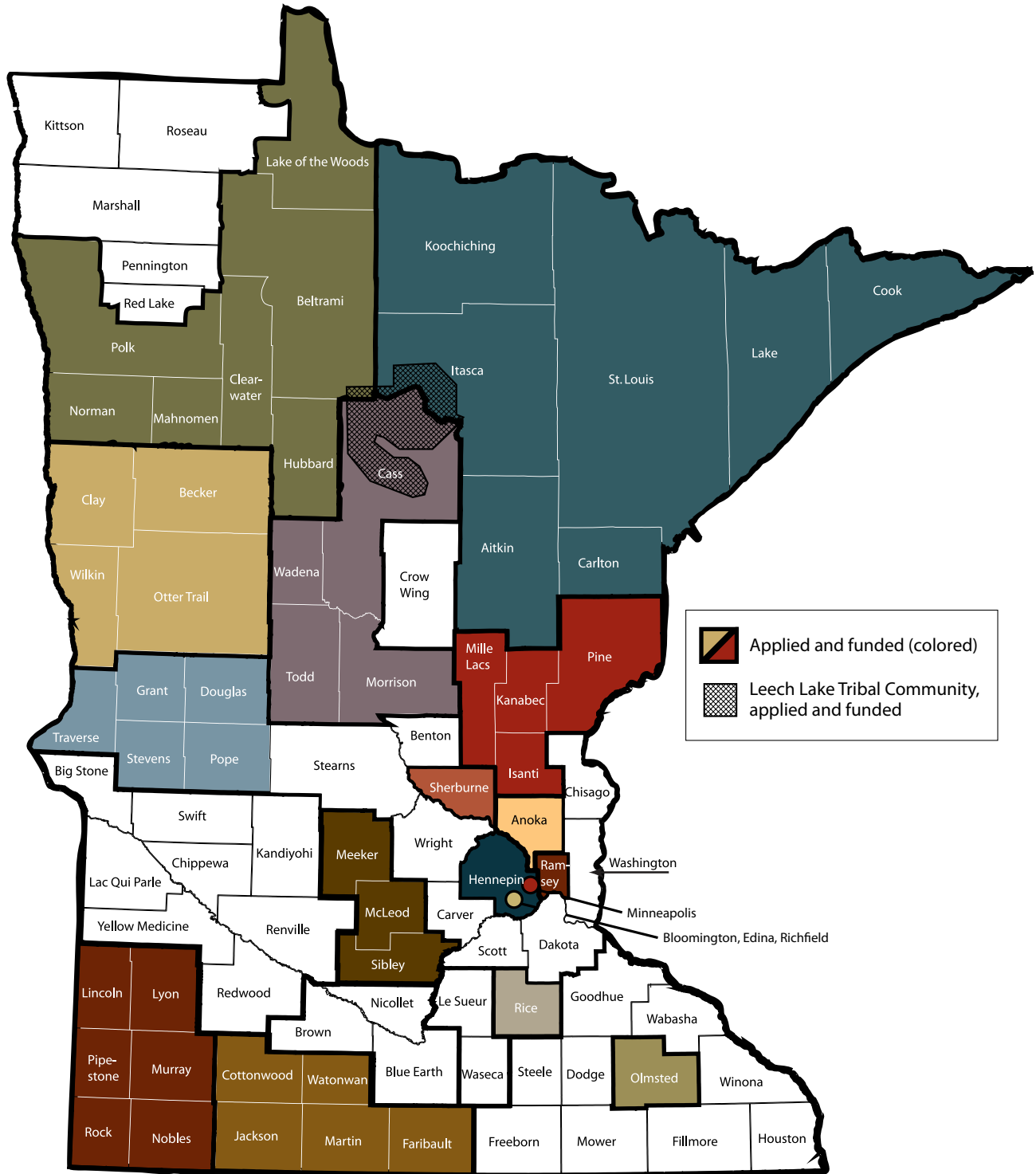
Endnotes

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- 1 The Minnesota Department of Health (MDH) recognizes that in some cultures tobacco is used in a spiritual manner that is quite different from smoking or chewing commercial tobacco. Terms used in this Menu of Strategies and Guide to Implementing and Evaluating Strategies, such as “tobacco use,” “tobacco exposure,” “tobacco prevention,” and “tobacco-free,” refer to commercial tobacco and are not intended to be applied to spiritual practices in various cultures.
 - 2 Indicates a multi-grantee strategy. This strategy may only be selected by two or more applicants as a multi-grantee strategy.
 - 3 Indicates low impact strategies. Applicants selecting strategies identified as low impact are required to choose additional strategies in conjunction with such selections.
 - 4 MDH recognizes that in some cultures physical exercises for men and women need to happen in separate settings. Therefore, consideration needs to be given to the communities that practice such cultural and religious beliefs when implementing this Menu of Strategies.
 - 5 Applicants should consider people with limited English proficiency when developing signage for stairs.
 - 6 Combines physical activity and nutrition.
 - 7 Combines tobacco, physical activity, and nutrition.
 - 8 The Minnesota Department of Health (MDH) recognizes that terms used in this Menu of Strategies and the Guide to Implementing and Evaluating Strategies, such as “tobacco use,” “tobacco exposure,” “tobacco prevention,” and “tobacco-free,” refer to commercial tobacco and are not intended to be applied to ceremonial tobacco used in the American Indian culture.
 - 9 Indicates a multi-grantee strategy. This strategy may only be selected by two or more applicants as a multi-grantee strategy.
 - 10 Indicates low impact strategies. Applicants selecting strategies identified as low impact are required to choose additional strategies in conjunction with such selections.
 - 11 Combines physical activity and nutrition.
 - 12 Combines tobacco, physical activity, and nutrition.

Appendix B: Map of counties covered by SHIP 1.0 Grants



Appendix C: Map of counties covered by SHIP 2.0 Grants





SHIP

Creating a Better State of Health