



Statewide Health Improvement Program Progress Brief: Results from the First Year

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Statewide Health Improvement Program | SHIP

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Table of Contents

3	Introduction
6	Sustainable approaches to prevention
8	Results
8	Development of a comprehensive state-level infrastructure
9	Creation of a comprehensive local and statewide evaluation system
10	Strong partnerships and statewide momentum
11	Successes in Steps to a HealthierMN communities
13	Systems changes to improve nutrition, increase physical activity, and reduce tobacco use and exposure
13	Improving nutrition
16	Increasing physical activity
18	Reducing tobacco use and exposure
19	Promoting comprehensive worksite wellness
20	Supporting prevention in the health care setting
21	Groundwork for future efforts
22	Endnotes

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Introduction

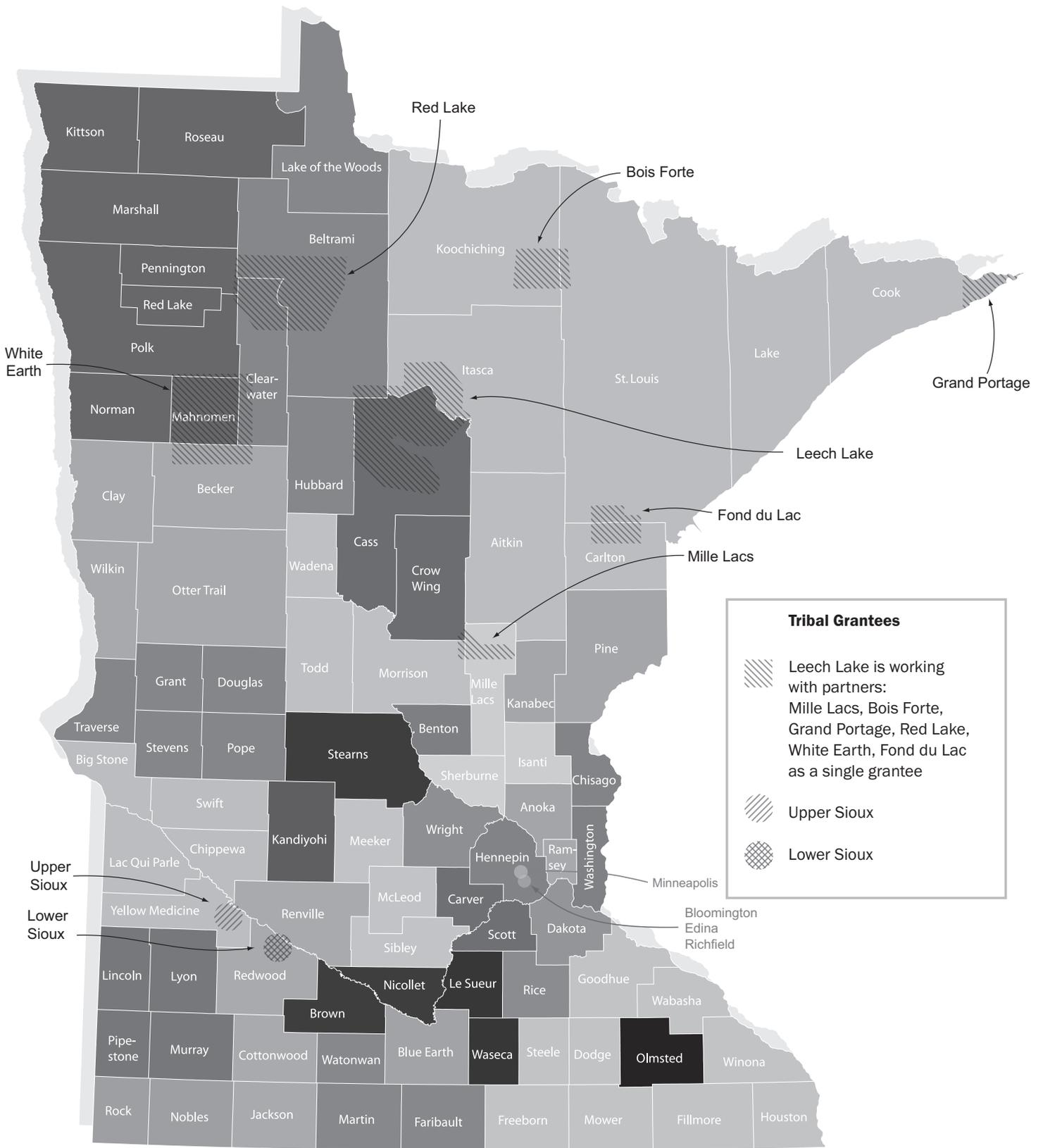
In 2008, bipartisan cooperation and support resulted in Minnesota's landmark health reform initiative, designed to improve the health of Minnesotans, enhance the patient experience of care and contain the spiraling costs of health care in our state. The Statewide Health Improvement Program (SHIP) is an integral public health component of this health reform initiative and is dedicated to helping Minnesotans live longer, healthier lives by preventing the key 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 fell from first in 2006 to sixth in 2010.¹ Although Minnesota still ranks high in terms of population physical and mental health measures, our rankings in areas crucial to future health outcomes – such as healthy behaviors, socioeconomic conditions and geographic disparities – are not as strong. The downward trajectory of Minnesota's health ranking suggests the state is at risk of further deterioration in population health because of higher rates of tobacco use, obesity and binge drinking, among other factors. In 2009 approximately 63 percent of Minnesotans were overweight or obese, and 17 percent of Minnesotans used tobacco products.² 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.

SHIP aims to improve health and contain health care costs in two ways: (1) by reducing the percentage of Minnesotans who use or are exposed to tobacco and (2) by reducing the percentage of Minnesotans who are obese or overweight through better nutrition and increased physical activity. By reducing these risk factors, SHIP addresses the top three preventable causes of death in the United States. The goals of SHIP are ambitious but achievable.

SHIP grants were awarded on July 1, 2009, to community health boards (CHBs) and tribal governments across the state to reduce obesity and tobacco use and exposure. After a rigorous application and review process conducted by Minnesota Department of Health (MDH) staff and local, state and national partners, all 53 community health boards and nine of 11 tribal governments in Minnesota received SHIP funds. Grants were awarded through a competitive process on a per capita basis of \$3.89 per person for statewide investments of \$20 million in 2010 and \$27 million in 2011. This per capita amount is the minimum recommended amount by the Centers for Disease Control and Prevention (CDC) for comprehensive health interventions that address chronic disease prevention.

With sustained funding at this level, 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.



Map of SHIP Grantees

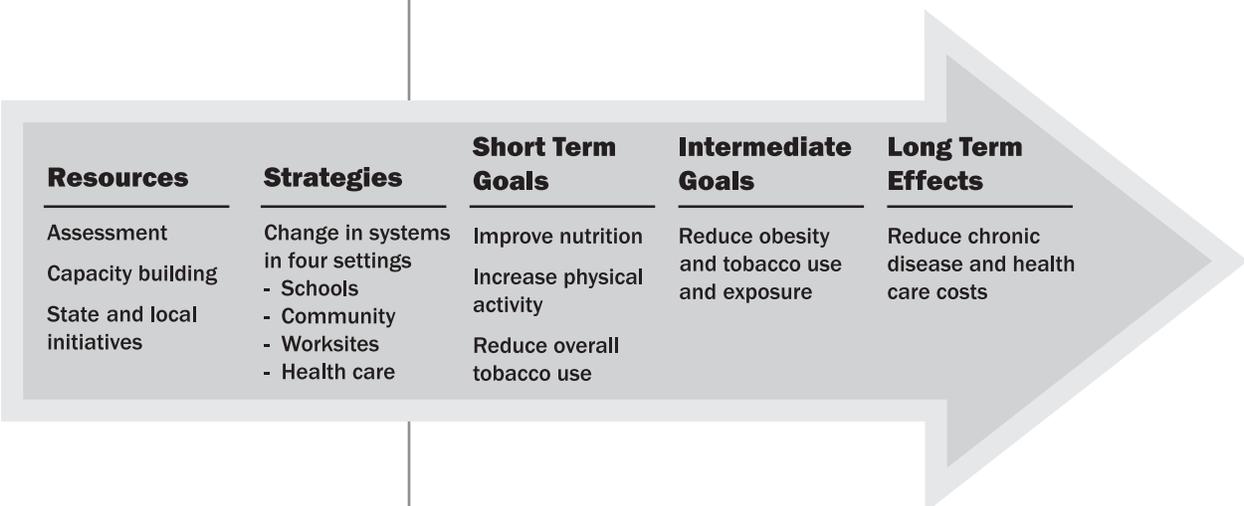


Sustainable approaches to prevention

SHIP centers on sustainable, population-focused, proven changes to the policies, systems and environments that exist in schools, communities, worksites and health care systems. These changes make it easier for people to incorporate healthy behaviors into their daily lives. 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 can either support or hinder their ability to adopt healthy behaviors. SHIP strategies are designed to affect a broad segment of the population and to build long-lasting changes so they can be sustainable after funding has ended. As such, SHIP makes a marked departure from traditional individual-based public health prevention programs, because behavior changes that result from these efforts can be difficult to sustain beyond the life of the program.

For example, in order to increase physical activity, traditional programmatic approaches might favor a “Walk to School Day” where one day per school year is designated for children to walk, bike, in-line skate or use other physically active means to get to and from school. However, through an environmental and systems change approach, improvements to the physical environment surrounding the school would make it easier and safer for students to walk to school on a regular basis rather than on a single day. This systems 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.

The SHIP framework (as seen below) provides a model that describes how implementation of systems changes can ultimately result in both better health and cost savings.



Systems changes implemented by SHIP grantees will lead to changes in health behaviors, including improved nutrition, increased physical activity, reduced initiation of tobacco use and increased cessation of tobacco use. These changes in health behaviors will lead to reductions in the key risk factors of obesity and tobacco use and exposure, which will in turn lead to reductions in chronic disease and lowered health care costs.

For example, one SHIP intervention aims to increase access to healthy foods through designing strategies for successful farmers markets and small-scale food production; working to implement healthy vending practices; and increasing the quality and affordability of healthy foods in convenience stores. Evidence suggests that this increased access to affordable, healthy foods will lead to increased consumption of healthy foods, which will in turn reduce obesity. After farmers markets or community gardens are created and promoted near low-income areas, individuals' consumption of nutritious foods will increase, which will ultimately reduce obesity.



Results

Since the passage of statewide health reform in 2008, tremendous progress has been made toward implementing systems changes that will lead to reductions in obesity and tobacco use and exposure in the years to come. Key results from SHIP implementation include the following:

- Development of a comprehensive state-level infrastructure
- Creation of a comprehensive local and statewide evaluation system
- Strong partnerships and statewide momentum
- Successes in Steps to a HealthierMN communities
- Systems changes to improve nutrition, increase physical activity, and reduce tobacco use and exposure

Development of a comprehensive state-level infrastructure

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 CDC, MDH staff were able to dedicate time to create a sound internal infrastructure that will serve the initiative in the years to come. Included in this state-level infrastructure are:

- A comprehensive *Menu of Interventions* developed through a rigorous review process that details proven systems-change strategies that SHIP grantees may choose to implement. These evidence-based strategies have demonstrated effectiveness based on the principles of scientific evidence or local practices and/or cultural experiences. The majority of strategies are directly linked to *The Guide to Community Preventive Services* and CDC's *Best Practices for Comprehensive Tobacco Control Programs*, both of which help communities plan policies and programs based on a systematic review of the existing evidence. Grantees select a minimum of four strategies from the menu and must work in schools, communities, worksites and health care settings, and must address both obesity and tobacco. This comprehensive approach strengthens the potential impact within SHIP communities.
- A framework for conducting local and statewide evaluation in order to ensure movement toward achieving the goals of reducing obesity and tobacco use and exposure. Measured

outcomes provide information about systems changes that address obesity and tobacco use and exposure; individual health behaviors linked to these risk factors; improvements in these risk factors and related chronic disease; and health care costs.

- A system for multilayered technical assistance that aids grantees as they develop capacity to reduce obesity and tobacco use and exposure at the local level. A team of experts both internal and external to MDH provide planned trainings; responsive one-on-one technical assistance; extensive guidance documents; and peer-to-peer technical assistance that bolster grantees' ability to successfully implement systems changes.
- A set of communications tools that conveys relevant information and consistent messaging about SHIP efforts. For example, MDH created the *SHIP Log*, a biweekly e-mail communication sent to all SHIP grantees, SHIP partners and internal MDH staff that contains information on grants management; technical assistance and training opportunities; implementation of systems changes; evaluation; and other information.

Creation of a comprehensive local and statewide evaluation system

To measure the impact of grantees' strategies and SHIP overall, MDH created a multipronged system for statewide evaluation. Measured outcomes provide information about (1) activities that move local communities toward the systems and environmental changes that are proven to reduce commercial 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: (1) the collection, analysis and interpretation of data, and (2) 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 is responsible 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 strategies. Eight weeks after their implementation start date, grantees were required to submit an evaluation plan that outlines how evaluation of each of their chosen SHIP strategies will occur. These plans follow a set of key evaluation steps provided by MDH and include the measurement of recommended outcomes that are linked to each SHIP strategy. MDH then works with each grantee to finalize the evaluation plan to ensure rigorous evaluation of key benchmarks and outcomes.

Strong partnerships and statewide momentum

Strong partnerships at the state, local and national level have been essential in the planning and implementation of SHIP. Partnerships facilitate collaboration and ensure that SHIP adds value rather than duplicating other efforts. The level of statewide investment in SHIP is unprecedented. Local schools, health plans, businesses, non-profit organizations, government agencies, state-level groups and federal entities such as the CDC are all meaningfully involved in moving this work forward.

Given the importance of boosting economic growth in Minnesota, SHIP has made special efforts to work 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, which 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. Much of this work has been done in partnership with the Alliance for a Healthier Minnesota, a coalition of key Minnesota corporations that includes Blue Cross and Blue Shield of Minnesota, Cargill, General Mills, Medica, Medtronic, Target, United Health Group and others. Third, MDH has asked representatives from the business community to help provide input and make recommendations for state health improvement priorities, including strategic directions for the Statewide Health Improvement Program, through participation on Healthy Minnesota 2020 (HM2020). HM2020 is a partnership tasked with the development of innovative public health priorities, goals, objectives and strategies to improve the health of all Minnesotans and to ensure ownership of these in communities

across the state of Minnesota, and includes representatives from the March of Dimes, Minnesota Hospital Association, Minnesota Medical Association, ISAIAH and Itasca Project, among others.

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.

Successes in Steps to a HealthierMN communities

SHIP builds on the successes of Steps to a HealthierUS (Steps), a federal initiative funded from 2004 through 2009 in four Minnesota communities – Minneapolis, St. Paul, Rochester and Willmar. Initially the CDC directed these communities to encourage small-scale behavior changes that reduced chronic disease. But by 2006, emerging research led to a substantive change in direction from small-scale behavior changes to higher-impact systems change initiatives based on the rationale that such systems changes would result in broad population impact and sustainable improvement in health. This shift in direction represented a sea-change in the way this work had been done for many years, especially as related to obesity.

The Steps communities have built tremendous capacity to implement systems changes and now serve as models for SHIP communities. Steps communities have made a number of significant systems changes related to improving access to healthy foods, increasing opportunities for physical activity, and reducing use of and exposure to tobacco. Examples include the following:

- Minneapolis passed a policy requiring businesses with grocery store licenses to carry a minimum quantity of “staple foods” – including at least five varieties of fresh produce – to increase access to fruits and vegetables among low-income populations.
- Rochester became the first city in the state to pass a “complete streets” policy, which supports the creation and maintenance of a transportation infrastructure that encourages walking, biking and transit, thereby increasing opportunities for physical activity in individuals’ daily routines. This policy paved the way for the statewide complete streets policy passed in 2010.
- St. Paul passed an ordinance prohibiting the sale of candy cigarettes and novelty lighters that look like toys to limit the negative effects of tobacco advertising marketed toward

children, which will help prevent children from starting to smoke.

- Willmar incorporated Farm to School principles into its school district's wellness policy and budget, ensuring sustainability of efforts to connect local farmers and students and increasing the consumption of healthful foods. These improvements in nutrition will lead to reduced obesity and higher levels of academic achievement.

Steps communities have also seen promising results in behavior changes that are precursors to reduced obesity. The most notable improvements have been related to nutrition among adults. Across the state, between 2005 and 2009, the percentage of adults in Minnesota who consumed five or more servings of fruits and vegetables per day declined by nearly 3 percentage points, from 24.5 percent to 21.9 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 adults meeting the recommendations for fruit and vegetable consumption did not decline as it did for the rest of the state.³ Because of their focus on broad-based, sustainable systems changes, other SHIP communities are poised to follow the trends seen in the Steps communities.

It is important to note systems changes are not a “quick fix” solution to the problems of chronic disease, and sustained changes in individuals’ health behaviors fully take hold only over longer periods of time. For example, trends in physical activity in the Steps communities have mirrored statewide patterns. From 2005 to 2009, the proportion of adult Minnesotans who met federally designated physical activity guidelines has not seen significant improvements. These results point to the need for sustained, intensive, population-based efforts to improve health behaviors.

Reducing childhood obesity is a critical focus of these health improvement efforts. Childhood obesity is linked to increasing rates of chronic disease among youth, lowered academic achievement and a life expectancy less than their parents’ generation. Because limited data on children’s health behaviors are available, it is difficult to determine statewide trends in children’s physical activity and nutrition. Still, results from the Minnesota Student Survey are instructive, suggesting that between 2004 and 2010, physical activity and nutrition behaviors were low and did not improve among sixth-graders. Only one in five

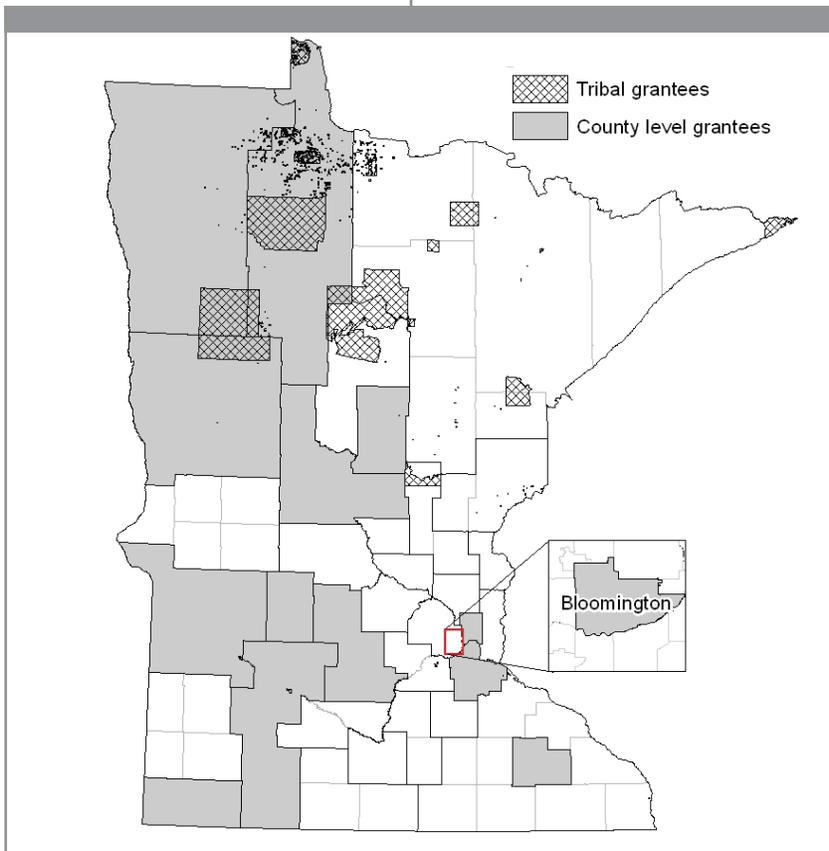
students reported that they ate five servings of fruits and vegetables the day before; only about three-quarters of students reported that they participated in at least 30 minutes of moderate activity for five or more days in the last week or at least 20 minutes of vigorous activity for three or more days in the last week. Thus, much work remains to be done to ensure that young Minnesotans grow up healthy.

Systems changes to improve nutrition, increase physical activity, and reduce tobacco use and exposure

As shown in the SHIP framework (on page 6) successful implementation of systems changes provides the foundation for improvements in health behavior that lead to reductions in obesity and tobacco use, ultimately lowering the prevalence of chronic disease and containing health care costs. Below are key results from SHIP systems changes designed to improve nutrition, increase physical activity, and reduce tobacco use and exposure in schools, communities, worksites and health care settings.

IMPROVING NUTRITION

According to the Minnesota Student Survey, in 2010 only 21 percent of sixth-graders in the state consumed the recommended five servings of fruits and vegetables per day.⁴ In addition, in 2009, only 22 percent of Minnesota adults consumed the recommended servings of fruits and vegetables per day.⁵ This means that approximately 80 percent of Minnesotans are failing to meet basic nutritional guidelines. This lack of nutrition is strongly associated with obesity and related chronic diseases. Also, the negative effects of poor nutrition are particularly damaging for children; food insufficiency and unhealthy dietary behaviors are associated with lower levels of cognitive functioning and academic achievement.^{6,7}



SHIP Grantees Actively Engaged in Farm to School

To address this issue, SHIP grantees are implementing various efforts to increase access to healthy foods in schools, communities and worksites. These efforts include changing the school food environment to encourage healthy eating; increasing outlets and opportunities for community members to purchase fruits and vegetables; and changing worksite environments to support the consumption of healthy foods over foods that include high levels of calories, sodium, sugar and fat. Important successes in the area of increasing opportunities for improving nutrition include the following:

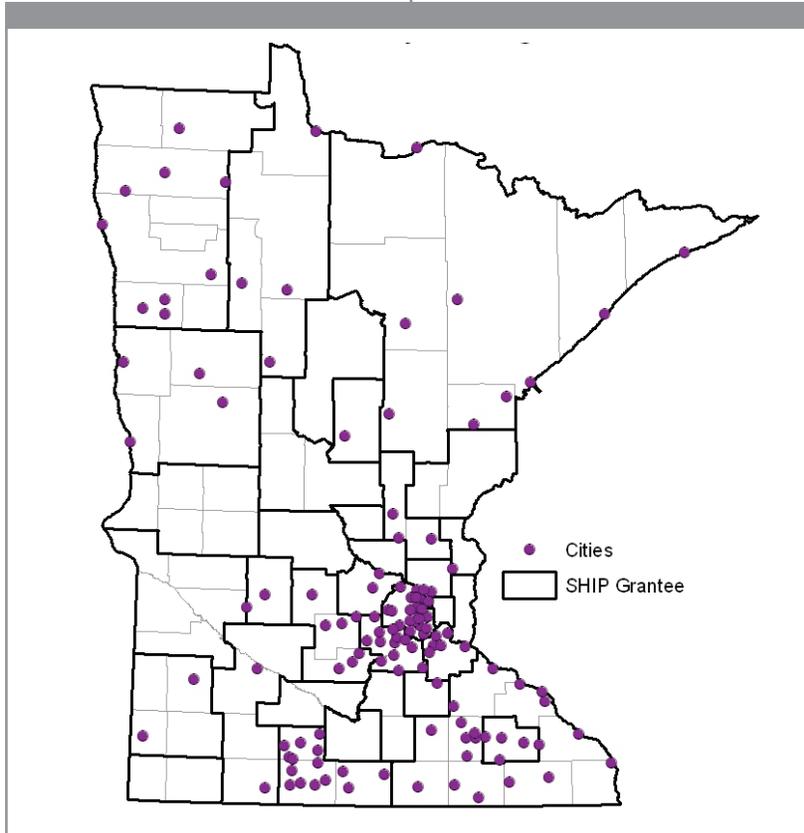
- Child care and preschool sites around the state are supporting healthy eating among young children by regularly offering nutritious foods to help children learn about healthy behaviors at a young age. Sustainable practices that support healthy eating among children include increased access to fruits and vegetables, limited intake of fats and added sugars and appropriate portion sizes. In the first year of SHIP, 339 child care sites began working on implementing healthy eating practices, serving approximately 7,700 children.
- Grantees are implementing Farm to School initiatives that connect schools and local farms with the joint goals of improving student nutrition and supporting local farmers. These efforts use healthy local products to increase the number of healthy items and meals in school cafeterias, provide education about agriculture and health and ultimately improve students' eating behaviors to include more nutritious foods and reduce obesity. Across Minnesota, at least 128 schools are actively engaged in Farm to School efforts, serving at least 63,933 students. Beyond the health and educational benefits of Farm to School programs is the potential economic impact in communities. It has been shown that for every dollar spent on local foods in schools, one to three dollars circulates in the economy.^{8,9} Additionally, a 2009 study analyzing the economic impact of Farm to School programs in a five-county area in central Minnesota found that the potential annual regional economic impact of Farm to School programs ranged from \$20,000 for adding a monthly special meal to \$427,000 for adding a large amount of easily adapted products to school meals.¹⁰
- In order to create a sustainable, community-driven approach to increasing access to fresh fruits and vegetables, SHIP has supported the development and expansion of local farmers markets. Markets offer farmers new economic opportunities by providing important venues for small- and mid- scale family

As part of SHIP, at least 128 schools are actively engaged in Farm to School efforts, serving at least 63,933 students.

farmers to sell their products, creating jobs and stimulating the local economy. A recent study conducted by Iowa State University for the Iowa Farmers Market Association reports that farmers markets in the state contributed up to \$20 million in sales to the economy and created another \$12 million in direct and indirect economic activity.¹¹ Furthermore, they improve residents' access to affordable produce, which leads to improved nutrition and, ultimately, reduced obesity. In the first year of SHIP, 10 new farmers markets were created and almost 30 existing farmers markets around the state were improved by increasing the numbers of days or hours of operation, expanding marketing to reach a greater proportion of the community and encouraging the use of Electronic Benefits Transfer among eligible clients to increase the usage of farmers markets among lower-income families. In the U.S. in 2010, the number of farmers markets rose 16 percent, but in Minnesota, the number of farmers market jumped by 61 percent.¹² Much of this skyrocketing increase was related to SHIP efforts in community nutrition.

- School and community gardens have also garnered great interest and support. These gardens supply youth and adults with fresh fruits and vegetables and educate community residents about healthy eating, agriculture and other topics. Over the past year, at least 81 school or community gardens have been created or significantly expanded through SHIP.

Increasing access to fresh fruits and vegetables in these ways increases individuals' opportunity to make healthy food choices, expands the local economic base and offers the chance for communities to invest in local food production. As residents choose healthier foods over energy-dense, less-healthy options, obesity and related chronic diseases will decrease.



Cities Engaged in Walkable/Bikable
Community Strategies

INCREASING PHYSICAL ACTIVITY

In 2007 fewer than half of Minnesota's sixth-graders met federally designated recommendations for physical activity.¹³ Similarly, less than 53 percent of Minnesota's adults met these recommendations for physical activity in 2009.¹⁴ Lack of physical activity is associated with a host of health-related problems, including obesity and related chronic diseases. Inadequate physical activity is also associated with increased disciplinary problems and diminished academic achievement among youth.¹⁵ To address this issue, SHIP grantees are implementing various efforts to increase opportunities for regular physical activity in schools, communities and worksites. These efforts include

changing the built environment to support walking and biking for transportation and recreation, increasing access to existing community and school recreational facilities and changing worksite systems to encourage employees to become more physically active both during and outside of the normal work day.

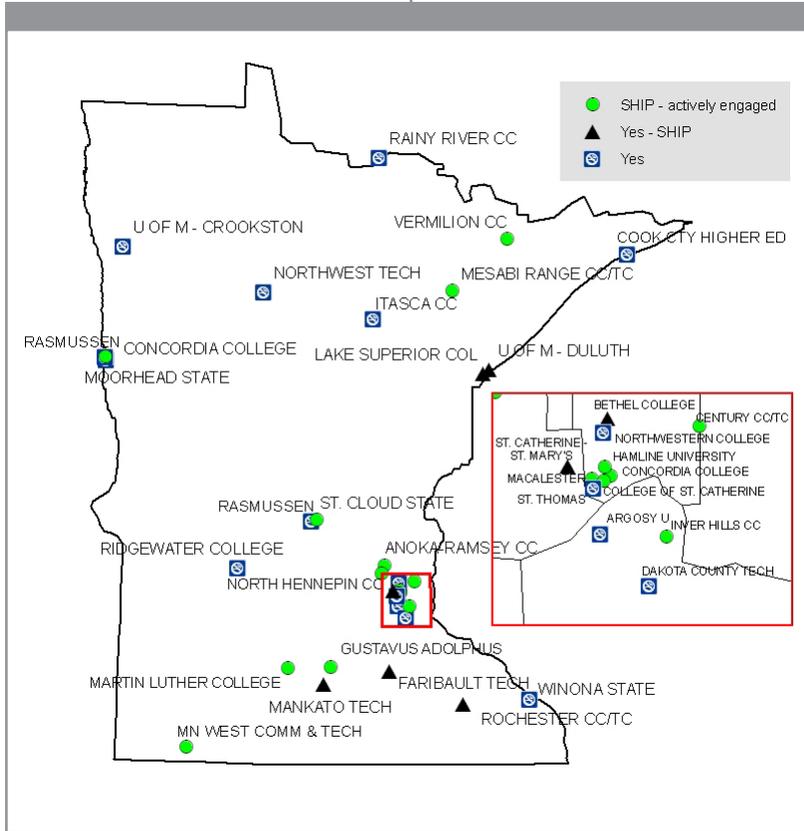
Important successes in the area of increasing opportunities for physical activity include the following:

- Child care and preschool sites around the state are supporting increased physical activity among young children by regularly offering opportunities to participate in physically active play. In the first year of SHIP, 312 child care sites began working on implementing practices to support physical activity, serving approximately 8,600 children.
- Currently, fewer children walk and bike to school than did so a generation ago, which contributes to an environment in which physical inactivity is the norm.¹⁶ Safe Routes to School is one active schools strategy gaining statewide momentum. Grantees are working to improve safety through pedestrian-friendly street design, traffic calming measures and other strategies in the vicinity of schools, making biking and walking to school

In the first year of SHIP, approximately 128 cities across the state began implementation of strategies designed to increase access to opportunities for physical activity.

a more appealing transportation choice and encouraging an active lifestyle from an early age. Through SHIP at least 181 schools across the state are actively engaged in implementing Safe Routes to School policies, practices and systems changes that will increase opportunities and support for youth to walk or bike to school and ultimately lead to increased physical activity and reduced obesity. These schools serve at least 79,000 students, or almost 10 percent of Minnesota's student population.

- Community “active living” strategies support the integration of physical activities into daily routines. These strategies focus on improving safety for pedestrians and bicyclists, increasing access to public recreation facilities and creating new opportunities for routine physical activity within a community. Evidence suggests active living policies and practices for community design, land use and facility access are effective in increasing individuals' physical activity, which ultimately leads to reduced obesity. In the first year of SHIP, approximately 128 cities across the state began implementation of active living strategies designed to increase access to opportunities for physical activity. In addition, numerous county-level projects are under way, in collaboration with parks departments, schools and community organizations. Communities are working on creating master walk and bike plans; updating municipal plans to include complete streets and other active living provisions; increasing access to parks, trails and recreational facilities; connecting and promoting trail systems; and collaborating on projects that improve walkability and bikeability in communities.



REDUCING TOBACCO USE AND EXPOSURE

Despite recent trends indicating reductions in tobacco use across the state, tobacco use and exposure continue to be serious problems. Approximately 17 percent of Minnesota’s adults use tobacco on a regular basis¹⁷, and smoking is responsible for 5,135 deaths and \$2.87 billion in excess medical costs in Minnesota each year.¹⁸

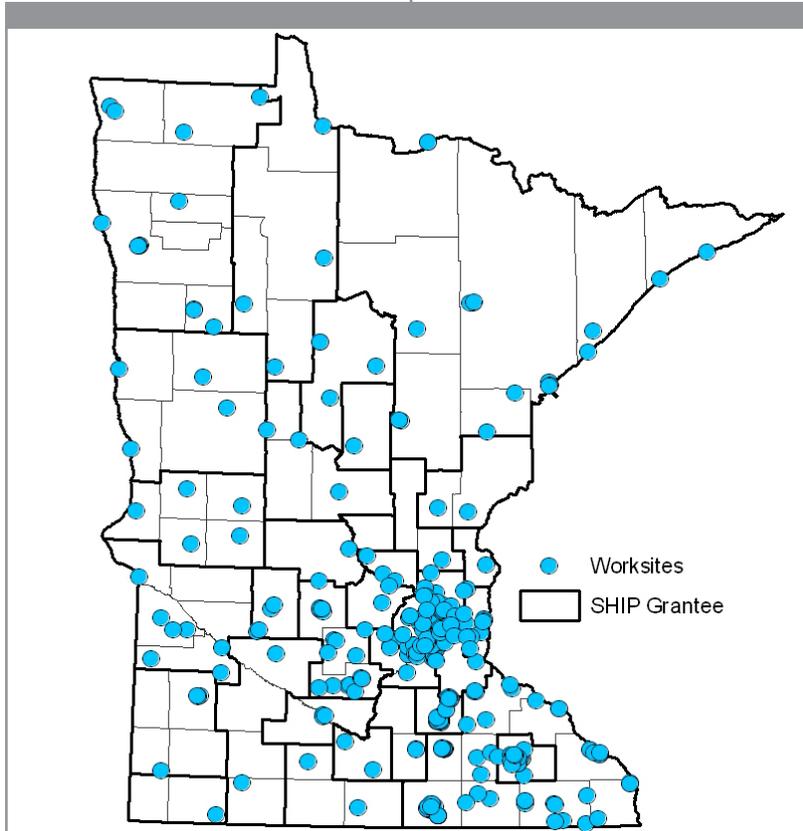
SHIP grantees are working across schools, communities, worksites and health care settings to reduce individuals’ exposure to second-hand smoke and increase access to cessation services for current tobacco users. Perhaps the greatest success in this area thus far has been in implementing tobacco-free policies at post-secondary

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

31 post-secondary institutions in Minnesota are actively engaged in passing tobacco-free campus policies with support from SHIP.

institutions across the state. Building on Minnesota’s 2007 Freedom to Breathe Act, which prohibits smoking in virtually all indoor spaces, tobacco-free campus policies ban the use of all tobacco products on campus grounds, in school vehicles and at school-sponsored events. The goal is to protect students, staff and visitors from the health hazards of secondhand smoke. This work is particularly important for addressing tobacco use and exposure among 18- to 24-year-olds, who currently have the highest rates of tobacco use in the state (approximately 28 percent of this age group smoke).¹⁹

To address this high-risk young adult population, 31 post-secondary institutions in Minnesota are actively engaged in passing tobacco-free campus policies with support from SHIP. These efforts reach approximately 157,000 students, faculty and staff across the state. This work will decrease exposure to secondhand smoke, reduce smoking among current smokers and increase cessation among current tobacco users, which will ultimately lead to reduced chronic disease and lowered health care costs.



Employers Engaged in Worksite Wellness

SHIP has helped over 291 employers across the state actively implement worksite wellness initiatives.

PROMOTING COMPREHENSIVE WORKSITE WELLNESS

As stated above, SHIP grantees are working to improve nutrition, increase physical activity and reduce tobacco use in worksites across the state. Many grantees are taking a holistic approach and implementing comprehensive worksite wellness initiatives that address all three health behaviors simultaneously.

Comprehensive worksite wellness efforts aim to improve employees' health by offering policy, systems and environmental supports for healthy behaviors, including increased physical activity, improved nutrition, reduced tobacco use and exposure, decreased alcohol use and lowered stress. These

efforts can dramatically improve employers' ability to manage the cost of health care, benefits and insurance: Studies suggest the return on investment for worksite wellness initiatives is approximately \$3 to \$6 saved for every \$1 spent.²⁰ In addition, investment in worksite wellness efforts can yield more than a 25 percent reduction in costs related to sick leave, workers' compensation and disability compensation.²¹

Elements of comprehensive worksite wellness initiatives address nutrition, physical activity and tobacco at the same time and include, but are not limited to:

- Offering tobacco use cessation benefits as part of employer-sponsored health insurance packages
- Prohibiting tobacco use on worksite grounds
- Implementing healthy vending, catering and on-site food service practices
- Promoting consumption of fruits and vegetables through Farm to Work initiatives and Community Supported Agriculture
- Increasing access to worksite recreational facilities such as gyms or walking trails
- Allowing the use of paid work time for physical activity breaks

Through SHIP, health care providers and communities work together to connect clients with access to resources that support healthy behaviors and implement systems changes that support prevention of obesity, tobacco use and associated chronic diseases.

SHIP has helped over 291 employers across the state actively implement worksite wellness initiatives. These employers range in size from under 50 to over 3,000 employees and include manufacturing companies, agricultural businesses, technological industries, health care systems, school districts, non-profit organizations and government agencies. Currently, these efforts are reaching at least 122,000 employees across the state and have the potential to reduce obesity and tobacco use, improve productivity and lower health care costs in fundamental ways.

SUPPORTING PREVENTION IN THE HEALTH CARE SETTING

Within the health care system, providers have a unique opportunity to promote the development and maintenance of healthy 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. Through SHIP, providers and communities work together to connect clients with access to resources that support healthy behaviors and implement systems changes that support prevention of obesity, tobacco use and associated chronic diseases.

The Institute for Clinical Systems Improvement (ICSI) is an independent, non-profit organization sponsored by six Minnesota health plans that represents over 9,000 physicians to support patient-centered, value-driven care. ICSI has worked with health care providers, health plans, employers and public health representatives to develop the first evidence-based guidelines for providers that could be integrated into preventative services in health care systems. These efforts aim to help adult patients make fundamental health behavior changes that combat chronic disease well before it occurs. The Cities of Minneapolis, Bloomington, Edina and Richfield and Hennepin, Becker, Clay, Wilkin, Otter Tail and Wright Counties are working with approximately 45 health care providers to implement the ICSI guidelines. In the Twin Cities metropolitan area, a SHIP health care work group has been established to systematically investigate and work toward broad-based reimbursement in health care systems for SHIP-related preventative clinical services. Ultimately this work will lead to an increased focus on prevention in the health care system, which will decrease the risk factors of physical inactivity, poor nutrition, and tobacco use and exposure and associated costly chronic diseases.



Groundwork for future efforts

During the first year of SHIP, local public health agencies and tribal governments, together with well over a thousand community partners, have taken remarkable strides toward making Minnesota a healthier place to live, learn and work. The efforts highlighted in this progress brief – which are only a portion of the work occurring through SHIP – demonstrate unprecedented investments by public, private, government and non-profit organizations in the work of health improvement. Concentrating on preventing underlying drivers of chronic disease, such as poor nutrition, physical inactivity, and tobacco use and exposure, will yield great improvements in the health of Minnesotans and significantly reduce the cost of health care.

After a single year of funding, important successes that move Minnesota toward lower rates of obesity and tobacco use have already been achieved. Schools, municipalities, employers and health care providers have joined in the efforts to fight chronic disease. A strong body of evidence suggests that comprehensive implementation of the strategies supported by SHIP will yield sustainable changes in individuals' health behaviors, such as improved nutrition, increased physical activity, reduced obesity, and reduced tobacco use and exposure. These improvements in health behavior will ultimately result in decreased rates of chronic disease and reductions in health care costs. Achieving these results will require significant time, efforts and resources. Thus, sustained investment in SHIP is vital for improving health among all Minnesotans.



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