



**Creating a Better State of Health:
The Statewide Health Improvement Program**

Minnesota Department of Health
January 2010



P.O. Box 64975
St. Paul, MN 55164-0975
<http://www.health.state.mn.us>

MINNESOTA'S
VISION
A Better State of Health

*Statewide Health
Improvement Program* | **SHIP**

<http://www.health.state.mn.us/healthreform/ship>

**Creating a Better State of Health:
The Statewide Health Improvement Program
January 2010**

For more information contact:

Statewide Health Improvement Program
Health Promotion and Chronic Disease Division
Minnesota Department of Health

P.O. Box 64882

85 E. 7th Place

St. Paul, MN 55164-0882

Phone: 651-201-5400

Fax: 651-201-5800

TTY: 651-201-5797

Web site: www.health.state.mn.us/healthreform/ship

As requested by Minnesota Statute 3.197: this report cost approximately \$2,696.50 to prepare, including staff time and printing expenses.

Upon request, this publication can be made available in alternative formats, such as large print, Braille or cassette tape.

Printed on recycled paper.



Protecting, maintaining and improving the health of all Minnesotans

January 2010

Dear Policymakers:

We are pleased to provide this report on the Statewide Health Improvement Program (SHIP). SHIP is the landmark beginning article of Minnesota's health reform law of 2008 and is an important component to Minnesota's Vision for a Better State of Health.

Our policymakers were bold in realizing that reform was not just about health care but also about health. Access to health care is necessary but not sufficient for population health and lower health care costs. Only investment in upstream determinants of health will allow true health value to emerge. Policymakers recognized that health begins with healthy behaviors such as addressing tobacco use and obesity prevention, the two leading preventable causes of illness and death. SHIP is strategic in that it addresses these risk factors, which contribute to disease and to rising health care costs.

As commissioner of health, I have been influenced by the book "Creating Public Value: Strategic Management in Government" by Mark H. Moore. In his writing, Dr. Moore says that to think strategically in the public sector, one must "...assign equal importance to substance, politics and organizational implementation...thinking strategically means integrating these diverse perspectives."

In this SHIP report, we describe current SHIP operations and the substance/science of possible future funding sources, which are related to the aims of SHIP and/or health reform. For the long-term funding of SHIP, we leave it to policymakers to integrate the diverse perspectives of substance/science, political reality and operations to determine next steps.

Thank you for the opportunity to update you on our progress in making Minnesota a better state of health through SHIP. If you have any questions, do not hesitate to contact Cara McNulty, SHIP State Program Manager at 651-201-5438 or cara.mcnyulty@state.mn.us.

Sincerely,

A handwritten signature in black ink that reads "Sanne Magnan". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Sanne Magnan, MD, PhD
Commissioner



Table of Contents

1	Executive Summary
3	Introduction
7	Statewide Health Improvement Program Framework
13	Results from Program Development
19	Early Results from SHIP Communities
30	Options for Future Funding
A1	Appendix A - SHIP Statute
B1	Appendix B - SHIP Grantee Fact Sheets



Executive Summary

The Statewide Health Improvement Program (SHIP) is a fundamental component of Minnesota's Vision for a Better State of Health, the health care reform initiative that the Legislature passed and Gov. Tim Pawlenty signed into law in 2008. SHIP is an investment "upstream" to increase healthy behaviors and prevent the leading causes of illness and death: tobacco and obesity. SHIP aims to improve the health of Minnesotans and contain ever-increasing health care costs by reducing tobacco use and exposure and obesity through evidence-based policy, systems and environmental change strategies. SHIP awards grants to local community health boards and tribal governments in Minnesota to implement these strategies designed to create sustainable, population-based changes.

Although grant funding began only six months ago, SHIP has produced a wide array of important results. Minnesota Department of Health (MDH) staff and federal, state and local partners collaborated to develop the SHIP *Menu of Interventions*, a list of evidence-based policy, systems and environmental strategies that have been proven to reduce tobacco use and exposure and obesity, and outcome measures that were linked to each of these strategies. Many additional resources were developed and provided to assist grantees in planning, implementing and evaluating SHIP interventions.

After a rigorous application and review process, SHIP grants were awarded on July 1, 2009 to all 53 community health boards (covering all 87 counties) and eight of 11 tribal governments in Minnesota. Grants were awarded for (1) implementation of SHIP interventions or (2) assessment for SHIP interventions, followed by a transition into implementation of SHIP interventions. Over the reporting period (July 1 – Nov. 30, 2009), grantees made significant progress toward SHIP goals and objectives.

While in many cases it is too early to have widespread results in health outcomes, SHIP has shown preliminary results that are promising for future success. SHIP grantees have also shown results in a variety of areas that are foundational to achieving desired outcomes:

- Built community capacity to conduct policy, systems and environmental change work in tobacco and obesity and leveraged prior experience in chronic disease prevention and policy change;
- Coalesced community support and commitment through SHIP Community Leadership Teams, SHIP Local Partnership Teams, and other partnerships and coalitions;
- Completed community assessment around the needs, supports and assets relevant to change related to tobacco use and exposure and obesity.
- Selected interventions from the *Menu of Interventions* based on the results of their community assessments;
- Developed action plans to implement policy, systems and environmental change strategies in their schools, communities, worksites and health care settings and confirmed sites for implementation; and
- Completed evaluation plans, identified outcome measures and designated key benchmarks to measure progress toward goals.

As of Jan. 1, 2010, 33 out of 40 grantees are in the implementation phase and are conducting activities to create systems-level changes that reduce tobacco use and exposure, increase physical activity and improve nutrition:

- A number of grantees are working to create and enforce policies for tobacco-free schools, post secondary institutions and worksites, as well as working to increase linkages to cessation services.
- The vast majority of grantees have elected to work on strategies that:
 - Increase affordability and access to healthy foods in communities and schools.
 - Increase opportunities for walking and biking for transportation and recreation in communities and schools.
- A number of grantees are collaborating with local employers to implement comprehensive worksite wellness initiatives that support reduced tobacco use, increased physical activity and improved nutrition.
- Many grantees are also working with local health care providers to create systems that refer patients to community resources for the prevention of chronic disease.

Grantees are at various stages of implementation of these interventions, and there is momentum and collaboration occurring across the state to make significant inroads in each of these areas. State- and national-level partners are also enthusiastic about this work, and SHIP has served as a model for other states and the federal government.

Achieving sustainable changes that prevent chronic disease requires substantial time, effort and resources. Local communities and tribes are meeting the challenge of conducting this work with great determination. As a long-term health investment, SHIP will change the policies, systems and environments under which we live, work, learn and play, resulting in improved health among all Minnesotans.



Introduction

In 2008, the Minnesota State Legislature passed and Gov. Tim Pawlenty signed into law the Statewide Health Improvement Program (SHIP) as an integral component of Minnesota's Vision for a Better State of Health. This overall health reform initiative is designed to improve the health of Minnesotans, enhance the patient experience and contain the spiraling costs of health care in our state. The goal of SHIP is to help Minnesotans live longer, healthier lives by preventing risk factors that lead to chronic disease.

Recent national health rankings suggest that Minnesota's status as a leader in health is in jeopardy: In overall rankings the state has fallen from first in 2006 to sixth in 2009.¹ Although Minnesota ranks first in outcomes, its ranking in the determinants of health has fallen to seventh. Determinants such as healthy behaviors, socioeconomic conditions and the environment are crucial to outcomes - even more so than actual health care. The trajectory of Minnesota's health ranking suggests that the state is at risk of experiencing further deterioration of population health because of determinants such as tobacco use and obesity.

Other data corroborate the concern. For example, according to the 2007 Behavioral Risk Factor Surveillance System, in Minnesota:

- 38 percent of adults are classified as overweight based on Body Mass Index (BMI), and 25 percent of adults are classified as obese.
- Only 24 percent of adults consume five or more fruits and vegetables per day.
- Only 51 percent of adults get 30 or more minutes of moderate physical activity five days per week.
- 18 percent of adults are current smokers.

¹The American Public Health Association, Partnership for Prevention, & United Health Foundation. (2009). America's Health Rankings. Retrieved from <http://www.americashealthrankings.org/yearcompare/2008/2009/MN.aspx>

As a result, many Minnesotans are at increased risk for chronic diseases such as cancer, coronary heart disease or angina, stroke, diabetes, chronic obstructive pulmonary disease and asthma. These conditions diminish longevity and quality of life and lead to health care costs that are rising unsustainably. Renewed efforts to address these key components of “upstream” healthy behaviors are appropriate.

SHIP Goals and Approach

SHIP addresses these needs through two aims: (1) to reduce the percentage of Minnesotans who use or are exposed to tobacco and (2) to reduce 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. The goals of SHIP are ambitious but achievable. With sustained funding, by 2015 SHIP could move as much as 10 percent of the adult population into a normal weight category and as much as 6 percent of the adult population into a non-smoking category. These reductions in risk factors could result in significant cost savings; the estimated potential savings by 2015 could be as much as \$1.9 billion, or 3.8 percent of projected health care spending without reform.

SHIP builds on the successes of Steps to a HealthierUS (Steps), a federal initiative in four Minnesota communities. SHIP makes a marked departure from traditional individual-based public health prevention programs, because behavior changes that result from programmatic efforts can be difficult to sustain beyond the life of the program. Instead, SHIP focuses on broad, sustainable, evidence-based changes to the policies, systems and environments that exist in schools, communities, worksites and health care systems that will make it easier for people to incorporate healthy behaviors into their daily lives. For example, programmatic approaches to improving school nutrition may include celebrating National Nutrition Month and passing out informational fliers on the benefits of consuming fruits and vegetables. A systems change might include incorporating more fruits and vegetables into food choice options and implementing a policy to restrict the sale of high-fat, low-nutrient foods in vending machines.

SHIP Grant Process

The SHIP Request for Proposals (RFP) was released on Feb. 9, 2009. Applicants were eligible to apply for funds for Phase 1 (Assessment) or Phase 2 (Implementation). Grantees applying for Phase 1 were allowed to transition into Implementation in Oct. 2009, Jan. 2010 or April 2010. All grantees must transition into Implementation within nine months of receiving a SHIP grant. Appli-



cants were also able to submit a Multi-Grantee application in collaboration with other community health boards (CHBs) and/or tribal governments to increase the scale and scope of one or more interventions. SHIP grantees were required to establish Community Leadership Teams and engage their communities in the work of SHIP before they submitted their applications.

The response to the SHIP RFP was strong. The application review process involved internal MDH staff and local, state and national partners, including the Centers for Disease Control and Prevention (CDC). Over 50 people reviewed applications in May 2009. Final funding award decisions were made by the Commissioner of Health after the legislative session.

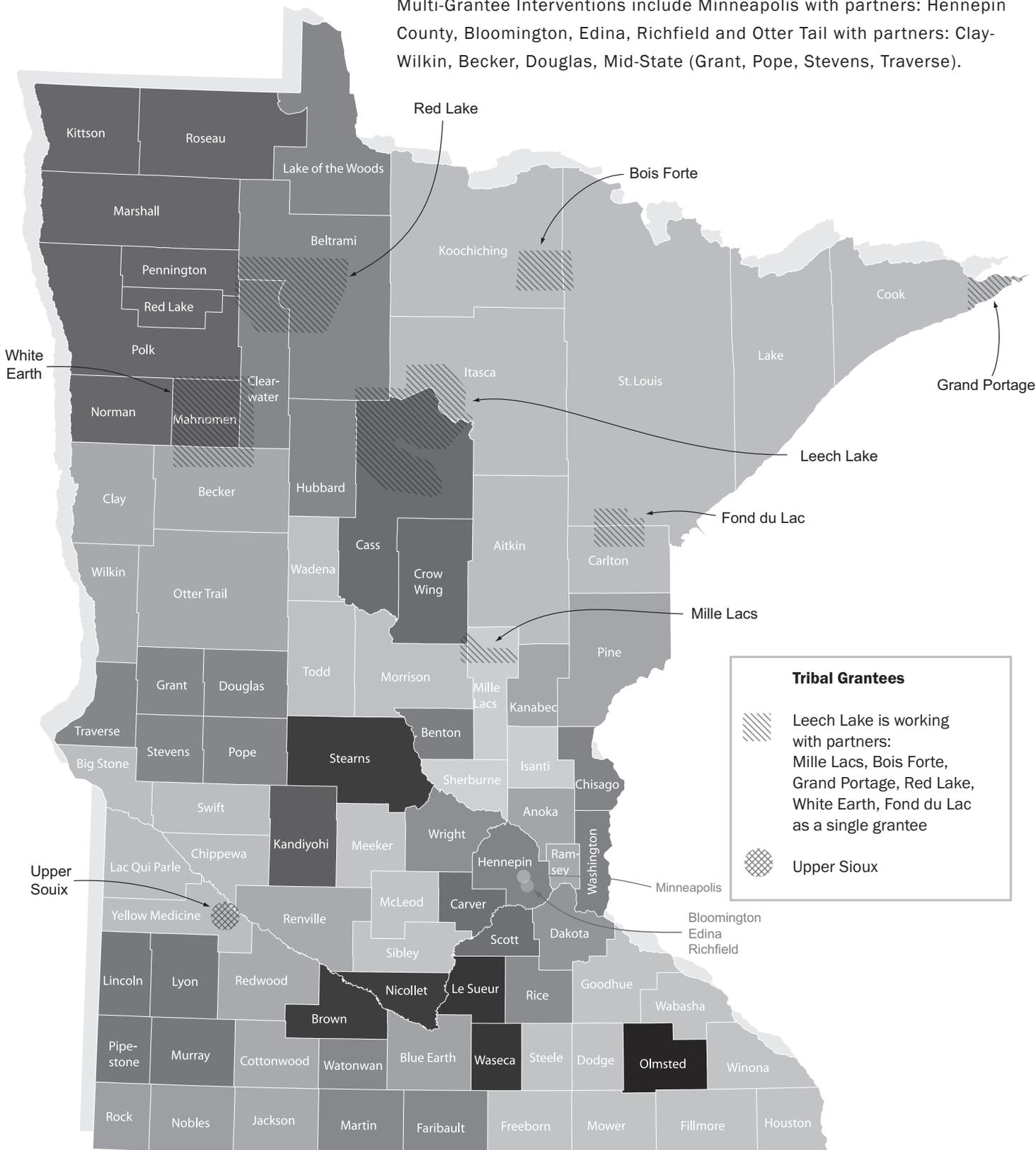
SHIP grants were awarded on July 1, 2009 to CHBs and tribal governments across the state. After a rigorous application and review process, all 53 community health boards and eight of 11 tribal governments in Minnesota applied for and received SHIP funds. Grants were awarded through a competitive process on a per capita basis of \$3.89 per person for a statewide investment of \$20 million in 2010 and a statewide investment of \$27 million in 2011. (Based on the CDC Steps to a HealthierUS model, the CDC estimates a cost of \$3.89 per person per year for comprehensive health interventions that address chronic disease prevention.) In addition, SHIP funds have been used as a vehicle for unprecedented collaboration across the state. Thirty-eight of the state's 53 CHBs and seven of eight SHIP-funded tribal governments are participating in joint SHIP projects. SHIP grantees have harnessed the commitment of well over 600 community partners, including city and county government officials, local parks and recreation officers, hospitals, health insurance agencies, worksites and non-profit organizations.

After receiving SHIP funding, communities across the state have worked to engage their communities to assess their needs around tobacco and obesity. They are building support around these issues; forming and sustaining partnerships with local agencies, organizations and businesses; and implementing strategies in schools, worksites, communities and health care settings. These activities put communities well on track to meet objectives for implementing systems and environmental changes that will lead to decreased tobacco use and exposure and obesity.

There is great enthusiasm, commitment and participation across the state for achieving broad, sustainable changes in population health. Continued investment is essential to furthering this work and helping Minnesotans live longer, healthier lives.

Map of SHIP Grantees

The map below is a visual representation of all 40 SHIP grantees. Shadings indicate multiple counties collaborating as a single grantee. Multi-Grantee Interventions include Minneapolis with partners: Hennepin County, Bloomington, Edina, Richfield and Otter Tail with partners: Clay-Wilkin, Becker, Douglas, Mid-State (Grant, Pope, Stevens, Traverse).





Statewide Health Improvement Program Framework

Purpose

The goal of the Statewide Health Improvement Program (SHIP) is to help Minnesotans live longer, healthier lives by preventing risk factors that lead to chronic disease. SHIP is an expanded version of the federally funded Steps to a HealthierUS model that operated from 2004 to 2009 in four communities in the state – Minneapolis, St. Paul, Rochester and Willmar. The Steps communities are now SHIP communities.

SHIP is intended to:

- Reduce the percentage of Minnesotans who use or are exposed to tobacco.²
- Reduce the percentage of Minnesotans who are obese or overweight.

By targeting the risk factors of tobacco use and exposure and obesity, SHIP is addressing the leading preventable causes of illness and death in the United States.

Legislative Requirements

Per the Laws of Minnesota 2008-Chapter 358, Article 1, Section 1. [145.986] (See Appendix A), SHIP grantees are required to create community action plans that include an assessment of area strengths and needs, proposed action strategies, technical assistance needs and a staffing plan; assemble community leadership teams; establish partnerships; identify 10 percent matching funds; and agree to evaluate progress toward outcomes. To meet the goals of

²The Minnesota Department of Health 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 Report, 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.

SHIP and improve the health of Minnesotans, grantees are implementing policy, systems and environmental change interventions in four settings: schools, community, worksites and health care.

The Minnesota Department of Health is responsible for providing content expertise, technical expertise and training; setting outcomes to support obesity/overweight and tobacco goals; measuring current status of overweight/obesity and tobacco at baseline; conducting a comprehensive biennial statewide evaluation; providing biennial reports to the Legislature; and taking action with grantees should progress not be made.

Focus on Policy, Systems and Environmental Change in Four Settings

SHIP interventions are intended to encourage public health efforts in Minnesota to move toward a focus on policy, systems and environmental changes that will provide a foundation for population-wide change. Long-lasting and sustainable change to tobacco, physical activity and nutrition requires systems change driven by new and improved policies.³ Policy, systems and environmental changes are sustainable and make it inherently easier for individuals to adopt healthier choices than to choose unhealthy options.

SHIP legislation requires that these interventions be evidence-based.

- *Policy interventions* may be laws, resolutions, mandates, regulations or rules. Examples are laws and regulations that restrict smoking in public buildings and organizational rules that promote healthy food choices in a worksite. Policy change refers not only to the enactment of new policies, but also to a change in or enforcement of existing policies.
- *Systems interventions* are changes that impact all elements of an organization, institution or system; they may include a policy or environmental change strategy. Two examples include a school district implementing healthy lunch menu options in all school cafeterias in the district and a health plan implementing a health reminder intervention systemwide. As the Kellogg Foundation states, “the school system, the transportation system, parks and recreation and community design/land use influence the built and physical environment. All of these interdependent systems influence the presence or absence of opportunities to be healthy.”⁴
- *Environmental interventions* involve physical or material changes to the economic, social or physical environment. Examples are incorporating sidewalks, walking paths and recreation areas into community development de-

³W.K. Kellogg Foundation. (2008). Webcast Script: Policy and Systems Change. Retrieved from http://ola.wkcf.org/faf/FFWebcast_FinalScript.pdf.

⁴Ibid

sign or a high school making healthy snacks and beverages available in all of its vending machines. There is growing recognition that the built environment – the physical structures and infrastructure of communities – plays a significant role in shaping health. The designated use, layout and design of a community’s physical structures including its housing, businesses, transportation systems and recreational resources affect patterns of living (behaviors) that, in turn, influence health.⁵

Lessons from Steps communities demonstrate that these changes have the greatest impact when made in the places where people live, work, learn, play and receive health care. Like Steps, SHIP requires grantees to work across four settings: schools, community, worksites and health care.

- *Schools:* Schools are uniquely situated to support healthy behavior of youth. Because school-age children are acquiring lifestyle habits, an environment that supports and models healthy behavior is critical to their becoming healthy, productive adults.
- *Community:* A comprehensive, systematic, coordinated approach to effecting long-term health behavior change by influencing the community and cultural norms is needed, especially efforts that are culturally specific and linguistically appropriate to reach populations of color and American Indians.
- *Worksites:* Comprehensive worksite wellness efforts have been found to be effective in improving employee health risks (e.g. being overweight, lack of physical activity, poor food choices, tobacco exposure and use, stress and alcohol). These changes are typically seen within six to 12 months, yielding a more than 25 percent reduction in sick leave, workers’ compensation and disability costs.⁶
- *Health care:* Health care institutions play a role in the success of health improvement in Minnesota. It is essential that health care providers employ creative, multi-disciplinary and patient-centered approaches, as well as using community resources, in the prevention of obesity and tobacco use and exposure.



Impact and Sustainability

Systems and environmental changes have both impact and sustainability beyond the scope of traditional individual-based programs. Because health behaviors are affected by a wide variety of factors beyond individual motivation and knowledge, the environment in which people live, work, learn and play

⁵Prevention Institute. (2004). *The Built Environment and Health: 11 Profiles of Neighborhood Transformation*. Retrieved from http://preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=114&Itemid=288

⁶Wellness Council of America. (n.d.). *A WELCOA Expert Interview: Larry Chapman, MPH*. Retrieved from http://www.welcoa.org/freeresources/pdf/larry_chapman_qa_092508.pdf



can either support or hinder their ability to adopt healthy behaviors. Systems and environmental changes impact entire populations by targeting physical and organizational structures to support healthy lifestyles. Although these changes support healthy behaviors among all residents, strong efforts are needed to improve the outcomes of populations with the highest rates of obesity and tobacco use (i.e., at-risk/high-risk populations). Using a targeted approach to address the needs of these populations will result in the greatest reduction in risk factors with the available resources.

While programs can lead to health behavior changes in individuals and communities, unless they are formally or informally institutionalized they may not be far-reaching or sustainable over the long term. SHIP interventions are designed to be sustainable and affect a broad segment of the population. For example, programs that provide assistance to individuals who wish to stop smoking affect the individuals who are enrolled in the program; well-established and institutionalized referral systems to such programs affect a much larger segment of the smoking population.

SHIP systems and environmental change work is a long-term process that requires a significant commitment, with the equally significant benefits of more lasting change in schools, communities, worksites and health care settings.⁷ There are several stages of this population change work: 1) engaging the community; 2) assessing the community; 3) developing an action plan; and 4) implementing the action plan. The term implementation is defined as the process of developing, adopting, implementing, enforcing, maintaining and evaluating an intervention.

SHIP Framework

The SHIP Framework (as seen on page 12) provides a logic model for how implementation of systems change can ultimately result in both better health and cost savings. The left-most column describes the resources and investments that fuel the work of SHIP. These inputs, including health agencies, community partners and SHIP funding, are necessary for the completion of the actions that grantees will take to implement SHIP interventions, including community assessment, community engagement and systems change development activities. The outputs that result from these activities include the results of community assessment, engaged communities and comprehensive plans for how grantees will implement systems changes that reduce tobacco use and exposure, improve nutrition and increase physical activity.

⁷ Center for Civic Partnerships. (2003). From Organizational Practices to Public Policies: Local Strategies to Increase Healthy Eating & Physical Activity. Retrieved from <http://www.civicpartnerships.org/docs/publications/PolicyIdeasforCommunityNuPA.htm>.

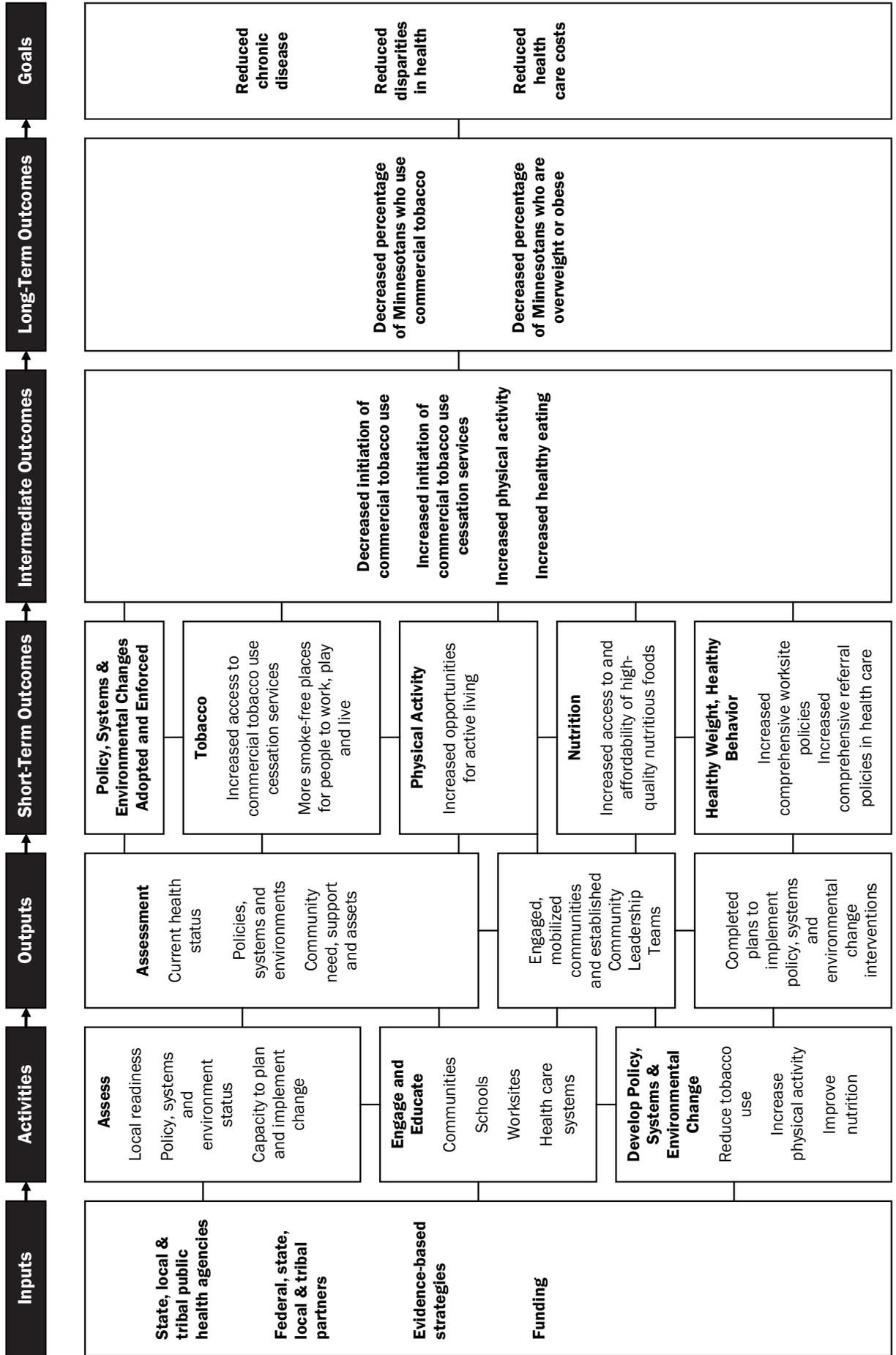
These outputs lead to short-term changes, most importantly, the adoption and enforcement of systems and environmental changes. These short-term outcomes lead to changes in individual health behaviors, including increased cessation and decreased initiation of tobacco use, increased consumption of fruits and vegetables and increased physical activity. Following these intermediate outcomes are long-term outcomes of decreased tobacco use and decreased obesity. Finally, these long-term outcomes lead to the goals of SHIP, which include a reduction in the prevalence and incidence of chronic disease, reduction of social disparities in health and associated reduction in health care costs.

For example, one SHIP intervention aims to increase access to healthy foods through a variety of ways, including designing strategies for farmers markets, community gardens and small-scale food production; working to implement healthy vending practices; and increasing the quality and affordability of healthy foods in convenience stores. These strategies require collaboration among many partners, and grantees must move through numerous steps to implement these changes.

Once these changes are implemented, changes in behavior follow. Evidence suggests that increased access to affordable, healthy foods will lead to increased consumption of healthy foods, which will in turn reduce obesity. For example, after farmers markets or community gardens are created near low-income areas and promoted, individuals' consumption of nutritious foods will increase, which will ultimately reduce obesity.

The logic model depicts a pathway to sustainable behavior change. Multiple reinforcing factors are needed to change people's behaviors. As editors Brian D. Smedley and S. Leonard Syme stated in "Promoting Health: Intervention Strategies from Social and Behavioral Research," a 2000 report from the Institute of Medicine, "It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural and physical environment conspire against such change."

SHIP Framework





Results from Program Development

Achieving systems change is a transformative shift for communities and populations. Because of this, MDH made every effort to help grantees succeed, even before funds were awarded. Planning for SHIP commenced soon after the health reform legislation was signed into law in May 2008. With support from the Centers for Disease Control and Prevention (CDC), staff from the federally funded Steps program (after which SHIP is modeled) was able to dedicate time to create a sound internal planning structure at MDH that included numerous opportunities for input from local, state and national stakeholders.

MDH staff built an infrastructure for SHIP that will serve the program in the years to come. Advisory and work groups whose members represented a broad cross section of staff from MDH, the Minnesota Department of Education, local public health agencies and tribal governments ensured that local-level input was part of the infrastructure development. Important results from this process include:

- The development of a comprehensive *Menu of Interventions*;
- The creation of a system for conducting comprehensive local and statewide evaluation;
- The development of a system for multi-layered technical assistance to grantees;
- The creation of communications tools; and
- The creation of partnerships.

Result: Menu of Interventions

Feedback from Steps communities and local public health representatives on the SHIP work groups indicated a desire for explicit guidance on what work SHIP grantees should engage in. In response, a *Menu of Interventions* (the Menu) was created for both CHBs and tribal governments as part of the Request for Proposals. Grantees were required to select interventions from the Menu to focus their work. Each intervention in the Menu:



- Addresses at least one SHIP risk factor (tobacco, physical activity or nutrition);
- Occurs in at least one SHIP setting (school, community, worksite or health care);
- Is population-based versus individual-based;
- Emphasizes prevention versus individual treatment;
- Addresses policy, systems or environmental change;
- Is evidence-based or practice-based; and
- Has associated evaluation outcomes.

All interventions selected to be included in the Menu underwent a rigorous review process conducted by MDH and multiple stakeholders, such as representatives from the CDC, health care providers, non-profit organizations, legal organizations, various cultural groups, University of Minnesota and Extension Services, local public health agencies, tribal governments and other state government agencies. All reviewers provided expertise from the national, state and local perspective on obesity and tobacco prevention.

To provide applicants with detailed information about how to effectively implement and evaluate each SHIP intervention, both CHB and tribal government versions of the *Guides to Implementing and Evaluating Interventions* (the Guides) were made available on the SHIP Web site (<http://www.health.state.mn.us/healthreform/ship/implementation/index.html>). The Guides include detailed information for each intervention including a description, recommended partners, key action steps, key process and outcome evaluation measures, resources and evidence.

Grantees were required to select a minimum of four interventions, including at least one in each of the four settings (schools, communities, worksites and health care settings). Of the selected interventions, at least one needed to address tobacco and at least one needed to address obesity. This requirement helps ensure a more comprehensive approach that will strengthen the potential impact within SHIP communities.

Result: Comprehensive Statewide Evaluation

To measure the impact of grantees' interventions and SHIP overall, MDH created a system for statewide evaluation. Evaluation of the planning, implementation and effects of systems change to reduce obesity and tobacco use and exposure is a key component of SHIP. SHIP evaluation aims to measure progress toward the primary SHIP goals of reducing obesity and tobacco use and exposure and containing health care costs.

SHIP evaluation has a multi-pronged approach. Measured outcomes will provide information about (1) activities that move local communities toward

the systems and environmental changes that are proven to reduce tobacco use and exposure and obesity, (2) the actual systems and environmental changes taking place in communities, (3) individual health behaviors linked to tobacco use and exposure and obesity, (4) risk factors of tobacco use and exposure and obesity and related chronic disease and (5) health care costs.

SHIP evaluation is divided into two main parts: surveillance and evaluation of systems change. MDH has responsibility for SHIP surveillance activities, focusing on broad trends in systems and environmental change, health behaviors and health care costs. SHIP surveillance brings together multiple sources of data. Systems change data come from the local public health reporting system; data on individual health behaviors and risk factors of obesity and tobacco use come from the Behavioral Risk Factor Surveillance System and the Minnesota Student Survey; and cost data come from utilization of health care services. Evaluation will also assess the impact on disparities from a statewide perspective.

SHIP grantees have responsibility for local evaluation of systems changes, and MDH will take responsibility for synthesizing the local evaluations of all grantees at the state level. Grantees are required to submit interim and annual evaluation reports on their progress. These documents are designed to evaluate the implementation of systems changes from start to finish, as well as the individual health behavior changes and health outcomes that result from implementation of SHIP interventions. Eight weeks after their implementation start date, grantees are required to submit an Evaluation Plan that outlines how evaluation of each of their chosen SHIP interventions will occur; follows a set of Key Evaluation Steps provided by MDH; and includes the measurement of Recommended Outcomes that are linked to each SHIP intervention. MDH then works with each grantee to finalize their Evaluation Plan to ensure rigorous evaluation of key benchmarks and outcomes.

On a broader scale, MDH is working to normalize a systems change approach to reducing tobacco use and exposure and obesity, and also to public health practice more generally. MDH has worked to incorporate regular reporting on systems change into the local public health reporting system. MDH is the only state supported by the CDC to pilot-test federally endorsed measures of policy, systems and environmental change strategies to reduce obesity (e.g., Recommended Community Strategies and Measurements to Prevent Obesity in the United States). This addition to Minnesota's existing public health reporting system will allow for annual collection of information about policy, systems and environmental change efforts to reduce obesity and tobacco across the state; it will also build capacity in communities to work with partners across the community to keep abreast of SHIP-relevant activities.

Moving forward, MDH will work to provide grantees with the assistance they need to produce high-quality evaluation that documents progress towards key

goals. MDH is implementing regular check-in meetings to discuss grantees' performance toward meeting designated benchmarks. Should grantees fail to meet these benchmarks, MDH will work with the grantee to modify activities to meet the goals of each intervention. If grantees do not meet outlined expectations, MDH will terminate grant funds.

Result: Statewide Technical Assistance System

MDH has created a statewide technical assistance system to facilitate the successful implementation of a comprehensive, integrated health improvement program. This involves assisting community health boards and tribal governments as they develop capacity and implement system change at the local level. MDH has assembled a team of experts from the department, as well as the Minnesota Department of Education, to provide assistance to grantees.

MDH technical assistance to grantees involves planned trainings, responsive technical assistance, guidance documents and peer-to-peer technical assistance. Extensive technical assistance began as early as during the grant application process, when MDH offered a webinar, a videoconference, several conference calls and a two-day conference with national experts that nearly 300 people attended.

MDH has held planned trainings on community assessment, evaluation and systems change led by SHIP staff and content experts within MDH. SHIP grantees also had the opportunity to participate in a nationally recognized training presented by the CDC and the University of North Carolina School of Public Health. This two-day cutting-edge, interactive training is designed to build capacity to create and enforce systems change at all stages within local public health agencies and tribal governments. SHIP grantees have also been invited to participate in additional trainings sponsored by partner organizations.

SHIP staff has also provided responsive technical assistance by responding to more than 500 phone and e-mail technical assistance requests from grantees since July 2009. These requests covered topics from evaluation to communications. SHIP staff responds to all requests received via phone or e-mail within 48 hours. SHIP staff has participated in site visits (including presentations to engage and educate communities about SHIP), attendance at Community Leadership Team meetings, and intensive training of local SHIP staff and Community Leadership Teams.

In response to requests from several grantees for peer-to-peer technical assistance, MDH has provided guided networking opportunities through Grantee Connect Calls in areas such as worksite wellness, school initiatives, healthy eating, communications and evaluation, during which grantees share successes, troubleshoot for upcoming action steps and ask questions. These network-



ing calls are facilitated by SHIP staff and community partners who are experts in the subject area of the call.

Result: Communications Tools

Lessons learned from the Steps communities indicated a need for consistent messaging from MDH about SHIP. To communicate with SHIP grantees and convey expectations and assistance, MDH created the *SHIP Log*, a bi-weekly e-mail communication that is sent to all SHIP grantees, SHIP partners and internal MDH staff. The *SHIP Log* contains information on grants management; technical assistance and training opportunities; policy, systems and environmental change; communications; and other resources and information relevant to grantees.

SHIP staff also developed a SHIP logo that can be used by grantees to clearly identify activities that are funded by SHIP. This logo also connects SHIP to the other 2008 health reform law components being implemented as part of Minnesota’s Vision for a Better State of Health.

Other communication vehicles include the SHIP Web site, which is one section of the overall health reform site hosted by MDH. This Web site is continuously updated with information for the general public, as well as resources for SHIP grantees. It contains information such as fact sheets and PowerPoint presentations that are relevant for grantees.

Result: Partnerships

Partnerships at both the state and local level were key in the successful planning and initial implementation of SHIP and continue to be a valuable and essential component. Partnerships not only facilitate collaboration, but also ensure SHIP adds value rather than duplicating other efforts.

MDH meets regularly with external organizations working on all SHIP risk factors and settings including health care, schools, worksites and the community. For example, staff members from the American Lung Association of Minnesota (ALA) are experts in the field of tobacco prevention, cessation and creating tobacco-free environments. This type of partner will play an important role in training and providing guidance to SHIP grantees. Several grantees are working in partnership with these organizations to assist them in their diverse needs and areas of Minnesota.

SHIP is working with businesses across the state to reduce obesity and tobacco use and exposure. First, local businesses of all sizes sit on grantees’ Community Leadership Teams; these Teams provide guidance, direction and oversight



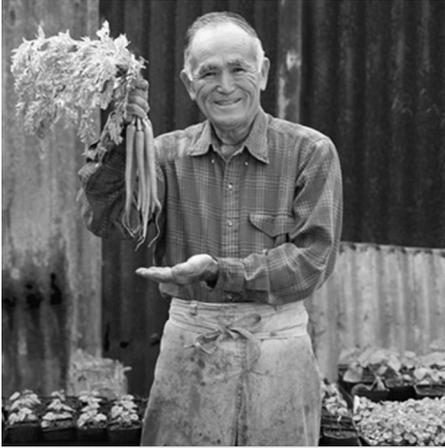
to grantees' efforts. Second, grantees are working with businesses and employers to collaboratively design and implement comprehensive worksite wellness initiatives designed to improve employees' health. Third, MDH has asked representatives from the business community to provide leadership and vision for the entire SHIP initiative through participation on the State Leadership Team.

A productive and important partnership has also been developed in the health care sector between MDH and the Institute for Clinical Systems Improvement (ICSI). SHIP, local public health and ICSI are working together to develop a hybrid model of quality improvement that will best meet the needs of local public health grantees working with health care providers on SHIP.

MDH has developed partnerships with key organizations invested in improving the school nutrition environment. For example, MDH is working with the Institute for Agriculture and Trade Policy (IATP) and the Minnesota School Nutrition Association (MSNA) to help build the capacity of school food service personnel in providing healthy food options in schools.

MDH and SHIP grantees have also benefited tremendously from the partnership with the CDC. The CDC has conducted site visits, is in regular communication by phone and e-mail and provided the solid research foundation for the SHIP interventions.

MDH has met extensively with these partners not only to ensure there is no duplication of funds and efforts but also to determine how to strengthen the overall endeavor to reduce obesity and tobacco use and exposure in Minnesota. SHIP provides a unique opportunity to bring players on the local, state and national stage together to build on each other's strengths and resources. The energy created by these partnerships adds breadth and depth to the potential impact of SHIP.



Early Results from SHIP Communities

In order to reduce obesity and tobacco use and exposure, grantees are expected to implement systems change work through four overarching steps. SHIP grantees must:

- Engage their communities around the need to reduce obesity and tobacco use and exposure, as well as the systems change approach.
- Assess their community need, support and assets for engaging in this type of work.
- Develop specific, detailed action plans for each SHIP intervention.
- Execute their action plans for each SHIP intervention.
- Meet key benchmarks to demonstrate they are making adequate progress toward the system changes outlined in the SHIP *Menu of Interventions*.

In turn, these changes will lead to improved health behaviors, including increased physical activity, improved nutrition, decreased initiation of tobacco use and increased cessation of tobacco use.

In the brief time since funding was awarded, SHIP grantees have made remarkable progress toward achieving key outcomes. As demonstrated in the SHIP Framework, grantees' activities will move them toward reducing tobacco use and exposure and obesity and will ultimately reduce the burden of chronic disease and contain rising health care costs.

SHIP is modeled on the Steps to a HealthierUS initiative, a federally funded program that aims to reduce the burden of diabetes, obesity and asthma through increasing physical activity, improving nutrition and reducing tobacco use and exposure. In Minnesota, four Steps to a Healthier Minnesota communities – Minneapolis, St. Paul, Rochester and Willmar – received federal funding for this work between 2004 and 2009.

These four Steps communities have now become SHIP grantees. Because they have been working at SHIP-style interventions for a longer period, they have already had results that show tremendous promise. The results from Steps communities are indications of the results that will emerge statewide as all SHIP communities replicate

Steps successes.

Both the Steps communities and newer SHIP grantees have produced early results. They include:

- Evidence of health impact;
- Community engagement;
- Community assessment; and
- Implementation of interventions.

From Steps to a HealthierMN to SHIP: Evidence of Health Impact

When the Steps to a HealthierMN grant was first awarded in 2004, the CDC directed the Steps communities to encourage small-scale behavior changes that reduced chronic disease. In 2006, halfway through the Steps program, emerging research led to a change in direction for the Steps program. Steps communities were required to shift their attention from small-scale behavior changes to higher-impact policy, systems and environmental change initiatives based on the rationale that systems changes would result in broad population impact and sustainable improvement in health. This shift in direction represents a sea-change in the way that work in public health – especially as related to obesity – has been done for many years.

Steps communities have risen to the challenge of implementing systems changes in communities, schools, worksites and health care settings. Over the past three years, these communities have made significant strides in implementing these changes and have had marked success.

Promising results have emerged with respect to community nutrition. Across the state, between 2005 and 2007, the percentage of adults in Minnesota who consumed five or more servings of fruits and vegetables per day declined by more than 5 percentage points, from 25.5 percent to 19.4 percent. However, for a similar time period, Rochester saw a nearly 8 percentage point increase in the proportion of adults who are meeting this guideline, from 22.5 percent to 30.4 percent. In the other three Steps communities, the percentage of individuals meeting the recommendations for fruit and vegetable consumption did not decline as it did for the rest of the state.

Other highlights from Steps communities include:

- In Willmar, every school in the Willmar School District implemented Farm to School initiatives. Farm to School initiatives increase student consumption of locally grown fruits and vegetables by incorporating healthy food from local farms into school meals. This approach helps children understand where their food comes from, as well as how their food choices impact their bodies, the environment and their communities. The Farm to School's multifaceted approach positions the program for systems-level change that



supports students' consumption of healthy foods.

- Minneapolis worked on an initiative to improve access to and consumption of locally-grown healthy foods in underserved areas. To do this, they worked to make Minneapolis farmers markets sustainable and replicable across Minneapolis' communities through systems-level change. For example, a new less expensive and faster licensing process for mini markets was approved by the City Council. Steps also supported the implementation of new mini-farmers markets in community centers in low-income and immigrant neighborhoods, large neighborhood churches and apartment complexes with a high proportion of low-income tenants.
- St. Paul dedicated time and resources to Active Living Ramsey County, a coalition that strives to create and promote environments that make it safe and convenient for Ramsey County residents to be more physically active. The premise is that a built environment that encourages walking, bicycling and using recreational facilities will help more people meet the federally-designated recommendations for physical activity. Through projects like Pathways to Health, which created corridors to provide a physical environment to encourage walking in two St. Paul neighborhoods, Active Living Ramsey County in partnership with Steps has begun to change the landscape of Ramsey County to encourage increased physical activity.
- Rochester became the first city in Minnesota to implement a Complete Streets Policy. The policy seeks to increase physical activity for community residents by enhancing safety, access and convenience for users of all ages and abilities including pedestrians, bicyclists, motorists and users of public transportation.

Many of the systems changes that have been fully implemented by the Steps communities have been very recently put into place. With sustained efforts, this work will lead to increased healthy eating and physical activity in all the Steps communities and will ultimately lead to reduced obesity and tobacco use. These Steps communities have now transformed into SHIP communities and will continue their efforts. Moreover, as the rest of the SHIP communities implement the same types of changes, the promising results seen in the Steps communities will be expanded statewide.

Early Results from Grantees: Foundations to Replicate Steps Success

In the first six months of SHIP funding, Minnesota has seen results across the spectrum of implementation, from initial work with community engagement in communities that have not done this type of work in the past to implementation of systems changes in communities that have a strong prior history of this type of work.

Community Engagement

Seven tribal governments - Leech Lake, Red Lake, Mille Lacs, White Earth, Grand Portage, Bois Forte and Fond du Lac - formed a 13-member Community Leadership Team called Maawanji'idiwag (Coming Together). It is a unique collaboration of sovereign nations to leverage their collective experience and assets to conduct public health or any other type of community work. These tribal governments have expressed great enthusiasm for collaborating on SHIP. Each tribal government convenes a tribe-specific Local Community Health Team, and representatives of the team come together through Maawanji'idiwag to direct SHIP work.

Minneapolis has intentionally designed its SHIP interventions to address the needs of at-risk/high-risk populations. For example, one part of Minneapolis' work focuses on changing the policies, systems and environments around multi-unit public housing buildings in North Minneapolis that are home to American Indians, African and other immigrant populations, and low-income residents who are at increased risk for adverse health outcomes. This work will focus on voluntary smoke-free multi-unit housing policies, healthy vending practices at multi-unit properties and shared use policies to increase access to community-based opportunities for physical activity.

Result: Community Engagement

Bringing people together and building commitment to systems change approaches to reducing tobacco use and exposure and obesity is a fundamental component of SHIP success. Community engagement efforts improve connections between individuals, schools, community associations, businesses and churches, which in turn creates greater community support and commitment. Through community engagement efforts, residents will feel involved with community activities and decisions and will be able to explain or interpret them positively to others, thus improving outreach. Creating connections with community groups will help demonstrate that community participation is valued and that all views will be considered. Because of these benefits, effective community engagement is essential for long-term, sustainable SHIP success.

A cornerstone of SHIP is community engagement through the SHIP Community Leadership Team. Most systems change work cannot be accomplished by health departments alone and requires strong partnerships with a variety of traditional and non-traditional partners. For example, in Olmsted County, a broad variety of partners have come together, including representatives from IBM, Mayo Clinic, the Rochester Athletic Club, the Rochester Area Chamber of Commerce and Rochester Public Schools. Washington County has brought together partners including the Woodwinds Health Campus, Stillwater Schools, the City of Cottage Grove and Andersen Corporation. (See Fact Sheets in Appendix B for more detail).

These are examples of the Community Leadership Teams that each grantee is required to create to direct the work of its SHIP initiative. This team must include representatives from school, community, worksite and health care settings; representatives who work on issues relevant to tobacco, obesity, physical activity and nutrition; community leaders; business owners and other stakeholders that are important for SHIP work. During the grant period, grantees worked to coalesce and utilize the expertise and perspectives of the Community Leadership Teams. These Community Leadership Teams have emerged as especially important for grantees that are bringing together multiple counties or tribes to carry out SHIP work that is unified across their communities. Many grantees with more than one county use Local Partnership Teams to ensure adequate representation at the county or tribal level and then utilize the Community Leadership Team to provide direction, oversight and efficiency in decision-making.

A final important aspect of community engagement is the inclusion, support and participation of all population groups within the community. SHIP grantees are required to address the outcomes of those populations that have greatest prevalence of tobacco use and obesity. It is by targeting these at-risk/high-risk populations that the greatest impact will be achieved. For the purposes of SHIP, at-risk/high-risk populations are groups of individuals that experience negative

disparities in the social determinants of health, quality of life and/or health outcomes. Examples include disparities related to race, ethnicity, economic status, age, sex, disability and geographic location. In their community engagement activities, grantees have worked to cement community support and address the needs of these populations.

Result: Community Assessment

Community health boards and tribal governments have spent a portion of the grant period conducting assessment activities. These grantees received assessment grants. By fully engaging in community assessment, grantees have been able to gain a broad base of support for their SHIP work, gauge the areas in which their communities have greatest need and in which they could make the greatest impact, and create long-lasting, sustainable changes that reduce tobacco use and exposure and obesity.

Grantees that received assessment funds transitioned (or will transition) into implementation work once they have achieved the following outcomes:

- Assessed community needs, assets and support related to systems-level change around tobacco use and exposure and obesity;
- Selected SHIP interventions based on the results of the community assessment; and
- Developed specific action plans that outline how the grantee will implement interventions.

Grantees who received funds for assessment activities have accomplished a great deal during the initial six months of SHIP funding, in many cases exceeding benchmarks of progress designated by MDH:

- **Capacity building.** Local communities have made remarkable strides in their knowledge and understanding of what systems-level change can accomplish by becoming well-versed in the rationale for doing this work, strategies for effectively doing this work and the impact of this work on the population.
- **Leveraging existing efforts.** Across the state, numerous efforts have relied on programs targeted at individuals to make small-scale behavior changes aimed at reducing tobacco use and exposure and obesity. Grantees are working to build upon this base of prior work to implement SHIP interventions more effectively and efficiently by using their community support, local commitment and existing partners to shift toward a systems change approach.
- **Prioritization of need.** Assessments are essential to uncover the areas of greatest need – and the areas where greatest potential impact may occur – and help communities prioritize where they should concentrate their initial efforts. Grantees have used the results of their assessments to prioritize

Community Assessment

Douglas and Grant-Pope-Stevens-Traverse (Mid-State CHB) have worked to complete their community assessment by conducting the following: 14 key informant interviews with local elected officials, health care facility leaders, employers and other community members; a Web-based survey of school staff across the five-county region; six focus groups; and team meetings to gather information from the Community Leadership Team. Their assessment has suggested that community members are very interested in addressing the long-term consequences of obesity. However, greater attention must be given to highlighting the importance of a systems-level approach versus an individual-based programmatic approach to reducing tobacco use and exposure and obesity to bolster community support. Interventions that focus on supporting parents and families have the most support and traction in the community. This grantee has moved forward with intervention selection based on the findings revealed through the community assessment.

and select interventions from the SHIP *Menu of Interventions* and have developed action plans to implement evidence-based strategies in their schools, communities, worksites and health care settings.

- **Regional collaboration for data collection.** Grantees working on assessment have noted the need for high-quality, region-specific data that will help them estimate baseline prevalence rates for obesity, tobacco use and health behaviors such as physical activity and nutrition and track the long-term impact of their SHIP work. To this end, two SHIP grantees are facilitating region-wide collaborative efforts among a number of counties to implement surveys that establish baseline estimates for health behaviors and the risk factors of obesity and tobacco use. Six counties in the metropolitan area are working together on one survey, and 19 counties in the southwest and south central areas of the state are working on another survey. These surveys are expected to be in the data collection phase in spring 2010.

Result: Implementation of Interventions

As of Jan. 1, 2010, 33 out of 40 grantees are working on SHIP implementation. They have achieved the following outcomes:

- Revised and solidified action plans to implement systems change strategies in their schools, communities, worksites and health care settings.
- Confirmed primary sites for the implementation of each intervention and designated sites for expansion after initial success.
- Completed evaluation plans, identified outcome measures and designated key benchmarks to measure progress toward goals.
- Began work on intervention action plans, including work on intervention-specific assessment to get additional details on the needs of specific sites.

Many grantees have worked to implement complementary interventions when their community assessment indicated this approach would yield greater results and the capacity of their agency allowed it. For example, a number of grantees have chosen to implement both physical activity and nutrition in the school setting within the same schools or districts. This takes a comprehensive approach to addressing the two key health behaviors that contribute to obesity. In addition, the majority of grantees have never had funding to work specifically on obesity reduction through physical activity and nutrition interventions; the high level of need and the lack of systems-level work in this area has made it a priority for many grantees.

Early results from selected interventions addressing tobacco use and exposure, physical activity, healthy eating and comprehensive approaches have shown promise. These interventions are designed to address the following:

- Tobacco use and exposure;

- Active living;
- Healthy eating;
- Healthy weight, healthy behavior: comprehensive worksite wellness;
- The health care setting.

Tobacco Use and Exposure Interventions

Tobacco use is the leading cause of preventable death, and exposure to environmental tobacco smoke is a preventable cause of significant morbidity and death among non-smokers. SHIP interventions include a focus on creating tobacco-free sites, leading to reduced exposure to secondhand smoke for individuals using these spaces. With limited exposure to environmental tobacco smoke, fewer individuals will begin using tobacco and more individuals will seek to stop using tobacco. SHIP interventions also aim to intervene at this time by connecting students, employees and patients to cessation services that help smokers stop using tobacco.⁸

One area that has emerged as a high priority among a number of SHIP grantees is reducing tobacco use and exposure on campuses of post secondary institutions. According to the 2007 Minnesota Adult Tobacco Survey, approximately 28 percent of Minnesotans ages 18-24 are smokers, and this rate exceeds that of other age groups. Currently, 37 college campuses across the state have committed or will be approached to encourage participation in tobacco-free post secondary school campuses.

In addition, six grantees are working on interventions that connect students, faculty and staff at post secondary institutions with cessation services. Currently, 25 college campuses are committed to connecting students with cessation services intervention. Four grantees are working to both implement tobacco-free campus policies and connect students, faculty and staff to cessation services. Because offering cessation resources helps make the transition to tobacco-free environments a successful one, these grantees are poised to make an even stronger impact on tobacco use and exposure. These figures are initial estimates; as more grantees confirm their action plans and expand their work, the reach and impact of these interventions will increase.

Active Living Interventions

Active living allows for the integration of physical activity into daily routines such as walking or biking for transportation or recreation or using community,

Tobacco Use and Exposure

Carlton-Cook-Lake-St. Louis and Aitkin-Itasca-Koochiching are working to implement tobacco-free policies on 13 post-secondary campuses in four counties, including Lake Superior College and University of Minnesota – Duluth, College of St. Scholastica, Duluth Business University, Cosmetology Careers Unlimited, Hibbing Community College, Mesabi Range Community & Technical College, Itasca Community College, Vermilion Community College, Rainy River Community College, Fond du Lac Tribal and Community College and North Shore Campus. Through SHIP, this grantee will work to monitor enforcement on campuses that already have a tobacco-free policy and promote the adoption of strong policies on campuses that currently do not have a policy.

⁸Osinubi O.Y.O., Sinha S., Rovner E., Perez-Lugo M., Jain N.J., Demissie K., & Goldman M. (2004). Efficacy of Tobacco Dependence Treatment in the Context of 'Smoke-Free Grounds' Worksite Policy: A Case Study. *American Journal of Industrial Medicine*, 46, 180-187.



Active Living

St. Paul – Ramsey has collaborated to help six schools become pilot sites for revising the physical education curriculum to emphasize more active physical education classes. Currently, many physical education classes do not spend enough minutes in moderate or vigorous activity to meet physical activity guidelines. SHIP staff met with 10 physical educators from six pilot schools on the quality physical education initiative. All physical education instructors at these schools have completed (or are completing) action plans to increase the average minutes of active physical education per class and to increase quality instruction in the gym. In addition, approximately 20 physical education instructors participated in a workshop on increasing physical activity and best practices in middle school physical education.

school or worksite recreation facilities. The CDC offers evidence that certain initiatives – including the creation of access to places for physical activity, street-scale urban design and land-use policies and practices and community scale urban design and land-use policies and practices – lead to increased physical activity among individuals.⁹ SHIP interventions facilitate greater opportunities for physical activity because of land-use design, safety, affordability and other factors.

Active schools, active communities and active worksites are created by increasing opportunities for non-motorized transportation, such as walking or biking; increasing opportunities for individuals to access recreational facilities; and increasing the quality and time that children spend in physical activity in schools and child care settings. After SHIP active living strategies are implemented, individuals experience greater opportunities for physical activity because of land-use design, safety, affordability and other factors. Access to these opportunities leads to increased physical activity, which ultimately leads to reduced obesity.

Thus far, 18 grantees have secured commitment from at least 51 school districts to implement policies and practices that create active schools. Further, at least five school districts are working on implementing quality school-based physical education. Many of these school districts are also working on nutrition interventions; working comprehensively on both physical activity and healthy eating interventions will achieve greater impact on obesity. Additionally, at least 20 alternative and charter schools in Minneapolis are working on both nutrition and physical activity interventions.

In the community setting, 27 grantees have chosen an intervention that works toward creating active communities through increasing opportunities for walking and biking transportation and increasing access to community recreational facilities. This was the most commonly chosen SHIP intervention, indicating great need and support for this type of work across diverse communities in the state. Thus far, these interventions are being implemented in 132 cities. Finally, eight grantees are implementing policies and practices that support physical activity in licensed child care and pre-school settings. These figures are initial estimates; as more grantees confirm their action plans and expand their work, the reach and impact of these interventions will increase.

⁹ Centers for Disease Control and Prevention. (n.d.). Guide to Community Preventive Services. Environmental and Policy Approaches: Street-Scale Urban Design and Land Use Policies & Practices. Retrieved from www.thecommunityguide.org/pa/environmental-policy/streetscale.html.

Healthy Eating

Olmsted County is expanding on its success with community gardens in Rochester and has engaged community members regarding the implementation of neighborhood gardens in small communities. The small communities are establishing task forces that will be responsible for continued planning of the neighborhood garden projects. At this time, at least one neighborhood garden will be established in the cities of Byron, Eyota, Oronoco and Stewartville, and two additional gardens will be planted in the city of Rochester.

Bloomington-Edina-Richfield is working to increase access and affordability of healthy foods for community residents, especially their New Americans, low-income individuals, persons with disabilities and senior citizens, all of whom are at increased risk for adverse health outcomes. To understand and develop plans for overcoming barriers to farmers market usage for at-risk/high-risk groups, Bloomington is locating and mapping the fresh food outlets (e.g., food markets with limited produce, supermarkets and farmers markets) and public transportation routes according to the percent of population living under the poverty line. The maps that have resulted from this work will be used by the City of Bloomington to identify areas that need greater access to fresh fruits and vegetables.

Healthy Eating Interventions

Poor nutrition contributes to a wide variety of chronic conditions including obesity, cancer, diabetes, heart disease and stroke. The Surgeon General advises Americans to eat plenty of fresh, healthy, unprocessed foods like fruits, vegetables and whole grains for optimal health. Although individuals make their own behavior choices, the systems under which we live greatly influence our food choices. Many people do not have easy access to healthy foods and many more are unaware of the nutritional content of the ready-to-eat foods that are available to them. The lack of access to affordable, healthy foods is linked to a higher incidence of obesity, diabetes and other related health problems.¹⁰

SHIP interventions offer grantees a variety of ways to implement changes to improve access to nutritious foods such as fruits and vegetables in schools, communities and worksites, from healthy lunch and snack policies in schools to increasing the number of farmers markets and access to these markets through design and transportation policies to providing information about the nutrition content of foods. As communities implement these and other healthy eating strategies, individuals will have increased exposure and access to healthy foods.

Thus far, 24 grantees have secured commitment from 110 school districts to implement comprehensive nutrition policies in schools. Twelve grantees are taking a comprehensive approach toward obesity reduction in schools and are working on both physical activity and nutrition interventions. Schools are working on many aspects of healthy eating, including school gardens, Farm to School initiatives, healthy vending policies and healthy fundraising.

Twenty grantees have chosen community healthy eating initiatives. They are working in several venues including foster care sites, multi-unit properties, convenience stores, community gardens, farmers markets, park vending, restaurants and coffee shops. Thus far, these interventions are being implemented in 39 cities.

Seven grantees have chosen to implement healthy eating policies and practices in child care settings. Thus far, these grantees have provided the evidence-based Learning About Nutrition through Activities training or similar evidence-based trainings and technical assistance to a total of 427 child care providers. These figures are initial estimates; as more grantees confirm their action plans and expand their work, the reach and impact of these interventions will increase.

¹⁰U.S. Department of Health and Human Services. (2001). The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity. Retrieved from <http://www.surgeongeneral.gov/topics/obesity/calltoaction/CalltoAction.pdf>



Comprehensive Worksite Wellness

Meeker-McLeod-Sibley currently has commitment from 10 worksites across three counties to implement comprehensive worksite wellness initiatives, including: Towmaster, Custom Cab, Econofoods, Minnesota Rubber, Michael Foods, Sibley County, Sibley Medical Center and Clinics, City of Gaylord, McLeod County Employees and the Schoenberger Dental Clinic. SHIP staff is actively inviting additional worksites. The Litchfield Chamber of Commerce representative who sits on the Community Leadership Team has become very involved in this intervention and has volunteered to collaborate with additional worksites to ensure commitment to the intervention.

Healthy Weight, Healthy Behavior: Comprehensive Worksite Wellness Interventions

Comprehensive worksite wellness efforts improve employee health risks, including obesity, lack of physical activity, healthy eating, tobacco use, alcohol use and stress. These changes can yield more than 25 percent reduction in sick leave, health plan, workers' compensation and disability costs. Worksite wellness initiatives that focus on healthy eating and physical activity behaviors effectively lead to reduced body weight among employees.¹¹ A worksite wellness effort can help employers manage the cost of health care, benefits and insurance by providing a positive return on investment: Studies suggest that the annual return on investment for worksite wellness initiatives has been a median of approximately \$3 to \$6 saved for every \$1 spent.¹²

The SHIP comprehensive worksite wellness intervention emphasizes tobacco use, physical activity and healthy eating. Employers might link their employees to cessation services, offer cessation benefits as part of their employer-sponsored health insurance and implement tobacco-free grounds. In addition, they might increase access to worksite recreational facilities or allow paid time during the workday for physical activity breaks. Further, they might implement Farm to Work initiatives, healthy meeting and vending policies and healthy catering policies.

Twenty grantees are implementing the comprehensive worksite wellness initiative. Currently, over 161 separate worksites have committed or will be invited to participate in this initiative. These worksites include businesses of all sizes, as well as city and county government and school worksites. These figures are initial estimates; as more grantees confirm their action plans and expand their work, the reach and impact of these interventions will increase.

Health Care Setting Interventions

To improve the health of Minnesotans and contain health care costs, it is critical that Minnesota's health care systems make reducing obesity and tobacco use a top priority. Health care providers can promote the development and maintenance of healthy lifestyle behaviors by encouraging individuals to maintain healthy eating habits, participate in physical activity on a regular basis, avoid the use of tobacco products and limit exposure to secondhand smoke. Health care professionals can also advocate for change in their communities and enhance government, media and industry efforts.

One SHIP intervention in the health care setting focuses on the implementa-

¹¹ Chapman, L.S. (2005). Meta-Evaluation of Worksite Health Promotion Economic Return Studies: 2005 Update. *American Journal of Health Promotion*, 19(6), 1-11.

¹² Goetzal, R.Z., Juday, T.R., & Ozminkowski, R.J. (1999). What's the ROI? A Systematic Review of Return on Investment Studies of Corporate Health and Productivity Management Initiatives. *Association for Worksite Health Promotion's Worksite Health*, 6, 12-21.

tion of evidence-based guidelines for obesity and primary prevention of chronic disease. Currently, there are grantees working across large geographic regions and with the Institute for Clinical Systems Improvement (ICSI) to move toward implementation of this intervention. For example, Minneapolis, Hennepin County and Bloomington-Edina-Richfield have developed a strategy for working together on this intervention, drafted a list of community clinics to be approached for participation, developed a toolkit to provide to clinics interested in implementing this intervention and outlined the intervention process to take place in each participating clinic. Clay-Wilkin, Becker and Otter Tail are facilitating the work of four clinics and one medical system to support implementation of the ICSI guidelines. Staff from these organizations have attended a training led by ICSI staff and will begin forming collaboratives jointly with SHIP staff to determine the best way to implement the guidelines in their clinics/systems within the next few months.

Twenty-three grantees are working with health care providers to refer patients to community resources related to obesity and tobacco use cessation. Many clinics and hospitals around the state have already agreed to work with SHIP grantees on this intervention. Grantees have begun building inventories of community resources that clinicians can refer patients to in their geographic area.

Grantees such as Isanti-Mille Lacs are working with hospitals and clinics in their counties to adopt tobacco-free grounds policies. Also, in western Minnesota, a nine-county region led by Otter Tail County has begun implementing the Golden Start Breastfeeding Initiative. This effort entails public health staff training pediatric nurses at hospitals and clinics across the nine counties to 1) promote the health benefits of breastfeeding to expectant and new mothers; 2) help the facilities develop and implement breastfeeding policies which will address staff education requirements and patient care recommendations; and 3) assist hospitals with the beginning steps of becoming Baby-Friendly Hospitals and Public Health agencies to become Breastfeeding Friendly Public Health Departments.

Conclusion

Although MDH awarded the SHIP grants only six months ago, the early results show great promise. SHIP grantees have successfully laid the groundwork to achieve the sustainable, systemic changes across the state that will ultimately reduce obesity and tobacco use and exposure and improve the lives of Minnesotans, as well as contain health care costs throughout the state.



Options for Future Funding

The health care reform law states that in this report “the commissioner shall include recommendations on a sustainable funding source for the statewide health improvement program other than the health care access fund” (Statute 358-S.F.No. 3780, Ch.358, Art. 1, Subd. 5). The department has examined current scientific evidence and public policy experiences in other states and is presenting the best evidence for sustainable funding options for a per capita funding level of \$3.89, which is the current amount of \$47 million over two years. This per capita amount is the minimum amount the CDC recommends for initiatives like SHIP to achieve sustainable results. However, MDH is well aware that public value is not created by science alone, in a vacuum. The best strategic public policy is a three-legged stool, created when there is effective exploration and balance among substance, political reality and operational needs.¹³ The department has presented the evidence, or substance, here and looks to policymakers to balance the evidence with these other important factors. For example, it should be stated that Governor Pawlenty opposes increases in health impact fees or taxes in the current economic environment.

Option 1: Expansion of Health Impact Fee on Tobacco

Tobacco is one of the top three preventable causes of illness and death in Minnesota. In Minnesota, 18 percent of adults are current smokers,¹⁴ and 19 percent of high school students smoke.¹⁵ Annual health care costs in Minnesota directly caused by smoking are more than \$2 billion.¹⁶

¹³ Moore, Mark H. (1995). *Creating Public Value: Strategic Management in Government*. Cambridge: Harvard University Press.

¹⁴ Centers for Disease Control and Prevention. (2008). Behavioral Risk Factor Surveillance System Prevalence and Trends Data: Minnesota 2008 Tobacco Use. Retrieved from <http://apps.nccd.cdc.gov/BRFSS/display.asp?cat=TU&yr=2008&qkey=4396&state=MN>

¹⁵ Minnesota Department of Health. (2008). *Teens and Tobacco in Minnesota, the View from 2008: Results from the Minnesota Youth Tobacco and Asthma Survey Executive Summary*. Retrieved from <http://www.health.state.mn.us/divs/chs/tobacco/execsummary07.pdf>

¹⁶ Campaign for Tobacco Free Kids. (n.d.). *The Toll of Tobacco in Minnesota*. Retrieved from <http://www.tobaccofreekids.org/reports/settlements/toll.php?StateID=MN>

Raising the price of cigarettes is one of the most effective ways to reduce smoking among youth and adults. Research has shown that whenever a state has passed an increase to the cost of cigarettes through taxes or fees, it has seen a substantial increase to its revenues from cigarettes. This occurs, despite declines in smoking rates and taxed pack sales, because the increased tax per pack brings in much more new revenue than is lost by the declines in the number of taxed packs.¹⁷

Minnesota's current additional cigarette costs, at \$1.56 per pack (including both the 75 cent health impact fee and 81 cent taxes), is higher than the national average, but only the 20th highest in the nation. Of the surrounding states, Wisconsin, for example, is highest at \$2.52 per pack.

A 50-cent to \$1 increase of Minnesota's health impact fee on cigarettes (to a total fee of \$1.25-\$1.75) would increase the per-pack additional costs to between \$2.06 and \$2.56 and raise an estimated \$53 million to \$99.9 million in annual revenue for the state.^{18 19}

Option 2: New Health Impact Fee on Sugar-Sweetened Beverages

Several states have employed a variety of approaches to collect additional fees from the sale of soft drinks. These multi-tiered strategies include additional fees on the syrups used to make soft drinks, fees on soft drinks at the wholesale level and fees consumers pay when purchasing soft drinks. The experiences of other states, as well as scientific research, support explorations in Minnesota of a health impact fee specifically on sugar-sweetened beverages (excluding diet beverages).

About 63 percent of adult Minnesotans are overweight or obese.²⁰ Between 1971-74 and 1999-2002, prevalence of obesity among children and adolescents in the United States quadrupled among 6- to 11-year-olds and more than tripled among 12- to 19-year-olds.²¹

¹⁷ Campaign for Tobacco-Free Kids. (2009). Raising State Cigarette Taxes Always Increases State Revenues (And Always Reduces Smoking). Retrieved from <http://tobaccofreekids.org/research/factsheets/pdf/0098.pdf>

¹⁸ Campaign for Tobacco Free Kids (2009). New Revenues, Public Health Benefits & Cost Savings from a 50-cent Cigarette Tax Increase in Minnesota. Washington, D.C.: Ann Boonn and Eric Lindblom.

¹⁹ Campaign for Tobacco Free Kids (2010). New Revenues, Public Health Benefits & Cost Savings from a \$1.00 Cigarette Tax Increase in Minnesota. Washington, D.C.: Ann Boonn and Eric Lindblom.

²⁰ Centers for Disease Control and Prevention. (2007). Behavioral Risk Factor Surveillance System Prevalence and Trends Data: Minnesota 2008 Overweight and Obesity (BMI). Retrieved from <http://apps.nccd.cdc.gov/brfss/display.asp?cat=OB&yr=2008&qkey=4409&state=MN>

²¹ Centers for Disease Control and Prevention. (2004). National Center for Health Statistics. National Health and Nutrition Examination Survey Data.



A growing body of research has linked the consumption of sugar-sweetened beverages with body weight. A report published in the *New England Journal of Medicine* in October 2009 analyzed several studies, including one involving middle-school students over two years that showed the risk of becoming obese increased by 60 percent for every additional serving of sugar-sweetened beverages per day.²²

Adding a health impact fee of one cent per ounce on sugar-sweetened beverages would reduce consumption by 8 percent to 10 percent. Researchers estimate that it would lead to at least a 10 percent reduction in calorie consumption from sweetened beverages, a reduction that is sufficient for weight loss and risk reduction.²³ A one-cent-per-one-ounce health impact fee on sugar-sweetened beverages (excluding diet beverages) is estimated to bring the state \$261 million in annual revenue.²⁴

The evidence supporting this option continues to evolve, for example, with Arkansas, which has a two-cents-per-ounce excise tax on soft drinks that helps to fund Medicaid,²⁵ and MDH recognizes the need to gather more information. Other states are exploring a variety of ways to pursue this option in 2010, and it may be a promising possibility in Minnesota.

Option 3: Reallocation of Hospital Community Benefits

Community benefit programs allow non-profit health care organizations to provide community service in an organized, sustainable way, according to the Catholic Health Association, a national leader in defining hospital community benefits.²⁶ The goal of community benefits is to meet identified needs of the health organization's community, including increased access to health care, improved health of the community, and enhanced medical and health knowledge. Through their community benefit programs, non-profit hospitals often work with other providers and agencies to address public health issues such as obesity, diabetes and asthma.²⁷ Because these programs often focus on the same goals as SHIP – improving population health and containing health care costs – a reallocation of community benefits is a logical funding source for SHIP.

²² Ludwig, D.S., Peterson, K.E., & Gortmaker, S.L. (2001). Relation Between Consumption of Sugar-Sweetened Drinks and Childhood Obesity: A Prospective, Observational Analysis. *Lancet*, 357, 505-508.

²³ Brownell, K.D., Farley, T., Willett, W.C., Popkin, B.M., Chaloupka, F.J., Thompson, J.W., & Ludwig, D.S. The Public Health and Economic Benefits of Taxing Sugar-Sweetened Beverages. *New England Journal of Medicine*, 361, 1599-1605.

²⁴ Yale University Rudd Center for Food Policy and Obesity. (2009). Revenue Calculator for Soft Drink Taxes. Retrieved from <http://www.yaleruddcenter.org/sodatax.aspx>

²⁵ Marr, C. & Brunet, G. (2009). Center of Budget and Policy Priorities: Taxing High-Sugar Soft Drinks Could Help Pay for Health Care Reform. Retrieved from <http://www.cbpp.org/cms/index.cfm?fa=view&id=2830>

²⁶ Catholic Health Association. (2010). Retrieved from http://www.chausa.org/Pages/Our_Work/Community_Benefit/About/About_Community_Benefit/

²⁷ Trochhio, J. (2009). Community Benefit - Does Community-Oriented Mission Fit with Health Reform?. *Health Progress*. Retrieved from http://www.chausa.org/2009_Annual_Index.aspx

Other states have set a precedent for focusing a portion of hospital community benefits on statewide health improvement activities. For example, Wisconsin has launched a statewide health improvement initiative called the Wisconsin State Health Plan: Healthiest Wisconsin 2010. The plan defines health priorities for its state hospital community benefit activities.²⁸

Minnesota's non-profit hospitals have a long history of providing care to the uninsured and under-insured in our community. Using Catholic Health Association definitions, the Minnesota Hospital Association estimated the total amount of community benefit provided by non-profit hospitals at \$2.9 billion in 2007. Of that amount, \$462 million was attributed to uncompensated care. An additional \$60 million was allocated for community health and community-building activities, such as community health education, support groups, or supporting economic development or environmental protection efforts.²⁹ Many of these activities seek to achieve the same overall health goals as SHIP, so it is worth exploring the possibility of redirecting some of these dollars to fund SHIP.

Other Considerations

In light of Governor Pawlenty's opposition to increasing health impact fees or taxes, other options should be explored for funding SHIP. MDH also recognizes that as the evidence continues to evolve and other states explore ways to fund health programs, additional options may be worth considering.

Next Steps

Investment upstream in the determinants of health through SHIP is an important approach for Minnesota's Vision for A Better State of Health and has great promise for the long-term improvement of health in Minnesota. MDH and local partners have begun transformative work in addressing the preventable risk factors that cause our state the most harm – both in the health of citizens and the long-term costs of chronic disease – and SHIP has just started to show results. However, it takes time to create widespread behavior change, so experts such as the CDC recommend a long-term commitment to initiatives such as SHIP.

MDH looks forward to the integration of the diverse perspectives of substance, politics and operations to determine next steps for SHIP funding into the next biennium.

²⁸ Wisconsin Department of Health. (2009). Wisconsin State Health Plan: Healthiest Wisconsin. Retrieved from <http://dhs.wisconsin.gov/statehealthplan/hw2010/>

²⁹ Minnesota Hospital Association. (2008). Community Benefits: Hospitals Play a Vital Role in Their Communities. Retrieved from <http://www.mnhospitals.org/index/commben>



Appendix A - SHIP Statute
Laws of Minnesota 2008 - Chapter 358, Article 1

Section 1. **[145.986] STATEWIDE HEALTH IMPROVEMENT PROGRAM.**

Subdivision 1. **Grants to local communities.** (a) Beginning July 1, 2009, the commissioner of health shall award competitive grants to community health boards established pursuant to section 145A.09 and tribal governments to convene, coordinate, and implement evidence-based strategies targeted at reducing the percentage of Minnesotans who are obese or overweight and to reduce the use of tobacco.

(b) Grantee activities shall:

(1) be based on scientific evidence;

(2) be based on community input;

(3) address behavior change at the individual, community, and systems levels;

(4) occur in community, school, worksite, and health care settings; and

(5) be focused on policy, systems, and environmental changes that support healthy behaviors.

(c) To receive a grant under this section, community health boards and tribal governments must submit proposals to the commissioner. A local match of ten percent of the total funding allocation is required. This local match may include funds donated by community partners.

(d) In order to receive a grant, community health boards and tribal governments must submit a health improvement plan to the commissioner of health for approval. The commissioner may require the plan to identify a community leadership team, community partners, and a community action plan that includes an assessment of area strengths and needs, proposed action strategies, technical assistance needs, and a staffing plan.

(e) The grant recipient must implement the health improvement plan, evaluate the effectiveness of the interventions, and modify or discontinue interventions found to be ineffective.

(f) By January 15, 2011, the commissioner of health shall recommend whether any funding should be distributed to community health boards and tribal governments based on health disparities demonstrated in the populations served.

(g) Grant recipients shall report their activities and their progress toward the outcomes established under subdivision 2 to the commissioner in a format and

at a time specified by the commissioner.

(h) All grant recipients shall be held accountable for making progress toward the measurable outcomes established in subdivision 2. The commissioner shall require a corrective action plan and may reduce the funding level of grant recipients that do not make adequate progress toward the measurable outcomes.

Subd. 2. **Outcomes.** (a) The commissioner shall set measurable outcomes to meet the goals specified in subdivision 1, and annually review the progress of grant recipients in meeting the outcomes.

(b) The commissioner shall measure current public health status, using existing measures and data collection systems when available, to determine baseline data against which progress shall be monitored.

Subd. 3. **Technical assistance and oversight.** The commissioner shall provide content expertise, technical expertise, and training to grant recipients and advice on evidence-based strategies, including those based on populations and types of communities served. The commissioner shall ensure that the statewide health improvement program meets the outcomes established under subdivision 2 by conducting a comprehensive statewide evaluation and assisting grant recipients to modify or discontinue interventions found to be ineffective.

Subd. 4. **Evaluation.** Using the outcome measures established in subdivision 3, the commissioner shall conduct a biennial evaluation of the statewide health improvement program funded under this section. Grant recipients shall cooperate with the commissioner in the evaluation and provide the commissioner with the information necessary to conduct the evaluation.

Subd. 5. **Report.** The commissioner shall submit a biennial report to the legislature on the statewide health improvement program funded under this section. These reports must include information on grant recipients, activities that were conducted using grant funds, evaluation data, and outcome measures, if available. In addition, the commissioner shall provide recommendations on future areas of focus for health improvement. These reports are due by January 15 of every other year, beginning in 2010. In the report due on January 15, 2010, the commissioner shall include recommendations on a sustainable funding source for the statewide health improvement program other than the health care access fund.

Subd. 6. **Supplantation of existing funds.** Community health boards and tribal governments must use funds received under this section to develop new programs, expand current programs that work to reduce the percentage of Minnesotans who are obese or overweight or who use tobacco, or replace discontinued state or federal funds previously used to reduce the percentage of Minnesotans who are obese or overweight or who use tobacco. Funds must not be used to supplant current state or local funding to community health boards or tribal governments used to reduce the percentage of Minnesotans who are obese or overweight or to reduce tobacco use.





Appendix B - Ship Grantee Fact Sheets

Counties

B11 Aitkin
 B3 Anoka
 B19 Becker
 B51 Beltrami
 B5 Benton
 B23 Big Stone
 B7 Blue Earth
 B9 Brown
 B11 Carlton
 B13 Carver
 B15 Cass
 B23 Chippewa
 B17 Chisago
 B19 Clay
 B51 Clearwater
 B11 Cook
 B21 Cottonwood
 B25 Crow Wing
 B27 Dakota
 B69 Dodge
 B29 Douglas
 B31 Faribault
 B69 Fillmore
 B69 Freeborn
 B69 Goodhue
 B29 Grant
 B33 Hennepin
 B69 Houston
 B51 Hubbard
 B35 Isanti
 B11 Itasca
 B21 Jackson
 B37 Kanabec
 B39 Kandiyohi
 B57 Kittson
 B11 Koochiching

B23 Lac qui Parle
 B11 Lake
 B51 Lake of the Woods
 B41 Le Sueur
 B43 Lincoln
 B43 Lyon
 B45 McLeod
 B57 Mahnomon
 B57 Marshall
 B31 Martin
 B45 Meeker
 B35 Mille Lacs
 B47 Morrison
 B69 Mower
 B43 Murray
 B9 Nicollet
 B49 Nobles
 B57 Norman
 B53 Olmsted
 B19 Otter Tail
 B55 Otter Tail Multi-Grantee Initiative
 B57 Pennington
 B37 Pine
 B43 Pipestone
 B57 Polk
 B29 Pope
 B59 Ramsey
 B57 Red Lake
 B21 Redwood
 B21 Renville
 B61 Rice
 B49 Rock
 B57 Roseau
 B11 St. Louis
 B13 Scott
 B63 Sherburne

B45 Sibley
 B65 Stearns
 B69 Steele
 B29 Stevens
 B23 Swift
 B47 Todd
 B29 Traverse
 B69 Wabasha
 B47 Wadena
 B41 Waseca
 B67 Washington
 B31 Watonwan
 B19 Wilkin
 B69 Winona
 B71 Wright
 B23 Yellow Medicine

City Community Health Boards

B73 Bloomington
 B73 Edina
 B75 Minneapolis
 B77 Minneapolis Multi-Grantee Initiative
 B73 Richfield

Tribal Governments

B79 Bois Forte Band of Ojibwe
 B79 Fond du Lac Reservation
 B79 Grand Portage Band Tribal Office
 B79 Leech Lake Band of Ojibwe
 B79 Mille Lacs Band of Ojibwe
 B79 Red Lake
 B81 Upper Sioux Community
 B79 White Earth Band of Ojibwe



Anoka County Community Health Board

Community Leadership Team

- American Lung Association of Minnesota
- Anoka County Parks and Recreation Department
- Anoka-Hennepin School District (#11)
- Connexus Energy
- City of Blaine
- Kurt Manufacturing
- Medica
- Mercy and Unity Hospitals
- St. Francis School District (#15)

Interventions

- Healthy Eating in Schools
- Active Communities
- Tobacco-Free Campuses – Post Secondary
- Comprehensive Worksite Wellness
- Health Care Referrals to Local Resources

Key Results

Over the past six months, Anoka County Community Health Board has made progress toward implementing the systems changes outlined in each of the above interventions. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff conducted a Community Health Assessment, which consisted of 19 key informant inter-

views, 21 focus groups and a community survey of 1,361 community members. This assessment revealed overwhelming concern about obesity among key leaders and community residents in Anoka County.

- The Anoka County Board of Commissioners has offered its support and approved the *Tobacco-Free Campuses – Post Secondary* intervention, which has the potential to reach over 11,600 students at Anoka-Ramsey

Community College and Anoka Technical College.

- Local SHIP staff are working with six school districts in Anoka County to implement *Healthy Eating in Schools*, which will reach over 54,100 students in elementary and secondary schools across the county. Wellness committees will work to improve school nutrition by implementing changes to their district wellness policies. Thus far, local SHIP staff

have met several times with staff from each of the six school districts to discuss results from school-specific assessments and plan for implementing this intervention. In addition, lead local SHIP staff will be meeting with Hennepin County Public Health Department staff to explore how a collaborative healthy eating effort may be pursued with the Anoka-Hennepin School District.

- The Community Leadership Team has leveraged existing resources, community support and prior work on obesity and tobacco use in Anoka County by actively engaging with the Partnership for Better Health, a local wellness group established in 2005.
- The cities of Blaine and Fridley will work with the Partnership for Better Health and local SHIP staff to implement the *Active Communities* intervention, which is aimed at increasing the walkability and bikeability of these two communities. In addition, the city of Coon Rapids is exploring the possibility of participating in this intervention. Local SHIP staff have met with representatives from these cities multiple times and have worked with the Anoka County Multimodal Transportation Manager to identify areas that address multimodal opportunities, pedestrian safety and access to community recreation facilities.

Highlight

Improving practices that support healthy behaviors in businesses and worksites can lead to increased

physical activity, improved nutrition, smoking cessation and reduced tobacco exposure among employees. The 2008 Employee Wellness Program Assessment of Anoka County worksites revealed that very few employers that have more than 50 employees have implemented strategies to promote healthy eating or physical activity. However, more than half of the employers surveyed expressed strong interest in developing or enhancing employee wellness initiatives with the goals of increasing productivity and decreasing health insurance costs. Through the SHIP *Comprehensive Worksite Wellness* intervention, Anoka County has recruited 23 worksites that have formally agreed to participate in this intervention. These worksites include: A-Abco Recycled Auto Parts; Ace Solid Waste, Inc.; Anoka-Ramsey Community College; Capitol Beverage Sales LP; Centennial School District #12; City of Andover; Connexus Energy; Crest View Lutheran Home; Delkor Systems, Inc.; Determan Brownie, Inc.; Federal Cartridge Company; Graco; HOM Furniture; John Roberts Co.; John's Auto Parts; Kraus-Anderson Construction Co.; Kurt Manufacturing; Margaret Place; Metropolitan Heart & Vascular Institute; Rise, Inc.; Spring Lake Park School District; the City of Coon Rapids; and St. Francis School District. Thus far, local SHIP staff have held a group meeting that was attended by nearly all of the committed worksites; at this meeting, worksites were provided with an introduction to SHIP, systems change for comprehensive worksite wellness, key benchmarks



worksites will be expected to meet and the technical assistance they will receive from Anoka County. Next, worksites will conduct an environmental assessment to better understand the factors that support and challenge employee behaviors around tobacco, physical activity and nutrition. Following these assessments, local SHIP staff will meet with each worksite individually to develop a plan for implementation.



Benton County Human Services Board

Community Leadership Team

- Smoke-Free Communities Central Minnesota
- St. Cloud State University
- CentraCare Health Foundation (Better Living Exercise and Nutrition Daily)
- Central Minnesota Council on Aging
- Sauk Rapids-Rice School Board (#47)
- Foley School District-Community Education (#51)
- University of Minnesota Extension
- First Presbyterian Church of Foley

Interventions

- Healthy Eating in Communities
- Active Schools
- Tobacco-Free Worksite Grounds
- Health Care Referrals to Local Resources

Key Results

Over the past six months, Benton County Human Services Board has made progress toward completing assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- The Community Leadership team has worked to engage community organizations and city and county leadership to inform and explore sup-

port for SHIP. Thus far, conversations are underway with the City of Sauk Rapids for a potential partnership. In addition, Sauk Rapids-Rice Early Childhood Education and Reach-Up/Head Start are interested in collaborating on SHIP activities.

- Local SHIP staff are working to build on existing efforts in the area of tobacco use and exposure in partnership with Smoke-Free Communities Central Minnesota. A primary complaint from area residents and employees is exposure to secondhand

smoke on worksite grounds. Benton County local SHIP staff are working to implement tobacco-free worksite grounds to address this need.

- Local SHIP staff will work to conduct a food security assessment that focuses on the needs of low-income residents on the east side of St. Cloud. Thus far, the support and enthusiasm of the Mayor of St. Cloud has been secured and plans have been made to prioritize topics to investigate in the assessment, including the accessibility of grocery



stores, farmers markets and community gardens.

- Local SHIP staff are working to develop collaborations with two school districts, Foley School District and Sauk Rapids-Rice School District, to improve the school nutrition environment. To begin, these schools will work to implement healthy fundraising activities. This intervention has the potential to reach over 6,000 students and their families.



Blue Earth County Community Health Board

Community Leadership Team

- YMCA
- Blue Earth County
- Lake Crystal Area Recreation Center
- Minnesota State University, Mankato
- Greater Mankato Area United Way
- Mankato Community Education
- Mankato Area Public Schools (#77)
- Immanuel-St. Joseph's Hospital
- American Lung Association of Minnesota
- Open Door Health Center
- Mankato Clinic
- Greater Mankato Growth
- City of Eagle Lake, Mayor
- Lake Crystal-Wellcome Memorial School District (#2071)
- Blue Earth County Special Supplemental Nutrition Program for Women, Infants and Children
- Maple River Schools (#2135)

Key Results

Over the past six months, Blue Earth County Community Health Board has made progress toward completing assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff interviewed officials at two post-secondary campuses, including Minnesota State University, about their current tobacco policies. In addition, local SHIP staff assessed tobacco policies in Blue Earth County's two largest school districts. Results from the interviews and assessments will guide the selection of tobacco interventions in schools and have the potential to

reach over 14,000 post secondary students and nearly 10,000 K-12 students in the Blue Earth area.

- Local SHIP staff interviewed officials from two towns and one city to evaluate access to healthy foods and recreational facilities. Information gathered from these communities will assist in selection of physical activity and nutrition interventions.



- Local SHIP staff distributed the first weekly edition of Blue Earth County's SHIP newsletter in late November. This newsletter was sent electronically to the Community Leadership Team and will keep over 20 partner groups informed and engaged throughout the assessment process and implementation phase.

- Local SHIP staff created a Blue Earth County Community Health Media Campaign Plan. This plan includes a cable television public service announcement and a 30-second radio Public Service Announcement. These public service announcements will increase awareness and knowledge among nearly 60,000 Blue Earth County residents who may be reached through SHIP.



Brown-Nicollet Community Health Board

Community Leadership Team

- Springfield Medical Center
- New Ulm Medical Center
- Heart of New Ulm
- Springfield Childhood Wellness Task Force
- Martin Luther College
- Gustavus Adolphus College
- American Lung Association
- St. Peter Public Schools (#508)
- Tri-Valley Migrant Head Start
- Brown County Underage Substance Abuse Coalition

Interventions

- Healthy Eating in Communities
- Active Schools
- School Physical Education
- Active Child Care
- Tobacco-Free Worksite Grounds
- Connect Employees to Cessation Services
- Health Care Referrals to Local Resources

Key Results

Over the past six months, Brown-Nicollet Community Health Board has made progress toward completing assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from their activities during the reporting period:

- Local SHIP staff have conducted a community assessment using a wide variety of methods, including surveys, key informant interviews and photographic observation. Results from the assessment indicate that increased physical activity and quality physical education have emerged as high priorities in the school setting;

significant community support exists to increase the number of community gardens; and significant community support exists for addressing the physical activity practices and policies in licensed child care settings.

- Local SHIP staff will work with Gustavus Adolphus College to implement a tobacco-free grounds policy early in



2010 that will affect its 2,678 enrolled students and 695 staff members. South Central College has also expressed interest in implementing a tobacco-free campus policy. Should South Central College choose to move forward, this policy would affect an additional 2,504 students and 260 staff.

- Brown-Nicollet Community Health Board has gained support from key community organizations for implementation of SHIP interventions. For example, the North Mankato Parks and Recreation Board has agreed to support and guide efforts related to community gardens. In addition, Early Childhood and Family Education in New Ulm has offered support and possible partnership for implementation of physical activity interventions in child care settings.



Carlton-Cook-Lake-St. Louis Community Health Board
Partners: Aitkin-Itasca-Koochiching Community Health Board

Community Leadership Team (selected organizations)

- Fit City Duluth; Get Fit Itasca
- Generations
- Northland Foundation; Northland Breastfeeding Coalition
- American Lung Association
- Duluth Public Schools (#709)
- Hermantown High School (#700)
- Hibbing Public Schools (#701)
- Arrowhead Regional Development Commission
- City of Aitkin City Council
- Arrowhead Area Agency on Aging
- St. Louis County Commissioner
- University of Minnesota, Duluth
- Itasca Community College
- Itasca YMCA
- City of Two Harbors Chamber of Commerce
- Minnesota Power Admission of Allete
- Sawtooth Mountain Clinic
- St. Luke's Pediatric Associates
- Duluth Local Initiatives Support Corporation
- Carenorth Health Systems
- St. Mary's Medical Center
- Fairview University Medical Center
- 4-H – International Falls
- Minnesota Department of Natural Resources

Interventions

- Healthy Eating in Schools
- Health Care Breastfeeding Support
- Active Communities
- Tobacco-Free Campuses – Post Secondary
- Connect Post Secondary Students to Cessation Services
- Comprehensive Worksite Wellness

Key Results

Over the past six months, Carlton-Cook-Lake-St. Louis Community Health Board, in collaboration with Aitkin-Itasca-Koochiching Community Health Board, has made progress toward implementing the systems changes outlined in each of the above interventions. The following is a selection of key results from their activities during the reporting period:

- Nine school districts in the region are working together to implement the *Healthy Eating in Schools* intervention. Local coordinators are in various stages of organizing wellness teams to conduct School Health Index assessments around nutrition. Two of the districts have completed the School Health Index and are in the process of developing action plans. These assessments will result in targeted interventions that meet the needs of each school district.
- Local SHIP staff has met with campus administration, staff and students on nearly all of the 13 post secondary campuses in the region to discuss the development, strengthening and enforcement of policy through the *Tobacco-Free Campus – Post Secondary* and *Connect Post Secondary Students to Cessation Services* interventions. The post-secondary institutions participating in this intervention include the University of Minnesota – Duluth; College of St. Scholastica; Lake Superior College; Fond du Lac Tribal and Community College; Mesabi Community College Virginia/Eveleth (two sites); Hibbing Community College; Itasca Community College; Rainy River Community College; Cosmetology Careers Unlimited – Duluth; Cosmetology

Careers Unlimited – Hibbing; Duluth Business School; and Regency Beauty School. This intervention could potentially reach approximately 27,500 students across these campuses.

- Media coverage across the region has been substantial, including local television coverage of the Duluth Walkability Audit; newspaper coverage of Aitkin City Council's passage of a resolution to pursue Fit City status; news coverage of the regional SHIP Launch; various newspaper articles covering selected SHIP interventions; and radio, television and newspaper coverage of the University of Minnesota – Duluth Tobacco-Free Forum.

Highlight

Living in an environment that supports walking and biking for transportation and recreation is strongly associated with increased levels of physical activity. By leveraging existing resources and utilizing SHIP funding, significant progress is being made on this *Active Communities* intervention in each of nine participating communities. In Duluth, active living work is occurring in two primary ways. First, in the Central and East Hillside neighborhoods, both of which have a high proportion of low-income families and a high level of racial/ethnic diversity, heavy traffic is a serious problem that deters walking and biking. In addition, changes to the local school structure will soon eliminate safe walking routes to and from school. A workshop and walkability audit was conducted in November 2009 and an action plan is currently being developed with recommendations that resulted from the workshop. Second, collaborative efforts are underway to develop and pass a



Complete Streets policy in Duluth. Active living work is occurring across the region; for example, the City of Grand Rapids has completed a community walkability and bikeability assessment, has mapped existing sidewalks and trails; and has made recommendations for improving opportunities for walking and biking. An action plan is being developed to implement these recommendations. Meetings have been held with the city engineer to develop a plan for connecting existing trails and staff are completing the final steps to submit an application to secure funding to connect the trails. This work will continue and will be expanded to other areas in Itasca County, beginning with Coleraine, which will improve access to opportunities for physical activity across the region.



Carver County Community Health Board
Partners: Scott County Community Health Board

Community Leadership Team

- Eastern Carver County School District (#112)
- Carver-Scott Education Cooperative (District 930)
- St. Francis Regional Medical Center
- Lake Regional Medical Center
- City of Waconia Parks and Recreation Department
- Association for Nonsmokers - Minnesota
- Carver-Scott Breastfeeding Coalition
- Carver County Meth Task Force
- Carver County Safe Communities Coalition
- Scott County Commissioner

Interventions

- Healthy Eating in Schools
- Active Communities
- Comprehensive Worksite Wellness
- Health Care Referrals to Local Resources

Key Results

Over the past six months, Carver County Community Health Board, in collaboration with Scott County Community Health Board, has made progress toward completing assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff have conducted our assessment of community readiness for implementing interventions through 35 key informant interviews with worksites, schools and health care organizations. This information, along with secondary data from various sources, was analyzed and presented to the Community Leadership Team to inform the intervention selection process.

- Local SHIP staff are in the process of developing the Carver-Scott SHIP Web site. The site will list current events and activities; provide information on how to get involved with SHIP interventions; and create a space for Community Leadership Team communication and announcements. This Web site will enable Carver-Scott to keep community members informed of the systems-change work going on in Carver and Scott counties.



-
- Local SHIP staff are facilitating the development and implementation of the Metro Adult Health Survey. This survey will provide a rigorous assessment of the health status and health behaviors of the adult population in Anoka, Carver, Dakota, Ramsey, Scott and Washington counties and will provide baseline data to which future data will be compared.



Cass County Health, Human and Veterans Services Board

Community Leadership Team

- Walker/Hackensack/Akeley School District (#13)
- Cass County Council on Aging
- Bi-County Community Action Plan Program
- Pine River-Backus Area Family Center
- Mann Lake, Ltd.
- Health, Human and Veteran’s Service Advisory Committee
- University of Minnesota Extension

Key Results

Cass County’s contract was executed December 1, 2009. In the past month, Cass County Health, Human and Veterans Services Board has made progress toward development of a Community Leadership Team and execution of assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key action steps that will be taken during the first phase of the grant period:

- Local SHIP staff will conduct further recruitment and development of the Community Leadership Team including the defining and explaining of roles, process, engagement and accountability of each member. In addition, they will provide trainings

on policy, systems and environmental change.

- Local SHIP staff will conduct assessment of current community resources and assets, needs of at-risk/high-risk populations, existing policies regarding tobacco and obesity across settings and community support for SHIP interventions.
- Local SHIP staff and the Community Leadership Team will use a systematic approach to select interventions.



Chisago County Community Health Board

Community Leadership Team

- City of Wyoming, Mayor
- Chisago County Public Health
- Wyoming Elementary School
- Lakes Area Youth Service Bureau
- Humphrey Cancer Center
- Snap Fitness
- Community Partnership with Youth and Families
- Fairview Lakes Community Health Outreach
- Community Representative

Interventions

- Healthy Eating in Communities
- Active Schools
- Active Communities
- Worksite Breastfeeding Support
- Health Care Referrals to Local Resources
- Institute for Clinical Systems Improvement (ICSI) Guidelines in Health Care

Key Results

Over the past six months, Chisago County Community Health Board has made progress toward completing assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff have decided to concentrate their initial efforts on the City of Wyoming in order to build support in the community, gain visibility throughout the county and maximize impact. Upon successful implementation in Wyoming, SHIP efforts will expand to other areas of Chisago County.

- Local SHIP staff have collaborated with the Minnesota Institute of Public Health to conduct community assessment activities including key informant interviews, focus groups and Web-based surveys. The results of this assessment have informed intervention selection, site selection and the development of implementation action plans.



-
- Based on the community assessment, the Community Leadership Team has identified the following as priority areas: physical activity in schools and communities; access and affordability of healthy foods within the community; and support for breastfeeding in worksites. In addition, the Community Leadership Team also supports increasing referrals to community resources.



Clay-Wilkin Community Health Board
Partners: Becker County Community Health Board, Otter Tail County Human Services Board

Community Leadership Team

- Clay-Wilkin Head Start
- Lutheran Social Services
- Cass Clay Healthy People Initiative
- Detroit Lakes Community and Cultural Center
- MeritCare Health Systems
- Lakes County Service Cooperative
- St. Francis Medical Center
- Clay County Public Health Department
- Wilkin County Public Health Department
- Becker County Public Health Department
- Otter Tail County Public Health Department
- Detroit Lakes Middle School
- Fergus Falls Community College
- Perham School District (#549)
- University of Minnesota Extension Regional Office
- North Dakota State Data Center

Interventions

- Healthy Eating in Schools
- Active Schools
- Active Communities
- Comprehensive Worksite Wellness
- Institute for Clinical Systems Improvement (ICSI) Guidelines in Health Care

Key Results

Over the past six months, Clay-Wilkin Community Health Board in collaboration with Becker Community Health Board and Otter Tail County Human Services Board has made progress

toward implementing the systems changes outlined in each of the above interventions. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff have collaborated with schools, communities, worksites and health care providers to identify pilot sites for interventions. These include school districts in Breckenridge, Detroit Lakes,



Dilworth-Glyndon-Felton and Perham for *Active Schools* and *Healthy Eating in Schools*; and the cities of Breckenridge, Detroit Lakes, Dilworth and Perham for *Active Communities*.

- Clay-Wilkin, Becker and Otter Tail have hired a project manager, developed their evaluation plan, collaborated with North Dakota State Data Center and Lakes Country Service Cooperative and recruited an Active Living Planner and part-time community organizer. The North Dakota State Data Center helped collect assessment data in the assessment phase of the grant and will continue to assist pilot sites in selecting specific strategies to pursue.
- Local SHIP staff is facilitating the work of four clinics and one medical system (including Family Health Center, Fergus Falls Medical Group and MeritCare) to support implementation of the Institute for Clinical Systems Improvement (ICSI) Obesity and Primary Prevention of Chronic Disease guidelines. Staff from these organizations have attended a training led

by ICSI staff and will begin forming collaboratives jointly with local SHIP staff to determine the best way to implement the guidelines in their clinic/system within the next few months. In addition, local SHIP staff are creating a one page fax-referral document that clinicians could use to prescribe health and wellness actions to patients identified as at risk for obesity or chronic diseases. This document, based on the MN QUIT-LINE Fax Referral Program, would link clients to their respective medical plan or to a free/low-cost local resource and would include follow-up documentation.

Highlight

Improving practices that support healthy behaviors in business and worksites can lead to increased physical activity, improved nutrition, smoking cessation and reduced tobacco exposure among employees. Clay-Wilkin and its partners are beginning work on the *Comprehensive Worksite Wellness* intervention by collaborating with four worksites in their jurisdiction: Moorhead Public

Schools, the City of Perham, Wilkin County and Becker County. Each of these worksites had an existing wellness committee in place prior to collaboration with SHIP, but worksites reported that these committees rarely met and had little direction. Local SHIP staff have held three meetings with each worksite to outline SHIP goals and strategies. A variety of assessment activities are being conducted in each worksite to determine needs around healthy eating, physical activity and tobacco use. At this point, these worksites are invigorated, understand systems-level strategies they can implement in the workplace and feel that they have new direction in improving the health of their employees. Currently, this intervention has the potential to reach nearly 1,000 employees. The number of worksites will expand upon successful implementation in the pilot sites.



Cottonwood-Jackson Community Health Board
Partners: Redwood-Renville Community Health Board

Community Leadership Team

- Windom Area Hospital
- Renville County Hospital
- University of Minnesota Extension
- Jackson County Family Services

Interventions

- Healthy Eating in Schools
- Health Eating in Child Care
- Active Communities
- Comprehensive Worksite Wellness
- Health Care Referrals to Local Resources

Key Results

Over the past six months, Cottonwood-Jackson Community Health Board, in collaboration with Redwood-Renville Community Health Board, has made progress toward completing assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff have developed infrastructure for SHIP guidance across the four counties. Each county has formed a Health Improvement Team

that includes a variety of partner organizations. One representative from each county sits on the Community Leadership Team to ensure local representation and input, as well as efficient oversight of SHIP activities.

- Local SHIP staff worked with a contractor and the Community Leadership Team to develop and implement a Web-based intervention survey and key informant interviews to determine community needs, supports and assets. Results of the assessment indicated school and child care nutrition policies, community design that incorporates biking and walking, worksite wellness and health care

referral to community resources are priorities for the four-county region. For example, 85 percent of survey respondents believed improved nutrition in schools should be a priority; 75 percent of employers surveyed stated that working on employee wellness should be a priority; and 92 percent of respondents indicated that the health care referral process could be improved. Assessment findings and dialogue with partners also helped identify efforts that have already occurred in these intervention areas and sites that should be selected for each intervention. Numerous organizations and businesses have already expressed support for



participating in SHIP interventions starting in January 2010.

- Local SHIP staff are facilitating the development and implementation of an adult health behavior survey with 15 other counties from Southwest and South Central Minnesota. This survey will provide a rigorous, county-level assessment of the health status and health behaviors of the adult population across the region and will provide baseline data to which future data will be compared.

- Local SHIP staff are collaborating with Fourth Sector Consulting to conduct evaluation, communications and public health and partner staff capacity building. They also plan to work with an active communities planner, a healthy worksites firm and the University of Minnesota Extension to assist with their intervention work. By collaborating with local experts and partnering effectively with the Health Improvement Teams, Local SHIP staff are building on existing resources and helping ensure their success in reaching SHIP goals.



Countryside Community Health Board (Big Stone County, Chippewa County, La Qui Parle County, Swift County, Yellow Medicine County)

Community Leadership Team

- Prairie Five Community Action Council
- Land Stewardship Project
- Kerkhoven Murdock Sunburg School District (#775)
- Upper Sioux Community
- Ortonville School District (#62)
- University of Minnesota-Extension
- Institute for Agriculture and Trade Policy
- Lac qui Parle County 4-H
- LeaderSHIP Team representative from each county

Key Results

Over the past six months, Countryside Community Health Board has made progress toward completing assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff have attended workshops and conference calls on Community Assessment and Asset Mapping; Policy, Systems and Environmental Change; Focus Groups and Informant Interviews; Quality Improvement; and Access to Healthy Food. Having an understanding of the aforementioned topics has built

staff capacity, guided how baseline information has been collected and will help prioritize which SHIP interventions will be selected for the five-county region.

- Local SHIP staff have developed an evaluation contract to collect baseline information from communities through a Web-based survey, key informant interviews and current policy assessments. Creating this data collection infrastructure will facilitate the selection of SHIP interventions.
- Countryside has established a LeaderSHIP Team within each of the five counties to ensure that each county participates equally in SHIP activities. These five LeaderSHIP

Teams are then represented on the Community Leadership Team. This structure allows for participation at the local level, as well as a streamlined decision-making structure that simplifies how decisions are made.



Crow Wing County Community Health Board

Community Leadership Team

- Smoke-Free Communities
- Cuyuna Regional Medical Center
- City of Brainerd
- Brainerd Coalition of Neighborhoods
- Brainerd Public School District (#181)
- Brainerd Medical Center
- Hallett Community Center
- City of Brainerd Parks and Recreation Department
- Region Five Development Commission
- Pequot Lakes School District (#186)
- Brainerd Lakes Chamber of Commerce
- Cuyuna Range Chamber of Commerce
- United Way
- City of Crosby
- Crow Wing County Public Health
- Trailblazer Bikes
- Cycle Path and Paddle
- Central Lakes College

Key Results

Over the past six months, Crow Wing County Community Health Board has made progress toward completing assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff have conducted 15 key informant interviews with community stakeholders. These interviews will help determine community need, support and assets, which will facilitate the selection of SHIP interventions.
- The Community Leadership Team has conducted a scan of existing systems that are relevant to obesity and

tobacco use and exposure. The scan will help identify priority areas where work is needed to improve the health of Crow Wing County's residents. The scan has suggested that it may be useful to build on existing efforts related to Safe Routes to School and biking and walking trails in Brainerd and Crosby.



Dakota County Community Health Board

Community Leadership Team

- Rosemount-Apple Valley-Eagan Public School District (#196)
- Park Nicollet Health Services
- University of Minnesota Extension
- HealthPartners
- Blue Cross Blue Shield of Minnesota
- Dakota County Office of Planning and Analysis
- Goodrich Sensors and Integrated Systems
- McKesson Provider Technologies
- Dakota County Women, Infant and Children Program
- City of Eagan Parks and Recreation Department

Interventions

- Healthy Eating in Schools
- Healthy Eating in Communities
- Healthy Eating in Child Care
- Healthy Eating in Worksites
- Health Care Breastfeeding Support
- Active Schools
- Active Communities
- Active Child Care
- Tobacco-Free Campuses – Post Secondary
- Connect Post Secondary Students to Cessation Services
- Smoke-Free Multi-Unit Housing
- Tobacco-Free Worksite Grounds
- Connect Employees to Cessation Services

Key Results

Over the past six months, Dakota County has made progress toward implementing systems changes outlined in each of the above interventions. The following is a selection of

key results from activities during the reporting period:

- Dakota County has recruited seven additional city partners – Burnsville, Farmington, Hastings, Inver Grove

Heights, Mendota Heights, South St. Paul and West St. Paul – to join the previous four cities they have been working with on their *Active Communities* intervention – Apple Valley, Eagan, Rosemount and Lakeville. In

total, all 11 of Dakota County's larger cities are now collaborating with local SHIP staff to plan and implement interventions to increase walkability and bikeability in their communities.

- Local SHIP staff recently completed the training of 100 child care and pre-school providers to implement changes in nutrition policy through the *Healthy Eating in Child Care* intervention. Providers were trained to assess and make changes to their nutrition environments using the evidence-based Learning About Nutrition through Activities program. Some materials have been translated into Spanish for providers serving Latino populations. Currently, this intervention has the potential to reach over 6,000 children and their families in Dakota County.

- In late October 2009, Dakota County Public Health held a full-day obesity conference to communicate information about how to implement effective policy, systems and environmental changes around obesity. Approximately 150 participants from area schools attended. This conference built capacity among school staff to implement physical activity and nutrition interventions. In addition, Dakota County received substantial feedback that will help shape their systems change work with schools.

- Local SHIP staff have recruited Dakota County's two largest school districts to join five partner districts that have already committed to working on the *Healthy Eating in Schools* intervention. With SHIP funding, Burnsville-Eagan-Savage,

Farmington, Randolph, West St. Paul-Mendota Heights, Hastings, Lakeville and Rosemount-Apple Valley-Eagan will each work on this intervention. Several successful systems and environmental changes have already taken place, including the establishment of a 100 percent healthy snack cart in the elementary schools of two districts. In addition, 44 schools submitted mini-grant applications to receive up to \$1,000 to implement changes around physical activity and nutrition in their buildings. These interventions have the potential to reach 65,000 students and 6,000 staff.

- Dakota County Technical College, in partnership with Dakota County local SHIP staff, will implement a tobacco-free grounds policy on January 1, 2010. This intervention has the potential to affect the entire campus population of 4,700, 23 percent of whom identify as smokers. Local SHIP staff are working to expand this work to the other four post-secondary campuses within Dakota County.

Highlight

Improving opportunities for physical activity at school will help students in Dakota County meet national guidelines for physical activity; currently, less than half of the students in the area meet these guidelines. Dakota County launched its effort to engage the school community in the SHIP initiative with a day-long conference that addressed how the systems and environments under which students live and learn affect their health. The 150 attendees were offered the opportunity to apply for mini-grants to increase physical activity opportu-



nities at their schools through SHIP interventions that can be sustained beyond the funding period (June 2010). Out of 36 applications that were submitted by school administrators, 18 grants of \$500 each were awarded for activities such as expanding access to school recreation facilities; making snowshoeing equipment available to students; allowing homeroom classes to use the school gym on a rotating basis; implementing physical activity breaks throughout the school day; and implementing cardiovascular and yoga training curriculums and materials that students can use before, after and during the school day. Schools that received mini-grants will report on their progress towards key benchmarks and outcomes to Dakota County local SHIP staff. To further improve opportunities for physical activity, Dakota County is currently working with 14 schools across three school districts to implement comprehensive Safe Routes to School initiatives that will increase the proportion of students who walk or bike to school, with the potential to increase physical activity among 7,000 students, their family members, teachers and staff.



Douglas County Community Health Board
Partners: Mid-State Community Health Board
(Grant County, Pope County, Stevens County, Traverse County)

Community Leadership Team

- PrimeWest Health
- Tastefully Simple, Inc.
- Alexandria Public Schools (#206)
- United Way of Douglas and Pope Counties
- Pope County Family Services Collaborative
- Minnewaska Wellness and Fitness
- Pope County Land and Resource Management
- Grant County Child & Youth Council
- University of Minnesota-Morris
- Wheaton School District (#803)
- University of Minnesota Extension Service
- Stevens-Traverse-Grant Special Supplemental Program for Women, Infants and Children Program
- Stevens Community Medical Center
- West Central Minnesota Communities Action, Inc.
- Lakes Country Service Cooperative
- Douglas County Public Health
- Pope County Public Health
- Stevens-Traverse-Grant Public Health

Interventions

- Healthy Eating in Schools
- Healthy Eating in Communities
- Active Schools
- Active Communities
- Comprehensive Worksite Wellness
- Health Care Referrals to Local Resources



Key Results

Over the past six months, Douglas County Community Health Board, in collaboration with Mid-State Community Health Board, has made progress toward completing assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- The Minnesota Institute of Public Health, an organization that is assisting with the community assessment process, worked with county-level SHIP Liaisons to conduct key informant interviews with elected officials and other key leaders; facilitate six focus groups with community members residing and/or working in the region; and administer a brief Web-based survey to schools.
- Community Leadership Team and Local Partnership Team meetings were held to review assessments, discuss interventions and select interventions for implementation.

Interventions in physical activity and healthy eating will build on efforts funded by Blue Cross Blue Shield of Minnesota and occur in several communities throughout the five-county area.

- Local SHIP staff has collaborated with Street Factory Media to develop a comprehensive marketing plan, including a Web site that will be used to communicate events, successes and key activities to the public. A name, West Central Wellness, and a logo were developed to promote a cohesive message across the region.
- During the fall of 2009, the five-county regional coalition held a kick-off event at the Lakeside Ballroom in Glenwood, Minnesota. Partners present included schools, hospitals, clinics, faith communities, government leaders, community organizations and businesses.



**Faribault-Martin Human Services Board
Partners: Watonwan County Human Services Board**

Community Leadership Team

- University of Minnesota Extension
- Martin County Commissioner
- Faribault County Commissioner
- Watonwan County Commissioner
- Fairmont Parks and Recreation Committee
- Martin County West Schools (#2448)
- Fairmont Medical Center
- Presentation College
- Family Services Collaborative of Faribault & Martin Counties
- Madelia Community Hospital
- St. James Medical Center
- City of St. James
- Human Services of Faribault and Martin Counties
- Watonwan County Human Services
- Community Representative

Interventions

- Healthy Eating in Schools
- Healthy Eating in Communities
- Active Schools
- Active Communities
- Comprehensive Worksite Wellness
- Health Care Referrals to Local Resources

Key Results

Over the past six months, Faribault-Martin Human Services Board, in collaboration with Watonwan County Human Services Board, has made progress toward completing assess-

ment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff have recruited 15 organizations to form a Community Leadership Team that has held regular meetings to share information and updates. Three members of the Community Leadership Team are liaisons



to local partnership teams for each county. The local partnership teams provide the Community Leadership Team with intervention suggestions specific to each county and work directly to implement interventions within local communities.

- Local SHIP staff have conducted a comprehensive community assessment, which included surveying adult and youth community residents; conducting eight focus groups; conducting 20 key informant interviews; and analyzing existing federal, state and local data to identify attitudes, beliefs, behaviors and barriers related to healthy eating, physical activity and tobacco. The assessment helped further identify at-risk/high-risk populations in the region, including youth, low-income families, Latinos and older adults; these populations will be prioritized in selected interventions.

- In partnership with SHIP, the Fairmont Park and Trails Committee convened a local steering committee to implement Safe Routes to School,

an initiative designed to increase physical activity for school children by making it safer and easier for students to bike or walk to school. The steering committee directed an assessment in Fairmont, helped map safe routes to school and began planning for implementation of this intervention. The committee plans to expand the program either county-wide or tri-county-wide within the next year.

- The local SHIP Coordinator has been engaging communities and generating interest in SHIP by presenting to community groups and planning a local conference to present results from the community assessment and to showcase systems change work within Minnesota and in the Fairbault-Martin-Watonwan area.



Hennepin County Community Health Board

Community Leadership Team

- Association for Nonsmokers-Minnesota
- Bloomington Public Health
- University of Minnesota Boynton Health Service
- Community University Health Care Clinic
- Emergency Foodshelf Network
- Family Recovery Systems
- Hennepin County Medical Center
- HealthWorks Fitness for Women
- Minneapolis Department of Health and Family Support
- Minneapolis Public Schools (#1)
- Northwest Hennepin Family Services Collaborative
- Plymouth Park and Recreation
- Osseo Area Schools (#279)
- Minnesota Nurses Association Third District
- Community Representative

Interventions

- Healthy Eating in Schools
- Healthy Eating in Communities
- Healthy Eating in Worksites
- Active Schools
- Active Communities
- Active Worksites
- Tobacco-Free Campuses – Post Secondary
- Tobacco-Free Grounds – K-12
- Connect Post Secondary Students to Cessation Services
- Smoke-Free Multi-Unit Housing
- Tobacco-Free Outdoor Recreation
- Comprehensive Worksite Wellness
- Institute for Clinical Systems Improvement (ICSI) Guidelines in Health Care
- Health Care Referrals to Local Resources

Key Results

Over the past six months, Hennepin County Community Health Board has made progress toward implementing the systems changes outlined in each of the above interventions. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff have secured contracts from nine of 11 school districts within the local public health jurisdiction to participate in the development, implementation, promotion and ongoing enforcement of comprehensive tobacco-free school policies (*Tobacco-Free Grounds – K-12*). Contracts have been processed and schools are mov-

ing forward with hiring Wellness Coordinators. In addition, these school districts will participate in the implementation of *Healthy Eating in Schools* and *Active Schools*. The school districts include Brooklyn Center, Eden Prairie, Hopkins, Minnetonka, Orono, Osseo, Robbinsdale, Wayzata and Westonka. St. Louis Park has expressed interest

in participation as well. In the second year of the grant, implementation will expand to include four districts operating in multiple community health jurisdictions, including Anoka-Hennepin, Rockford, Elk River and Intermediate School District #287.

- Staff of Boynton Health Service at the University of Minnesota have worked with administrators at Hennepin Technical College (two campuses in Brooklyn Park and Eden Prairie) and North Hennepin Community College (one campus in Brooklyn Park) to confirm interest in participation in tobacco-free campus and tobacco cessation interventions. Initial contacts with Globe College (multiple campus locations) have occurred and Boynton staff will continue to follow up with this and other institutions.

- Local SHIP staff are working to implement physical activity interventions in 50 worksites; nutrition interventions in 30 worksites; and *Comprehensive Worksite Wellness* initiative in 15 worksites during the grant period. To date, multiple steps have been completed to lay the groundwork for reaching this goal, including hiring highly qualified staff to support the worksite interventions; receiving clear indications from worksites that they are interested in implementing the program; securing strong consultation expertise; and having representatives from over 20 worksites express interest in participating in the interventions through direct personal contact or attendance at a worksite wellness workshop.

- The Intellectual and Developmental Disabilities (IDD) Stakeholders group is guiding the development of a *Healthy Eating in Communities* intervention to change the systems and practices that influence nutrition and physical activity by working with many aspects of the disabilities service system such as health promotion, provider

relations, case management and training for direct support professionals and managers. Local SHIP staff has gathered information from 30 key informant interviews and 15 observational site visits at group homes, day training and rehabilitation facilities to help understand the needs, support and assets available for implementation of these interventions. Also, a dietician was hired to conduct organization/environmental assessments with group homes.

- Hennepin County is implementing Health Works, a comprehensive employee wellness strategy at all agencies, departments and worksites of the county government system. Local SHIP staff have cemented the support from a county administrator who will designate the initiative as having countywide priority, which will ensure participation from departments across the county. Bargaining units, managers and assistant administrators have expressed interest in a comprehensive approach to employee wellness. HealthPartners (the county's health plan) has supported the initiative by enhancing the co-payment structure to encourage greater participation by employees in health and wellness activities. This intervention aims to reach 7,600 employees, 1,349 insured dependents and 1,060 insured retirees.

Highlight

Living in an environment that supports walking and biking for transportation and recreation is strongly associated with increased levels of physical activity. Through the Active Living Hennepin Communities Partnership, local SHIP staff and partners will work to implement practices that create active communities by providing safe and convenient opportunities for physical activity, especially opportunities for walking and biking for transportation and recreation (*Active Communities*). This intervention builds



on existing efforts to create active communities funded through Blue Cross Blue Shield. Since September 2009, this work has expanded from the initial seven partner cities of Bloomington, Brooklyn Park, Excelsior, Golden Valley, Hopkins, Independence and St. Louis Park to four new cities, including Crystal, Maple Plain, Minnetonka and Robbinsdale. The City of Maple Plain passed an Active Living Resolution in September 2009 and the City of Robbinsdale passed an Active Living Resolution in October 2009. In October 2009, local SHIP staff planned and hosted an Active Living Hennepin County Bike Workshop to provide training on road design for bikeable communities. In addition, partners have begun to plan activities that will reach a multicultural audience and boost physical activity among at-risk/high-risk groups; present on active living to various groups and committees to garner support; provide toolkits for additional groups interested in working on active living policies; and work to build support for complete streets initiatives across the state. This intervention could potentially reach all residents in the 11 partner cities, all residents using Three Rivers Park District services and all residents in the Hennepin County services area.



Isanti-Mille Lacs Community Health Board

Community Leadership Team

- Isanti County Active Living by Design
- Braham School District (#314)
- Isanti County Public Health
- Mille Lacs County Public Health

Interventions

- Healthy Eating in Schools
- Active Communities
- Connect Post Secondary Students to Cessation Services
- Tobacco-Free Campuses - Post Secondary
- Tobacco-Free Hospital and Health Care Grounds
- Connect People to Cessation Services
- Comprehensive Worksite Wellness
- Health Care Referrals to Local Resources

Key Results

Over the past six months, Isanti-Mille Lacs Community Health Board has made progress toward completing assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- Isanti and Mille Lacs Counties have each assembled a Local Partnership Team comprised of a variety of partner organizations and a few

representatives from each county sit on the overarching SHIP Community Leadership Team. Local SHIP staff developed this structure to ensure adequate local representation and to streamline decision-making processes for efficiency.

- Local SHIP staff have worked with their Community Leadership Team and Local Partnership Teams to conduct an assessment that included multiple focus groups, key informant interviews and several meetings with key players within each county.

Results of the assessment indicated that tobacco-free health care campuses; patient referral to community resources including cessation services; school nutrition policies; community design that incorporates opportunities for biking and walking (active living); and worksite wellness are priority areas for SHIP. In addition, findings from the community assessment have helped identify specific sites at which each intervention will take place. For example, two health care systems and their affiliated clinics – which together serve



the majority of residents in Isanti and Mille Lacs Counties – have agreed to be the initial sites for the health care interventions.

- Local SHIP staff are working closely with Isanti County’s Active Living by Design (funded by Robert Wood Johnson Foundation through 2009) staff to build on the work already accomplished around active living in Isanti County. The experience gained and success demonstrated from the Active Living by Design project will benefit the continued and expanded active living work in Isanti County and the initial active living work in Mille Lacs County. The cities of Braham, Isle, Milaca and Isanti, which are the most populated areas of each county, will be targeted as initial sites for the *Active Communities* intervention.

- Local SHIP staff are working with two businesses with a total of six locations to implement a wellness initiative that implements systems changes that support increased physical activity, better nutrition and reduced tobacco use. The Chamber

of Commerce and many employers comprising a group called the Community Health and Wellness Partnership are fully engaged and supportive of wellness efforts for employees across the two counties.



Kanabec-Pine County Community Health Board

Community Leadership Team

- Kanabec County Public Health
- Pine County Public Health
- Substance Abuse Coalition of Kanabec County
- Kanabec Hospital
- Pine Technical College
- Mora Public Schools (#332)
- Pine City Public Schools (#578)
- Pine City Area Food Shelf

Key Results

Over the past six months, Kanabec-Pine County Community Health Board has made progress towards completing assessment activities that will facilitate systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- The local SHIP Coordinator and the Community Leadership Team have conducted key informant interviews and gathered information on existing systems and environments to generate an initial understanding of current community needs and supports around obesity and tobacco use and exposure.

- The Community Leadership Team has identified the need to increase public areas that are tobacco-free as a priority area. The Kanabec-Pine community is developing action plans for three tobacco-related SHIP interventions. Local SHIP staff will work closely with the Substance Abuse Coalition of Kanabec County, the Pine County Meth Task Force, Pine Technical College and the Mora Chamber of Commerce to implement these interventions.

- The Community Leadership Team has also identified the creation of healthier school environments as a priority area. Kanabec-Pine will leverage the strong existing support from community school districts to work on improving the nutrition and

physical activity aspects of the school environment that will have the potential to affect over 5,500 students.

- Kanabec-Pine is promoting the SHIP initiative through a news story in *The Pine City Pioneer* and by developing a Web site for the public to view SHIP progress and information. Creating this Web site will streamline how information is shared with partners and stakeholders.



Kandiyohi Community Health Board

Community Leadership Team

- Affiliated Community Medical Centers
- Heartland Community Action Agency – Head Start Program
- Kandiyohi County Area Family YMCA Inc.
- Kandiyohi County Food System Steering Committee
- MACCRAY School District (#2188)
- New London-Spicer Schools (#345)
- Willmar Design Center
- Willmar Public School District (#347)
- Willmar Public Schools Wellness Policy Committee

Interventions

- Healthy Eating in Schools
- Healthy Eating in Communities
- Healthy Eating in Child Care
- Healthy Eating in Worksites
- Active Schools
- Active Communities
- Active Child Care
- Tobacco-Free Grounds – K-12
- Tobacco-Free Outdoor Recreation
- Health Care Referrals to Local Resources

Key Results

Over the past six months, Kandiyohi County Community Health Board has made progress toward implementing the systems changes outlined in each of the above interventions. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff have selected the City of Raymond as a pilot site in which to implement the *Active Communities* intervention. Thus far, a group of residents has formed to work on this intervention; a wellness champion has been identified to take the lead on advocating for changes related to this intervention and building community support; an observational needs as-

essment has been conducted; existing policies related to transportation planning have been reviewed; and a walkability audit to identify problems and establish priorities for creating more walkable and bikeable communities has been conducted. Next, local SHIP staff will hold a meeting with representatives from the Minnesota Department of Transportation to discuss possible

solutions and future planning. Following initial implementation in Raymond, this work will be expanded to Willmar, Atwater and New London.

- Local SHIP staff is working to implement the *Healthy Eating in Schools* intervention, which builds on work begun through Steps to a Healthier Willmar to increase access to healthy foods in schools. Currently, work is underway to enforce the healthy eating sections of Willmar School District's Wellness Policy by offering healthier options at school concession stands. Further, New London – Spicer School District has agreed to implement an initiative to provide school menu nutrition facts to students, staff and parents through the school Web site to promote healthy lunches and snacks.
- Work is underway to implement menu labeling practices at licensed establishments that make and sell food in Kandiyohi County through the *Healthy Eating in Communities* intervention. A list of eating establishments in the county was developed. This list was reviewed and discussed and local SHIP staff have decided to begin work with local coffee shops and expand to other establishments after initial success. A letter of introduction has been sent to the managers or owners of seven local coffee shops.
- Through the *Tobacco-Free Outdoor Recreation* Intervention, Kandiyohi County will implement tobacco-free parks, playgrounds and beaches in Willmar, New London, Spicer and Prinsburg. Thus far, existing policies have been reviewed and tobacco litter pick-up activities have been conducted in two of the communities. These activi-

ties have doubled as a way of conducting observational studies of current tobacco use and collecting materials for presentations to local officials to garner support for passage of tobacco-free policies.

- A member of Kandiyohi County's Community Leadership Team has formed a work group to address physical activity and nutrition in child care settings and preschools through the *Healthy Eating in Child Care* and *Active Child Care* interventions. Thus far, the group has created a Web-based survey for providers to complete that assesses practices related to physical activity and nutrition. Forty-one licensed child care sites have completed the survey and results are being compiled to better understand needs and priorities.

Highlight

Building on a patient referral system developed during Steps to a Healthier Willmar, local SHIP staff are working together with Kandiyohi County Women, Infants and Children and Child and Teen Checkups programs to develop a referral system for families with children who are overweight or at risk of becoming overweight through the *Health Care Referrals to Local Resources* intervention. The existing patient referral system flags patients identified as pre-diabetic and refers them to the "Individuals and Communities Acting Now to Prevent Diabetes" program, a 16-week evidence-based program that results in significant improved health indicators, including a 5-7 percent weight loss. This referral system continues to be in place, utilized and improved upon. To further expand the referral system, local SHIP staff will work in partnership with the Kandiyohi



County Women, Infants and Children and Child and Teen Checkups programs to develop list of local resources that will flag families with young children who are overweight and refer them to local resources that will support improved health behaviors by increasing access to high quality, nutritious foods and opportunities for physical activity. This intervention offers a unique opportunity for health care providers to promote the development and maintenance of healthy lifestyle behaviors by encouraging individuals to maintain healthy eating habits and participate in physical activity on a regular basis. Local SHIP staff will continue to build and strengthen relationships with both local resources and providers as they expand the referral system. Addressing obesity in this population is a high priority: data from 2006 for Kandiyohi County indicate that 30 percent of children served through the Women, Infants and Children program are at risk for overweight or obesity. This intervention has the potential to improve the health habits of nearly 1,000 children ages 2-5 years old, as well as parents, caregivers and other family members in Kandiyohi County.



Le Sueur – Waseca Community Health Board

Community Leadership

- Waseca County Public Health
- Le Sueur County Public Health
- Waseca Public Schools
- Waseca Community Education (#829)
- Waseca Medical Center
- Waseca County Board of Commissioners
- New Richland-Hartland-Ellendale-Geneva Public Schools (#2168)
- Waterville-Elysian/Morristown Public Schools (#2143)
- City of Le Sueur Parks & Recreation Department
- Brown Printing Company
- Le Sueur County Board of Commissioners

Key Results

Over the past six months, Le Sueur – Waseca Community Health Board has made progress toward completing assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff worked to convene the Le Sueur – Waseca Community Leadership Team, which has over 15 representatives from communities, schools, worksites and health care settings. Community Leadership Team members have committed to

participating in meetings and acting as a resource within their own communities.

- Local SHIP staff, together with the Community Leadership Team, has begun assessment activities in collaboration with Wilder Research. Results from the assessment will guide the selection of interventions that have the potential to reach over 47,500 residents in the Le Sueur - Waseca area.
- Local SHIP staff have planned to air public service announcements relevant to obesity and tobacco use and exposure. These announcements will

increase awareness and knowledge among community residents, thereby leading to greater community support for SHIP interventions.



Lincoln-Lyon-Murray-Pipestone Community Health Board

Community Leadership Team

- Fey Industries, Inc.
- Hy-Vee Inc.
- Marshall High School
- Murray County Medical Center
- Murray County Wellness Team
- Pipestone Active Living
- Southwest/West Central Service Cooperation
- University of Minnesota Extension
- Western Community Action, Head Start
- YMCA, Pioneering a Healthier Marshall
- Community Representative

Interventions

- Healthy Eating in Schools
- Healthy Eating in Communities
- School Physical Education
- Active Communities
- Comprehensive Worksite Wellness
- Health Care Referrals to Local Resources

Key Results

Over the past six months, Lincoln-Lyon-Murray-Pipestone Community Health Board has made progress toward completing assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the

reporting period:

- Local SHIP staff and the Community Leadership Team have been actively engaging community organizations, local businesses and residents to build partnerships and lay the groundwork for future collaboration. In order to further visibility and community engagement, local

SHIP staff has presented at a variety of community events, including Schwan's Health Expo and Pioneering a Healthier Marshall.

- Local SHIP staff have conducted a comprehensive community assessment, including a walkability audit, a Web-based survey and 86 key informant interviews with key



leaders across the four counties. Results of the assessment indicated that increasing access and affordability of healthy foods in communities, schools and worksites; quality school-based physical education; and increasing the availability of safe places for individuals to walk or bike for leisure or transportation in communities are priority areas. In addition, the assessment helped build connections with community education directors, worksites and schools that represent at-risk/high-risk populations.

- Local SHIP staff have been working to build upon and expand existing efforts designed to make systems changes that reduce obesity and tobacco use and exposure. Local SHIP staff will collaborate with the Murray County Wellness Group to expand their community garden program and create a healthier lunch program. Further, local SHIP staff are collaborating with Pipestone Active Living and Pioneering a Healthier Marshall to expand current work on safe communities and safe routes to school.



Meeker-McLeod-Sibley Community Health Board

Community Leadership Team

- Meeker County Highway Department
- Econofoods
- Minnesota Rubber and Plastics
- City of Litchfield Chamber of Commerce
- Meeker Memorial Hospital
- City of Hutchinson, Mayor
- Hutchinson Area Health Care
- Vivid Image
- Core Exercise Studio
- Sibley Medical Center
- Sibley County Commissioner
- University of Minnesota Extension
- Heartland Community Action Agency, Inc.
- Meeker-McLeod-Sibley Community Health Services

Interventions

- Healthy Eating in Schools
- Active Communities
- Active Child Care
- Connect Employees to Cessation Services
- Comprehensive Worksite Wellness
- Health Care Referrals to Local Resources

Key Results

Over the past six months, Meeker-McLeod-Sibley Community Health Board has made progress toward implementing the systems changes outlined in each of the above interventions. The following is a selection

of key results from activities during the reporting period:

- Local SHIP staff have conducted 75 key informant interviews and analyzed 341 Web-based surveys. These data collection efforts have resulted

in increased community awareness, guidance for intervention selection and strengthened relationships with partners.

- Local SHIP staff presented their systems change work at several com-



community meetings. These presentations resulted in increased commitment from current partners and new commitments from additional partners across the community, including seven city governments, eight work-sites and numerous schools.

- In partnership with the city of Arlington, Meeker-McLeod-Sibley conducted a walkability workshop, which has led to increased community interest in walkable communities and Safe Routes to School initiatives designed to increase walking and biking to school among students.
- All three counties have confirmed that five school districts will participate in the *Healthy Eating in Schools* intervention, which will potentially reach 5,321 students and 791 staff.

Highlight

Living in an environment that supports walking and biking for transportation and recreation is strongly associated with increased levels of physical activity. Meeker-McLeod-Sibley local SHIP staff has begun

work on their *Active Communities* intervention in collaboration with the Prairie Line Trail Committee and the Meeker County Trail Group. Both trail organizations wanted to pursue a Trail Legacy Grant to improve and expand the biking and walking trails in their region. The SHIP Community Leadership Team played a key role in organizing community support for the Trail Legacy Grant application. This combined effort has resulted in the County Board passing two resolutions: one to support the Trail Legacy Grant and one to contribute matching funds of \$55,000 to complete the trail. These changes will ultimately lead to increased physical activity among residents in Meeker, McLeod and Sibley Counties.



Morrison-Todd-Wadena Community Health Services Board

Community Leadership Team

- City of Long Prairie Chamber of Commerce
- Little Falls Area Chamber of Commerce
- Lakewood Health System
- Family Medical Center
- Smoke-Free Communities
- University of Minnesota Extension
- Little Falls Community High School
- Menahga Public Schools District (#821)
- Wadena-Deer Creek School District (#2155)
- Tri-County Community Action Program
- Wadena County Board
- Todd County Parks and Trails Board
- Sebeka Public School (#820)

Interventions

- Healthy Eating in Schools
- Healthy Eating in Communities
- Healthy Eating in Worksites
- Active Schools
- Active Communities
- Smoke-Free Multi-Unit Housing
- Restrict Youth Access to Tobacco
- Health Care Referrals to Local Resources

Key Results

Over the past six months, Morrison-Todd-Wadena Community Health Services Board has made progress toward completing assessment activities that will facilitate implementa-

tion of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- The Community Leadership Team has had strong attendance at monthly meetings. Members have willingly shared agency resources and community information and provided valuable recommendations for SHIP



intervention selection.

- Local SHIP staff have conducted community assessment across the three counties to identify community needs, support and assets, through a Web-based community stakeholder survey and focus groups of three at-risk/high-risk populations: youth, low-income families and senior citizens. Community stakeholders provided information about existing obesity and tobacco prevention efforts, barriers to efforts and input on future projects and activities. Participants in focus groups shared their knowledge and opinions about how to make their community more active, increase access to healthy foods and reduce tobacco use and exposure.
- Results from the community assessment provided a great deal of information about community needs and support. In general, the results indicate strong need and support for more places to walk, bike and be active; healthier foods in schools; more opportunities to be active in worksites; increased availability and

affordability of healthier foods; and increased school-based physical education.

- Local SHIP staff have collaborated with economic development agencies to discuss the nutritional needs of low-income residents and ways to address these needs through community gardens and a local foods catalogue. Local SHIP staff collaborated with Stimulating Economic Progress, a community organization in Wadena, to apply for a U.S. Department of Agriculture Community Food Project competitive grant. This grant would allow low-income residents to access a shared community kitchen, receive education on food production, harvesting and preservation and gain access to locally grown foods year-round. Aligning this grant with Morrison-Todd-Wadena's SHIP efforts will provide increased access to healthy, locally grown foods for low-income families.



Nobles-Rock Community Health Board

Community Leadership Team

- Sanford Hospital and Clinics
- Avera Specialty Clinic
- Minnesota West Community and Technical College
- Nobles County Sheriff’s Department
- Rock County Sheriff’s Department
- Hills-Beaver Creek School District (#671)
- Luverne School District (#2184)
- Adrian School District (#511)
- Ellsworth School District (#514)
- Round Lake-Brewster School District (#516 and 513)
- Worthington YMCA
- Luverne Community Education
- Nobles County Commission
- Community Representative

Interventions

- Healthy Eating in Schools
- Healthy Eating in Communities
- Healthy Eating in Worksites
- Active Schools
- Connect Post Secondary Students to Cessation Services
- Connect Employees to Cessation Services
- Connect People to Cessation Services

Key Results

Over the past six months, Nobles-Rock Community Health Board has made progress toward implementing the systems changes outlined in each of the above interventions. The

following is a selection of key results from activities during the reporting period:

- Local SHIP staff used findings from their community assessment,

including results from an e-mail focus group, a mail survey and face-to-face key informant interviews with elected officials, to prioritize the selection of SHIP interventions. Three priorities emerged from this assessment: qual-



ity school-based physical education; healthy eating in schools; and linking employees and post-secondary school students with cessation services.

- Local SHIP staff have found that community support for work on obesity and tobacco use and exposure is strong. Out of approximately 1,600 people surveyed, 99 percent state their support for continued work to reduce obesity and tobacco use. Support for work on obesity is particularly strong; it has been identified as a top priority within Nobles-Rock.

- Local SHIP staff are working with Minnesota West Community and Technical College – Worthington Campus to *Connect Post-Secondary Students to Cessation Services*. Local SHIP staff are building on existing relationships to do this work; Nobles-Rock Community Health Board and Minnesota West Community and Technical College have worked together in the past to implement a smoke-free campus policy. This work may expand to the campus outreach center in Luverne following successful implementation.

- Local SHIP staff are collaborating with the two largest employers in the local area (Swift and Company in Worthington; TCI Card Services in Luverne) that employ workers from at-risk/high-risk populations to implement the *Healthy Eating in Worksites* and *Connect Employees to Cessation Services* interventions. Thus far, local SHIP staff have compiled a list of available cessation services; have made key contacts within each site, especially with human resources or wellness personnel; and are assessing site-specific needs.

Highlight

Nobles-Rock Community Health Board is working with all five school districts in the community (Hills-Beaver Creek Schools; Adrian Schools; Luverne Schools; Worthington Schools; Ellsworth Schools; and Brewster-Round Lake Schools) to implement the *Healthy Eating in Schools* intervention. Thus far, local SHIP staff have held a training with Catalyst to engage youth and parents around the issue of healthy eating and to provide training on ways to

improve the nutrition environment in schools. This training, together with other activities, has garnered great community support and enthusiasm for this intervention among parents, students, teachers and school staff alike. There is an especially high level of interest in improving the nutrition content of school lunches and for implementing healthy vending. Currently, local SHIP staff are working with food service staff to better understand the opportunities and barriers present for modifying the nutrition content of school lunches. This intervention has the potential to reach nearly 5,000 students in the Nobles-Rock area. Improving access to healthy foods in schools will help increase the proportion of students who meet federal guidelines for nutrition.



North Country Community Health Board (Beltrami County, Clearwater County, Hubbard County, Lake of the Woods County)

Community Leadership Team

- St. Joseph's Area Health Services
- North Country Community Health Board Administration
- Clearwater County Nursing Service
- Clearwater County Commissioners
- Bagley Public Schools (#162)
- Beltrami County Health and Human Services
- University of Minnesota Extension
- Beltrami Wellness Education for Long Life
- Headwaters Regional Development Commission
- Bemidji State University
- Minnesota Department of Natural Resources
- Lakewood Nursing Service
- Lakewood County Commissioners

Interventions

- Healthy Eating in Schools
- Healthy Eating in Communities
- Active Communities
- Comprehensive Worksite Wellness
- Health Care Referrals to Local Resources

Key Results

Over the past six months, North Country Community Health Board has made progress toward completing assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during

the reporting period:

- Local SHIP staff and members of the Community Leadership Team are building internal capacity through trainings, including Community Assessment Training, Shaping Policy for Health, Increasing Access to Healthy Foods and School Health Index

training. Having an understanding of these topics will guide how SHIP interventions will be implemented in the four-county region.

- Local SHIP staff completed a community needs assessment, which included 20 key informant interviews across four sectors; interviews with



public health directors from each county about community survey results; a survey of Beltrami County residents; and informal school surveys. Addressing physical activity and healthy eating were identified as priority areas, as obesity is of high concern across the community.

- Local SHIP staff completed a scan of school food policies, physical education programs and tobacco policies. Within schools, there are several existing efforts that are in line with the goals of SHIP, including wellness policies that limit the sale of soda and provide salad bars. Local SHIP staff will build on these efforts and address gaps, including plans for safe school walking and biking routes.
- Local SHIP staff have created resources to promote SHIP to the public in the North Country region, including a fact sheet, newsletter and press release. These communication efforts will increase awareness and knowledge among residents that may be affected by SHIP interventions.



Olmsted County Community Health Board

Community Leadership Team

- Byron Public Schools (#531)
- Child Care Resource and Referral
- IBM
- Mayo Clinic
- Minnesota House of Representatives Member, District 29B
- Olmsted Area Breastfeeding Coalition
- Olmsted County Board
- Olmsted Medical Center
- Public Health Services Advisory Board
- Rochester Area Chamber of Commerce
- Rochester Athletic Club
- Rochester City Council
- Rochester Community and Technical College
- Rochester-Olmsted Planning Department
- Rochester Public Schools (#535)
- Southeast Minnesota Tobacco Collaborative
- Southeast Regional Sustainable Development Partnership

Interventions

- Healthy Eating in Schools
- Healthy Eating in Communities
- Healthy Eating in Worksites
- Health Care Breastfeeding Support
- Active Schools
- Active Communities
- Active Child Care
- Tobacco-Free Campuses – Post Secondary
- Connect Post Secondary Students to Cessation Services
- Tobacco-Free Worksite Grounds
- Connect Employees to Cessation Services
- Health Care Referrals to Local Resources



Key Results

Over the past six months, Olmsted County Community Health Board has made progress toward implementing systems changes outlined in each of the above interventions. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff presented their systems change work to numerous community groups, which has resulted in commitment from five city governments, 20 worksites and five of seven school districts to collaborate on SHIP efforts.
- The Dover/Eyota School District has enlisted local food growers to provide fruits, vegetables and other foods for their students during the 2009-2010 school year. This effort will reach approximately 1,100 students across the school district. Regular menu items include peppers, tomatoes, watermelon, cantaloupe, sweet corn, red potatoes and squash. Providing students with fruits and vegetables will lead to increased healthy eating, ultimately reducing

obesity among Olmsted County's youth.

- Local SHIP staff are working with community garden task force groups to develop guidance for successful development and implementation of community gardens. At least one neighborhood garden will be established in the cities of Byron, Eyota, Oronoco and Stewartville and two additional gardens will be planted in the city of Rochester.
- Local SHIP staff held informational meetings about creating active communities, which included sharing the City of Rochester's success with passing the first Complete Streets policy in Minnesota. As a result of the meetings, the cities of Byron, Eyota and Stewartville have committed to move forward with the *Active Communities* intervention.

Highlight

There is a clear link between smoke-free policy adoption and reduced exposure to secondhand smoke. In response to a request by students,

faculty and staff to reduce second-hand smoke exposure on campus, Rochester Community and Technical College and Olmsted County Steps to a Healthier Minnesota (which later transitioned to SHIP) partnered to develop, promote and pass a comprehensive tobacco-free policy. The new policy, effective January 1, 2010, prohibits smoking, tobacco use and tobacco sales on college owned, operated or leased property, including all college owned vehicles. Further, the tobacco-free policy implementation at Rochester Community and Technical College will affect three other campuses housed on the University Center Rochester Campus: Bethel University, Saint Mary's University and Winona State University. The impact and reach of this SHIP intervention is estimated to affect 9,000 college students and another 600 employees in Olmsted County, as well as thousands of visitors on campus each year. These changes ultimately lead to reduced tobacco exposure and use among residents of Olmsted County.



Otter Tail Multi-Grantee Initiative

Partners: Otter Tail County Human Services Board, Clay-Wilkin Community Health Board, Becker County Community Health Board, Douglas County Community Health Board, Mid-State Community Health Board (Grant County, Pope County, Stevens County, Traverse County)

Community Leadership Team

- Becker County Human Services
- Clay-Wilkin Community Health Services
- Douglas County Public Health
- Mid-State Community Health Services
- Otter Tail County Public Health
- Douglas County Hospital
- Glacial Ridge Hospital
- Innovis Health: Hospital
- Lake Region Healthcare
- MeritCare Hospital
- Perham Memorial Hospital
- St. Francis Hospital and Home
- St. Mary's Innovis Health
- Stevens Community Medical Center
- Wheaton Community Hospital & Medical Center

Intervention

- Health Care Breastfeeding Support

Key Results

Over the past six months, the Otter Tail Multi-Grantee Initiative has made progress toward implementing systems changes outlined in the above intervention. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff, together with the University of Minnesota – Morris, is developing a data collection tool to gather information about breastfeeding rates and facility resources and needs at local clinics. This data collection effort will provide baseline data for 10 area hospitals and seven public health agencies and allow for future estimates of reach and impact.

- Local SHIP staff have conducted the first Community Leadership Team meeting; at this meeting, all 14 partner groups were represented and fully engaged.

- Local SHIP staff attended “The Business Case for Breastfeeding” training provided by the U.S. Department of Health and Human Services



and will utilize information from the training to build staff capacity and knowledge to approach businesses about providing supportive breastfeeding environments. They will also train public health nurses in nine counties to equip them with the skills to sustain working within their counties to promote workplaces that support breastfeeding. In addition, one SHIP project coordinator has been selected by the Minnesota Breastfeeding Coalition to attend the U.S. Breastfeeding Coalition's national conference in January 2010 to gather information and network with other agencies implementing similar interventions across the country.

Highlight

Work is needed to improve the practices and environments in worksites, health care settings, schools and communities to create opportunities for initiation, exclusivity and duration of breastfeeding, which is linked to decreased rates of childhood and adult obesity. The Golden Start Breastfeeding Initiative is a collaboration of nine counties that

are working together to implement the *Health Care Breastfeeding Support* intervention. This intervention includes assisting hospitals, health departments, local businesses and day cares become baby-friendly; providing up-to-date staff education regarding breastfeeding at all levels of care; developing and implementing breastfeeding policies in hospitals and clinics; educating patients about the benefits of breastfeeding at various intervals prenatally; and promoting timely follow-up and support in the post partum period. Thus far, strong efforts have been made to recruit organizations to participate in this intervention across the region; the reach and impact of this intervention include at least the region's seven public health departments, 10 hospitals, numerous clinics, two businesses in each of nine counties and two day care centers in each of nine counties, which could affect nearly 42,000 women of childbearing age.



Polk County Community Health Board

Partners: Quin Community Health Board (Kittson County, Marshall County, Pennington County, Red Lake County, Roseau County), Norman-Mahnomen Community Health Board

Community Leadership Team

- KRJM Radio
- Marvin Windows and Doors
- Northwest Regional Sustainable Development Partnership
- Bridges Medical Center
- Kittson Central School District (#2171)
- Sanford Health & MeritCare
- Thief River Falls Public Schools (#564)
- University of Minnesota Extension
- Marshall County Social Services
- Northwest Service Cooperative
- RiverView Health
- Wild Rice Lutheran Parish
- Roseau Promotions
- Tri-Valley Opportunity Council
- Norman County East School District (#2215)
- University of Minnesota Crookston
- Kittson Memorial Health Care Center
- LifeCare Medical Center
- North Valley Public Health
- Inter County Nursing Service
- Quin Community Health Board
- Norman-Mahnomen Community Health Board
- Polk County Community Health Board

Interventions

- Healthy Eating in Schools
- Active Communities
- Comprehensive Worksite Wellness
- Health Care Referrals to Local Resources



Key Results

Over the past six months, Polk County Community Health Board, in collaboration with Quin and Norman-Mahnomen Community Health Boards, has made progress toward completing assessment activities that will facilitate implementation of systems and changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff completed a community needs assessment, which included data from 70 key informant interviews, 24 focus groups, and a review of data from the Minnesota Student Survey and Behavioral Risk Factor Surveillance System. Results were presented to the Community Leadership Team, county steering committees and other stakeholders and have been made available to the public.
- Community assessment data suggests that unhealthy dietary practices and lack of physical activity for youth within the region is a significant

problem. Only 12% of local students report eating the recommended amount of fruits and vegetables. Working on nutrition among youth has been identified as a priority and activities have the potential to reach over 16,000 students enrolled in schools in this region.

- To engage local residents, local SHIP staff have created media releases that have been used in over 20 community newspapers, provided dozens of presentations to community groups and established an e-mail distribution list for interested community members.



Saint Paul-Ramsey County Community Health Board

Community Leadership Team

- Saint Paul Public Schools
- Allina Hospitals and Clinics
- Active Living Ramsey County!
- Association for Nonsmokers - Minnesota
- Community Design Center of Minnesota
- HealthPartners
- Public Health Law Center at William Mitchell College of Law
- Saint Paul-Ramsey County Community Health Services Advisory Committee

Interventions

- Healthy Eating in Schools
- Healthy Eating in Communities
- Active Schools
- School Physical Education
- Active Communities
- Tobacco-Free Campuses – Post Secondary
- Tobacco-Free Grounds – K-12
- Smoke-Free Multi-Unit Housing
- Comprehensive Worksite Wellness
- Health Care Referrals to Local Resources

Key Results

Over the past six months, St. Paul-Ramsey County Community Health Board has made progress toward implementing the systems changes outlined in each of the above interventions. The following is a selection of key results from their activities during the reporting period:

- Two school districts are working on comprehensive nutrition policy through the

SHIP *Healthy Eating in Schools* intervention. Because of the initial efforts through Steps to a Healthier St. Paul, the St. Paul Public Schools District has one of the 10 best Wellness Policies in the United States and has extensive guidelines to ensure that policies are put into practice. Through SHIP, St. Paul Public Schools District is working to build capacity to expand and improve implementation and achieve district-wide consistency related to nutrition poli-

cies. In addition, work on comprehensive nutrition policies has expanded to North St. Paul-Maplewood-Oakdale; this school district has thus far formed a Coordinated School Health Committee and is working to develop an action plan. This intervention has the potential to reach nearly 362,000 students.

- Local SHIP staff are working with the Association for Nonsmokers - Minnesota to

implement the *Tobacco-Free Campuses – Post Secondary* intervention by assessing tobacco use policy in 16 post-secondary campuses with a total enrollment of 44,000 students, including many young adults in the 18-24- year-old age group, which is an at risk/high risk group for tobacco use. Currently, only one campus of the 16 is currently tobacco-free; the goal of this work is to implement and enforce tobacco-free policies on all campuses.

- Local SHIP staff are working with Active Living Ramsey County! on the *Active Communities* intervention to develop a Web-user interface using Geographic Information Systems that will enable residents to access information about physical activity facilities, biking and walking paths and healthier food locations. This project has been met with great interest, enthusiasm and support by organizations and residents of St. Paul-Ramsey County and will serve as a model for other communities across the state. Thus far, data layers have been defined for inclusion in the mapping system, including indoor walking facilities, YMCA facilities, recreational fields and biking and walking trails. In addition, due to the broad scope of this project, additional funding is being sought through the County Information Technology Department and other funding sources.

- Local SHIP staff are working with the Association for Nonsmokers - Minnesota to implement the *Smoke-Free Multi-Unit Housing* intervention. To reach the goal of implementing smoke-free multi-unit housing across the jurisdiction, an inclusive list of housing ownership, community resources and other related information is being formulated to implement change in 60 multi-unit housing buildings in Ramsey County. To facilitate this process and help reach a wide variety of sites, St. Paul-

Ramsey County is building on long-standing partnerships with landlords, housing management companies, community organizations, tenant organizations, social service providers, crime free housing groups, and police and fire departments.

- Local SHIP staff and the Active Living Ramsey County! are working together to implement the *Health Care Referrals to Local Resources* intervention by developing a Web-based referral system that will serve the needs of health and social service professionals and individuals in St. Paul-Ramsey County. Local SHIP staff are compiling an inventory of physical activity, nutrition and tobacco resources available in the county. Three clinics serving at-risk/high-risk residents of the county were selected as pilot sites for the referral system; in these clinics, patients who have been identified as at-risk for chronic disease will be referred to a community resource found in the inventory. Upon initial success, the system will be implemented in additional sites throughout the county.

Highlight

Results from the Healthy Schools Builder inventory conducted in Saint Paul Public Schools in the fall of 2009 suggest that less than 70 percent of elementary schools in the district provide recess for their students, only 20 percent of junior high and middle schools provide opportunities for daily physical activity breaks and no high school in the district provides opportunities for daily physical activity breaks. St. Paul-Ramsey County is building on work begun through Steps to a Healthier St. Paul to review and revise the physical education curriculum to implement more active physical education classes; train physical education instructors in best practices; and pilot the revised curriculum and teaching practices to help more youth meet physical



activity guidelines. Local SHIP staff conducted assessment of physical education opportunities in 22 schools in the Saint Paul Public Schools and then selected six of them to become pilot schools. All physical education instructors at these schools have completed (or are completing) action plans to increase the average minutes of active physical education per class and to increase quality instruction in the gym. In addition, approximately 20 physical education instructors participated in a workshop on increasing physical activity and best practices in middle school physical education. This work is currently being expanded beyond St. Paul Public Schools; in White Bear Lake, plans are underway to incorporate the Sports, Play and Active Recreation for Kids Physical Education program – an evidence-based, federally-tested program – into the district’s physical education curriculum. Pending School Board approval, this policy will be implemented in 2010 after all physical education staff have been trained. Across the two school districts, this intervention has the potential to increase physical activity among approximately 276,000 students. Improving opportunities for physical activity at school will help students in St. Paul-Ramsey County meet national guidelines for physical activity.



Rice County Community Health Board

Community Leadership Team

- United Way of Faribault
- District One Hospital
- Faribault Public Schools (#656)
- Northfield Hospital
- Northfield Healthy Communities Initiative
- The Welcome Center
- Carleton College
- St. Olaf College
- Fit For Life
- Holy Cross School
- Northfield Public School (#659)
- Centro Campesino

Interventions

- Healthy Eating in Communities
- Active Schools
- Active Communities
- Connect Post Secondary Students to Cessation Services
- Connect Employees to Cessation Services
- Connect People to Cessation Services
- Comprehensive Worksite Wellness
- Health Care Referrals to Local Resources

Key Results

Over the past six months, Rice County Community Health Board has made progress toward implementing the systems changes outlined in each of the above interventions. The following is a selection of key results from

activities during the reporting period:

- Rice County is working with Blue Cross Blue Shield Healthy Worksites Wellness Consulting to help 40 Faribault and Northfield area employers adopt and implement comprehensive

wellness initiatives as part of the SHIP *Comprehensive Worksite Wellness* intervention. These employers, many of which have already expressed interest in participating, will be large, medium and small worksites representing a variety of



industries including schools, manufacturing, government, health care, non-profit organizations and privately owned businesses. The anticipated reach of this intervention is 4,500 employees living in Rice County.

- Within Rice County, both Northfield and Faribault are working toward increasing activity levels of students and adults in the community through the *Active Schools* and *Active Communities* interventions. Northfield has begun work with a Safe Routes to School (that will increase opportunities for biking and walking to school) grant called Pathways to Healthier Students and will expand this work through SHIP. Rice County local SHIP staff are working with county parks and recreation to conduct an assessment of county-owned parks and recreation facilities and develop a long-term plan to increase opportunities for physical activity in the county.
- Rice County local SHIP staff are working across multiple settings to *Connect Post Secondary Students, Employees and People to Cessation*

Services. Approximately 40 work-sites, as well as Rice County Public Health, will be working on systems changes that connect employees to cessation services. In addition, three student health services clinics at St. Olaf College, Carleton College and South Central College have been identified for participation in this intervention, which could potentially reach 7,500 students. Two hospitals, six clinics and several health care providers are also working on this intervention.

Highlight

Access to healthy foods, including fruits and vegetables, is linked to increased consumption of these foods. Rice County Community Health Board is working in partnership with a number of community organizations to increase access to healthy foods among at-risk/high-risk populations, including low-income families and families that have limited English-speaking ability. Through the *Healthy Eating in Communities* intervention, local SHIP staff and partners are working to help two major farmers

markets accept payment through debit cards issued by the U.S. Department of Agriculture’s Supplemental Nutrition Assistance Program to low-income families. In addition, local SHIP staff and partners have worked to start a youth-led community garden initiative among populations with limited English-speaking ability. Thus far, local SHIP staff have conducted a review of existing farmers markets and community gardens and have documented their locations, items for sale and dates of operation. They are working to secure debit card machines that can be used in both farmers’ markets. In addition, they have reserved a plot in an existing community garden so youth and their family members can begin gardening in spring of 2010; success with this community garden will lead to presentations with city officials to gain their support for creating new community gardens. This intervention has the potential to increase healthy eating among a large proportion of at-risk/high-risk populations in Rice County, as well as other residents.



Sherburne County Community Health Board

Community Leadership Team

- Elk River Area School District (#728)
- Elk River Area Chamber of Commerce
- City of Elk River Parks and Recreation
- Sherburne County Planning, Zoning and Parks Administration
- Big Lake School District (#727)
- Sherburne County Board of Commissioners
- City of Becker Planning Department
- YMCA Greater Saint Paul/Metropolitan Minneapolis
- Sherburne County Public Health

Interventions

- Healthy Eating in Child Care
- Active Schools
- Active Communities
- Active Child Care
- Smoke-Free Multi-Unit Housing
- Comprehensive Worksite Wellness
- Health Care Breastfeeding Support

Key Results

Over the past six months, Sherburne County Community Health Board has made progress toward completing assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff collaborated with the Minnesota Institute of Public Health to conduct a community assessment. This community assessment included a Web-based survey that received responses from 247 people across the county and focus groups of over 30 community stakeholders held in Becker, Big Lake, Elk River and Zimmerman. Results from the assessment suggest that obesity

is becoming more acceptable and normalized in Sherburne County, but that there is also strong support for work that reduces obesity through increasing physical activity and improving nutrition.

- Community residents and key leaders are particularly supportive of interventions that address access to opportunities for physical activ-



ity in schools, worksites and the community; and the availability and affordability of healthy foods in child care settings and worksites. The assessment indicates that the existing environment in Sherburne County is more supportive of physical activity than of healthy eating.

- Additional community assessment activities around tobacco use and exposure included a survey of smoke-free multi-unit housing owners that was conducted by Bethel College nursing students and a smoke-free hotel and motel study. Currently, addressing physical activity and nutrition is a higher priority compared to addressing tobacco use and exposure.



Stearns County Human Services Board

Community Leadership Team

- St. Cloud State University
- Westwood Elementary School
- College of Saint Benedict
- Saint John’s University
- CentraCare Health Foundation (Better Living Exercise and Nutrition Daily)
- United Way of Central Minnesota
- Rocori School District Community Education
- City of Sartell
- Central Minnesota Council on Aging
- Albany Area School District Community Education
- Gold’n Plump
- HealthPartners

Interventions

- Healthy Eating in Communities
- Active Schools
- Active Communities
- Active Worksites
- Tobacco-Free Campuses - Post Secondary
- Health Care Referrals to Local Resources

Key Results

Over the past six months, Stearns County Human Services Board has made progress toward completing assessment activities that will facilitate implementation of system changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during

the reporting period:

- The Community Leadership Team has expanded and cemented its commitment over the reporting period. The initial six members recruited and engaged seven additional members. In September, the Community Leadership Team was officially recognized

as a work group for the Stearns County Human Services Public Health Task Force. Members have received training on systems change work and have become informed and energized around the concept.

- Local SHIP staff and the Community Leadership Team completed



an extensive review of existing data sources, including the 2008 Stearns County Community Health Assessment. In addition, the Community Leadership Team conducted key informant interviews with community leaders to assess readiness for involvement in SHIP interventions. Results from the community assessment showed a need for smoke-free university campuses, safe and increased access to physical activity, increased access to better nutrition within communities and a referral system to accompany the body mass index algorithm being introduced into the Stearns County Health Care System. Based on these needs, the Community Leadership Team has prioritized six SHIP interventions to implement in the community.

- Local SHIP staff and the Community Leadership Team have been building partnerships and garnering support for SHIP interventions. All four school districts in Stearns County – St. Cloud, Sartell, Rocori and Albany – have agreed to implement *Active Schools* beginning in January 2010.

St. Cloud State University and CentraCare Health Foundation will work in partnership with local SHIP staff to implement *Tobacco-Free Campuses - Post Secondary and Health Care Referrals to Local Resources*.



Washington County Community Health Board

Community Leadership Team

- Woodwinds Health Campus
- Forest Lake Area Chamber of Commerce
- Scandia Elementary School
- Stillwater Area Public Schools (#834)
- YMCA
- East Metro Medical Society
- City of Cottage Grove
- Fairview Lakes Medical Center
- Washington County Women, Infants and Children Program
- South Washington County Schools (#833)
- Lakeview Health System
- Mahtomedi Public Schools
- Andersen Corporation
- Washington County Parks and Open Space Commission
- Washington County Public Health and Environment Department

Interventions

- Healthy Eating in Schools
- Healthy Eating in Communities
- Healthy Eating in Child Care
- Health Care Breastfeeding Support
- Active Communities
- Comprehensive Worksite Wellness
- Health Care Referrals to Local Resources

Key Results

Over the past six months, Washington County Community Health Board has made progress toward implementing the systems changes outlined in

each of the above interventions. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff have worked to engage the community around SHIP efforts. Thus far, connections have been made with numerous organizations that are planning to collaborate



with Washington County Community Health Board to reduce obesity and tobacco use and exposure, including the City of Oakdale, the Healthier Hugo project, the YMCA Board, Woodbury Health and Wellness Collaborative, Birchwood Village, the Land Stewardship Project, Authority and Resources for Child Caring and the Association of Non-Smokers Minnesota.

- Local SHIP staff have worked to complete community assessment to inform the selection of interventions and the development of implementation work plans. The 2008 Community Health Assessment showed that addressing obesity is the top priority of public health work in the county. In addition, results from a Web-based survey helped better prioritize needs in schools, communities, worksites and health care settings. For example, in health care settings, there is a need to make discussion of weight management a routine part of clinic visits. In communities, access to healthy foods through community gardens, farmers markets and afford-

able transportation options emerged as a priority.

- Local SHIP staff have publicized SHIP to community residents via the “County Insights” cable television program, which is hosted by two Washington County Commissioners. To date, an overview of SHIP and four of the seven selected interventions have been recorded. The 30-minute program plays several times each month. The goal is to record future updates on the interventions to show progress.

Highlight

Living in an environment that supports walking and biking for transportation and recreation is strongly associated with increased levels of physical activity. Local SHIP staff are collaborating with a Washington County Public Works Senior Planner and other partners to implement practices that create active communities by providing safe and convenient opportunities for physical activity, especially opportunities for walking and biking for transportation and

recreation (*Active Communities*). Through a review of city Comprehensive Plans, local SHIP staff found that 22 communities within Washington County are anticipating growth and expansion of trails, transportation, parks and active living communities over the next 10 years. Communities are at various stages of expansion and capital improvement and there is great opportunity for collaboration on these activities. Initial meetings with two cities have been held to discuss the possibility of working together on these efforts. In Hugo, local SHIP staff will collaborate with Healthier Hugo on trail expansion work. The City of Oakdale has received federal stimulus funds to connect community trails to Lake Elmo Park Reserve and local SHIP staff will collaborate on efforts to increase the visibility and use of these trails and park. A training was held on working with elected officials to create active communities and additional recruitment of communities will be initiated in the future. These efforts will ultimately lead to increased physical activity among residents of Washington County.



Winona County Community Health Board
Partners: Dodge-Steele Community Health Board, Mower County Community Health Board, Freeborn County Community Health Board, Wabasha County Human Services Board, Goodhue County Community Health Board, Fillmore-Houston Community Health Board

Community Leadership Team

- Hayfield Community Schools (#203)
- Lanesboro Wellness Committee
- Albert Lea Medical Center-Mayo Health System
- Red Wing Family YMCA
- LaCrescent, Minnesota Active Living by Design
- United Way of Mower County
- Eat Well Nutrition Therapy LLC
- Saint Elizabeth’s Medical Center
- Dodge Public Health
- Fillmore Public Health
- Freeborn Public Health
- Goodhue County Public Health Services
- Houston Public Health
- Mower Public Health
- Steele Public Health
- Wabasha Public Health
- Winona County Community Health Services
- Community Representative

Interventions

- Healthy Eating in Schools
- Active Communities
- Comprehensive Worksite Wellness
- Health Care Referrals to Local Resources

Key Results

Over the past six months, Winona Community Health Board, in collaboration with Dodge-Steele Community Health Board, Mower County Community Health Board, Freeborn Commu-

nity Health Board, Wabasha County Human Services Board, Goodhue County Community Health Board and Fillmore-Houston Community Health Board, has made progress toward completing assessment activities

that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- Because of the scope and reach of this initiative that spans nine counties, local SHIP staff set up a structure to ensure both adequate representation and input from local communities, as well as efficiency of oversight. Each participating county has a local SHIP coalition comprised of community partners from a variety of organizations. One representative from each county coalition and one public health representative from each county public health agency sits on the overarching SHIP Community Leadership Team. In addition, a small administrative support team of three representatives provides support for the SHIP Project Coordinator and makes operational decisions that do not need approval from the Community Leadership Team.

- Counties across the nine-county region have worked to gather community input and support through assessment. Staff in each county conducted community meetings and met with key stakeholders. A Web-based survey was sent to key contacts in each county. Surveys were completed by 770 community stakeholders across the nine counties and results were compiled at the county level. The survey served a dual purpose: first, it served to engage stakeholders around SHIP and second, it served to provide information to facilitate the selection of SHIP interventions. Results from the assessment indicated that school nutrition, active communities, worksite wellness and health care referrals to community resources are

priority areas for SHIP interventions. For instance, 94 percent of survey respondents supported improving nutrition policies in schools.

- Local SHIP staff also utilized results from the community assessment to identify sites for each intervention in the respective counties. All interventions will occur in multiple sites within each county, thereby demonstrating extensive reach across the region. For example, cities across all nine counties have already committed to working on the *Active Communities* intervention when it begins in January 2010. Dodge County will be working on a trail systems in Kasson and Mantorville; Fillmore County will be working in three cities and a school district; Freeborn County will expand work in Albert Lea; Goodhue County will expand work in Red Wing and work with two additional cities; Houston County will expand work in LaCrescent; Mower County will work with multiple trails across the county; Steele County has been in discussions with four cities; Wabasha County is working in Wabasha and is in discussions with other areas of the county; and Winona County will work in three cities.

- Local SHIP staff have carefully outlined the wellness initiatives that are currently underway within the nine-county region in order to build on existing efforts and to eliminate duplication of efforts. These efforts include the Blue Zones initiative in Albert Lea, Le Crescent's Active Living grant from Blue Cross Blue Shield of



Minnesota and Red Wing YMCA's Pioneering Healthier Communities grant. All of these projects are currently implementing systems and environmental changes and local SHIP staff are collaborating with these initiatives to maximize impact.

- Local SHIP staff are interested and committed to addressing the needs of at-risk/high-risk populations in the region. For example, in Goodhue County, Local SHIP staff will conduct focus groups with an interpreter from Hispanic Outreach at the local Catholic church because of the strong connections between the local Latino population and this institution. Mower County will work to collaborate with interpreters and provide educational materials in Spanish.



Wright County Human Services Board

Community Leadership Team

- Wright County Public Health Department
- Wright County Parks and Recreation Department
- Wright County Commissioner
- Buffalo/Hanover/Montrose School District (#877)
- Monticello School District (#882)
- Buffalo Hospital
- New River Medical Center
- City of Buffalo
- City of Monticello
- Kuzma Chiropractic
- Buffalo Prepared for a Lifetime
- Bertram Chain of Lakes Regional Park project

Interventions

- Healthy Eating in Schools
- Healthy Eating in Communities
- Healthy Eating in Worksites
- Worksite Breastfeeding Support
- Active Schools
- Active Communities
- Institute for Clinical Systems Improvement (ICSI) Guidelines in Health Care

Key Results

Over the past six months, Wright County Human Services Board has made progress toward completing assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection

of key results from activities during the reporting period:

- Local SHIP staff have strengthened the Wright County Community Leadership Team and worked to keep this group engaged in the community assessment process. The group,

which includes two elected officials and representatives from 10 community organizations, met on a monthly basis to create a local mission statement and plan community forums.

- Local SHIP staff have worked with the Minnesota Institute of Public



Health to complete a community assessment comprised of three major components: community forums that included group interviews; a Web-based survey; and a series of key informant interviews. The assessment results were used as a guide for prioritizing and selecting seven interventions across schools, communities, worksites and health care settings.

- Local SHIP staff met with health care representatives from Buffalo Hospital and Monticello Medical Center to assess the interest, capacity and buy-in of these health care facilities for SHIP health care interventions. Both medical centers offered strong support for implementation of the *ICSI Guidelines in Health Care* intervention; have designated staff to help implement this intervention; and have demonstrated commitment to this strategy.
- Local SHIP staff have worked to gain support and build communication with community partners and residents. They have presented to

various community groups, which has helped educate organizations about the opportunity presented by SHIP; they have hosted two community forums which were promoted in the newspaper and on the radio; and they have set up listservs to disseminate information to interested community members. The community forums and e-mail listserv increased the awareness and knowledge of the over 115,000 Wright County residents that may be affected through SHIP initiatives.

- Training opportunities were offered to Community Leadership Team members, including a Complete Streets workshop, a Do Walk Do Bike conference sponsored by Blue Cross Blue Shield of Minnesota and a training on implementing the School Health Index offered by the Minnesota Department of Education. Participation in these trainings increased the capacity and ability of Community Leadership Team members to work on implementing systems changes to reduce obesity and tobacco use and exposure in Wright County.



Bloomington Community Health Board

Partners: City of Edina Community Health Board, City of Richfield Community Health Board

Community Leadership Team

- Bloomington Public Schools (#271)
- Edina Public Schools (#273)
- Richfield Public Schools (#280)
- Richfield Advisory Board of Health
- City of Edina Park and Recreation Department
- City of Richfield Recreation Services
- Bloomington-Richfield Community Education
- Edina Resource Center
- City of Bloomington
- City of Edina
- City of Richfield
- The Toro Company
- Normandale Community College
- Northwestern Health Sciences University
- UCare
- HealthPartners
- Bloomington Advisory Board of Health
- City of Bloomington Parks and Recreation Division
- Bloomington Community Health Board
- City of Richfield Community Health Board
- City of Edina Community Health Board

Interventions

- Healthy Eating in Schools
- Health Eating in Communities
- Healthy Eating in Child Care
- Active Schools
- Active Communities
- Active Child Care
- Active Worksites
- Tobacco-Free Outdoor Recreation
- Institute for Clinical Systems Improvement (ICSI) Guidelines in Health Care

Key Results

Over the past six months, Bloomington Community Health Board, in collaboration with Edina and Richfield Community Health Boards, has made progress toward the systems changes outlined in each of implementing the above interventions. The following is a selection of key results from activities during the reporting period:

- As part of the *Healthy Eating in Communities* intervention, Bloomington has completed the process of mapping fresh food outlets, transportation data and income data, which will be used to identify fresh food deserts so that access to healthy foods can be improved throughout the community. Richfield is in the process of completing these maps.
- Richfield and Bloomington are working with 12 elementary schools to implement the *Active Schools* intervention. They are in the process of assessing schools' readiness for implementing Safe Routes to School, an initiative that supports children walking and biking to school. In addition, these schools will work to implement infrastructure changes that will improve students' ability to walk and bike to school.
- As part of the *Healthy Eating in Child Care* intervention, local SHIP staff have trained providers from 25 child care facilities in evidence-based methods that can be used to improve their nutrition environments. Currently, this intervention has the potential to affect the 1,560 children that utilize these facilities. Several of the child care providers that have been trained serve at-risk/high-risk

populations, including Latino families, pregnant and parenting teens and children being served in domestic abuse shelters.

- Bloomington School District is working to implement the *Healthy Eating in Schools* intervention. The district will strengthen implementation of its wellness policy in five middle schools and high schools by increasing whole grains and reducing salt, fat and excess calories.
- To implement the *Active Communities* intervention, Bloomington-Edina-Richfield is working with the City of Bloomington to conduct a designated bike lane study for the 86th Street corridor. The results from this study will be used to create a plan for increasing walkability and bikeability in Bloomington. In addition, this intervention will address the need for adequate bike rack availability throughout the three cities.

Highlight

Comprehensive tobacco-free policies are a best-practice strategy to decrease smoking among current smokers and to prevent children and adolescents from ever starting to smoke. The City of Richfield strongly supports strengthening and expanding its current tobacco-free policy. Through SHIP, Richfield will join Bloomington and Edina in implementing a policy designating parks and other recreation areas as tobacco-free. Thus far, local SHIP staff has collaborated with Richfield Recreation Services and Tobacco-Free Youth Recreation to present the idea to the Richfield City Council and provide information about how



other cities have implemented and enforced similar ordinances. Following this presentation, the Richfield City Council approved the drafting of a tobacco-free parks and recreational areas policy. In addition, the Richfield Advisory Board of Health approved a motion in support of a tobacco-free parks policy. In Bloomington and Edina, further work will be done to enforce current policies and additional education will be provided regarding the need and impact of these policies. This intervention has the potential to reach and affect all 165,701 residents of Bloomington, Edina and Richfield. In particular, this intervention may have the highest impact on the youth population, as numerous programs are held for children and young adults at local parks and recreational areas throughout the year. These changes will ultimately lead to reduced tobacco exposure and use among residents of Bloomington, Edina and Richfield.



City of Minneapolis Community Health Board

Community Leadership Team

- Little Earth Resident's Association
- City of Minneapolis Bike Walk Ambassador Program
- Institute for Agriculture and Trade Policy
- Minneapolis Public Housing Authority
- Minneapolis Regional Chamber of Commerce
- Minneapolis Public Schools (#1)
- University of Minnesota Boynton Health Service
- City of Minneapolis Mayor's Office
- Hennepin County Public Health Promotion
- Metropolitan Health Plan
- MIGIZI Communications
- Broadway Family Medicine
- Minnesota International Health Volunteers
- Medica State Public Programs, Stairstep Foundation
- Blue Cross Blue Shield of Minnesota
- Association for Nonsmokers-Minnesota and American Lung Association
- Minneapolis Urban League
- City of Minneapolis Parks and Recreation Board
- Metropolitan Federation of Alternative Schools
- Gardening Matters
- University of Minnesota Extension Simply Good Eating
- Allina Hospitals & Clinics
- Parents in Community Action, Inc. Head Start

Interventions

- Healthy Eating in Schools
- Healthy Eating in Communities
- Healthy Eating in Child Care
- Active Schools
- School Physical Education
- Active Communities
- Active Child Care
- Active Worksites
- Smoke-Free Multi-Unit Housing
- Comprehensive Worksite Wellness
- Health Care Referrals to Local Resources

Key Results

Over the past six months, the City of Minneapolis Community Health Board has made progress toward implementing the systems changes outlined in each of the above interventions. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff have conducted 35 visual assessments of convenience stores in North Minneapolis and 22 interviews with their owners or managers to implement the *Healthy Eating in Communities* intervention. Results indicate poor compliance with Minneapolis’ Staple Foods Ordinance, which requires that licensed grocery stores must provide a minimum of five varieties of fresh fruits and vegetables. Local SHIP staff will use the results from the assessments and interviews to design a Healthy Corner Store program that provides some of the resources and Support for which owners and managers expressed the most interest and to work collaboratively with the City of Minneapolis Business Licensing Division to increase enforcement of the Staple Foods Ordinance.
- In October 2009, the Minneapolis Department of Health and Family Support issued a Request for Proposals for agencies to work with SHIP on their multi-unit housing interventions that includes Smoke-Free Multi-Unit Housing, assessments for the *Healthy Eating in Communities* intervention and assessments for the *Active Communities* intervention. Local SHIP staff will work with five selected agencies and will begin implementation – specifically, intervention-specific assessments and outreach – in January 2010.
- Local SHIP staff are working to adopt and pilot-test an accreditation program to provide incentives for worksites to develop policies and practices that support physically active modes of employee commuting, especially walking and biking, through the *Active Worksites* intervention. Thus far, staff

have identified best practices and different models of implementing this intervention; developed criteria for an accreditation or award program; and adapted and created tools that assess the status of worksite policies, practices and environmental amenities that support employee commuting via walking or biking.

- In partnership with Resources for Child Caring, over 10 percent of family and center-based licensed child care providers in the City of Minneapolis have conducted Nutrition and Physical Activity for Child Care assessments to implement the *Active Child Care and Healthy Eating in Child Care* interventions. This assessment evaluates the current status of nutrition- and physical activity-related policies and practices. Trainings on best practices and resources have been conducted with all employees of child care providers that have completed this assessment; currently, this intervention will reach 1,253 children. Child care facilities will receive ongoing technical assistance and support from the Minneapolis Department of Health and Family Support.

Highlight

Access to healthy foods improves the consumption of these foods among community residents. According to data from the 2008 Minneapolis Behavioral Risk Factor Surveillance System, only 32.9 percent of adults in Minneapolis consume the federally-recommended number of servings of fruits and vegetables per day. Although farmers markets, community gardens, healthy food co-ops and other food resources exist in the City of Minneapolis, residents of low-income neighborhoods and populations of color find it challenging to grow, buy and eat fresh, healthy food. Homegrown Minneapolis is a citywide initiative that works to improve the local food system and increase access to and consumption of healthy foods. Local SHIP staff are coordinating this effort through the *Healthy Eating in Communities* intervention. They have helped convene a 16-member Task Force, including city staff



and community representatives and have developed a comprehensive work plan and work groups to address priority recommendations. Thus far, over 100 key stakeholders have been involved in the process. One priority recommendation is the development of a citywide Urban Agriculture Policy Plan that will provide a policy framework to guide land use related to urban food production and distribution, with the goal of identifying an inventory of land where residents can build community gardens, urban farms, community-supported agriculture sites and farmers markets. A significant amount of progress has been made on this plan, including the compilation of best practices from across the county and the development of a background research chapter. This initiative also focuses on the development and implementation of a citywide Electronic Benefits Transfer system, which will allow residents who receive food assistance benefits to easily purchase fresh produce at 13 local farmers’ markets and mini-farm stands. SHIP is working in partnership with the Institute for Agriculture and Trade Policy to compile best practices and identify a successful model of Electronic Benefits Transfer that will be implemented in Minneapolis farmers markets in the summer of 2010. This intervention has the potential to improve nutrition for all residents of the City of Minneapolis.



Minneapolis Multi-Grantee Initiative

Partners: City of Minneapolis Community Health Board; City of Bloomington Community Health Board; City of Edina Community Health Board; City of Richfield Community Health Board; and Hennepin County Community Health Board

Community Leadership Team

- Allina Hospitals & Clinics
- Blue Cross Blue Shield of Minnesota
- Broadway Family Medicine Clinic
- City of Minneapolis Human Resources Department
- HealthPartners
- Fremont Community Clinics
- Institute for Clinical Systems Improvement (ICSI)
- Medica
- Metropolitan Health Plan
- Minnesota Council of Health Plans
- Minnesota Department of Health
- Neighborhood Health Care Network
- Preferred One
- UCare
- University of Minnesota
- HealthPartners Research Foundation

Intervention

- Institute for Clinical Systems Improvement (ICSI) Guidelines in Health Care

Key Results

Over the past six months, the Minneapolis Multi-Grantee Initiative has made progress toward implementing the systems changes outlined in the above intervention. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff have recruited

members to form a Health Care Work Group from 15 different organizations including staff from health plans, clinics, the Minnesota Department of Health, the University of Minnesota, ICSI and an employer. Meetings focus on gathering information from stakeholders about the current status of ICSI guideline use in the community; reviewing and providing input on the

intervention process; and reviewing and providing input on the evaluation process.

- Local SHIP staff have developed evaluation tools to assess the current status of ICSI guideline use in clinics and health care systems and have drafted a list of clinics to approach for participation.



- Local SHIP staff have drafted a culturally competent toolkit to distribute to clinics and health care systems working on this intervention that includes background articles, risk assessment screening tools, sample messages for health professionals to use when speaking to their patients, patient education materials, evaluation tools, billing codes and referral resources.

Highlight

Implementing ICSI guidelines for Prevention and Management of Obesity and Primary Prevention of Chronic Disease Risk Factors requires substantial understanding, time and effort among health care providers. Minneapolis Department of Health and Family Support, Bloomington-Edina-Richfield Community Health Boards and Hennepin County Community Health Board are developing an intervention process for the implementation of ICSI guidelines that accommodates differing levels of resources and clinic involvement. These partners are working together on systems-level activities such as

working with health plans, multi-clinic systems and broader systems issues such as reimbursement, as well as activities designed to change individual clinics' systems and policies. As a result, the potential reach of this intervention is broad, addressing the implementation of the ICSI guidelines at multiple levels of health care. In addition, this grantee is leading efforts to determine a collaborative method for working with clinics and health systems across the state that utilizes the strengths of each agency.



Leech Lake Band of Ojibwe

Partners: Mille Lacs Band of Ojibwe, Red Lake Comprehensive Health Services, Bois Forte Band of Ojibwe, Grand Portage Band Tribal Office, White Earth Band of Ojibwe, Fond du Lac Reservation

Community Leadership Team

- Leech Lake Band of Ojibwe
- Mille Lacs Band of Ojibwe
- Red Lake Comprehensive Health Services
- Bois Forte Band of Ojibwe
- Grand Portage Band Tribal Office
- White Earth Band of Ojibwe
- Fond du Lac Reservation
- Great Lakes Intertribal Council Epidemiological Center

Key Results

Over the past six months, the Leech Lake Band of Ojibwe, together with six other tribal government partners, has made progress toward completing assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff have made significant progress on building the infrastructure necessary for implementation across seven geographically dispersed, politically distinct tribal governments. Local SHIP staff have hired the SHIP Project Director and are nearing completion of hiring Tribal Coordinators for each of the seven Ojibwe tribes.

- Each of the seven Ojibwe tribes has established a Local Health Team to ensure that each tribal community is well-represented. The seven Local Health Teams will each send one representative to serve on the Community Leadership Team.

- Local SHIP staff have organized trainings for the Tribal Coordinators to provide a SHIP project overview; outline the importance of data collection in the SHIP assessment process; and offer instruction on how to conduct focus groups, implement assessments and analyze secondary data. These trainings will help build capacity among Tribal Coordinators to collect data for community assessment activities.

- Tribal Coordinators have introduced SHIP in the tribal community and have begun to engage their communities around systems change interventions that address obesity and tobacco use and exposure. This work will lead to increased community support and successful implementation of interventions.



Upper Sioux Community

Community Leadership Team

- Countryside Public Health
- Upper Sioux Community Social Services
- Upper Sioux Community Indian Health Services
- Prairie's Edge Casino Resort
- Bert Raney Elementary School

Interventions

- Healthy Eating in Schools
- Traditional Local Foods
- Connect People to Cessation Services
- Comprehensive Worksite Wellness

Key Results

Over the past six months, the Upper Sioux Community has made progress toward completing assessment activities that will facilitate implementation of systems changes around obesity and tobacco use and exposure. The following is a selection of key results from activities during the reporting period:

- Local SHIP staff developed a comprehensive key informant interview instrument to assess community needs. Overall, staff conducted 24 key informant interviews with students and 30 key informant interviews with selected community

leaders. The results of this survey indicated that priority areas for SHIP implementation include creating healthy eating in schools, increasing access to healthy indigenous foods, supporting comprehensive changes to create healthier work environments and connecting all those who access health services to tobacco cessation resources.

- Local SHIP staff have collaborated with the Minnesota Department of Health to provide training on how to implement systems-level changes that are aimed at reducing tobacco use and exposure and obesity. This training occurred in three phases

and community members and social services staff were invited to attend. The outcome of this training is increased understanding of how a systems-change approach leads to greater impact and sustainability compared to individual-based programmatic efforts.

- The Community Leadership Team has representatives from five community organizations that have not previously collaborated on joint efforts. SHIP has provided an opportunity for these organizations to build partnerships and better facilitate improving the health of Upper Sioux residents.



-
- Local SHIP staff at the Upper Sioux Community have formed a unique partnership with staff at Countryside Public Health. These two organizations serve on one another's Community Leadership Teams and collaborate to find the best ways of complementing each grantee's efforts on interventions involving students from both jurisdictions.