

PartnerSHIP 4 Health

Charting a course for good health

PartnerSHIP 4 Health 2009-2011: Clay County, Minnesota



Prepared by:

North Dakota State Data Center

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Preface

This report, “PartnerSHIP 4 Health 2009-2011: Clay County, Minnesota” is an evaluation of the five health initiatives that were implemented in Clay 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

What is 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 Dilworth

The goal of the initiative is to implement policies and practices that create an active community 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 activities occurred following the initial kick-off meeting including the formation of an Active Living Committee, the adoption of *Bike or Walk to Work or School Week*, and a presentation on *Complete Streets* by a representative from the Minnesota Complete Streets Coalition.

The City of Dilworth was also awarded a mini-grant from PartnerSHIP 4 Health. Funds were used to increase and promote physical activity opportunities (i.e., ice skates, helmets, ice rink signage, and ice rink advertising) and to facilitate and promote use of the ice rink.

Recommendations for continued success include:

- Continue to integrate the *Complete Streets Policy* into city planning.
- Promote or expand the *Bike or Walk to Work or School Week* and continue to hold bike safety events.
- Adopt a sidewalk policy.
- Adopt a sidewalk maintenance policy similar to those in other cities in the metro area where residents are responsible for clearing snow.

School Physical Activity Initiative in the Dilworth-Glyndon-Felton 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.

Two specific outcomes in the Dilworth Elementary School that were influenced by PartnerSHIP 4 Health was participation in the International Walk to School Day on October 6, 2010 and the incorporation of physical activity into the classroom. Four *Walking School Buses* walked to school on October 6, 2010 with twelve students participating. One volunteer continued to walk to school with his student during the fall and spring. In addition, students increased their daily physical activity by using the WittFitt stability balls in the classroom; the WittFitt opportunity was funded by a PartnerSHIP 4 Health grant.

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

- Bring forward the school wellness policy approved by the Wellness Committee on May 2011 for formal review by school board.
- Integrate physical activity in the classroom during short breaks and/or linked with academic lessons.
- Promote walking and biking to school. Continue to participate in International Walk to School Day each October.
- Continue to seek street and sidewalk design that supports and encourages walking and biking to school.

School Nutrition Initiative in the Dilworth-Glyndon-Felton 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, the Dilworth-Glyndon-Felton school wellness policy was updated on March 21, 2011. Funds from a PartnerSHIP 4 Health mini-grant allowed for the purchase of two boilerless table-top steamers. As a result there are now healthier food options in the lunch line.

Recommendations for continued success of the School Nutrition Initiative include:

- Consider incorporating the three-week breakfast and lunch menus provided by the PartnerSHIP 4 Health Dietitian that follow the new USDA Child Nutrition Guidelines.
- Meet with the student council about menu options.
- Consider having breakfast in the classroom.
- Plant fruit orchards/gardens to save money and provide local access to fresh fruits and vegetables for breakfast, lunch, and snack programs.

Worksite Wellness Initiative in Moorhead Public School District

The goal of the Worksite Wellness Initiative is to implement a comprehensive employee wellness initiative that provides health assessment with follow-up coaching, provide ongoing health education, and has policies and an environment that promote healthy weight and healthy behaviors. The worksite selected was Moorhead Public School District.

Outcomes influenced by PartnerSHIP 4 Health include a revised Moorhead Public School District Wellness Policy that impacts students and staff, the availability of healthy snacks in the staff lounges, and the formation of county wellness committees in each of their individual school buildings as well as one District Wellness Committee.

Financial support, provided through a PartnerSHIP 4 Health mini-grant, allowed for increased access to physical activity information and opportunities via the purchase of education and promotional materials highlighting healthy nutrition and exercise and fitness equipment that included running snowshoes, yoga mats, stretch bands, and hand weights.

Recommendations for continued success of the Worksite Wellness Initiative include:

- Continue to offer workplace health challenges.
- Continue to offer health screenings and physical activity classes.
- Encourage increased physical activity through flex time or breaks and physical activity campaigns.

Health Care Initiative in Clay County Public Health, Family HealthCare Center, Migrant Health Services, Inc., and Sanford Health Clinics in the Cities of Hawley and Ulen

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 Clay County Public Health, Family HealthCare Center, Migrant Health Services, Inc., and Sanford Health Clinics in the cities of Hawley and Ulen 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/worksit_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.

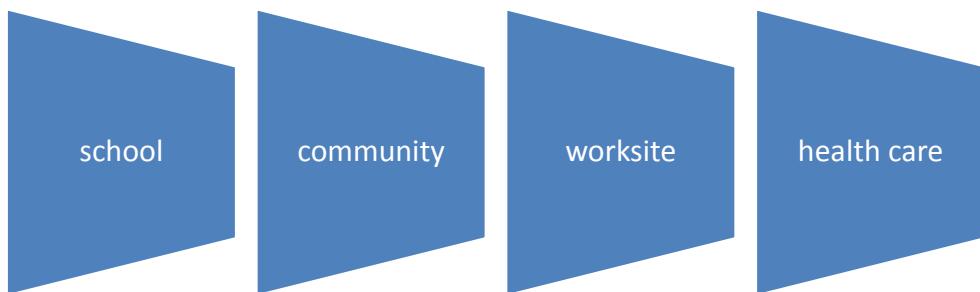


- SHIP is an integral public health component of the 2008 Minnesota Legislative Health Care Reform Initiative and was designed to *improve the patient experience and care and contain the spiraling costs of health care.*
- All 53 Minnesota community health boards and 9 of the 11 tribal governments received 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, and 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.

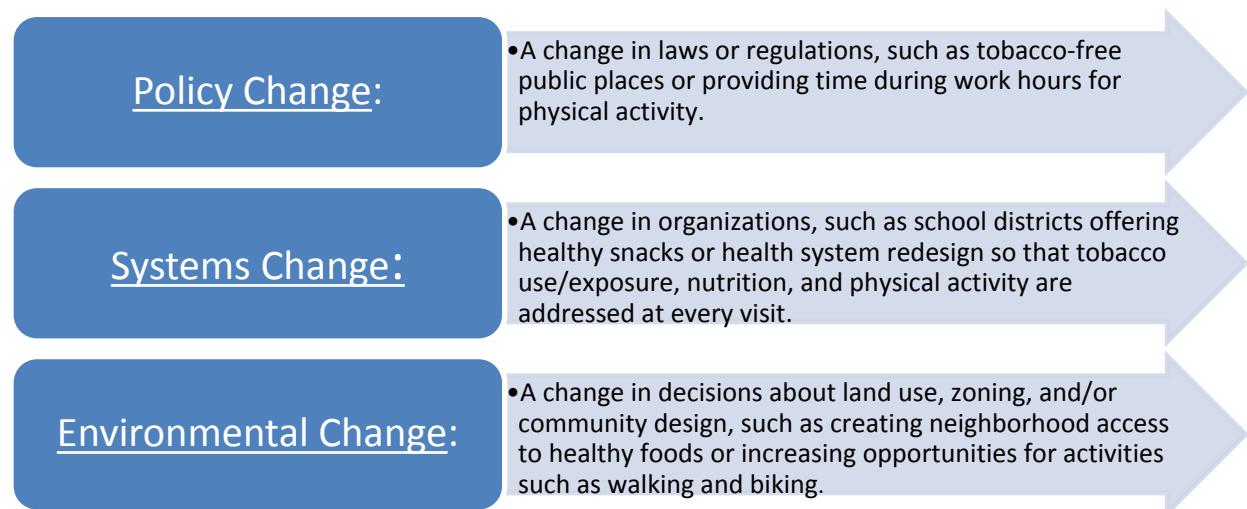
SHIP will reduce obesity and tobacco use/exposure by implementing evidenced-based strategies through policy, systems, and environmental changes in four settings:



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 (schools, communities, worksites, 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 to 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:



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 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 initiatives and 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

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.
2. **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 school 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 *Healthy Lifestyles* 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 – Ottetail (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 Dilworth

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

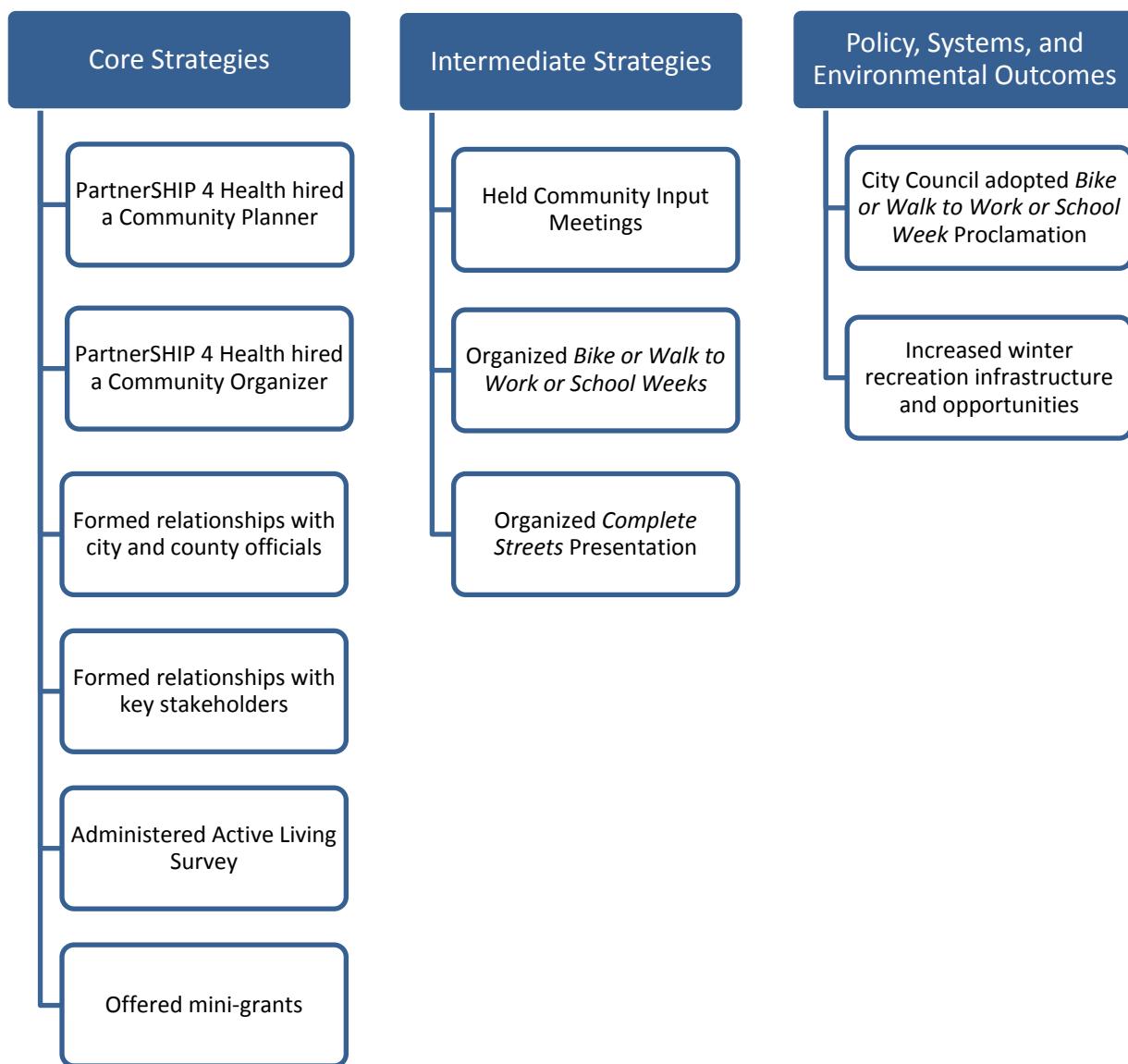
- Active communities by increasing opportunities for walking and biking.
- Access to community recreation facilities.

Resources Provided by PartnerSHIP 4 Health:

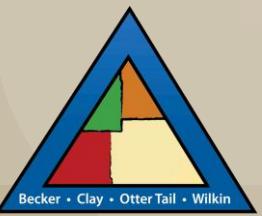
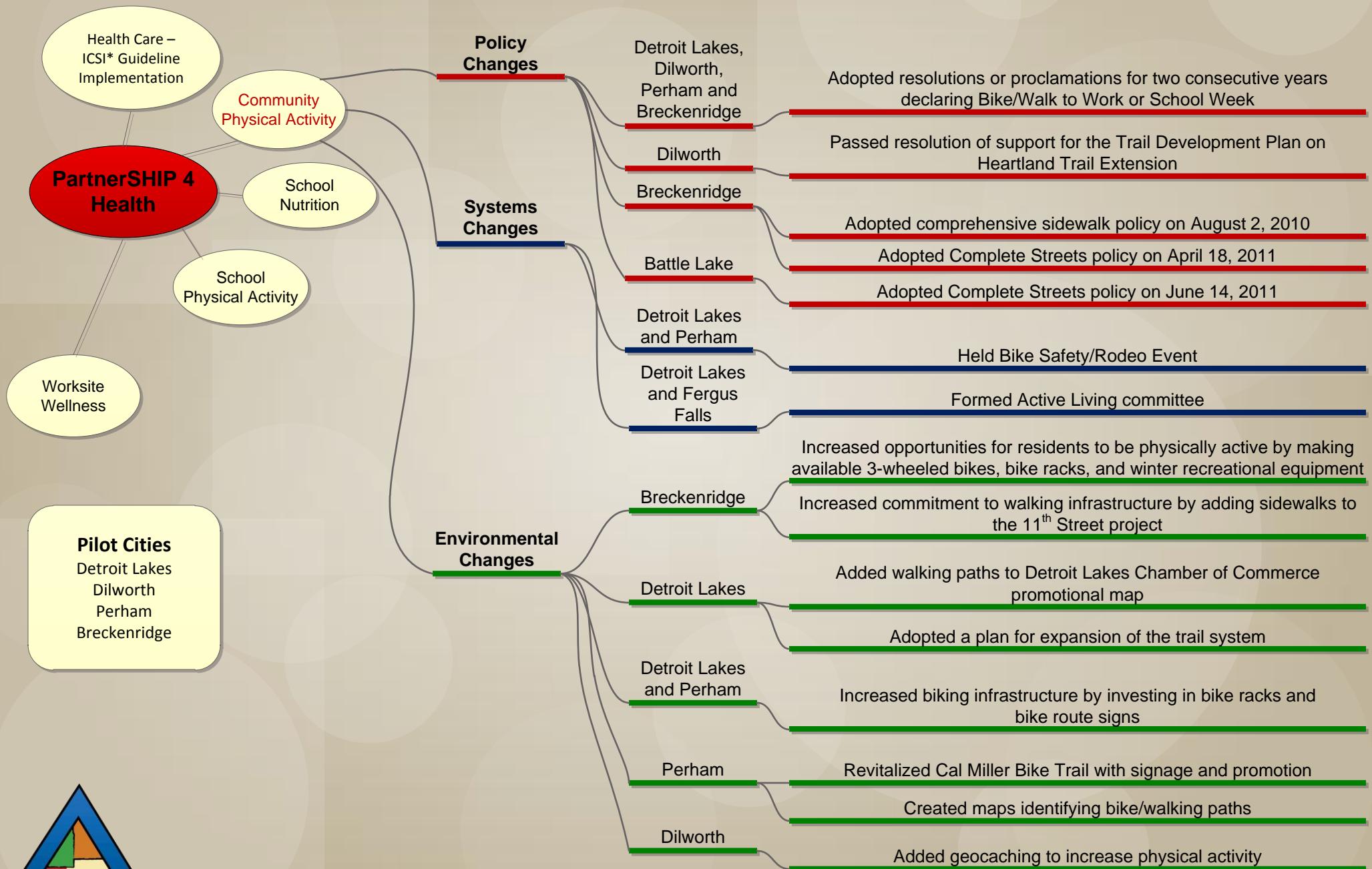
- **Active Living Survey Administration and Evaluation**
 - Baseline of strength and weaknesses related to residents' active living practices
 - Defined community priorities
- **Bike/Walk to Work or School Week Coordinator Contract**
 - Coordinated event to promote awareness of incorporating physical activity into daily living activities
- **Mini-Grant: City Recreation Infrastructure and Promotion**
 - Ice skating equipment: ice skates, helmets, skate trainers, lockers
 - Permanent signage/advertising to promote rink/winter recreation event
 - Brochures and maps: city parks, city pool, ice skating rink, and walking routes
- **Training**
 - *Complete Streets* Presentation by Ethan Fawley: December 17, 2010 in Dilworth, MN
- **Technical Assistance**
 - Community Organizer
 - Community Planner



Summary of Strategies and Outcomes Used to Achieve Community Physical Activity Initiative Goals in the City of Dilworth



**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



*Institute for Clinical Systems Improvement

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 Dilworth 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.

- **Implement *Complete Streets* Resolution**
 - Implementing 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.
- **Consider Adopting Other Policies to Support the *Complete Streets* Policy**
 - Sidewalk Policy
 - Sidewalk Maintenance Policy
- **Continue to Network with School District**
 - Prioritize transportation issues to ensure appropriate biking/walking infrastructure leading to any possible new school and in any new developments that connect to school.
- **Utilize the Results of the Active Living Survey**
 - Hold community input meetings to address community priorities (http://www.partnership4health.org/dilworth_3_131649227.pdf).
- **Promote and Expand *Bike/Walk to Work or School Week*** (www.bikewalkweek.org)
 - 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.
- **Hold an Annual Bike Safety Event and Promote Bike Pedestrian Safety**
 - Bike safety events serve as a reminder of bike safety practices as well as importance of an active lifestyle.
 - Conduct periodic public awareness campaigns such as *Share the Road* to improve safety and promote community enjoyment (<http://www.sharetheroadmn.org/>).
 - 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: Dilworth-Glyndon-Felton School District

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

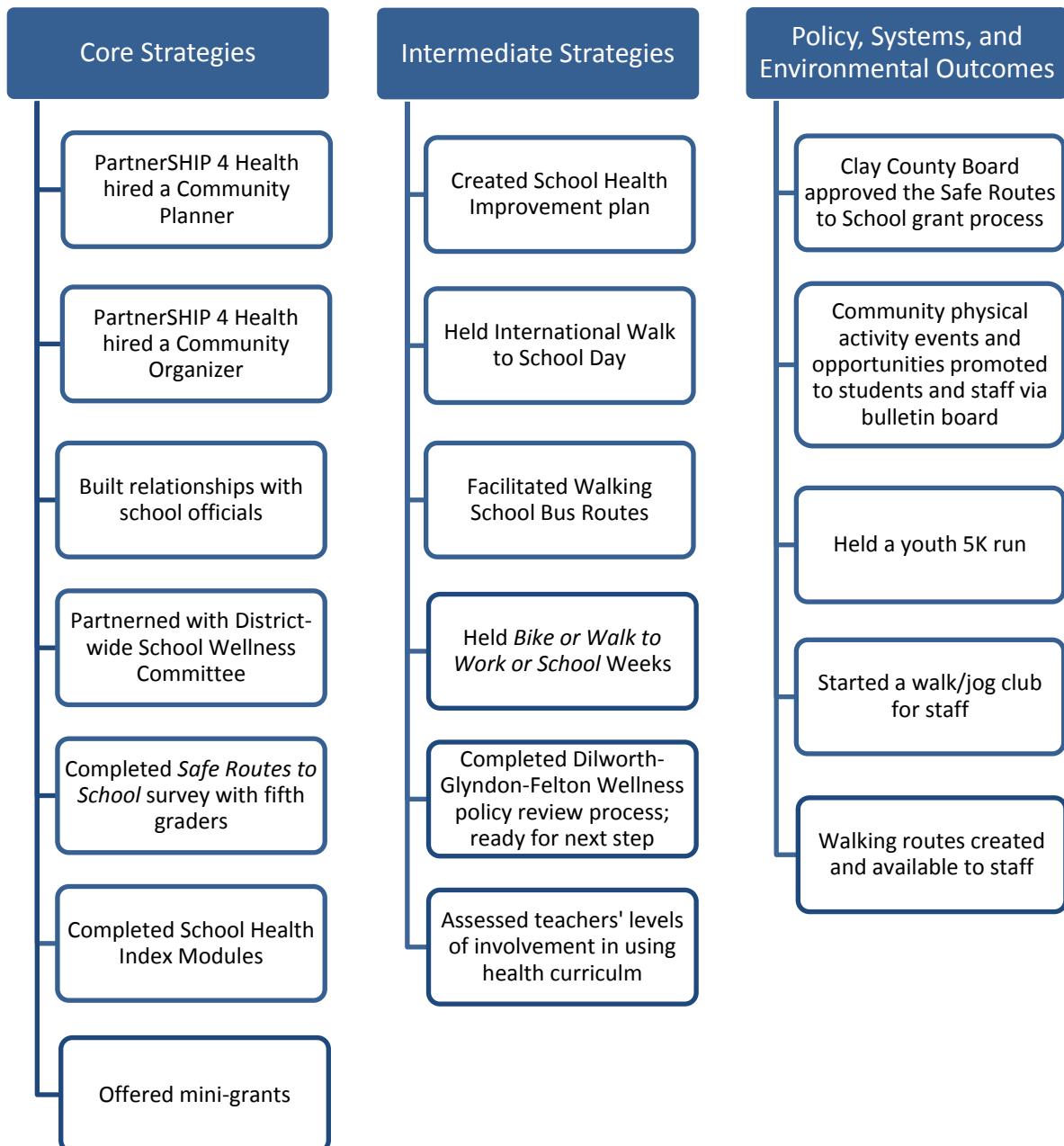
- Increasing opportunities for walking and biking to and from school.
- Increasing access to the schools as recreation facilities.

Resources Provided by PartnerSHIP 4 Health:

- **Bike/Walk to Work or School Week Coordinator Contract**
 - Coordinated event to promote awareness of incorporating physical activity into daily living activities
- **Mini-Grant: Increase Physical Activity Capacity in the Classroom**
 - WittFitt Program (physical activity program): first grade classrooms
 - Geocaching Equipment: eighth grade geography and community education programs
 - Pedometers: Second through eighth grade physical education
 - Heart Rate Monitors: high school health and physical education
- **Safe Routes to School Survey Administration and Evaluation**
 - Baseline of fifth grade biking/walking to school user rates
 - Barriers and opportunities to biking/walking to school
 - Improve position to receive Safe Routes to School Grant Award
- **Training**
 - School Health Index: December 9, 2009 in Fergus Falls, MN
 - School Wellness Policy Summit: October 26, 2010 in Fargo, ND
 - *Complete Streets* Presentation by Ethan Fawley: December 16, 2010 in Dilworth, MN
- **Technical Assistance**
 - Community Organizer
 - Project Manager
 - Participation on School Wellness Committee
 - Community Planner

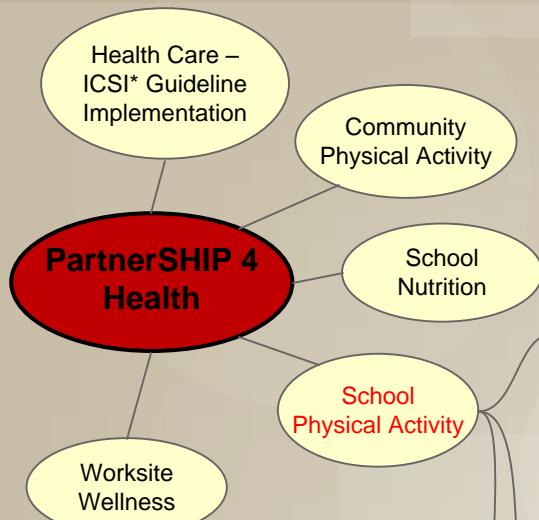


Summary of Strategies and Outcomes Used to Achieve School Physical Activity Initiative Goals in Dilworth-Glyndon-Felton School District

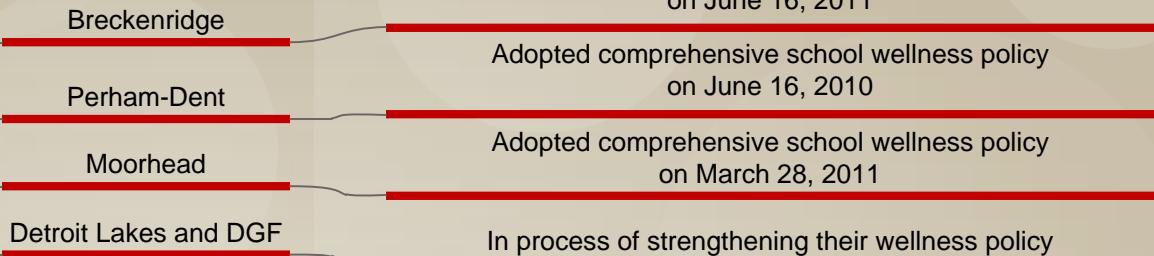


Impact of PartnerSHIP 4 Health, the Minnesota Statewide Health Improvement Program (SHIP) in Becker, Clay, Otter Tail, and Wilkin Counties: 2009-2011

School Physical Activity Initiative

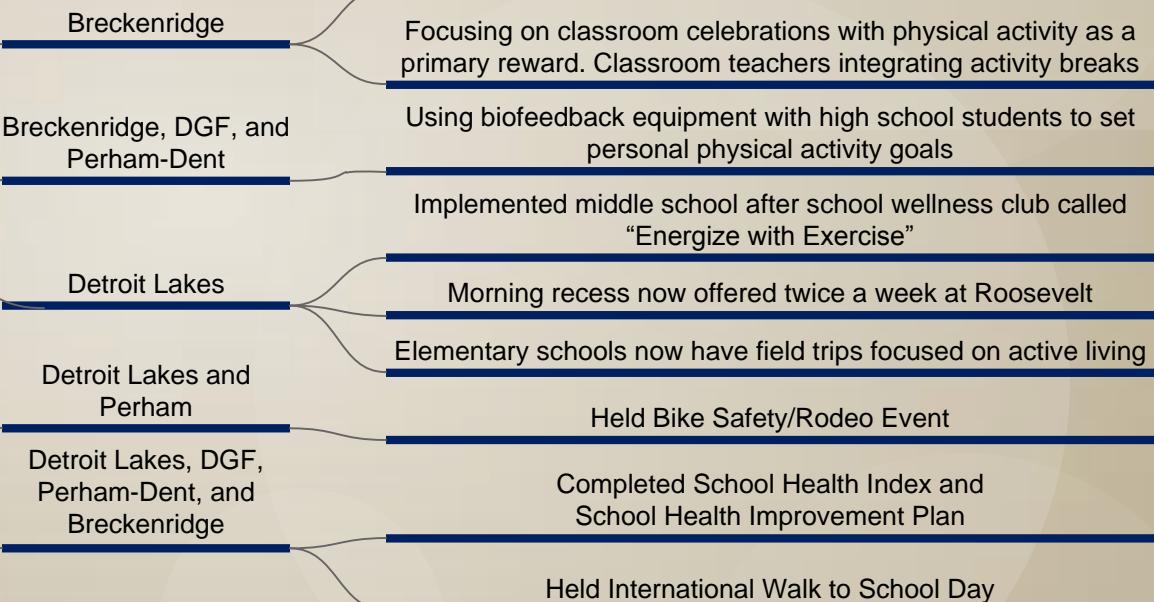


Policy Changes



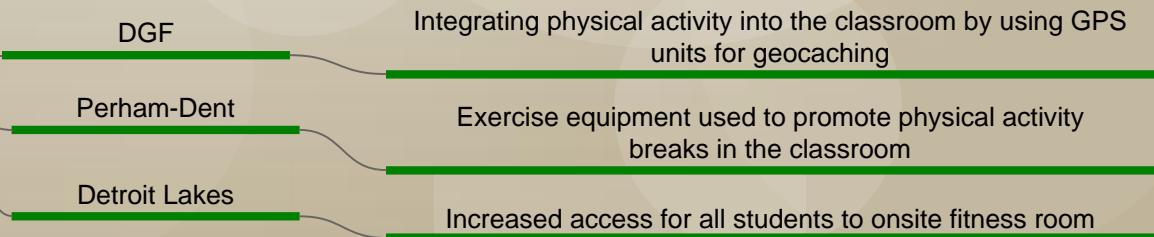
Implemented Fitness Gram (physical activity/nutritional evaluation & goal setting program), which includes parental education

Systems Changes



Integrated use of stability balls for active sitting and fitness breaks in classrooms

Environmental Changes

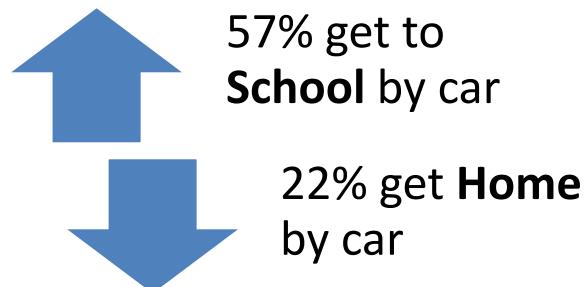


Opportunities for Continued Success through the School Physical Activity Initiative

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 DGF 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.

- **Provide Opportunities for Students for at Least 60 Minutes Of Physical Activity Per Day**
 - Follow CDC recommendation (<http://www.cdc.gov/physicalactivity/everyone/guidelines/children.html>).
 - Consider a combination of physical education, active recess, class room integration, and before and after school access to recreational facilities (<http://www.sparkpe.org/>).
- **Facilitate Biking or Walking to School**
 - Increase biking and walking infrastructure at schools such as bike racks and connected sidewalks.
 - Consider neighborhood busing stops versus stopping at every home or street.
 - Apply for *Safe Routes to School* grants to improve walking and biking infrastructure in school district (<http://www.saferoutesinfo.org/>).
 - Form Bike to School groups.
 - Participate annually in International Walk to School Day (<http://www.walktoschool.org/>).
- **Promote Wellness Policy so that it Becomes a Natural Part of the School Health Culture**
 - Review with staff and parents during fall Back to School events.
 - Reevaluate the strength of the policy at least every three years, and implement any new strategies in years two and three (<http://wellsat.org/>).
 - Continue to work towards updating wellness policy.
- **Increase 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).

In the Safe Routes to School study surveying fifth graders at Dilworth Elementary, it was discovered that, while the majority of students arrive at school by a motorized vehicle (i.e., car or bus), half of students get back home by walking.



School Nutrition Initiative: Dilworth-Glyndon-Felton School District

The School Nutrition Initiative implemented comprehensive nutrition policies supporting:

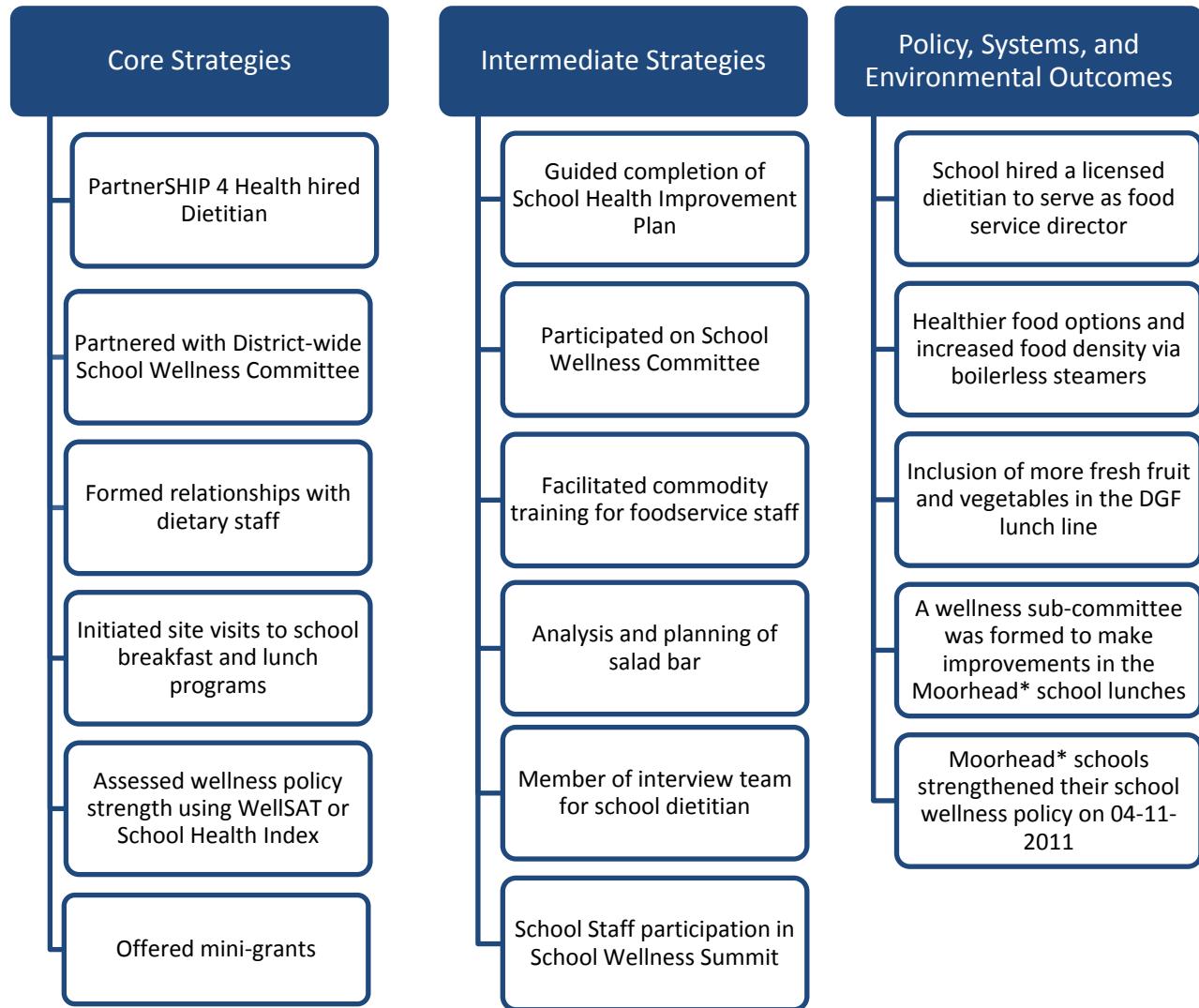
- Healthy meals: breakfast and lunch
- Healthy snacks: classroom celebrations, incentives, fundraising, concessions, and vending
- School gardens
- *Farm to School* initiatives

Resources Provided by PartnerSHIP 4 Health:

- **Mini-Grant: Increased Access to Healthy Food and Healthier Food Preparation**
 - Two boilerless table-top steamers
 - Dilworth Elementary and Middle School
 - Glyndon Elementary and High School
- **Training**
 - School Health Index: December 9, 2009 in Fergus Falls, MN
 - School Wellness Policy Summit: October 26, 2010 in Fargo, ND
 - Commodity Training for foodservice staff
- **Technical Assistance**
 - Dietitian
 - Community Organizer
 - Project Manager
 - Participation on School Wellness Committee
 - Facilitation of salad bar



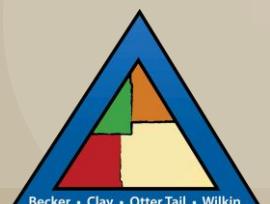
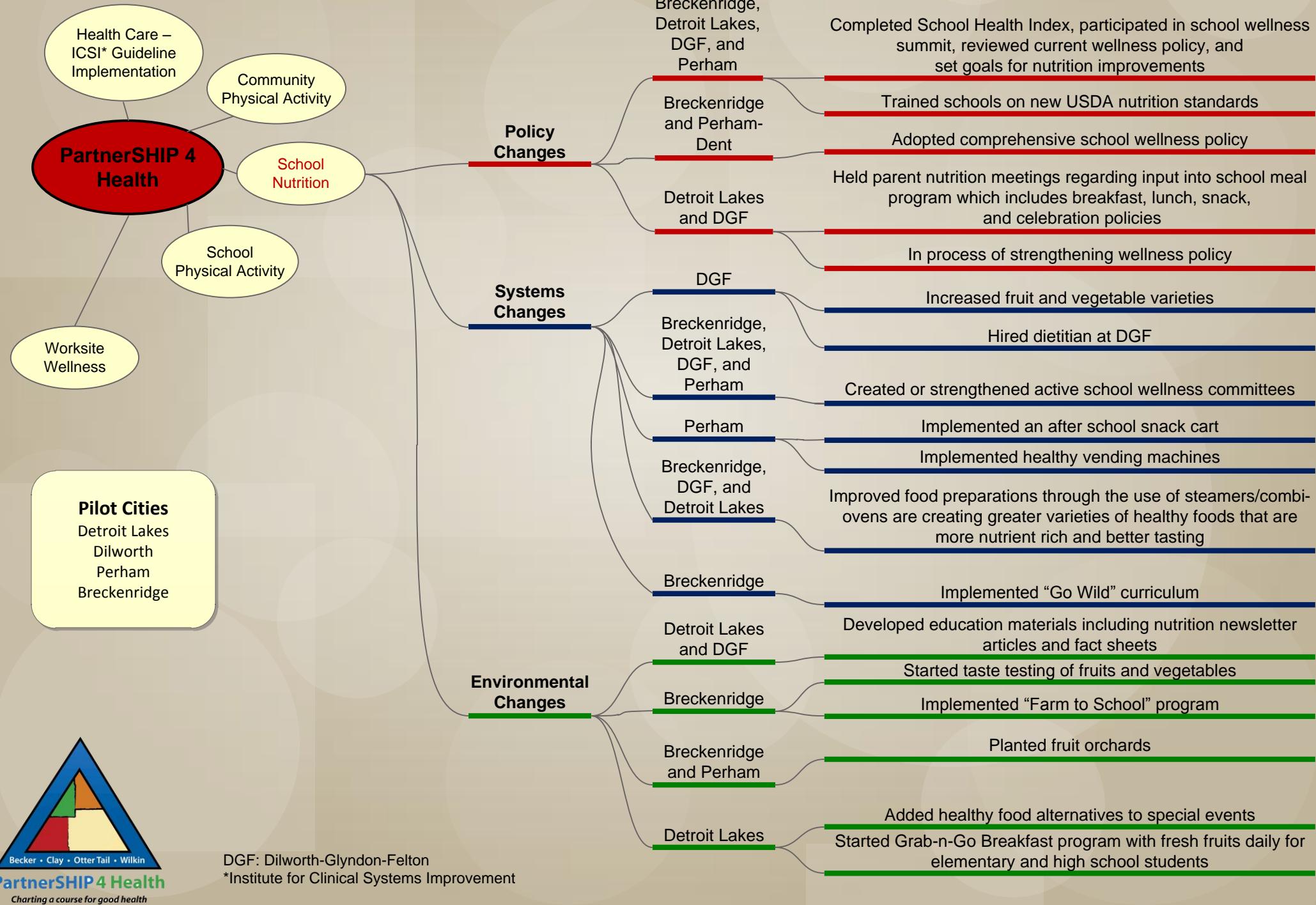
Summary of Strategies and Outcomes Used to Achieve School Nutrition Initiative Goals in the Dilworth-Glyndon-Felton School District



*Outside of Dilworth-Glyndon-Felton School District, but within Clay County

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



DGE: Dilworth-Glyndon-Felton

*Institute for Clinical Systems Improvement

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 DGF 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 and Implement Proposed Wellness Policy**
 - Bring proposal to School Policy Committee and School Board for formal review.
 - Once adopted, review the policy with staff and parents during fall Back to School events.
 - 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**
 - 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.
 - Add a greenhouse as a way to support salad bar and lunch program.
- **Continue to Increase Access to a Variety of 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>).
 - Significant changes have been made in the school meal programs in DGF. Thirteen fruit varieties are now being offered and broccoli was added to the list of vegetables.
 - In addition to making menu changes, consider evaluating seating efficiency and plate waste.
 - Consider a *Farm to School* program (<http://www.farmtoschool.org/state-home.php?id=49>).
 - Review the benefits of incorporating breakfast into the classroom.
- **Consider Obtaining Input from the Student Council About Menu Options**
 - This is an excellent way of gaining a better understanding of student population preferences.
 - Feedback from students empowers them to become active participants in healthy decision-making.
- **Increase Understanding of Nutrition**
 - Incorporate the *GO Wild* program into curriculum or integrate nutrition into other core curriculum (<http://www.extension.umn.edu/Nutrition/GoWild.html>).
 - Involve students in designing and maintaining gardens/orchards and greenhouses.

Worksite Wellness Initiative: Moorhead Public School District

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

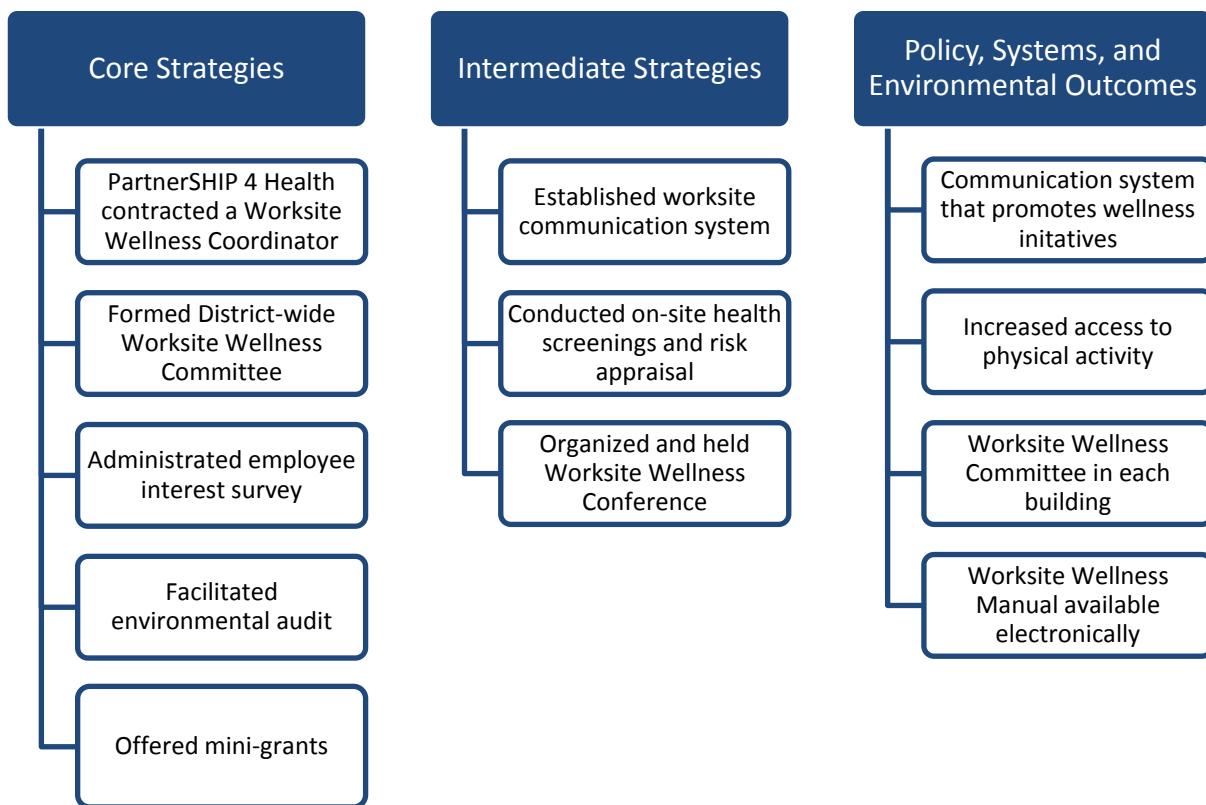
- Health assessment with follow-up coaching
- Health education
- Wellness policies
- An environment that supports healthy weight and healthy behaviors

Resources Provided by PartnerSHIP 4 Health:

- **Baseline Assessments**
 - Employee Interest Survey
 - Health Risk Assessment
 - Environmental Audit
- **Mini-Grant: Increased Access to Wellness Information and Opportunities**
 - Increased Wellness Information:
 - Healthy Lifestyle Education and Promotional Materials
 - Wellness Webpage and Intranet Communication System
 - Increased Wellness Infrastructure:
 - Running snowshoes, yoga mats, fitness DVDs, stretch bands, hand weights, and Sit Upon seat cushions
 - Walking route maps
- **Training**
 - Action Plan: Assessment, Goal Development, Policy Development, Evaluation
 - Worksite Wellness Summit: June 14, 2011 in Detroit Lakes, MN
- **Technical Assistance**
 - Worksite Wellness Coordinator
 - Project Manager
 - Participation on Worksite Wellness Committee
 - Creation of Worksite Wellness Electronic Manual



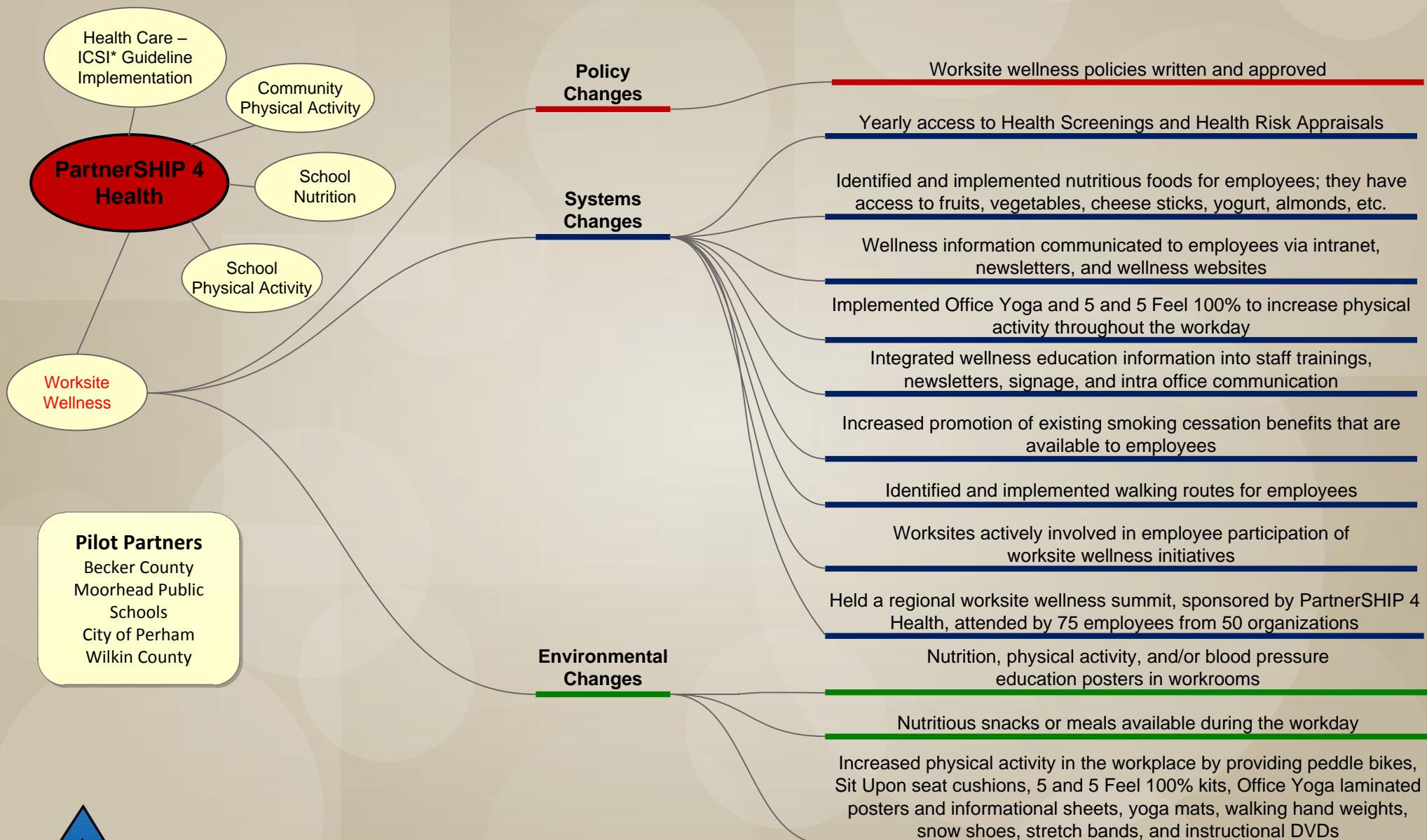
Summary of Strategies and Outcomes Used to Achieve Worksite Wellness Initiative Goals in the Moorhead Public School District



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, Moorhead Public School Administration and employees, Worksite Wellness Committee members, and 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/worksit_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 programs.
 - Create a policy regarding healthy foods in the workplace.
- **Increase Access to Physical Activity**
 - Encourage physical activity during flex time or break time.
 - Sponsor employee challenges: The March Madness Physical Activity Challenge provides a great example that can be used again or to generate new ideas for fitness challenges.
 - Promote *Bike or Walk to Work or School Week*.
- **Continue to Integrate Worksite Wellness Information into Existing Communication Systems**
 - 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: Clay County Public Health, Family HealthCare Center, Migrant Health Services, Inc., and Sanford Health Clinics in the Cities of Hawley and Ulen

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

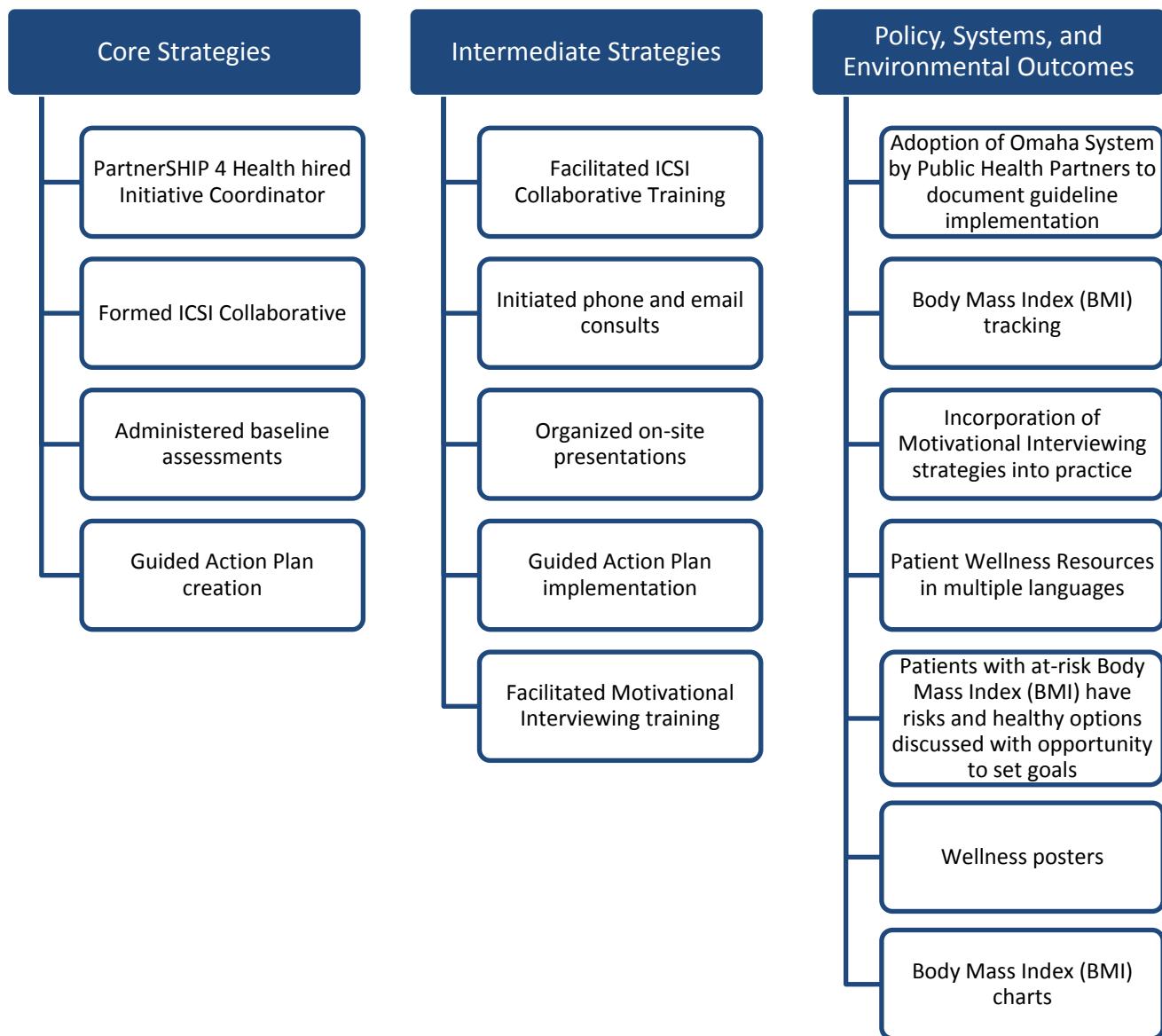
- *Prevention and Management of Obesity*
- *Healthy Lifestyles* (formerly *Primary Prevention of Chronic Disease Risk Factors*)

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

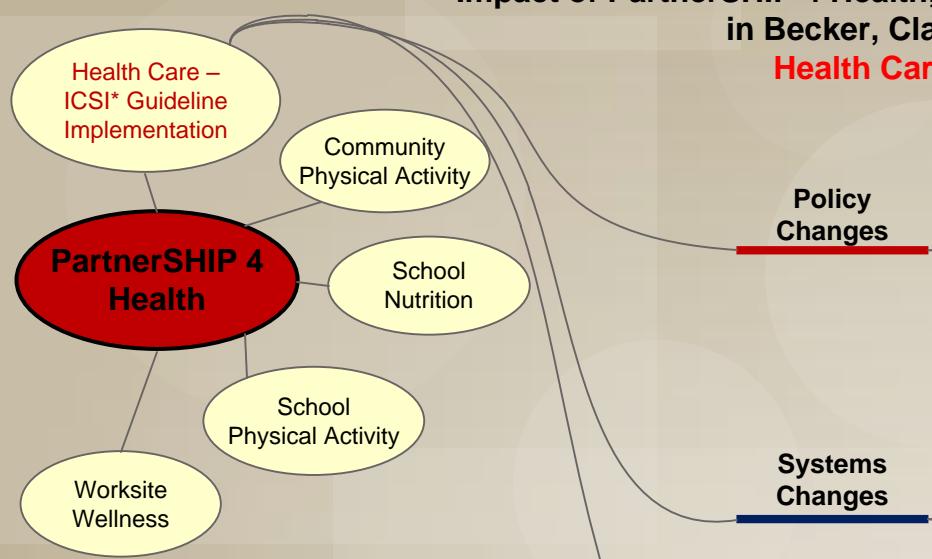
- **Collaborative Led by Institute for Clinical Systems Improvement (ICSI) Staff**
 - Face-to-face sessions, webinars, and conference calls
 - Action Plan and Progress Reports creation and review
- **Document Creation and Administration**
 - Assessment and Evaluation Tools, Clinician Resources, Patient Resources
 - Administration and evaluation of pre- and post-initiative surveys
- **Mini-Grant: Supported Guideline Implementation**
 - Clay County Public Health:
 - Omaha System Trainer Expenses
 - Family HealthCare Center:
 - Height board, posters and frames, patient education display/holders, enhancing EMR items in relationship to BMI interventions, transfer of patient materials into audio and visual formats
 - Sanford Health Clinics:
 - Portable stadiometer and scale that weighs up to 600 pounds
 - Two to four hours of nursing time/week per clinic to track patients with BMI > 30
 - Role model healthy behavior via healthy snacks at monthly staff meetings
- **Training**
 - Motivational Interviewing Level I Workshop and Individualized Coaching Sessions
 - Tobacco Cessation Conference in Fargo, ND
- **Technical Assistance**
 - Health Care Initiative Coordinator
 - Dr. Gary Oftedahl, ICSI Chief Knowledge Officer

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



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



Policy Changes

- 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

Systems Changes

- 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

Environmental Changes

- 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

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



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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_AAFPPPracticeManual.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/worksuite_8_1349406616.pdf)

- **Embed Evidence-Based Changes into an Agency Policy or System**

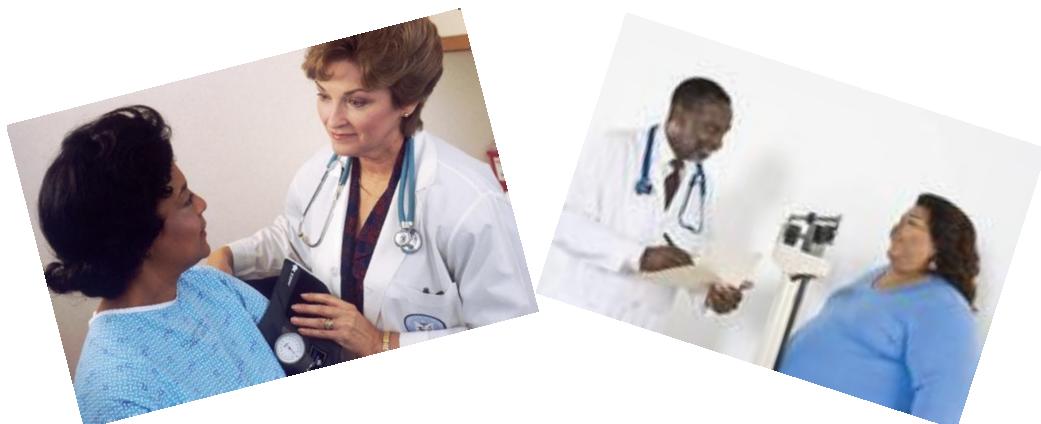
- **Enlarge the Target Population from Adults to Include Children and Teens.**

- 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>

- SHIP Report 2009-2011: Becker County, Minnesota
- SHIP Report 2009-2011: Clay County, Minnesota
- SHIP Report 2009-2011: Otter Tail County, Minnesota
- SHIP Report 2009-2011: 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