

Carver-Scott SHIP Executive Summary

Overview of SHIP-funded initiatives implemented in Carver and Scott Counties

Background

The goal of the Minnesota Statewide Health Improvement Program (SHIP) is to help Minnesotans live longer, healthier, better lives by preventing risk factors (tobacco use and exposure, poor nutrition, and physical inactivity) that lead to chronic disease. SHIP aims to create sustainable, systemic changes that make it easier for Minnesotans to choose healthy behaviors.

Together, Carver and Scott Counties were awarded a SHIP grant in 2009 to assess the degree to which existing policies, resources, and environmental assets are in place to support healthy living and employ evidence-based strategies to make policy, systems, and environmental change in four sectors: schools, communities, worksites, and health care systems.

Local data

Results from the 2010 Metro Adult Health Survey provided County-level data describing the physical activity, dietary, and tobacco use behaviors of adult residents, and their perceptions of resources in their communities. More than half of the residents in both counties are overweight or obese, and more than half are currently trying to lose weight. Fewer than 4 in 10 meet dietary recommendations for fruit and vegetable consumption; however, about three-fourths of residents report getting recommended levels of physical activity. Slightly fewer residents (11%) in Carver and Scott Counties are current smokers compared to the Twin Cities metro area (15%). However, half or more of the smokers in either county report smoking a half a pack a day or more.

Additionally, data from the 2010 Minnesota Student Survey indicated there are opportunities to increase milk and decrease soda consumption, and encourage students in Carver and Scott Counties to eat more fruits and vegetables.

Phase I assessment

In September 2009, Wilder Research was contracted to assist Carver and Scott counties with the following objectives: 1) describe local community needs; 2) identify local policies, practices, and environmental factors that are assets or barriers to system change activities; and, 3) assess community readiness for policy, systems, and environmental changes in multiple settings.

Wilder Research, in collaboration with the Carver-Scott SHIP assessment team, developed a data collection process to meet the above objectives. Based on the findings from the community assessment, each of the 33 identified SHIP interventions available for selection were assessed on four key criteria, including 1) level of community need; 2) level of community interest; 3) feasibility; and 4) potential impact of the intervention in a given sector. Using these ratings, the Carver-Scott assessment team facilitated a guided discussion with the Community Leadership Team to identify and select interventions in each identified sector, including schools, worksites, communities, and healthcare. Specifically, Carver-Scott SHIP chose to implement the following interventions:

- Community active living To support the implementation of policies and practices that create active communities by increasing opportunities for non-motorized transportation (walking and biking) and access to community recreation facilities.
- Community restricting youth access to tobacco To support the implementation of policies and practices that restrict youth access to tobacco.
- Health care healthy living referrals To support the implementation of policies and practices that encourage providers to refer patients to community resources that increase access to high quality nutritious foods, opportunities for physical activity, and tobacco use cessation.
- **School nutrition** To support the implementation of comprehensive nutrition policies.
- Worksite wellness To support the implementation of policies and practices that support comprehensive worksite wellness.

Phase II implementation

Carver-Scott SHIP chose to implement the various SHIP interventions by partnering with local partners. Rather than asking cities, schools (including public school districts, individual public schools, and private schools), and worksites across both Counties to respond to a request for proposal, Carver-Scott SHIP staff invited partners to participate in the initiative. In their direct work with communities, schools, and worksites, Carver-Scott SHIP staff incentivized partners to participate in an initial assessment, develop and implement an action plan, and evaluate their work. Partners received a payment for their work after completing key tasks at each step in the process (e.g., participating in an assessment, developing an action plan, and completing an evaluation interview). The partnership approach streamlined processes for partners and provided opportunities for partners to tailor their individual SHIP projects to suit their respective needs, interest, readiness, and capacity.

In the healthcare sector, the Counties Carver-Scott SHIP staff worked with a consultant from the Institute for Clinical Systems Improvement (ICSI) to recruit clinics for this intervention and provide ongoing technical assistance. Clinics were contacted and interested providers/clinic administrators were encouraged to contact Carver-Scott SHIP staff to learn more about the initiative.

Carver-Scott SHIP staff provided financial support, individual technical assistance, training, and connection to a number of technical assistance opportunities. Additionally, Carver-Scott SHIP staff worked to build connections between partners, and hosted and facilitated networking opportunities.

Activities in each sector

In each sector, partners participated in an assessment process and, using those results, developed an action plan to implement key policy, systems, and environmental (PSE) changes. In each sector, partners implemented one or more projects that aligned with their unique identified needs and priorities. Full descriptions of all activities implemented by each partner are included in a series of sector-specific evaluation reports.

School nutrition

Carver-Scott SHIP partnered with 18 school partners, including nine school districts, three individual public schools, and six private schools to implement enhanced school nutrition policies and enhance healthy eating systems and environments. As a result of the initiative:

- Sixteen schools/districts have active wellness committees in place involved in advancing school nutrition efforts, including eight schools/districts that established new committees.
- **Sixteen school/districts** made progress towards developing or revising their school wellness policy.
- Eleven schools/districts worked with the food services staff to promote healthy eating.
- **Ten schools/districts** developed approaches to increase healthy vending, concessions, and snack cart food items.
- Seven schools/districts worked on school garden initiatives, and four schools/districts developed or enhanced Farm-to School relationships.
- Three schools/districts integrated nutrition education into classroom curricula.

Worksite wellness

A total of 19 worksites, including 13 in Carver County and six in Scott County, participated in the worksite wellness intervention. Participating worksites included seven manufacturing companies, four cities, three public school districts, two counties, one non-profit hospital, one media company, and one private college. As a result of the initiative:

- **Nineteen worksites** worked on interventions to support healthy eating.
- **Seventeen worksites** supported employees interested in increasing their level of physical activity.
- Thirteen worksites promoted tobacco cessation resources and four worksites developed policies to restrict tobacco use on building grounds.
- Six worksites established or formalized employee wellness committees.
- Three worksites established breastfeeding support policies.

Community active living

All 18 cities, as well as Carver and Scott Counties, implemented policy, systems, and environmental changes to support active living among residents. As a result of the initiative:

- Eleven communities developed or enhanced plans or policies that will guide future active living efforts.
- **Eight communities** enhanced their trail systems by adding signage or naming trails.
- **Eight communities** improved pedestrian/bicyclist access through improved facilities and amenities.
- **Six communities** took an inventory of existing active living resources or revised maps of amenities and recreational facilities.
- **Six communities** held Walkable/Bikable Community Workshops, and **two communities** conducted feasibility studies to inform the construction of walking and biking paths.
- Three special projects were also supported through the initiative: two communities worked on Safe Routes to School initiatives; two websites (GoCarverGo.org and GoScottGo.org) were developed to help residents identify local trails, parks, and other amenities; and Carver County city, County, and regional park stakeholders met to coordinate trail planning efforts.

Health care healthy living referrals

■ Four clinics partnered with Carver-Scott SHIP to enhance the practices used to refer patients to community based resources for concerns related to physical activity, nutrition, weight management, and smoking cessation.

Restricting youth access to tobacco

An assessment was conducted to assess the comprehensiveness of tobacco compliance check ordinances across all local jurisdictions in Carver and Scott Counties and determine the frequency tobacco vendors fail tobacco compliance checks. As a result of the initiative:

■ Three jurisdictions updated their local ordinances to incorporate the new definition of tobacco products established in State law.

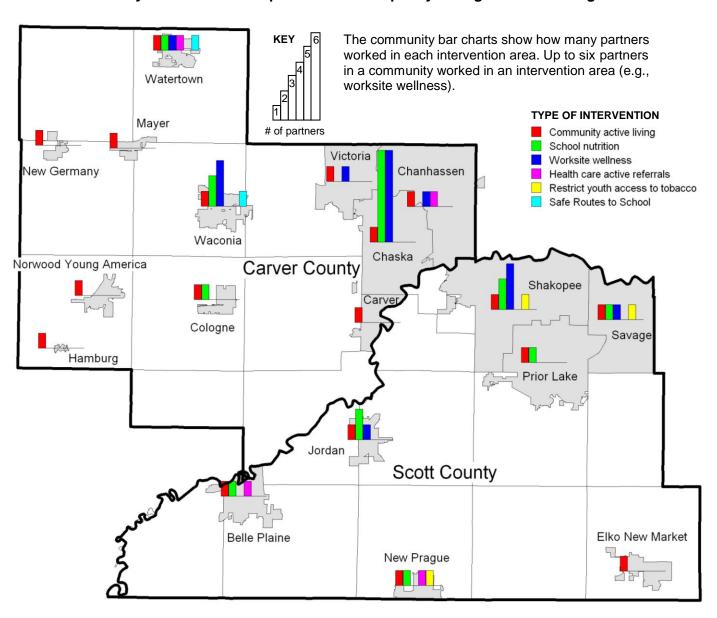
Reach

The activities implemented in each sector have the potential to touch many Carver and Scott County residents when fully implemented. Overall, there are approximately 224,000 residents living in Carver and Scott Counties, including approximately 189,000 residents who live within the city limits of the 18 partner communities. The number of Carver and Scott County residents potentially reached by each intervention is estimated below:

- *Communities*: Active living efforts were made in all communities and by both Carver and Scott County. As these plans and policies are fully implemented, all 224,000 residents will have greater access to parks, trails, and other physical activity resources.
- Schools: The Carver-Scott SHIP initiative partnered with at least one school in each of the school districts in both Carver County and Scott County, including nine school districts, with three individual schools from additional districts, and six private schools. Safe Routes to Schools initiatives were also implemented in two communities. As plans and policies are fully implemented, nearly 30,000 students attending school in Scott and Carver Counties could be impacted.
- *Worksites*: A total of 19 worksites across the two counties participated in the worksite wellness initiative. The worksites employed approximately 6,100 employees, roughly nine percent of the employed workforce in both Carver and Scott Counties.
- *Health care clinics*: Nearly 3,000 patients received referrals to local nutrition, weight-loss and physical activity community resources.

In each community, Carver-Scott SHIP staff assisted at least one community, school, worksite, or health care clinic partner in implementing PSE changes. In some communities, multiple types of interventions and/or a number of different partners were engaged in the SHIP initiative (Figure 1).

1. Community infrastructure improvements and policy changes made through SHIP



Note: In the school sector, interventions were also implemented at a district level by the Carver-Scott Educational Cooperatives (with 7 sites across Carver and Scott Counties) and District 112 (serving students in Carver, Chanhassen, Chaska, and Victoria). Community active living and worksite wellness efforts were also implemented by both Carver and Scott Counties. These county- and district-level initiatives are not captured in this map.

Impact

The Minnesota Department of Health (MDH) created an overall logic model that depicts how the activities of local public health departments and their partners are expected to lead to changes in outcomes over time. As shown in the logic model (Figure 2), in the first 1-3 years after implementation of various policy, systems, and environmental changes, short-term outcomes (e.g., changes in capacity, knowledge, adaptation and enforcement of policies, and social norms) are expected to occur. However, measurable changes in behavior, such as changes in consumption of healthy foods or increased physical activity, are not expected to take place until 3 to 10 years after implementation. Consequently, the evaluation approach used for this initiative focused on gathering information about the short-term impact and outcomes of the activities implemented by all SHIP partners across the two counties.

2. Overall SHIP Logic Model

Activities

Assess current community health activities, readiness for PSE changes

Develop or improve PSE changes to:

- reduce exposure to tobacco,
- increase opportunities for physical activity,
- increase access to high-quality nutritious foods, and
- increase opportunities to maintain healthy weight and behaviors

Short term outcomes (1-3 years)

PSE changes are implemented and enforced within communities, leading to increases in:

- access to tobacco use cessation
- opportunities for active schools, communities, and worksites
- access to and affordability of high-quality nutritious foods
- access to famer's markets, community gardens
- worksite wellness policies
- active health care referrals to local resources

Capacity of local health systems to promote PSE changes increases

Awareness of healthy behaviors increases

Health-supporting social norms and environments are created/improved

Intermediate outcomes (3-10 years)

Tobacco cessation increases, initiation of tobacco use decreases

Consumption of fruit and vegetable consumption increases

Consumption of sugar sweetened beverages, other high calorie-dense, nutrition-poor foods is reduced

The proportion of adults and youth getting the recommended amount of physical activity increases

Long-term outcomes (10-25 years)

Fewer Minnesotans use commercial tobacco

Fewer Minnesotans are overweight or obese

SHIP Goals

Minnesotans lead healthier lives, experience improved quality of life

Social disparities in health are reduced

Chronic disease rates are reduced

Health care costs are reduced

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⁻ Adapted from SHIP Overall Logic Model (Minnesota Department of Health, 2009)

Lessons learned

Through SHIP, Carver and Scott Counties partnered with an array of cities, worksites, schools, and health care clinics to implement policy, systems, and environmental changes. A number of themes emerged through interviews conducted with representatives from all sectors that describe how their experience with SHIP has led to changes in practices, as well as changes in capacity, knowledge, and support.

Implementation

Partners, across all sectors, were able to identify and implement meaningful policy, systems, and environmental changes. Carver-Scott SHIP staff worked with partners that varied dramatically in regard to size, available resources, and past experience working on health and wellness activities. However, all partners reported significant progress in implementing their action plans.

Capacity

Through SHIP, many partners became better equipped to encourage healthy living. All partners were able to dedicate staffing to implement their projects, which may ultimately increase their capacity to work on similar initiatives in the future. All schools and six worksites now have active wellness committees in place that are likely to be sustained over time. In addition, partners from all sectors received training and resources from Carver-Scott SHIP staff and technical assistance consultants to enhance their knowledge and skills in key topic areas.

The work of individual champions and support of leadership were seen as critical factors in moving many initiatives forward. A number of partners, across sectors, noted that leadership buy-in was essential in ensuring staff could dedicate time to implement initiatives, and that ongoing support of leadership will be critical to sustaining these efforts over time. Although individual champions often played key roles in implementing action plans and maintaining momentum around these short-term initiatives, sustainability is often enhanced when a committee is responsible for implementation.

Awareness

Many partners participated in training and technical assistance opportunities to increase their knowledge around healthy behaviors. Carver-Scott SHIP staff provided a series of training opportunities to provide information to partners on key topics or offer skills training and technical assistance on common areas of interest. Many partners found these training opportunities to be helpful.

Norms

A number of partners noted a "change in culture" had started as a result of SHIP.

In worksites, schools, and health care clinics, partners shared examples of how changes in practice or informal policies occurred through SHIP. For example, some worksites made changes in the types of food served during staff meetings, while providers in clinics were becoming more likely to provide patients with information about specific referrals to community resources, rather than making a general recommendation to get more exercise. A challenge to partners will be continuing these changes as the initiative ends.

Satisfaction

Partners were generally quite satisfied with their experience and progress toward SHIP goals. Of the 49 partners who participated in an online survey, most (98%) felt their site was making satisfactory progress on the action plan. All (100%) were satisfied with their overall experience working on SHIP; most (98%) felt they had received the right level of support from Carver-Scott SHIP staff to meet their goals.

Sustainability

Many partners implemented plans and policies to support future work. In the community sector, many partners incorporated active living elements into plans that will be implemented when road reconstruction projects occur. Similarly, many schools updated their wellness policies to support the health of students. Although passing a new plan or policy does not result in immediate behavior change, many partners are well-poised to support healthy eating, physical exercise, and tobacco cessation as plans and policies are fully implemented.

Most partners felt the changes resulting from SHIP can be sustained after the initiative ends. Of the 49 partners who responded to an online survey, most (91%) have considered sustainability of the changes resulting from SHIP. Most partners (93%) felt that changes resulting from SHIP would be operationally sustainable after the end of SHIP, while slightly fewer (88%) felt that changes would be financially sustainable.

Next steps

In each sector-specific report, a number of action items were suggested for partners and County staff to build on their early accomplishments through SHIP and address common challenges. Some of the recommendations made to Counties include:

- Encourage partners to identify strategies to dedicate staff time and resources to assure the successful completion of activities initiated or enhanced through SHIP.
- Consider offering networking opportunities for partners working on similar initiatives and providing ongoing technical assistance events across both Counties.
- Develop strategies to continue building relationships established with representatives from all sectors through SHIP.
- Assist partners in identifying future funding opportunities.
- Provide partners with technical assistance to measure the long-term impact of their efforts.

For more information

Carver County Metro Adult Health Survey databook: http://www.co.carver.mn.us/

Scott County Metro Adult Health Survey databook: http://www.co.scott.mn.us/

Carver County active living website: http://gocarvergo.org/

Scott County active living website: http://goscottgo.org/



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