

# PartnerSHIP 4 Health 2009-2011: Becker County, Minnesota





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### **Preface**

This report, "PartnerSHIP 4 Health 2009-2011: Becker County, Minnesota" is an evaluation of the five health initiatives that were implemented in Becker County, Minnesota from June 2009 through June 2011. The initiatives studied are community and school physical activity, school nutrition, worksite wellness, and health care guideline implementation.

This evaluation was made possible by a grant from the Minnesota Statewide Health Improvement Program (SHIP). The report is available online at:

- North Dakota State Data Center: http://www.ndsu.edu/sdc/publications/research.htm
- PartnerSHIP 4 Health website: http://www.partnership4health.org/

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### **Executive Summary**

#### **About PartnerSHIP 4 Health**

PartnerSHIP 4 Health is the Minnesota Statewide Health Improvement Program (SHIP) grantee of Becker, Clay, Otter Tail, and Wilkin counties. SHIP is an integral public health component of the 2008 Minnesota Legislative Health Care Reform Initiative. SHIP was designed to improve the patient experience and care and contain the spiraling costs of health care in Minnesota.

SHIP aims to improve health and contain health care costs by addressing the leading preventable causes of death in the United States: (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.

SHIP will reduce obesity and tobacco use/exposure by implementing evidenced-based strategies through policy, systems, and environmental changes in four settings: school, community, worksite, and health care.

### **Community Physical Activity Initiative in the City of Detroit Lakes**

The goal of the Community Physical Activity Initiative is to implement policies and practices that create active communities by increasing opportunities for non-motorized transportation (walking and biking) and access to community recreation facilities. City leaders engaged the public in this initiative by first holding a community kick-off meeting to educate and inform residents about aspects of active living and its importance.

Several strategies were used following the initial kick-off meeting including the formation of an Active Living Committee and a *Safe Routes to School* team, the declaration of Bike or Walk to Work or School Week, and a bike safety rodeo event for both parents and children. A representative from the Minnesota Complete Streets Coalition also gave a presentation to community leaders explaining the concept of complete streets and the importance of adopting a policy.

The City of Detroit Lakes was also awarded a mini-grant from PartnerSHIP 4 Health. Funds were used to purchase bike racks, complete a multi-use trail study, and hire a grant writer to write the *Safe Routes to School* grant application.

Recommendations for continued success of the Community Physical Activity Initiative include:

- Adopt a *Complete Streets* policy.
- Continue the Active Living Committee.
- Promote and expand the Bike or Walk to Work or School Week.
- Encourage businesses to purchase plots of land for employee gardening, thereby increasing physical activity and healthy eating.

### School Physical Activity Initiative in Detroit Lakes School District

The goal of the School Physical Activity Initiative is to implement policies and practices that create active schools by increasing opportunities for non-motorized transportation (walking and biking) and access to school recreation facilities.

A district-wide wellness committee was formed in January 2010. It met regularly to evaluate current policies and practices related to the school health environment. These meetings generated new ideas for strengthening nutrition and physical activity opportunities for students and staff.

One area of activity that was influenced by PartnerSHIP 4 Health is participation in the International Walk to School Day that was held on October 6, 2010. Overall, 2,000 participants took part in the event. This event along with others sparked interest by city and school officials to pursue a federally funded *Safe Routes to School* grant.

Elementary students are increasing physical activity in the community by participating in active field trips and a before-school recess program that was started at Roosevelt Elementary in November 2010. Middle school students now have an after-school wellness club, and a high school fitness room is now accessible to all students and staff.

Recommendations for continued success of the School Physical Activity Initiative include:

- Strengthen current school wellness policy.
- Pursue a goal of providing for 60 minutes/day of physical activity for all students through a combination of physical education, active recess, physical activity in the classroom, and integrating physical activity into academic lessons (e.g., GPS units in geography classes).
- Continue morning recess at Roosevelt Elementary and Rossman Elementary.
- Continue to participate in activities that would encourage more students to walk and bike to school (i.e., International Walk to School Day and Bike or Walk to Work or School Week).

### School Nutrition Initiative in Detroit Lakes School District

The goal of the School Nutrition Initiative is to implement comprehensive nutrition policies including: breakfast promotion; healthy lunch and snacks, including classroom celebrations and incentives; fundraising; concessions and vending; school gardens; and *Farm to School* initiatives.

Due in part to the influence of PartnerSHIP 4 Health, Detroit Lakes School District implemented a breakfast-to-go program at the elementary and high schools. Healthier foods can also be prepared at the high school due to the purchase of a combi-oven (a combination convection oven and steamer).

Through a PartnerSHIP 4 Health mini-grant, the Detroit Lakes School District was able to purchase start-up materials for their new *Grab-n-Go* breakfast. The mini-grant also funded the combi-oven.

Recommendations for continued success of the School Nutrition Initiative include:

- Consider adopting the three week lunch and breakfast menu created by PartnerSHIP 4 Health dietitian that follows the new USDA Child Nutrition Guidelines.
- Continue offering healthy food during the monthly breakfast with parents.
- Continue to involve students and parents in nutrition input meetings.
- Consider saving money by planting and maintaining school fruit orchards.

### **Worksite Wellness Initiative in Becker County**

The goal of the Worksite Wellness Initiative is to implement a comprehensive employee wellness initiative that provides health assessment with follow-up-coaching, provides ongoing health education, and has policies and an environment that promote healthy weight and healthy behaviors. Becker County was chosen as the pilot worksite; initiative strategies applied to county government employees.

The Worksite Wellness Coordinator met regularly with the Becker County Wellness Committee. Various assessments such as health screenings, health risk appraisals, employee interest surveys, and an environmental audit were completed. The results of these assessments guided the wellness committee to write mission, vision, and policy statements and goals.

Financial support was provided through a mini-grant used to support sustainable change. Funds were used to train employees on the *5 and 5 Feel 100%* physical activity and nutrition program, blood pressure monitors, Sit Upon seat cushions, sitting peddle bikes, and wellness education materials.

Recommendations for continued success of the Worksite Wellness Initiative include:

- Use the PartnerSHIP 4 Health Worksite Wellness Manual as a guide to continue evidenced-based wellness initiatives.
- Encourage increased physical activity through flex time or breaks and educational campaigns.
- Promote healthy foods for meetings and gatherings.
- Adopt a tobacco-free grounds policy and promote tobacco cessation services on a regular basis.

### Health Care Initiative in Essentia Health St. Mary's Hospital and Becker County Public Health

The goal of the Health Care Initiative is to support implementation of the Institute for Clinical Systems Improvement (ICSI) Guidelines for *Prevention and Management of Obesity* and *Healthy Lifestyles* (formerly *Primary Prevention of Chronic Disease Risk Factors*) by health care providers. This initiative, due to its collaborative nature, was able to incorporate both Essentia Health St. Mary's and Becker County Public Health as health care partners.

The major strategies initiated and fostered by PartnerSHIP 4 Health in this initiative were baseline assessment, followed by the formation and maintenance of a Health Care Collaborative, and ending with evaluation of progress made. The assessment strategies, which included a chart audit, allowed PartnerSHIP 4 Health staff as

well as the respective health care partner to determine whether screening and management of obesity and tobacco use/exposure was being done.

The Collaborative allowed for teaching and networking and set the stage for the action plan creation and implementation by each health care partner. In addition, Motivational Interviewing training was provided to health care providers to assist them in counseling their patients to consider behavior change. In an effort to assist health care providers in connecting patients to resources, county-specific Community Resources lists were compiled and offered to health care partners as hard copy and via the MNHelpinfo.org website.

Recommendations for continued success of the Health Care Initiative include:

- Refer to evidence-based practice manuals to integrate changes into office systems.
- Create or strengthen a Worksite Wellness Program (http://partnership4health.org/worksite 8 1349406616.pdf).
- Embed evidence-based changes into an agency policy or system.
- Broaden the target population from adults to include children and teens.
- Continue to set measurable aims, target dates, and data collection requirements.



### **About PartnerSHIP 4 Health**

### Introduction

PartnerSHIP 4 Health is the Minnesota Statewide Health Improvement Program (SHIP) grantee of Becker, Clay, Otter Tail, and Wilkin counties.



- SHIP is an integral public health component of the 2008 Minnesota Legislative Health Care Reform Initiative and was designed to *improve the patient* experience and care and contain the spiraling costs of health care.
- All 53 Minnesota community health boards and 9 of the 11 tribal governments received SHIP funds.
- SHIP Grants were awarded through a competitive process on a per capita basis of \$3.89 per person, the minimum recommended amount by the Centers for Disease Control and Prevention (CDC) for comprehensive health interventions that address chronic disease prevention.

### SHIP aims to:

- Help Minnesotans live longer, healthier, better lives by preventing risk factors that lead to chronic disease.
- Save lives by reducing obesity and tobacco use and exposure.
- Enhance patient experience and contain the rising cost of health care.

SHIP will reduce obesity and tobacco use/exposure by implementing evidenced-based strategies through policy, systems, and environmental changes in four settings:



The Minnesota Department of Health presented SHIP grantees with a menu of best practice initiatives related to tobacco, physical activity, nutrition, and healthy weight/healthy behaviors in each of the four settings (school, community, worksite, and health care). Grantees were instructed to choose at least one initiative that addressed tobacco and one that addressed obesity; in addition, they had to implement at least one initiative in each of the four settings. Wherever possible, grantees were also strongly encouraged to select combinations of initiatives in order create a comprehensive approach to addressing obesity and tobacco use/exposure.

SHIP recognizes that individual *change is more easily sustained when the environment supports it* by *making the healthy choice the easy choice*. Policy, systems, and environmental (PSE) changes are broad, behind-the-scenes changes that make it easier for people to access and incorporate healthy behaviors into their daily lives. Examples of policy, systems, and environmental changes include:

### Policy Change:

 A change in laws or regulations, such as tobacco-free public places or providing time during work hours for physical activity.

### **Systems Change:**

•A change in organizations, such as school districts offering healthy snacks or health system redesign so that tobacco use/exposure, nutrition, and physical activity are addressed at every visit.

### **Environmental Change:**

 A change in decisions about land use, zoning, and/or community design, such as creating neighborhood access to healthy foods or increasing opportunities for activities such as walking and biking.

SHIP set forth the following timeline for short, intermediate, and long term goals:

- **Short-term goals (1 to 3 years):** increased capacity of state, local, and tribal health systems to promote, adopt, and implement policy, systems, and environmental changes.
- Intermediate goals (3 to 10 years): decreased tobacco use/exposure, and increased nutritious eating and physical activity.
- Long-term goals (10 to 25 years): decreased tobacco use/exposure and decreased obesity.

SHIP was designed to contain the rising costs of health care. If funding is sustained at the 2009-2011 level, it is estimated that by 2015 SHIP could move as much as 10 percent of the adult population into a normal weight category and as much as an additional 6 percent of the adult population into a non-smoking category. These reductions in risk factors would result in significant cost savings. The estimated potential savings by 2015 is approximately \$1.9 billion, or 3.8 percent of projected health care spending without reform. The 2011 Legislature did retain SHIP in the budget, but reduced funding into the next biennium to approximately 1/3 of the original level.

### **Community Leadership Team**

PartnerSHIP 4 Health began its work with the formation of a Community Leadership Team (CLT) that held its initial meeting July 29, 2009 at the Public Library in Pelican Rapids, MN. The CLT is composed of approximately 25 individuals who were recruited by local public health, and who represent schools, community organizations, community members, transportation, Head Start, refugee communities, Extension Services, health care, and county public health units. By September 2009, the CLT had selected five SHIP initiatives from the menu provided by the Minnesota Department of Health. The CLT selected the initiative implementation sites and was also involved in implementation strategies. The CLT continued to oversee PartnerSHIP 4 Health as work progressed, meeting every other month.

### **Five Health Initiatives**

The five initiatives selected by PartnerSHIP 4 Health were:

- 1. **Community Physical Activity Initiative:** Implement policies and practices that create active communities by increasing opportunities for non-motorized transportation (walking and biking) and access to community recreation facilities.
- School Physical Activity Initiative: Implement policies and practices that create active schools by
  increasing opportunities for non-motorized transportation (walking and biking to and from school) and
  access to recreation facilities.
- 3. **School Nutrition Initiative:** Implement comprehensive nutrition policies including: breakfast promotion; healthy lunch and snacks, including classroom celebrations and incentives; fundraising; concessions; vending; school gardens; and *Farm to School* initiatives.
- 4. **Worksite Wellness Initiative:** Implement a comprehensive employee wellness initiative that provides health assessment with follow-up-coaching, provides ongoing health education, and has policies and an environment that promote healthy weight and healthy behaviors.
- 5. **Health Care Initiative:** Support implementation of the Institute for Clinical Systems Improvement (ICSI) guidelines for "Prevention and Management of Obesity" and "Primary Prevention of Chronic Disease Risk Factors" by health care providers.

### **Pilot Communities and Sites**

The Community Leadership Team (CLT) selected four primary communities in Minnesota, one from each of the four counties, in which to implement multiple initiatives (i.e., Becker, Clay, Otter Tail, and Wilkin). This was done in order to optimize collaboration and community "buzz." The CLT recognized that implementing multiple initiatives within the same city would have a greater impact on the community because of the interconnectedness of the topics and the ability to build community momentum. The CLT also sought to create a successful model to follow when implementing initiatives in other communities in the future.

The following community, school, worksite, and health care settings within Becker, Clay, Otter Tail, and Wilkin counties were selected to participate in the 2009-2011 PartnerSHIP 4 Health Initiative as pilot settings:

### Community

- City of Detroit Lakes (Becker County)
- City of Dilworth (Clay County)
- City of Perham (Otter Tail County)
- City of Breckenridge (Wilkin County)

#### School

- City of Detroit Lakes (Becker County)
- City of Dilworth (Clay County)
- City of Perham (Otter Tail County)
- City of Breckenridge (Wilkin County)

#### Worksite

- Becker County
- Moorhead Public School District (Clay County)
- City of Perham (Otter Tail County)
- Wilkin County

#### Health Care

- Family HealthCare Center Fargo, ND (serving clients in Clay County, MN)
- Becker County Public Health- Detroit Lakes
- Clay County Public Health-Moorhead
- Otter Tail County Public Health-Fergus Falls and New York Mills
- Wilkin County Public Health-Breckenridge
- Orthopedic & Sports Physical Therapy, Inc. Breckenridge (Wilkin County)
- Essentia Health St. Mary's Detroit Lakes (Becker County)
- Migrant Health Services, Inc. Moorhead (Clay County)
- Sanford Health Pelican Rapids (Otter Tail County)
- Sanford Health Perham (Otter Tail County)
- Sanford Health New York Mills (Otter Tail County)
- Sanford Health Ulen (Clay County)
- Sanford Health Ottertail (Otter Tail County)
- Sanford Health Hawley (Clay County)

### **Staff and Partnerships**

In July 2009, the PartnerSHIP 4 Health staff consisted of three public health nurses; it eventually grew to include: a project director, a project manager, community organizers, an active living planner, a health care coordinator, a dietitian, a worksite wellness professional, and the North Dakota State Data Center. Staff was either employed through Clay and Otter Tail counties, contracted through Lakes Country Service Cooperative, or contracted via independent contracts. Staff met monthly throughout the project period, submitted monthly logs, and apprised the CLT of challenges, successes, and overall progress.

As the staff and CLT members of PartnerSHIP 4 Health began their work, relationships and partnerships expanded and flourished. Accomplishments include:

- Active Living Committees were formed and included: city leaders, key stakeholders, and community members.
- *School Wellness Committees* were revitalized or expanded to include Partnership 4 Health staff and other community members.
- Employee Wellness Committees were formed or expanded.
- A Health Care Collaborative was formed across the four counties; 10 health care partners came together to form a collaborative.
- Other community sectors came together as well: schools, cities, worksites, and health care representatives shared ideas and opportunities.

# **Community Physical Activity Initiative: City of Detroit Lakes**

The Community Physical Activity Initiative implemented policies and practices that create:

- · Active communities by increasing opportunities for walking and biking.
- Access to community recreation facilities.

### **Resources Provided by PartnerSHIP 4 Health:**

- Active Living Survey Administration and Evaluation
  - Baseline of strength and weaknesses related to residents' active living practices
  - Defined community priorities
- Bike/Walk to Work or School Week Coordinator Contract
  - Coordinated event to promote awareness of incorporating physical activity into daily living
- Mini-Grant: Increase Biking/Walking Infrastructure And Access
  - Bike Racks
  - Citywide trail system planning
  - o Safe Routes to School grant writer (completed application on behalf of city and school)

### Training

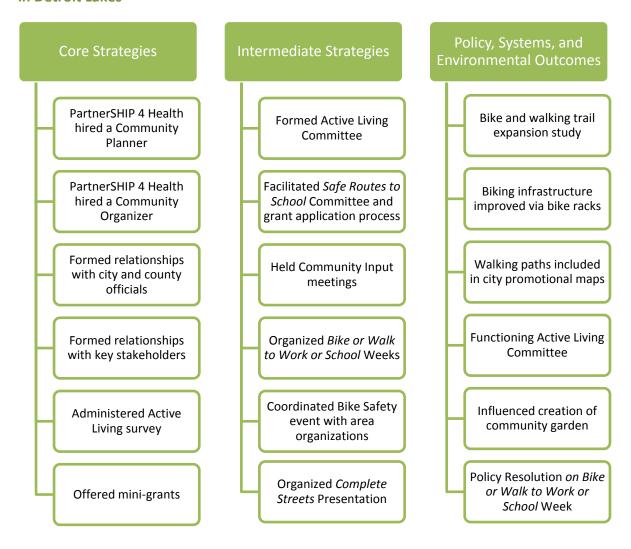
- Complete Streets Presentation by Ethan Fawley: December 16, 2010 in Perham, MN
- Safe Routes To School Training: February 9, 2011 in Alexandria, MN
  - Community and School Representatives
  - Preparation for Safe Routes to School Grant Application
- Community Emergency Response Team (CERTS): February 24, 2011 in Detroit Lakes, MN
  - Interfaced with pro-bike/pro-walk and gardening initiatives

### • Technical Assistance

- Community Organizer
- o Community Planner

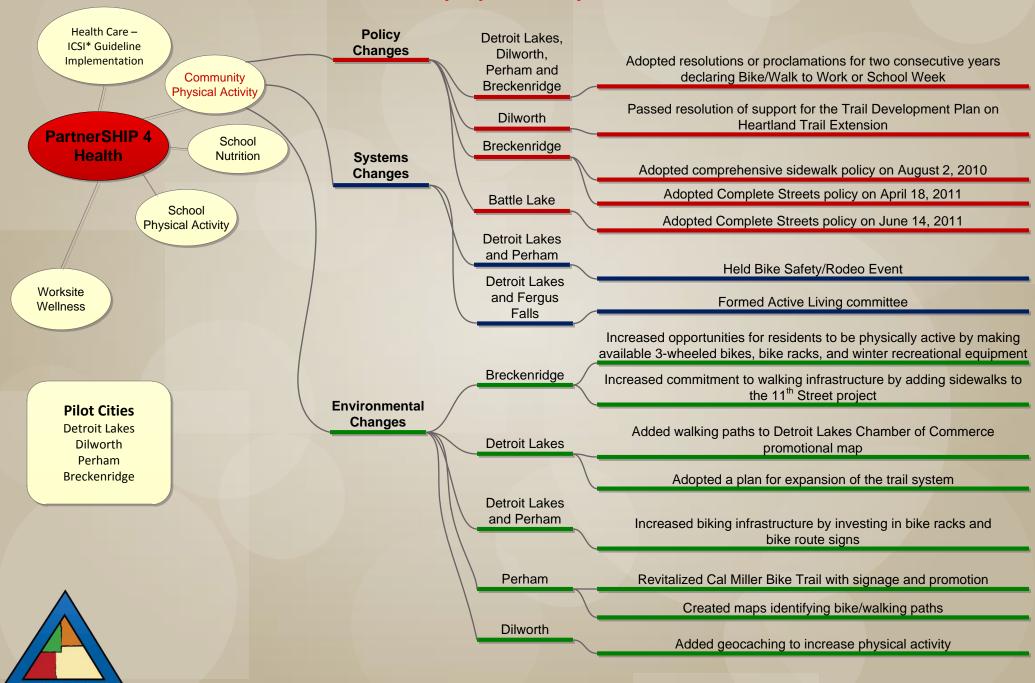


### Summary of Strategies and Outcomes Used to Achieve Community Physical Activity Initiative Goals in Detroit Lakes



### Impact of PartnerSHIP 4 Health, the Minnesota Statewide Health Improvement Program (SHIP) in Becker, Clay, Otter Tail, and Wilkin Counties: 2009-2011

**Community Physical Activity Initiative** 



PartnerSHIP 4 Health
Charting a course for good health

### Opportunities for Continued Success through the Community Physical Activity Initiative

The most effective way to create and sustain a healthy community environment accessible to all is through policy, systems, and environmental changes. This approach was used successfully by PartnerSHIP 4 Health and Detroit Lakes' community members, but there is more yet to be accomplished. The following is a list of evidenced-based practices that PartnerSHIP 4 Health recommends for continued success.

### • Continue the Active Living Committee

o The Active Living Committee champions innovative active living programming.

### • Adopt a Complete Streets Resolution

- Complete streets are roadways designed and operated to enable safe, attractive, and comfortable access and travel for all users, such as pedestrians, bicyclists, and motorists.
- Adopting a *Complete Streets* policy encourages residents and visitors to engage in more physical activity (http://www.mncompletestreets.org/).
- Institutionalizing Complete Streets principles in the community design planning process results in increased financial and physical health (http://www.nplanonline.org/nplan/products/model-complete-streets-laws-and-resolutions).

### Utilize the results of the Active Living Survey

 Address community priorities (http://www.partnership4health.org/detroitlakes\_4\_3559093977.pdf).

### Promote and Expand Bike/Walk to Work or School Week (www.bikewalkweek.org)

- o Engage employers, health professionals, faith communities, service clubs, schools, etc.
- Continue to promote biking and walking as an opportunity for daily activity as well as a transportation mode.

### Consider Holding a Bike Safety Rodeo Event Annually

- Holding this event annually would serve as a reminder of bike safety practices as well as the importance of an active lifestyle.
- o Continue partnering with student groups, parents, civic groups, and law enforcement.
- o Expand reach to more students and partnering groups.

### • Continue Bike and Pedestrian Safety Promotion

- Conduct periodic public awareness campaigns such as Share the Road to improve safety and promote community enjoyment (http://www.sharetheroadmn.org/).
- o Utilize a variety of media: TV3, radio, newspaper, and community website.
- Consider partnering with local law enforcement.

#### Involve Faith-Based Communities

- Promote walking and biking to faith-related gatherings.
- Incorporating physical activity into children, teen, and adult ministries is a great opportunity to model healthy lifestyles and stewardship.
- Faith communities often have land that can be used for planting community gardens or small fruit orchards.

## School Physical Activity Initiative: Detroit Lakes School District

The School Physical Activity Initiative implemented policies and practices that create active schools by:

- Increasing opportunities for walking and biking to and from school.
- Increasing access to the schools as recreation facilities.

### Resources provided by PartnerSHIP4 Health:

### Bike/Walk to Work or School Week Coordinator Contract

 Coordinated event to promote awareness of incorporating physical activity into daily living



### • Mini-Grant: Increased Physical Activity Capacity Before, During, and After School

- o Incorporated active living field trips into elementary school physical education classes
- Created after school wellness club at the middle school
- o Increased access to high school recreation fitness room

### • Safe Routes to School Survey Administration and Evaluation

- Baseline of fifth and sixth grade biking/walking to school user rates
- o Barriers and opportunites to biking/walking to school
- o Improves position to receive Safe Routes to School grant award

### Training

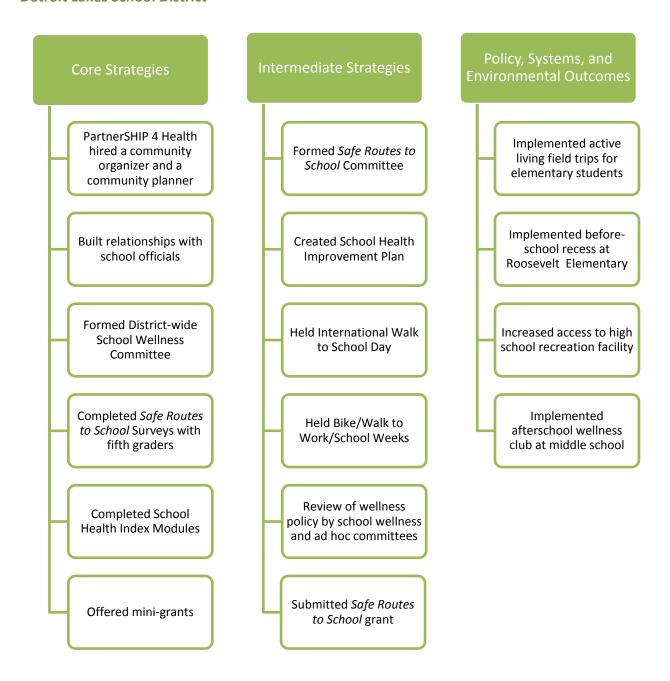
- o School Health Index: December 9, 2009 in Fergus Falls, MN
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- Complete Streets Presentation by Ethan Fawley: December 16, 2010 in Perham, MN
- o Safe Routes To School Training: February 9, 2011 in Alexandria, MN
  - Community and school representatives
  - Preparation for Safe Routes to School grant application

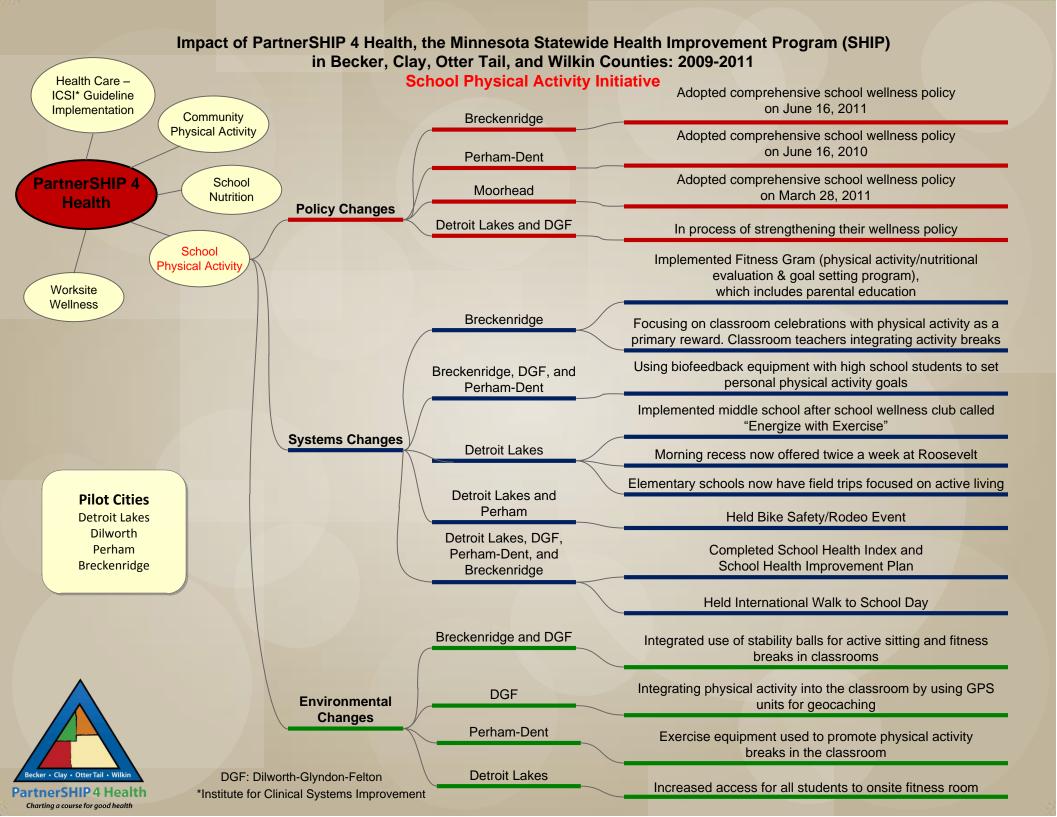
#### Technical Assistance

- Community Organizer
- Community Planner
- Project Manager
- Participation on School Wellness committee
- Provided funding for grantwriter on Safe Routes to School application



### Summary of Strategies and Outcomes Used to Achieve School Physical Activity Initiative Goals in Detroit Lakes School District





### Opportunities for Continued Success through the School Physical Activity Initiative

The most effective way to create and sustain a healthy school environment accessible to all is through policy, systems, and environmental changes. This approach was used successfully by PartnerSHIP 4 Health and Detroit Lakes' school officials, school staff, students, and community members, but there is more yet to be accomplished. The following is a list of evidenced-based practices that PartnerSHIP 4 Health recommends for continued success.

### Adopt or Strengthen a Wellness Policy

- Adoption of a wellness policy ensures that the school offers and promotes healthy nutrition options at all points of contact and a healthy level of physical activity.
- Reevaluate the strength of the policy at least every three years, making improvements in years two and three (http://wellsat.org/).

### Provide Opportunities for Students for at Least 60 Minutes of Physical Activity per Day

- Follow CDC recommendation (http://www.cdc.gov/physicalactivity/everyone/g uidelines/children.html).
- Consider a combination of physical education, active recess, classroom integration, and before and after school access to recreational facilities (http://www.sparkpe.org/).
- Continue to offer recess in the time slot prior to lunch.

"Students' **top preference**for travel to and from
school is **by bicycle."** 

### • Facilitate Biking or Walking to School

- According to the 2010 Safe Routes to School study, most students in Detroit Lakes (77%) do
  not walk or ride their bicycle to school. However, the students' top preference for travel to
  and from school is by bicycle (38%).
- Consider neighborhood busing stops versus every home and/or every street stops.
- Increase biking and walking infrastructure at schools, such as bike racks and connected sidewalks.
- Continue to pursue Safe Routes to School funding to improve walking and biking infrastructure in your district (http://www.saferoutesinfo.org/).
- Encourage all schools to participate in International Walk to School Day (http://www.walktoschool.org/).

### Increase Your Capacity For Change

- Network or collaborate with other schools with similar initiatives.
- Participate in webinars and local or national conferences (link to MN School wellness conference or webinars).
- Offer before-school recess at additional schools beyond Roosevelt Elementary.
- Develop a communications plan to promote use of the high school fitness room by all students and staff.
- o Consider modeling an after-school high school wellness club after the middle school program.

# **School Nutrition Initiative: Detroit Lakes School District**

The School Nutrition Initiative implemented comprehensive nutrition policies supporting:

- Healthy meals: breakfast and lunch
- Healthy snacks: classroom celebrations, incentives, fundraising, concessions, and vending
- School gardens
- Farm to School initiatives

### **Resources Provided by PartnerSHIP4Health:**

### • Mini-Grant: Increased access to healthy foods

- o Combi-oven: improves food preparation and maintains nutritional integrity of food
- o Fruit wedgers: increases efficiency of food preparation
- Breakfast to Go: promoted and initiated at the high school and Rossman Elementary

### • Training

- o School Health Index: December 9, 2009 in Fergus Falls, MN
- o School Wellness Policy Summit: October 26, 2010 in Fargo, ND

### • Technical Assistance

- o Dietitian
- o Community Organizer
- Project Manager
- o Participation on School Wellness Committee
- Creation of school apple and blueberry orchards
- o Facilitation of healthy vending

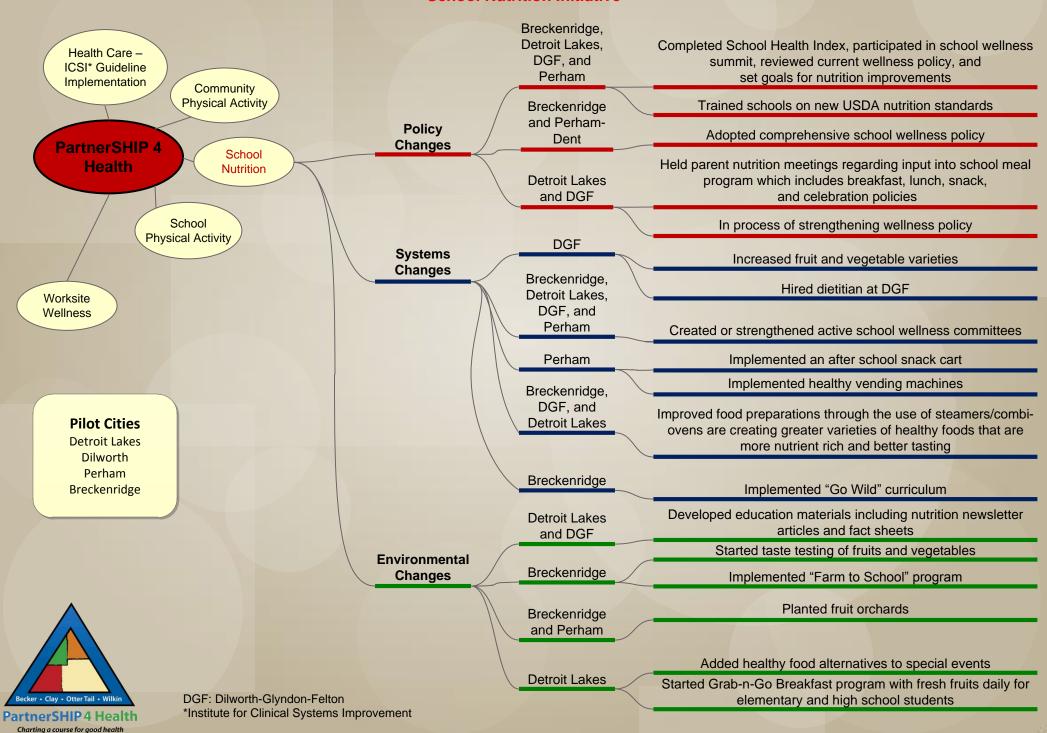


### Summary of Strategies and Outcomes Used to Achieve School Nutrition Initiative Goals in Detroit Lakes School District

### Policy, Systems, and **Core Strategies** Intermediate Strategies **Environmental Outcomes** Inclusion of a healthy food alternative on monthly PartnerSHIP 4 Health First reading of school hired dietitian breakfast with parents wellness policy TBA (formerly known as "Donut Day") Implementation of Grab-Formed district-wide n-Go breakfast at the high **School Wellness** Completed School Health school and Rossman Committee Improvement Plan Elementary Improved food Formed healthy snack Formed relationships with preparation and increased dietary staff healthy food options via committee at elementary combi-oven school Initiated site visits to Developed nutrition school breakfast and newsletters, articles, and Created fruit recycling lunch programs option at middle school fact sheets Consulted with dietary staff, administrators, and Held parent-student parents school meals focus groups Assessed wellness policy Dietitian created and strength using WellSAT or provided a three week School Health Index lunch/breakfast menu supporting current USDA standards **Completed School Health Index Modules** Introduced Farm to School program Assessed selection of healthy options in school School staff participation vending machines in School Wellness Summit Offered mini-grants

### Impact of PartnerSHIP 4 Health, the Minnesota Statewide Health Improvement Program (SHIP) in Becker, Clay, Otter Tail, and Wilkin Counties: 2009-2011

### **School Nutrition Initiative**



### Opportunities for Continued Success through the School Nutrition Initiative

The most effective way to create and sustain a healthy school environment accessible to all is through policy, systems, and environmental changes. This approach was used successfully by PartnerSHIP 4 Health and Detroit Lakes' school officials, school staff, students, and community members, but there is more yet to be accomplished. The following is a list of evidenced-based practices that PartnerSHIP 4 Health recommends for continued success.

### • Adopt or Strengthen a Wellness Policy

- Adoption of a wellness policy ensures that the school offers and promotes healthy nutrition options in all food environments such as vending, concessions, classrooms, and staff lounge, and a healthy level of physical activity.
- Reevaluate the strength of the policy at least every three years and implement any new strategies in years two and three (http://wellsat.org/).

### Save Money by Lowering School Food Program Expenses while Increasing Access to Fruits and Vegetables

- o Plant sustainable foods at school locations for breakfast, lunch, and snack programs.
  - Examples include: apples, plums, pears, cherries, raspberries, or blueberries.
  - Make a goal of planting at least one new tree or bush every year.
- o Add a greenhouse as a way to support salad bar and lunch program.

### • Increase Understanding of Nutrition

- Involve students in designing, planting, harvesting, and maintaining gardens/orchards.
- Incorporate GO Wild program into curriculum (http://www.extension.umn.edu/Nutrition/GoWild.html).
- o Involve students in designing, constructing, and maintaining greenhouse and contents.

### • Increase Access to Healthy Foods

- Consider adopting the three week lunch and breakfast menu created by the PartnerSHIP 4
   Health dietitian that follows the new USDA Child Nutrition Guidelines
   (http://www.fns.usda.gov/cnd/Governance/regulations/2011-01-13.pdf).
- o Encourage healthy foods during classroom activities.
- Continue to promote healthy breakfast programs.
- Make healthy foods available in the employee cafeteria/break room, vending machines, etc.
- Start a Farm to School program, which is an excellent means of providing meals high in nutritional value while supporting local farmers and increasing community involvement (http://www.farmtoschool.org/state-home.php?id=49).

### • Continue to Solicit Regular Feedback From Students, Parents, and Staff Regarding Food Preferences and Improvements Made in Food Service

- Student wellness councils
- Parent focus groups

# **Worksite Wellness Initiative: Becker County**

The Worksite Wellness Initiative implemented a comprehensive employee wellness initiative that promotes:

- Health assessment with follow-up coaching
- Health education
- Wellness policies
- An environment that supports healthy weight and healthy behaviors

### **Resources Provided By PartnerSHIP 4 Health:**

### • Mini-Grant:

- o Increased wellness opportunities by providing: sitting peddle bikes, Sit Upon seat cushions, a blood pressure monitor, a physical therapist, back massager pads, and neck massagers
- Increased access to wellness information

### Training

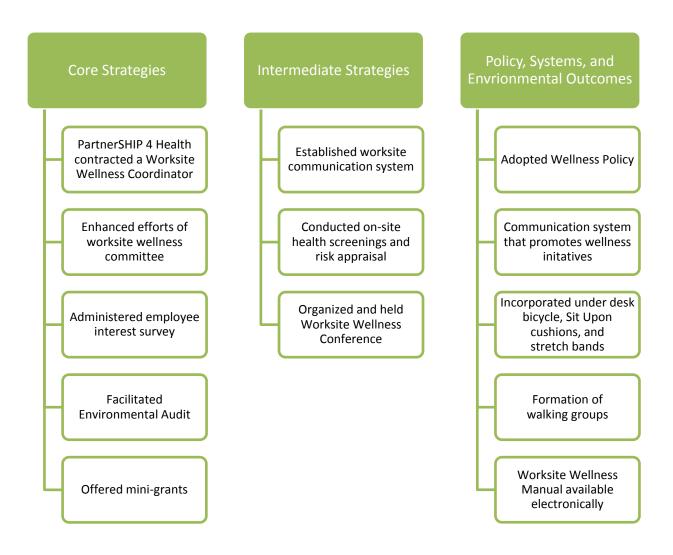
- o Action Plan: Assessment, Goal Development, Policy Development, and Evaluation
- o Worksite Wellness Summit: June 14, 2011 in Detroit Lakes, MN

### Technical Assistance

- Worksite Wellness Coordinator
- Project Manager
- o Participation on Worksite Wellness Committee
- Creation of Worksite Wellness Electronic Manual



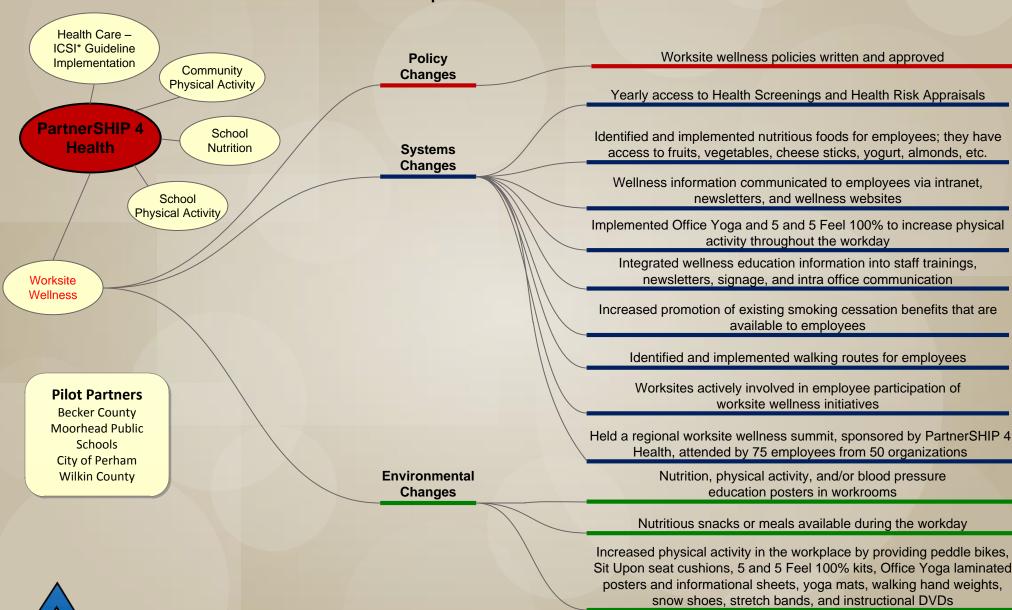
### Summary of Strategies and Outcomes Used to Achieve Worksite Wellness Initiative Goals in Becker County



### Impact of PartnerSHIP 4 Health, the Minnesota Statewide Health Improvement Program (SHIP) in Becker, Clay, Otter Tail, and Wilkin Counties: 2009-2011

### **Worksite Wellness Initiative**

### **Accomplishments for All Worksites**





### Opportunities for Continued Success through the Worksite Wellness Initiative

The most effective way to create and sustain a healthy worksite with healthy choices accessible to all is through policy, systems, and environmental changes. This approach was used successfully by PartnerSHIP 4 Health, Becker County Officials, Becker County Worksite Wellness Committee members, and Becker County worksite employees, but there is more yet to accomplish. The following is a list of evidenced-based practices that PartnerSHIP 4 Health recommends for continued success.

### Promote a Comprehensive Worksite Wellness Initiative

 Follow steps outlined in the PartnerSHIP 4 Health Worksite Wellness Manual to create and maintain a robust comprehensive worksite wellness initiative (http://partnership4health.org/worksite\_8\_1349406616.pdf).

### • Offer Annual Health Screenings

Health screenings are the core of any successful worksite wellness initiative.

### Increase Access to Fruits and Vegetables

- Create access to employer land for employee gardens.
- Encourage use of community gardens or raised beds.
- Plant sustainable sources of food on site.
  - Examples include: apples, plums, pears, cherries, raspberries, or blueberries.
  - Make a goal of planting at least one new tree or bush every year.

### • Increase Access to Healthy Foods

- Make healthy foods available during meetings.
- Make healthy foods available in the employee cafeteria/break room, vending machines, etc.
- Continue or expand employee-supported healthy snack program.
- Create a policy regarding healthy foods in the workplace.

### Increase Access to Physical Activity

- o Encourage physical activity during flex time or break time.
- Sponsor employee challenges.
- Promote Bike/Walk to Work Week.

### Continue to Integrate Worksite Wellness Information Into Existing Communication Systems

- o Utilize website, newsletters, staff training, signage, and any intra-office communications.
- Communicate health benefits of increased exercise.
- Communicate benefits of intermittent physical activity and office stretches.

### • Promote a Tobacco-Free Environment

- Consider adopting a tobacco-free all grounds policy (http://www.partnership4health.org/wsresources\_4\_2974763752.pdf).
- Consistently promote tobacco-cessation services for employees.
- Consider incentivizing individuals for tobacco cessation efforts.

### **Health Care Initiative:**

### Essentia Health St. Mary's and Becker County Public Health

The Health Care Initiative supported implementation of the following Institute for Clinical Systems Improvement (ICSI) Guidelines:

- Prevention and Management of Obesity
- Healthy Lifestyles (formerly Primary Prevention of Chronic Disease Risk Factors)

Like the other four initiatives, the health care initiative had a partner in each pilot city. In addition, this initiative, due to its collaborative nature, was able to incorporate six additional partners.

### **Resources Provided by PartnerSHIP 4 Health**

### • Collaborative Led by Institute for Clinical Systems Improvement (ICSI) Staff

- o Face-to-face sessions, webinars, and conference calls
- Action plan and progress reports creation and review

#### Document Creation and Administration

- o Assessment and Evaluation Tools, Clinician Resources, Patient Resources
- Administration and evaluation of pre- and post-initiative surveys

#### Mini-Grant:

- Essentia Health St. Mary's:
  - Patient Educational Materials: BMI Posters, Food Models, and Fat Models
  - Clinician and Patient Resources: Patient Nutrition and Physical Activity Plan

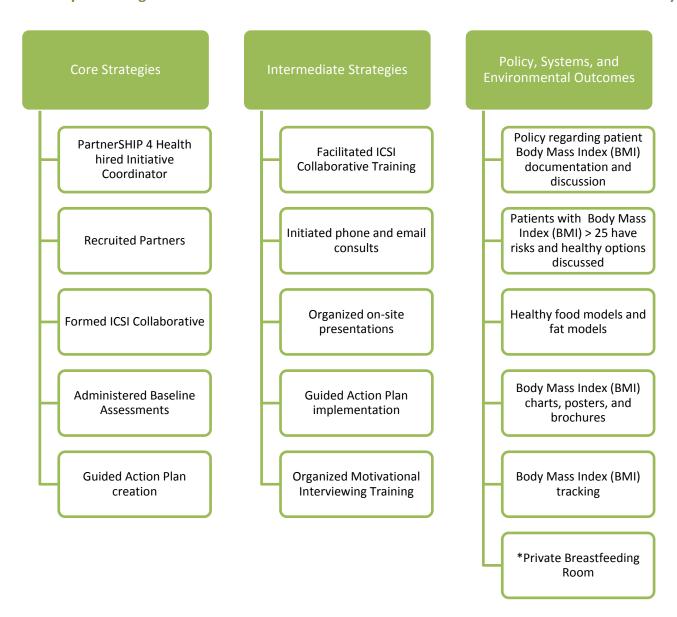
### • Training

- Motivational Interviewing Level I Workshop
- Motivational Interviewing Individualized Coaching Sessions

### • Technical Assistance

- Health Care Initiative Coordinator: resources and consults
- o Dr. Gary Oftedahl, ICSI Chief Knowledge Officer: on-site presentation

### Summary of Strategies and Outcomes Used to Achieve Health Care Initiative Goals in Becker County



<sup>\*</sup>Outcome outside of this initiative's goals, but within other health care initiatives

### Impact of PartnerSHIP 4 Health, the Minnesota Statewide Health Improvement Program (SHIP) in Becker, Clay, Otter Tail, and Wilkin Counties: 2009-2011

**Health Care Initiative-ICSI Guideline Implementation** 

Health Care – ICSI\* Guideline Implementation

Community Physical Activity

PartnerSHIP 4 School Nutrition

School Physical Activity

Worksite Wellness

Policy Changes

Systems Changes

Environmental Changes

#### **Health Care Partners**

Becker County Public Health in Detroit Lakes, MN
Clay County Public Health in Moorhead, MN
Essentia Health St. Mary's in Detroit Lakes, MN
Family HealthCare Center in Fargo, ND
Orthopedic Sports & Physical Therapy, Inc. in Breckenridge, MN
Otter Tail County Public Health in Fergus Falls, MN and New York Mills, MN
Migrant Health Services, Inc. in Moorhead, MN
Sanford Health Clinic in Pelican Rapids, MN
Sanford Health Clinics: Perham, Hawley, Ottertail, New York Mills, and Ulen, MN
Wilkin County Public Health in Breckenridge, MN



Instituted patient BMI, nutritional status, and activity level assessments

Adopted policies supporting BMI calculation

Added BMI, nutrition, physical activity, tobacco status screening, intervention, and outcome prompts to medical records

Instituted system-wide BMI tracking

Instituted BMI patient education, action plan, resources, and tools in multiple languages

Instituted Motivational Interviewing to enhance patient/clinician healthy lifestyle discussions

Instituted exercise/rehab/cardio fitness program

Registered as MN Clinic Fax Referral Tobacco Cessation Program site

Nursing services available to motivated patients with BMI>30

Public awareness events focus on healthy living and health risks of obesity and tobacco use

Encouraged staff to become healthy role models via Worksite Wellness initiatives

Offering only healthy food at staff meetings

BMI educational and awareness posters and signage in waiting areas

Healthy food models in exam rooms

Health education DVDs in multiple languages distributed to patients and played in waiting rooms and during phone "holds"

Moved height/weight scale to private and central locations

BMI charts and posters hung by scales

Hospital food service lists calorie content on cafeteria foods

Using portable scale at public awareness events and classes

\*Institute for Clinical Systems Improvement Note: BMI=Body Mass Index

### **Opportunities for Continued Success through the Health Care Initiative**

The most effective way to integrate prevention and management of obesity and tobacco cessation into the health care setting is through policy, systems, and environmental changes. This approach was used successfully by PartnerSHIP 4 Health and Health Care Partners but there is more yet to be accomplished. The following is a list of evidenced-based practices that PartnerSHIP 4 Health recommends for continued success.

### Refer to Evidence-Based Practice Manuals to Integrate Changes Into Office System

Prevention and Management of Obesity Practice Manuals:

- American Academy of Family Physicians (2010). AIM-HI practice manual.
   (http://www.aafp.org/online/etc/medialib/aafp\_org/documents/clinical/pub\_health/aim/practicemanual.Par.0001.File.tmp/AIMPracticeManual.pdf)
- What Works in Health Care
   (http://www.dhs.wisconsin.gov/health/physicalactivity/sites/healthcare/WhatWorksHealthcarefinal.pdf)

### **Tobacco Cessation Practice Manuals:**

- American Academy of Family Physicians (2010). Ask and act: a tobacco cessation program.
   Treating tobacco dependence practice manual: build a better office system.
   (http://www.msafp.org/upload/file497 AAFPPracticeManual.pdf)
- Partnership for Prevention (2008). Working with health care delivery systems to improve the delivery of tobacco-use treatment to patients—an action guide. The community health promotion handbook: action guides to improve community health. (www.prevent.org/downloadStart.aspx?id=23)
- Create or Strengthen a Worksite Wellness Program

(http://partnership4health.org/worksite\_8\_1349406616.pdf)

- Embed Evidence-Based Changes Into an Agency Policy or System
- Enlarge the Target Population from Adults to Include Children And Teens.
  - Spear, B.A., Barlow, S.E., Ervin, C., Ludwig, D.S., Saelens, B.E., & Schetzina, K.E., Taveras, E.M. (2007). Recommendations for treatment of child and adolescent overweight and obesity. (http://pediatrics.aappublications.org/content/120/Supplement\_4/S254.full)
  - James, K. (2011). Aiming for Success in Childhood Obesity Interventions: Family-Based Approaches to Care from Medscape Education Diabetes & Endocrinology. (http://www.medscape.org/viewarticle/745701\_transcript)

### • Continue to Set Measurable Aims, Target Dates, and Data Collection Requirements Sample Aims and Measures for the Health Care Initiative

Aim: By (date), patient BMI calculation will increase from (baseline) % to (projected) %.
 Measure: % of patient charts with BMI documented.

Data: Chart Audit

Aim: By (date), patient BMI counseling will increase from (baseline) % to (projected) %.
 Measure: % of patient charts with BMI counseling documented.

Data: Chart Audit

 Aim: By (date), referrals of patients with a BMI > 30 will increase from (current) % to (projected) %.

Measure: % of patients with a BMI > 30 whose chart documents a BMI referral.

Data: Chart Audit

 Aim: By (date), tobacco use and secondhand smoke exposure screening will increase from (current) % to (projected) %.

Measure: % of patient charts with tobacco use/exposure status documented.

Data: Chart Audit

 Aim: By (date), tobacco use and secondhand smoke exposure counseling will increase from (current) % to (projected) %.

Measure: % of patient charts with tobacco use/exposure counseling documented.

Data: Chart Audit



### **Appendix: Resources**

#### **General Information**

PartnerSHIP 4 Health:

http://www.partnership4health.org/

Minnesota Department of Health SHIP:

http://www.health.state.mn.us/healthreform/ship/index.html

Lakes Country Service Cooperative:

http://www.lcsc.org/lcscorg/site/default.asp

North Dakota State Data Center:

http://www.ndsu.edu/sdc/

### **Publications**

#### **Evaluation Documents**

Available at: http://www.ndsu.edu/sdc/publications/SHIP/Evaluation

- Evaluation of 2009-2011 SHIP Activities in Becker County, Minnesota
- Evaluation of 2009-2011 SHIP Activities in Clay County, Minnesota
- Evaluation of 2009-2011 SHIP Activities in Otter Tail County, Minnesota
- Evaluation of 2009-2011 SHIP Activities in Wilkin County, Minnesota

### **Active Living Studies**

Available at: http://www.ndsu.edu/sdc/publications/SHIP/ActiveLiving

- City of Breckenridge, Minnesota: Results of a September 2010 Survey of Breckenridge Residents
- City of Detroit Lakes, Minnesota: Results of a September 2010 Survey of Detroit Lakes Residents
- City of Dilworth, Minnesota: Results of a September 2010 Survey Dilworth Residents
- City of Perham, Minnesota: Results of a September 2010 Survey of Perham Residents

### Safe Routes to School

Available at: http://www.ndsu.edu/sdc/publications/SHIP/SRTS

- Survey Results of Students in Breckenridge, Minnesota
- Survey Results of Students in Detroit Lakes, Minnesota
- Survey Results of Students in Dilworth, Minnesota
- Survey Results of Students in Perham, Minnesota