

**PartnerSHIP 4 Health**

*Charting a course for good health*

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



Prepared by:

North Dakota State Data Center

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## Preface

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

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. The Breckenridge community was chosen for this initiative partly because they already had an Active Living Committee in place. 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 dedication of the Eleventh Street sidewalks and the declaration of *Bike or Walk to Work or School Week*. Most notably, the City of Breckenridge was the first of the four pilot cities to adopt a *Complete Streets* policy.

The City of Breckenridge was also awarded a mini-grant from PartnerSHIP 4 Health. Funds were used to increase access to physical activity by purchasing the following: two three-wheeled bikes, helmets, and locks; bike racks; winter recreational equipment; geocaching equipment; a marketing campaign; and *Share the Road* signage.

Recommendations for continued success include:

- Develop a long term plan based on the ideas shared during the Spring 2011 Community Input Meeting in order to ensure a safe and user-friendly environment that encourages walking and biking.
- Use opportunities to recodify city ordinances (consider fall of 2011) to better promote and accommodate active living.
- Place the *Share the Road* signs along Main Street as an alternative bike route to Highway 75.

## School Physical Activity Initiative in Breckenridge Public 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) to and from school and access to school recreation facilities.

An area influenced by PartnerSHIP 4 Health was participation in the International Walk to School Day that was held on October 6, 2010. In addition, a PartnerSHIP 4 Health mini-grant encouraged an increase in daily physical activity in the classroom and before and after school by funding a variety of new equipment including stability balls, monkey bars, and Hot Spot Poly Spots fitness equipment.

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

- Integrate physical activity breaks in the classroom on a routine basis. Enlist teacher support via annual training and resources that support the effort.
- Continue to work on ways to improve safety and walking and biking opportunities to school; promote International Walk to School Day each October.
- Monitor use of equipment purchased; assure optimal use by as many students as possible.

## School Nutrition Initiative in Breckenridge Public 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, Breckenridge Public School District adopted a stronger and more comprehensive Wellness Policy. In addition, the District planted a fruit orchard that includes apples, cherries, apricots, plums, and pears. The food service director also developed a successful *Farm to School* program.

Through a PartnerSHIP 4 Health mini-grant, the Breckenridge Public School District was able to increase access to healthier foods via the purchase of a tabletop steamer that increases the quality of foods served at lunch. The mini-grant also funded the fruit orchard.

Recommendations for continued success of the School Nutrition Initiative include:

- Develop a support system for maintaining, harvesting, and implementing fresh produce from the orchard into snack, concessions, and/or fund-raising programs.
- Consider incorporating the three-week breakfast and lunch menus provided by the PartnerSHIP 4 Health dietitian that follows the new USDA Child Nutrition Guidelines.
- Continue offering breakfast in the classroom.
- Explore ways to expand or enhance the *Farm to School* program.

## Worksite Wellness Initiative in Wilkin County

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

PartnerSHIP 4 Health influenced the formation of a county wellness committee. In addition, employee wellness surveys and an environmental audit were conducted at the worksite, as well as health screenings and a health risk appraisal.

Financial support, provided through a PartnerSHIP 4 Health mini-grant, allowed increased access to physical activity and nutritional information via the purchase of Sit Upon seat cushions and the implementation of the 5 and 5 Feel 100% physical activity and nutrition program.

Recommendations for continued success of the Worksite Wellness Initiative include:

- Use the PartnerSHIP 4 Health worksite wellness manual to guide the wellness committee ([http://partnership4health.org/worksite\\_8\\_1349406616.pdf](http://partnership4health.org/worksite_8_1349406616.pdf)).
- Offer worksite health challenges to serve as a catalyst for increasing physical activity and healthy eating.
- Continue to use a variety of communication systems to consistently share nutritional and physical activity information and motivation with employees.

### **Health Care Initiative in Orthopedic & Sports Physical Therapy, Inc., (OSPTI) and Wilkin County Public Health**

The goal of the Health Care Initiative is to support implementation of the Institute for Clinical Systems Implementation (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 Orthopedic & Sports Physical Therapy, Inc., and Wilkin 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 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](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.

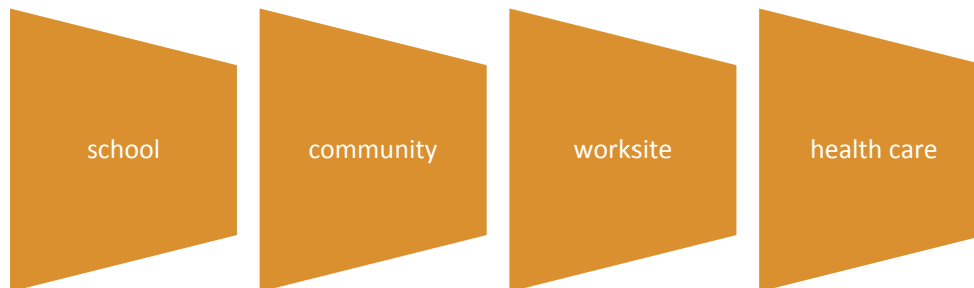


- SHIP is an integral public health component of the 2008 Minnesota Legislative Health Care Reform Initiative and was designed to *improve the patient experience and care* and *contain the spiraling costs of health care*.
- All 53 Minnesota community health boards and 9 of the 11 tribal governments received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

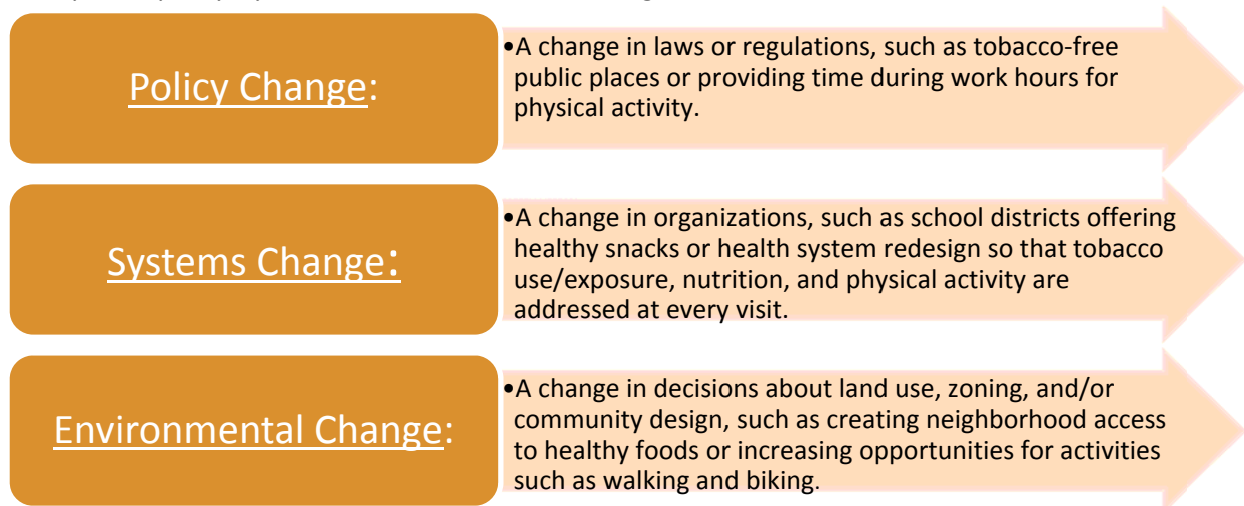
SHIP will reduce obesity and tobacco use/exposure by implementing evidenced-based strategies through policy, systems, and environmental changes in four settings:



The Minnesota Department of Health presented SHIP grantees with a menu of best practice initiatives related to tobacco, physical activity, and nutrition or 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 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 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 representatives, and who represent schools, community members, community organizations, 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

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 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, promotes 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 the 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 community would have a greater impact 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 the 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 Breckenridge

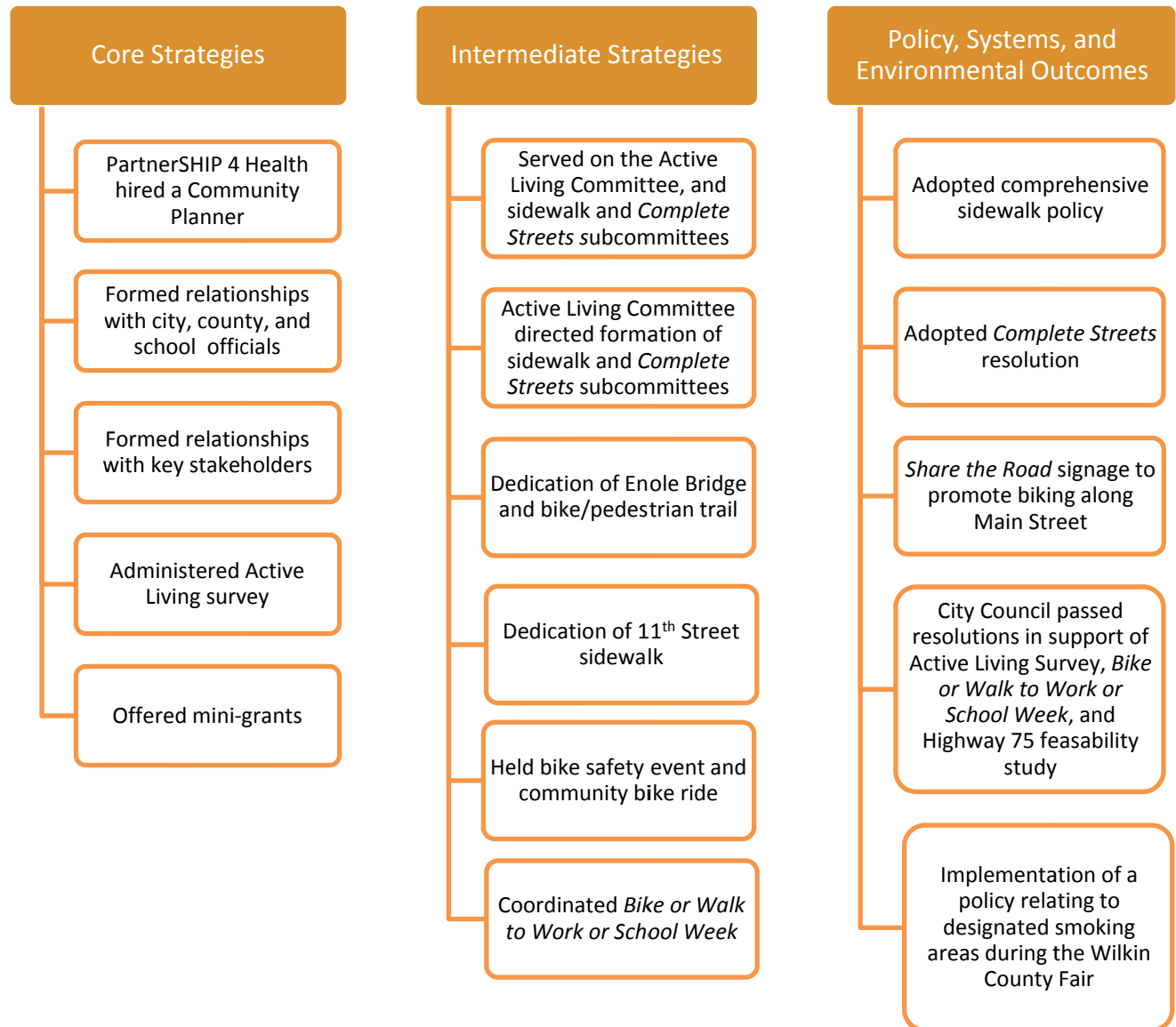
The Community Physical Activity Initiative implemented policies and practices that create:

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

### Resources Provided by PartnerSHIP 4 Health

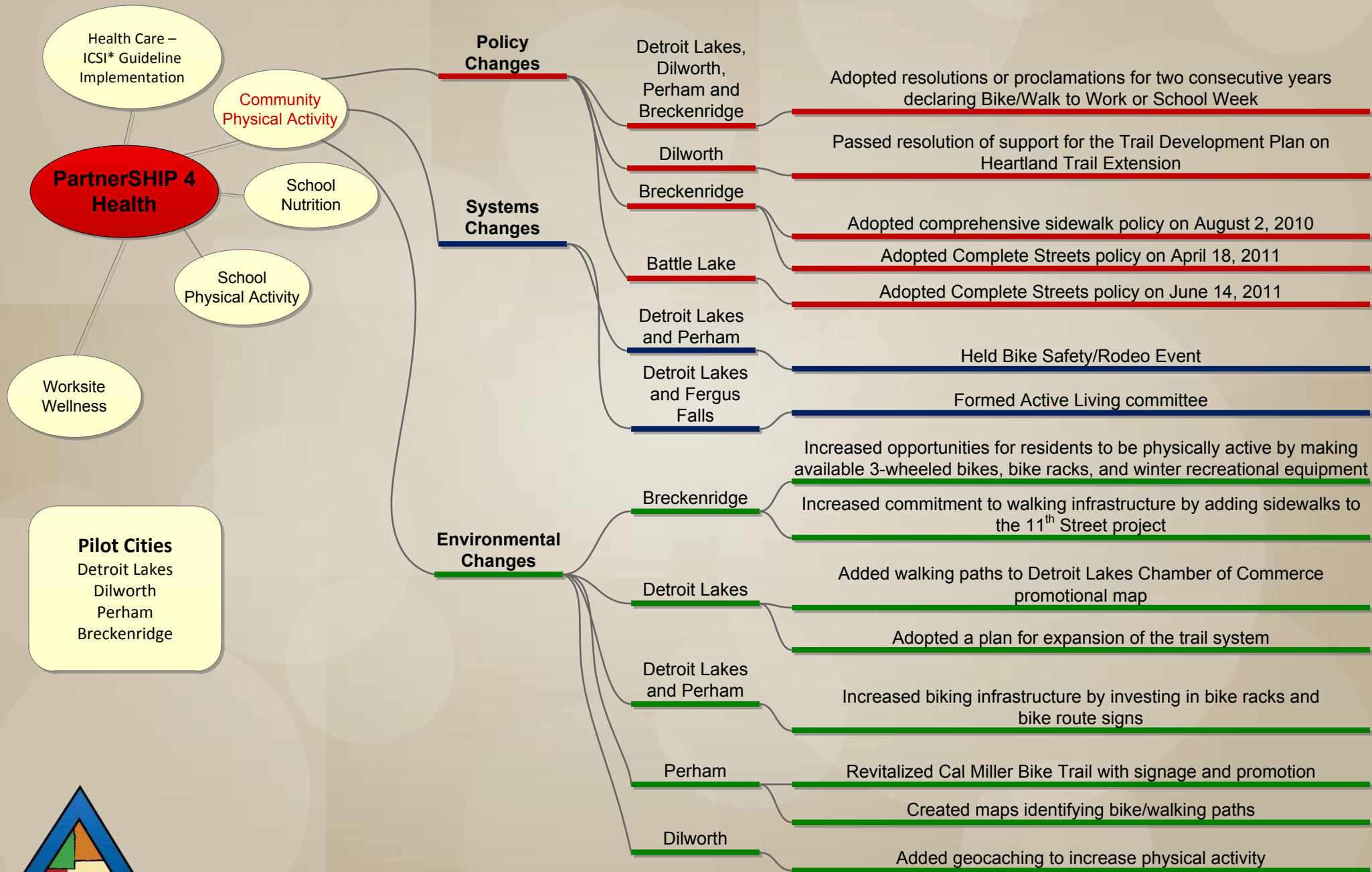
- **Active Living Survey Administration and Evaluation**
  - Baseline of strength and weaknesses related to residents' active living practices
  - Defined community priorities
- ***Bike/Walk to Work or School Week* Coordinator Contract**
  - Coordinated event to promote awareness of incorporating physical activity into daily living
- **Feasibility Study For Multi-Use Path**
  - Highway 75 corridor from current walking path to St. Francis Medical Center prepared by Interstate Engineers on June 20, 2011:  
([http://www.partnership4health.org/breckenridge\\_8\\_2029023850.pdf](http://www.partnership4health.org/breckenridge_8_2029023850.pdf))
- **Mini-Grant: Enhance Physical Activity Infrastructure**
  - Biking infrastructure: Three-wheeled bikes, helmets, locks, racks, bike route signage along Main Street
  - Winter activity infrastructure: recreational equipment
  - Geocaching infrastructure: GPS units for use by community members
  - City staff trained in website development to promote physical activity
  - Marketing campaign: media ads promoting active living principles
- **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 Planner
  - Project Manager

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



# 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



## 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 Breckenridge's 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 Your *Complete Streets* Resolution**
  - Implementing the *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.
- **Utilize the Results of the Active Living Survey**
  - Address community priorities ([http://www.partnership4health.org/breckenridge\\_9\\_2455447169.pdf](http://www.partnership4health.org/breckenridge_9_2455447169.pdf)).
  - Recodify ordinances in fall of 2011: use this opportunity to examine how the ordinance should be revised to better promote and accommodate active living, particularly ordinances relating to planning, zoning, development, and subdivisions.
- **Create and Maintain a Culture of Walking and Biking as a Part of Everyday Life**
  - Promote and Expand *Bike or Walk to Work or School Week* (<http://www.bikewalkweek.org>).
    - Engage employers, health professionals, faith communities, service clubs, schools, etc.
    - Continued promotion is necessary to spread awareness about the event and to encourage residents to participate.
  - Consider holding a Bike Safety or 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.
    - Consider partnering with student groups, parents, civic groups, and law enforcement.
  - Continue Bike Pedestrian Safety Promotion.
    - 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 (i.e., TV, radio, newspaper, 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: Breckenridge Public School District

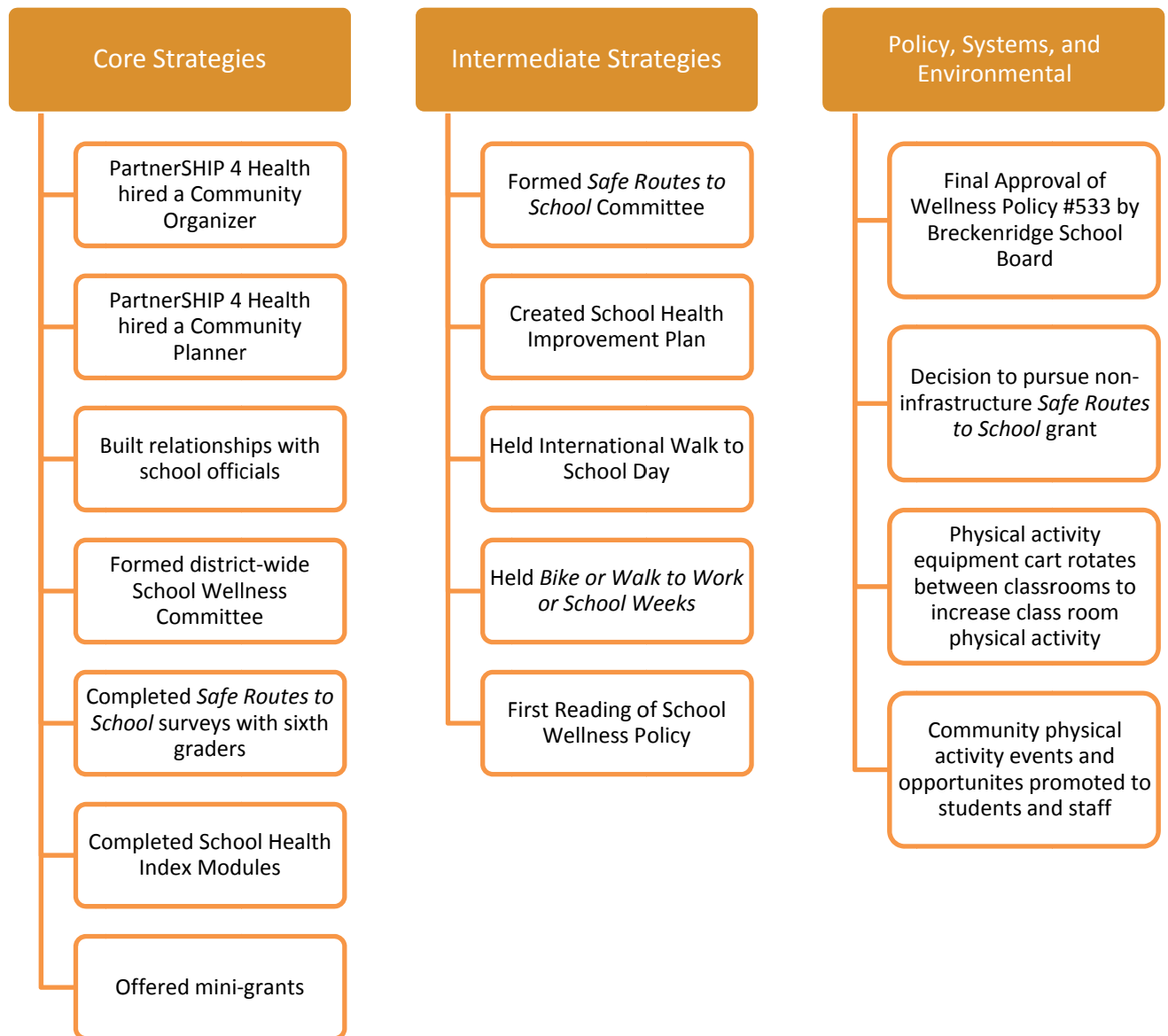
The School Physical Activity Initiative implemented policies and practices that create active schools by:

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

### Resources Provided by PartnerSHIP 4 Health

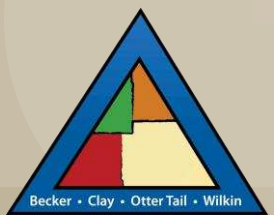
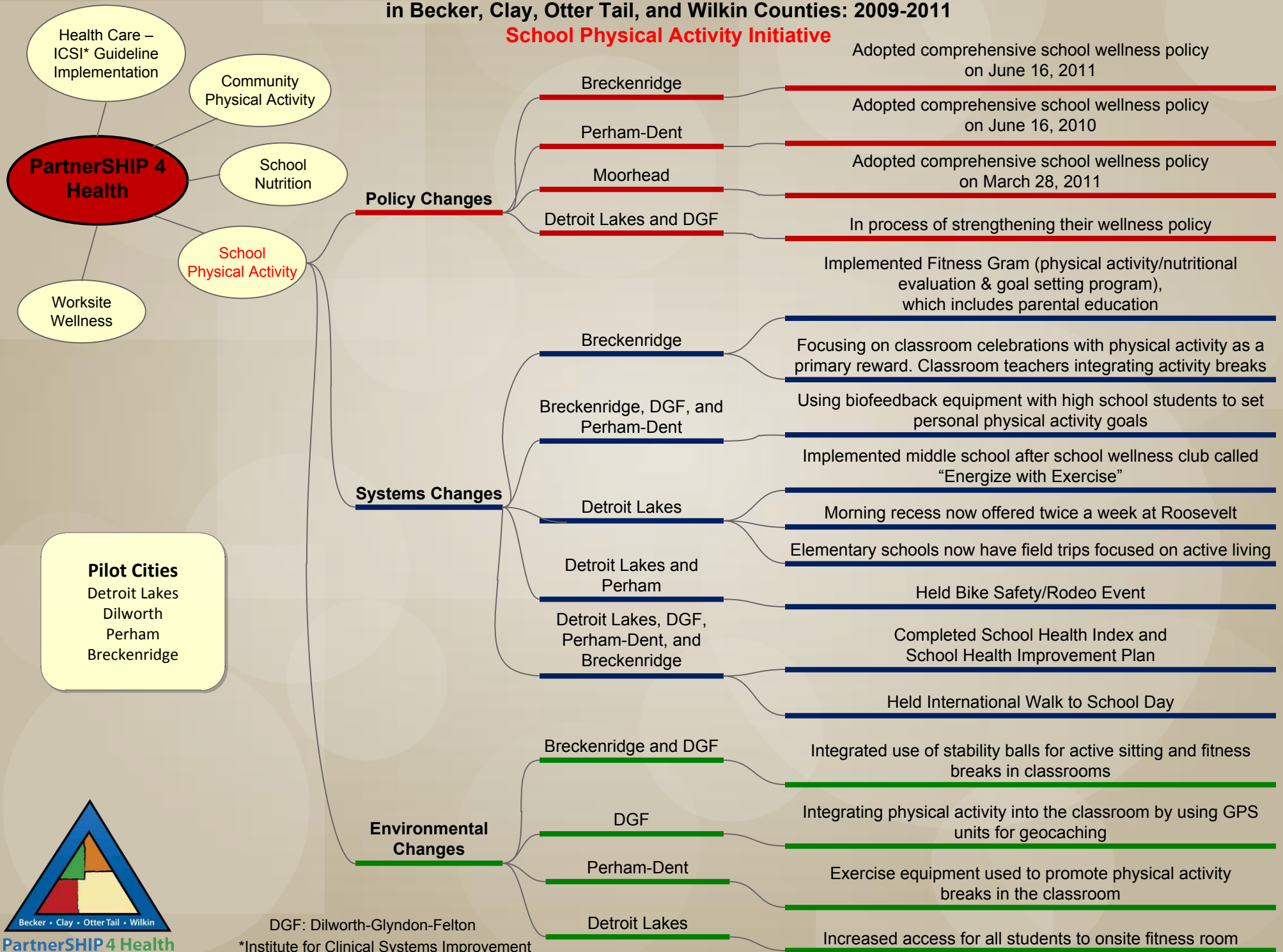
- ***Bike/Walk to Work or School Week Coordinator Contract***
  - Coordinated event to promote awareness of incorporating physical activity into daily living
- **Mini-Grant: Increase Physical Activity Capacity Before, During, and After School**
  - Stability balls, monkey bars, heart monitors, pedometers, and storage mats
  - Two site licenses for Fitness Gram Software
  - Physical activity hot spots (physical activity mini-stations) laminated onto floors
  - Health club steps
- ***Safe Routes to School Survey Administration and Evaluation***
  - Baseline of sixth grade biking/walking to school user rates
  - Barriers and opportunities to biking/walking to school
  - Improves 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 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
- **Technical Assistance**
  - Community Organizer
  - Community Planner
  - Project Manager
  - Participation on School Wellness Committee
  - Creation of school apple and blueberry orchards

## Summary of Strategies and Outcomes Used to Achieve School Physical Activity Initiative Goals in Breckenridge 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

## School Physical Activity Initiative



## 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 Breckenridge 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 to participate in 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, classroom integration, and before and after school access to recreational facilities (<http://www.sparkpe.org/>).
  - Consider offering recess prior to lunch.
- **Facilitate Biking or Walking to School**
  - Increase biking and walking infrastructure at school, such as bike racks and connected sidewalks.
  - Apply for *Safe Routes to School* grants to improve walking and biking infrastructure in school district (<http://www.saferoutesinfo.org/>).
  - Consider neighborhood busing stops versus stopping at every home or street.
  - Form Bike to School groups.
  - Participate annually in International Walk to School Day.
    - In 2010, the City of Breckenridge, Breckenridge Elementary and Middle School, and Breckenridge volunteers participated in International Walk to School Day. The event provided an opportunity for students to walk to school and inspire parents to allow their children to walk to school.
- **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/>).
- **Increase Capacity for Change**
  - Network or collaborate with other schools with similar initiatives.
  - Participate in webinars, local, and national conferences.
- **Advertise Programs and Events**
  - Outreach is a crucial component of any action plan to increase physical activity in schools and foster participation by parents and community members.
  - Utilize media (i.e., press releases, interviews, flyers, posters, etc.).

## School Nutrition Initiative: Breckenridge Public School District

The School Nutrition Initiative implemented comprehensive nutrition policies supporting:

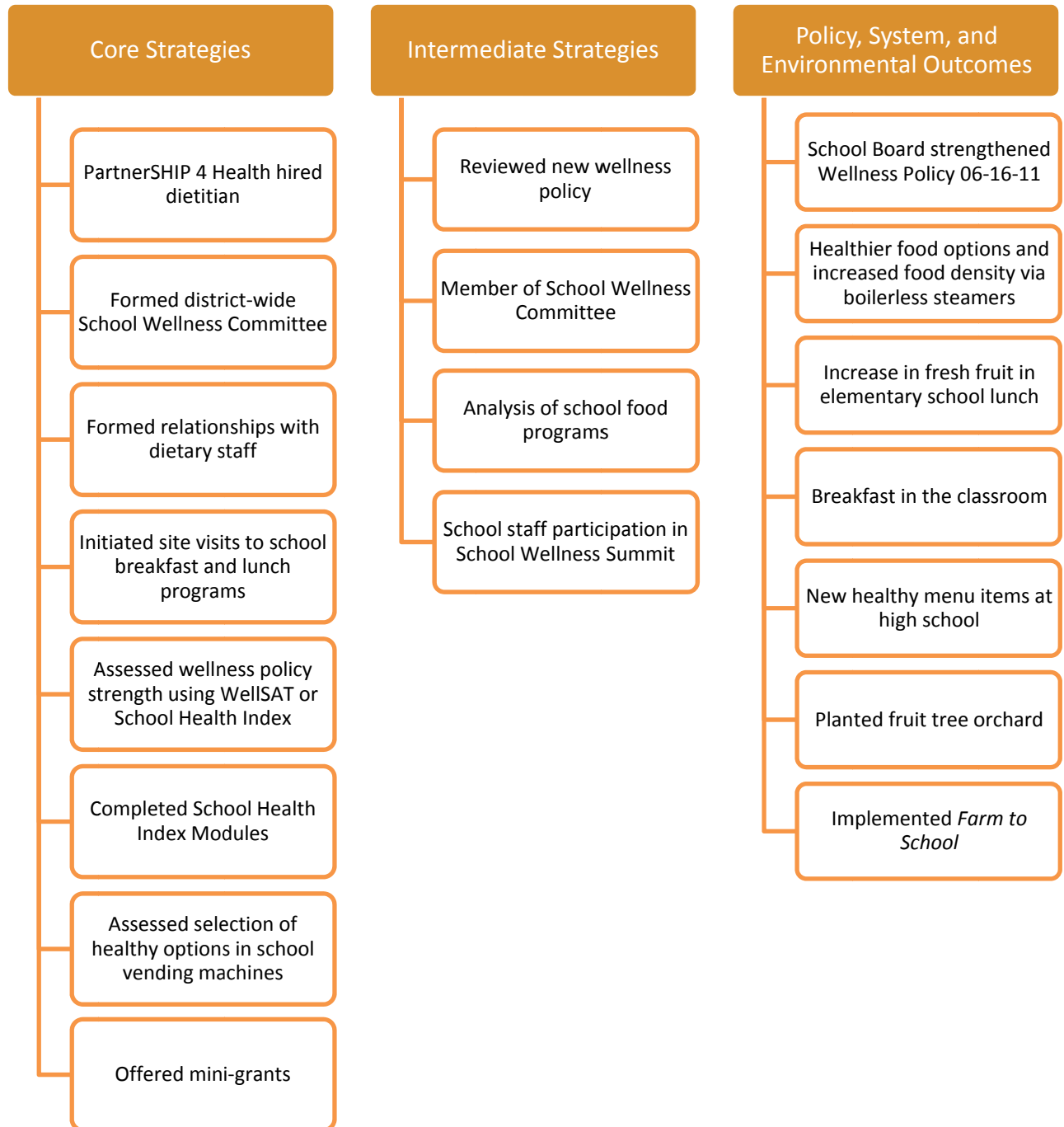
- Healthy meals: breakfast and lunch
- Healthy snacks: classroom celebrations, incentives, fundraising, concessions, and vending
- School gardens
- *Farm to School* initiatives

### Resources Provided by PartnerSHIP 4 Health

- **Mini-Grant: Increased Access to Healthy Food and Nutritional Education**
  - Increased Access to Healthy Food:
    - Boilerless table-top steamer, steamer stand, orchard materials, coolers/ice mats for Kindergarten through 2<sup>nd</sup> grade classroom healthy snacks
  - Increased Access to Nutritional Education:
    - *GO Wild* for fruits and vegetables curriculum, nutritional promotion items, taste-testing supplies
- **Training**
  - School Health Index: December 9, 2009 in Fergus Falls, MN
  - School Wellness Policy Summit: October 26, 2010 in Fargo, ND
- **Technical Assistance**
  - Dietitian
  - Project Manager
  - Participation on School Wellness Committee
  - Creation of school fruit orchard



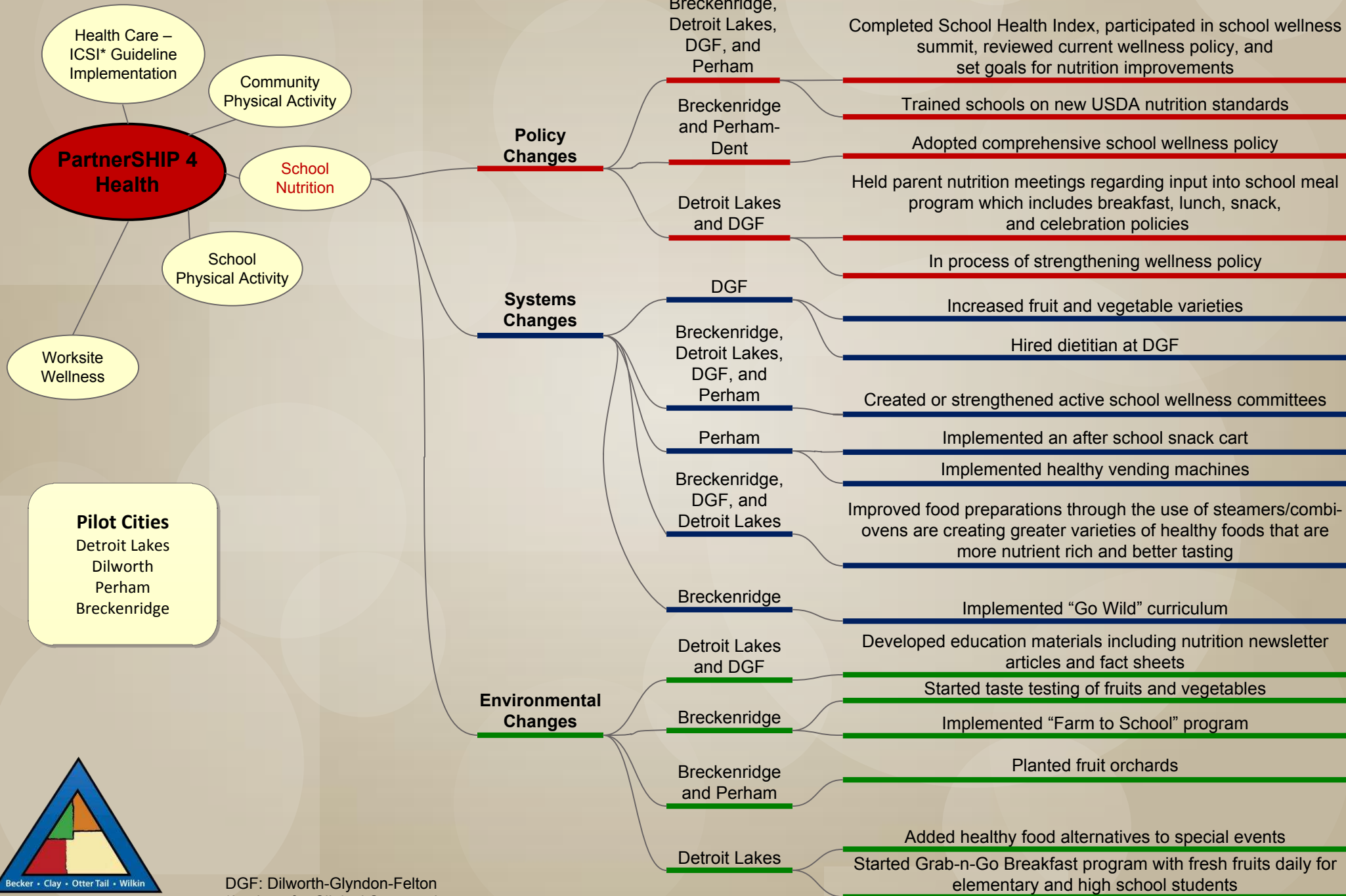
## Summary of Strategies and Outcomes Used to Achieve School Nutrition Initiative Goals in Breckenridge Public School District





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

## School Nutrition Initiative



### Pilot Cities

Detroit Lakes  
Dilworth  
Perham  
Breckenridge

DGF: Dilworth-Glyndon-Felton

\*Institute for Clinical Systems Improvement



**PartnerSHIP 4 Health**

Charting a course for good health



## 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 Breckenridge 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.

- **Promote Wellness Policy so That it Becomes a Natural Part of the School Health Culture**
  - Develop and maintain a communications system for staff and parents to learn about changes in Wellness Policy. May include communication during Back to School Days, Parent-Teacher Conferences, and Staff Development Days throughout the year, and via the School website.
  - 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 Partnership with the *Farm to School* program**
  - The implementation of this program has had a very positive impact on school nutrition.
  - The program enables the salad bar and the lunch menu to include more fruits and vegetables.
  - Schools receive the benefit of locally grown fresh produce as part of student meals.
- **Continue to Increase Access to Fruits and Vegetables**
  - Continue developing a system or network for orchard sustainability.
    - Determine who will maintain it, what maintenance includes, who will harvest produce, and how produce will be shared throughout the school district.
    - Consider having each class adopt a tree or a timeframe.
  - Consider starting a vegetable garden or greenhouse.
- **Increase Understanding of Nutrition**
  - Continue to involve students in designing and maintaining gardens/orchards and green house.
  - Incorporate the *GO Wild* program into curriculum or integrate nutrition into other core curriculum (<http://www.extension.umn.edu/Nutrition/GoWild.html>).
- **Increase Access to Healthy Foods**
  - Continue to promote healthy breakfast programs.
  - Continue to implement the new USDA food guidelines prior to further mandates (<http://www.fns.usda.gov/cnd/Governance/regulations/2011-01-13.pdf>).
  - Offer healthy foods at concessions, in vending machines, and at school fundraisers.
- **Solicit Regular Feedback From Students, Parents, and Staff**
  - Obtain feedback through Student Wellness Councils, parent focus groups, and staff meetings.
  - Assess outcomes of kitchen steamer use.

## Worksite Wellness Initiative: Wilkin County

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

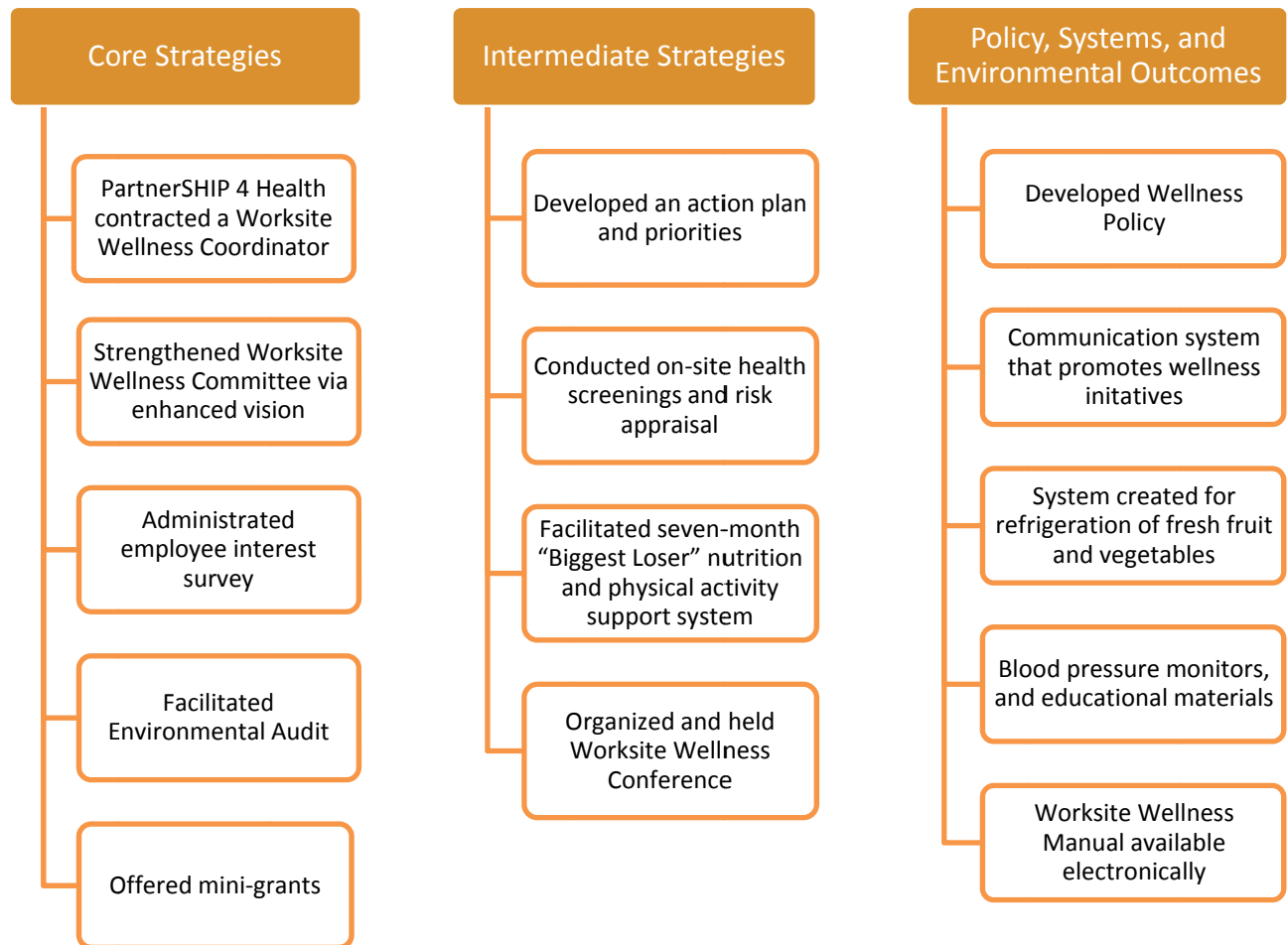
- Health assessment with follow-up-coaching
- Health education
- Wellness policies
- An environment that supports healthy weight and healthy behaviors

### Resources Provided by PartnerSHIP 4 Health

- **Baseline Assessments**
  - Employee Interest Survey
  - Health Risk Assessment
  - Environmental Audit
- **Mini-Grant: Increased Access to Physical Activity and Wellness Information Opportunities**
  - Sit Upon seat cushions: core muscle strengthening when sitting
  - *5 and 5 Feel 100%* program training and materials
  - In-services: nutritional information
- **Training**
  - Action Plan: Assessment, Goal Development, Policy Development, and Evaluation
  - *5 and 5 Feel 100%* program training
  - 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

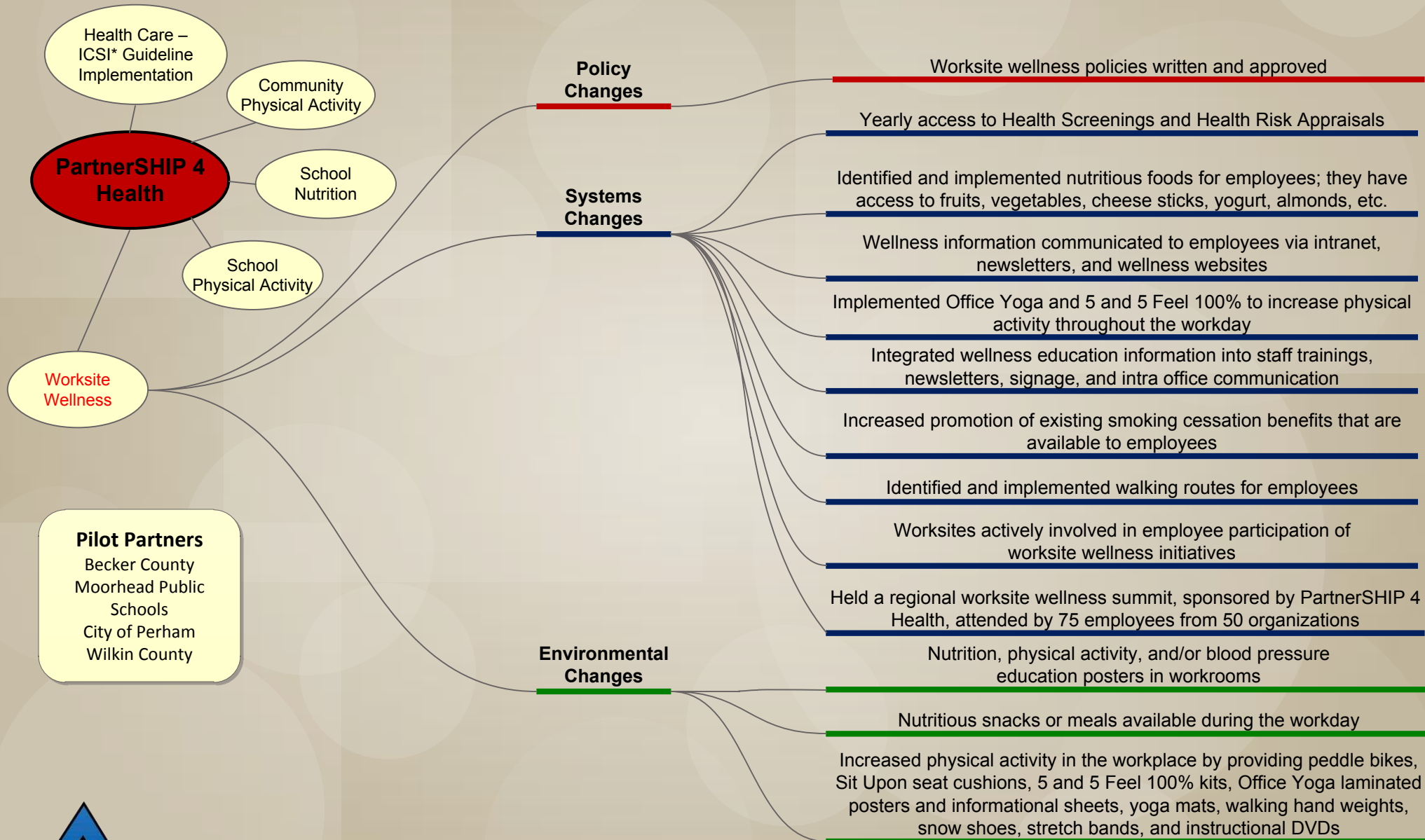


## Summary of Strategies and Outcomes Used to Achieve Worksite Wellness Initiative Goals in Wilkin County



# 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, Wilkin County officials, Worksite Wellness Committee members, and Wilkin 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/worksites\\_8\\_1349406616.pdf](http://partnership4health.org/worksites_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 the employee-supported healthy snack program.
  - 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.
  - Promote *Bike/Walk to Work 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](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: Orthopedic & Sports Physical Therapy, Inc. and Wilkin County Public Health

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

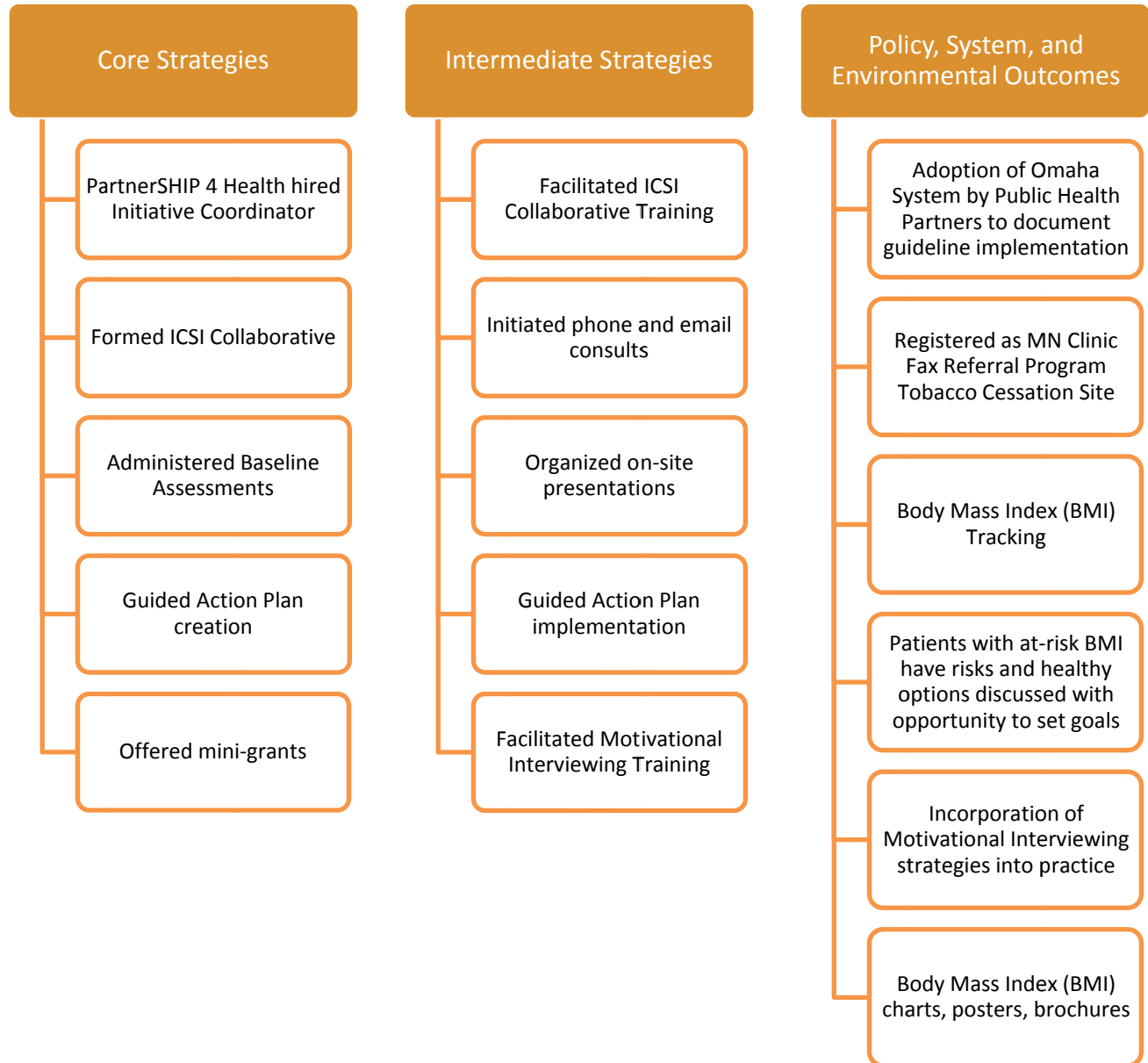
- *Prevention and Management of Obesity*
- *Healthy Lifestyles (formerly Primary Prevention of Chronic Disease Risk Factors)*

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**
  - 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:**
  - Orthopedic & Sports Physical Therapy, Inc.: Increase access to physical activity
    - Portable Pro Lift
  - Wilkin County Public Health: Increase capacity to implement guidelines
    - Omaha System Books
- **Training**
  - Omaha System Training
  - Motivational Interviewing Level I Workshop
  - Motivational Interviewing Individualized Coaching Sessions
  - Tobacco Cessation Conference in Fargo, ND
- **Technical Assistance**
  - Health Care Initiative Coordinator
  - Dr. Gary Oftedahl, ICSI Chief Knowledge Officer

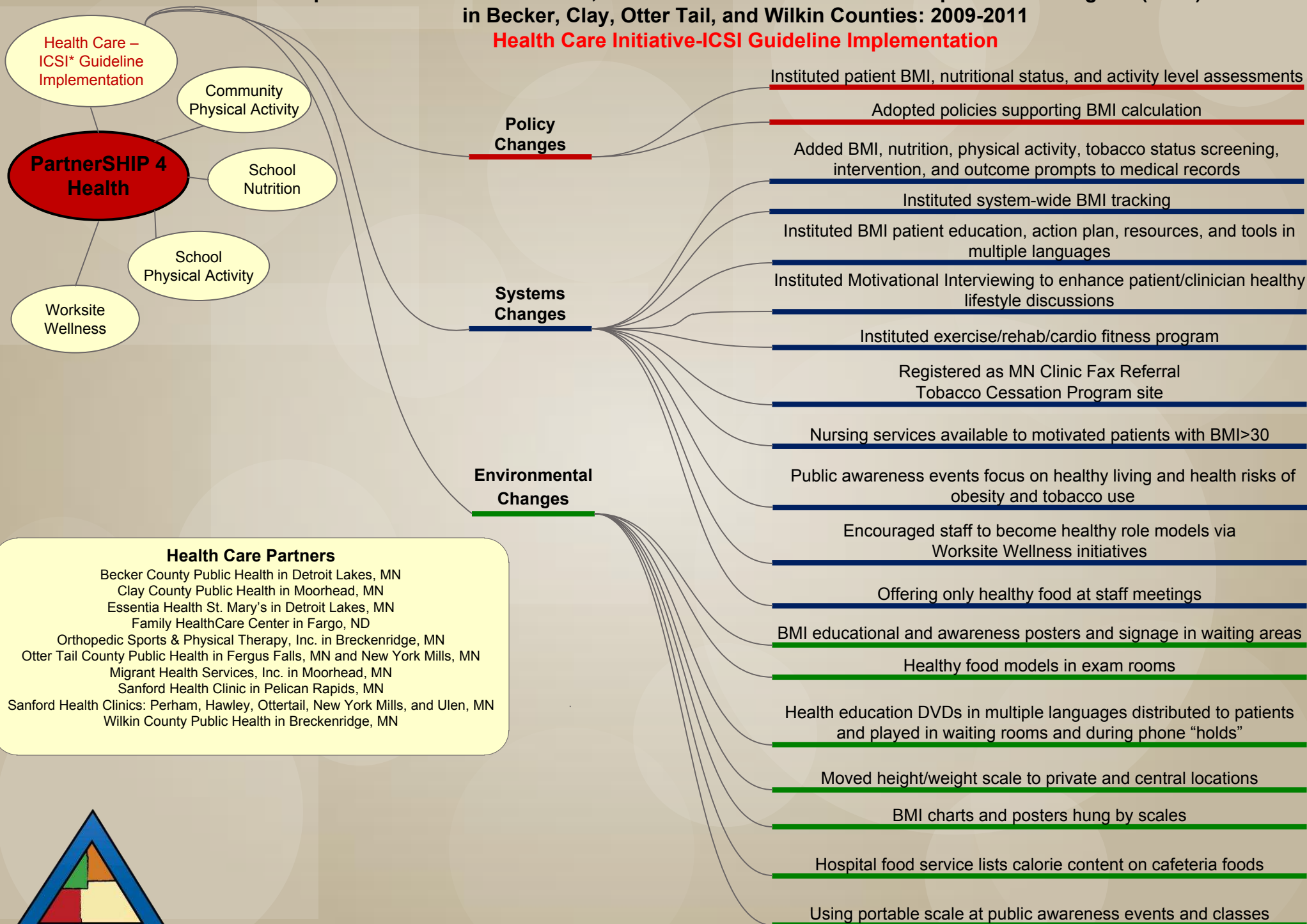
## Summary of Strategies and Outcomes Used to Achieve Health Care Initiative Goals in Wilkin County





# 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



### 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

## 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/practicemannual.Par.0001.File.tmp/AIMPracticeManual.pdf](http://www.aafp.org/online/etc/medialib/aafp_org/documents/clinical/pub_health/aim/practicemannual.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](http://www.msafp.org/upload/file497_AAFPPPracticeManual.pdf))
- Partnership for Prevention (2008). Working with healthcare 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](http://www.prevent.org/downloadStart.aspx?id=23))

- **Create or Strengthen a Worksite Wellness Program:**

([http://partnership4health.org/worksite\\_8\\_1349406616.pdf](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**

- 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](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](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