

Preliminary Environmental Scan of Obesity Prevention Report

Prepared by the Minnesota Department of Health, Chronic Disease Risk Reduction Unit

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Table of Contents

Acknowledgements.....	2
Table of Contents.....	3
Introduction.....	4
Methodology.....	5
Findings and Recommendations	
Burden of Childhood Obesity in Minnesota: Data Sources and Statewide Trends ...	8
Programs and Environmental Supports	13
Legislation/Policies.....	32
Conclusion	37
Appendix	
A. Environmental Scan Program Survey	39
B. State Parks, Forests, and Trails Maps	43
C. Local Public Health Planning and Performance Measurement Reporting System's Nutrition and Physical programs	46
D. List of Programs Implemented in Minnesota	58
E. List of Physical Activity, Nutrition, and Obesity Research occurring at the University of Minnesota School of Public Health and the Obesity Prevention Center	67
F. Legislative Actions Occurring Across the U.S.....	75
G. Legislative Actions Occurring in Minnesota	77

Introduction

Healthy Kids, Healthy Minnesota is a statewide initiative to prevent and reduce childhood overweight and obesity. In conjunction with this initiative, a statewide scan was conducted from June 2007 to August 2007 of current policies and activities that address childhood obesity prevention in Minnesota.

Obesity during childhood is a serious public health problem which increases the risk for numerous chronic diseases and health conditions during adulthood, such as hypertension, dyslipidemia, type 2 diabetes, coronary heart disease, stroke, depression, osteoarthritis, sleep apnea and certain cancers¹.

Information gathered from this scan will help determine what programs and activities are available throughout the state and where current resources are lacking.

Purpose

The purpose of conducting this scan for the state of Minnesota is to have a preliminary inventory of available obesity prevention resources throughout the state in the form of legislation and policy, programs and environmental supports.

Scope

This is a preliminary, non-comprehensive inventory of programs, policies and environmental supports for obesity prevention, improved nutrition and physical activity. Several sectors were examined at the state, regional and local levels. These sectors include: government, communities, worksites, educational systems, industry, media and healthcare.

¹ <http://www.cdc.gov>

Methodology

During the planning phase of the scan, three methods of addressing obesity – programs, environmental supports and legislation/policies – were determined as the focus areas for this scan.

Programs

For programs, a list of potential contacts from five settings – government, community and worksites, education, industry and media, and healthcare – were generated. Contacts representing statewide, regional, and local levels were identified. Using this list of contacts, an online survey was developed and sent electronically to 250 individuals from 90 organizations throughout the state.

[A copy of the survey questions can be found in Appendix A]

At the local government level, the Minnesota Department of Health has implemented a Local Public Health Planning and Performance Measurement Reporting System² (LPH PPRMS) from which the nutrition and physical activity portions were used in this scan.

Finally, a search of internet websites was used to gather relevant data from programs submitted through the survey.

Environmental Supports

To gather information for environmental supports, web searches of existing programs addressing environmental change(s) were used. In addition, interviews and discussions with individuals responsible for the programs provided further information.

Policies

The Centers for Disease Control and Prevention's (CDC) Database for Nutrition and Physical Activity Legislation³ and the Minnesota Legislation and Bill Status Database⁴ were used to search for legislation relevant to obesity, physical activity and nutrition at the state level. In addition, telephone interviews and a survey of key advocacy organizations in the state were conducted to assess key factors which influence the success and failure of legislation and to identify strategies to aid in the success of future legislation. Finally, a review of literature and reports on legislation was used to examine national legislative trends surrounding improving nutrition, increasing physical activity, and reducing childhood obesity.

² <http://www.health.state.mn.us/ppmrs/>

³ <http://apps.nccd.cdc.gov/DNPAleg/>

⁴ <http://www.leg.state.mn.us/leg/legis.asp>

Limitations

There are a few limitations of this scan which should be noted.

This is not a comprehensive scan. Organizations with high profile involvement in obesity prevention, nutrition and physical activity promotion were targeted in this preliminary scan. In addition, due to time constraints and lack of effective communication networks, not all activities were able to be documented.

A survey was administered to school districts in spring 2008 and was completed by school principals and other school staff. The survey results are currently being analyzed and will be incorporated into the scan following analysis in fall 2008.

Finally, there is limited information available at regional and local levels and from non-government based sectors.

Findings and Recommendations

The findings and recommendations from this scan are divided into three sections. A burden on childhood obesity from a national perspective and specific to Minnesota is presented. A summary of the programs and environmental supports available and a number of examples of each from the different sectors are highlighted in the respective sections. Finally, a description of legislative actions occurring in other states across the nation as well as in Minnesota is presented in the Legislation and Policies section.

Identification of gaps and recommendations were derived from a number of reports, including the Institute of Medicine report *Preventing Childhood Obesity: Health in the Balance*, Robert Wood Johnson Foundation *Childhood Obesity Toolkit*, Trust for America's Health report *F as in Fat: How Obesity Policies are Failing in America 2007*, and the January 2007 Minnesota Task Force on Childhood Obesity *Recommendations to Prevent and Reduce Childhood Obesity in Minnesota*.

The Burden of Childhood Obesity in Minnesota

The proportion of children classified as overweight or obese is growing at a striking rate in the United States. The prevalence of obesity among children and adolescents in the United States quadruples among 6-11 year-olds and more than triples among 12-19 year-olds between 1971-1974 and 1999-2002 according to the National Health and Nutrition Examination Survey (NHANES)⁵. The NHANES measures height and weight from a representative sample of children and adult participants around the United States to calculate body mass index. Unfortunately, there is no state data monitoring system to track overall population trends in childhood and youth obesity in Minnesota.

The availability of statewide measured height and weight data is the exception rather than the rule across the United States. State level estimates of weight status using measured data are not available for many states. One source of Minnesota-specific data is the Pediatric Nutrition Surveillance system, which tracks health indicators for Minnesota children enrolled in the Women, Infants and Children Supplemental Food Program (WIC). Minnesota-specific data from the Pediatric Nutrition Surveillance System shows that the prevalence of obesity in children aged 2 to 5 years enrolled in the WIC program increased 41 percent between 1995 and 2004, from 9.8 percent to 13.8 percent, respectively⁶.

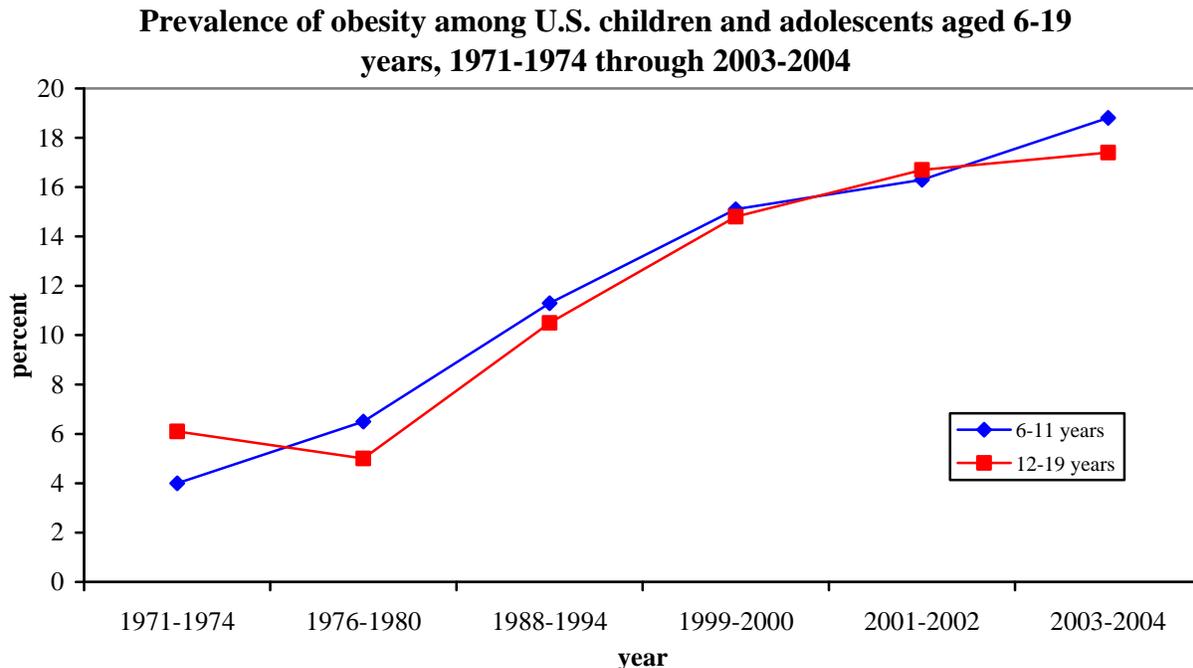


Figure 1. Data Source: 2003-2004 National Health and Nutrition Examination Survey (NHANES)

⁵ Centers for Disease Control and Prevention (CDC). National Center for Health Statistics (NCHS). National Health and Nutrition Examination Survey Data. 2003-2004.

⁶ Pediatric Nutrition Surveillance System Report: Health Indicators Minnesota Children Enrolled in WIC 1995 to 2004. Minnesota Department of Health.

Many states, lacking measured data for children and youth, utilize high school students' self-reported heights and weight collected through the Centers for Disease Control and Prevention Youth Risk Behavior Survey (YRBS). Nationally, YRBS data shows that in 2005 15.7 percent of high school students (9th-12th grades) were at-risk for becoming overweight and an additional 13.1 percent of students were overweight⁷.

Minnesota Needs Overweight and Obesity Data

Minnesota is in need of statewide measured data on the heights and weights of children and youth in order to monitor the problem of overweight and obesity, identify solutions, and track progress. Due to the sensitivity of weight information, it is necessary to carefully decide the correct venue through which to collect this data.

While trend data representative of Minnesota children and youth are not available, it is quite likely that obesity among children and youth in Minnesota parallels the national increases. Obesity rates of Minnesota adults increased dramatically over the past few decades. Nationally, growth in adult overweight and obesity rates parallel rates of overweight among U.S. children and youth⁸. Additionally, national data demonstrate dramatic increases in rates of childhood and youth obesity.

In 2007, self-reported height and weight questions were included in the Minnesota Student Survey (MSS) for 9th and 12th grade students only. From this, 15% of 9th grade males and 12% of 9th grade females were overweight, while 13% of 12th grade males and 12% of 12th grade females were overweight. Among 9th grade students, 12% of males and 6% of females were obese, while 13% of 12th grade males and 5% of 12th grade females were obese⁹. No data is available for students aged 5-13 years.

Health Consequences of Obesity

The childhood obesity epidemic appears in both boys and girls and among all racial and ethnic groups. National data demonstrates that certain groups, including Hispanics, non-Hispanic Blacks, Native Americans and children in low socioeconomic groups, are particularly affected by obesity⁸. Disparities appear to be growing over time.

Increasing rates of obesity among children result in growing rates of health problems related to weight status. While the majority of health problems resulting from childhood obesity are not realized until adulthood, youth are experiencing hypertension, dyslipidemia, glucose intolerance/insulin resistance, fatty liver, gall bladder disease, sleep apnea, menstrual abnormalities, impaired balance, and orthopedic problems⁸. Type 2 diabetes has received the most attention among the obesity-related diseases on the rise. Despite the fact that an accurate prevalence of type 2 diabetes is difficult to arrive at, due to the low prevalence in this age group,

⁷ Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance – United States, 2005. Surveillance Summaries, 2006 June 9. *MMWR* 2006;55(No. SS-5).

⁸ Koplan JP, Liverman CT, and Kraak VI. Institute of Medicine, Preventing Childhood Obesity: Health in the Balance. 2005.

⁹ Minnesota Department of Education (MDE), *Minnesota Student Survey*, St. Paul, Minnesota, 2007.

the national estimate of prevalence is currently 0.41 percent. Impaired fasting glucose, often a precursor to type 2 diabetes, is more prevalent in this age group and is estimated to be around 1.76 percent⁸.

More immediate health effects of childhood obesity include the toll on social and emotional health. Stigmatization, negative stereotyping of obese children by peers and adults, may lead to low esteem, negative body image, and depressive symptoms⁸.

Causes of Obesity

Obesity results from an imbalance of energy expenditure (physical activity) and consumption (dietary habits). Fruit and vegetable consumption is associated with healthy body weight, however Minnesota youth consume far below the recommendations for daily fruit and vegetable intake. It is recommended that children and youth consume at least five servings of fruit and vegetables daily¹⁰. According to the Minnesota Student Survey, only 20 percent of 6th graders, 18 percent of 9th graders and 16 percent of 12th graders reported consuming five or more fruits and vegetables per day in 2007 (Figure 2).

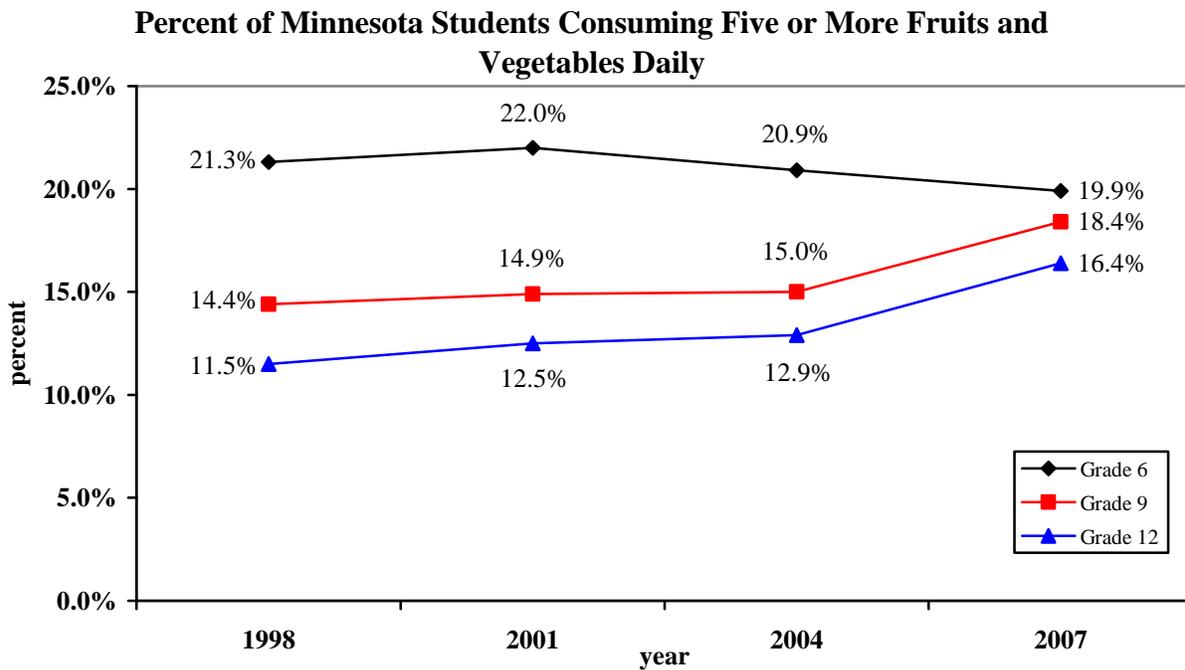


Figure 2. Data Source: Minnesota Student Survey, 1992-2007 Trends.

The Global Strategy on Diet, Physical Activity and Health developed by the World Health Organization¹¹ and the United States Department of Agriculture food pyramid¹² recommend limited consumption of refined sugars. Data from the Minnesota Student Survey demonstrates

¹⁰ U.S. Department of Health and Human Services and U.S. Department of Agriculture. (2005). Dietary Guidelines for Americans, 2005 (6th ed.), Washington, D.C.: U.S. Government Printing Office.

¹¹ World Health Organization. Global Strategy on Diet, Physical Activity and Health. 2004. http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf

¹² U.S. Department of Agriculture. Steps to a Healthier You. <http://www.mypyramid.gov>

that Minnesota youth consume significant amounts of refined sugar on a daily basis. Although there is an overall declining trend in pop or soda consumption since 2001, over 50 percent of Minnesota students still report consuming one or more pop or soda drinks in the previous day (Figure 3). These consumption patterns likely contribute to the childhood obesity epidemic.

Percent of Minnesota Students Reporting: Consuming one or more drinks of pop or soda in the previous day

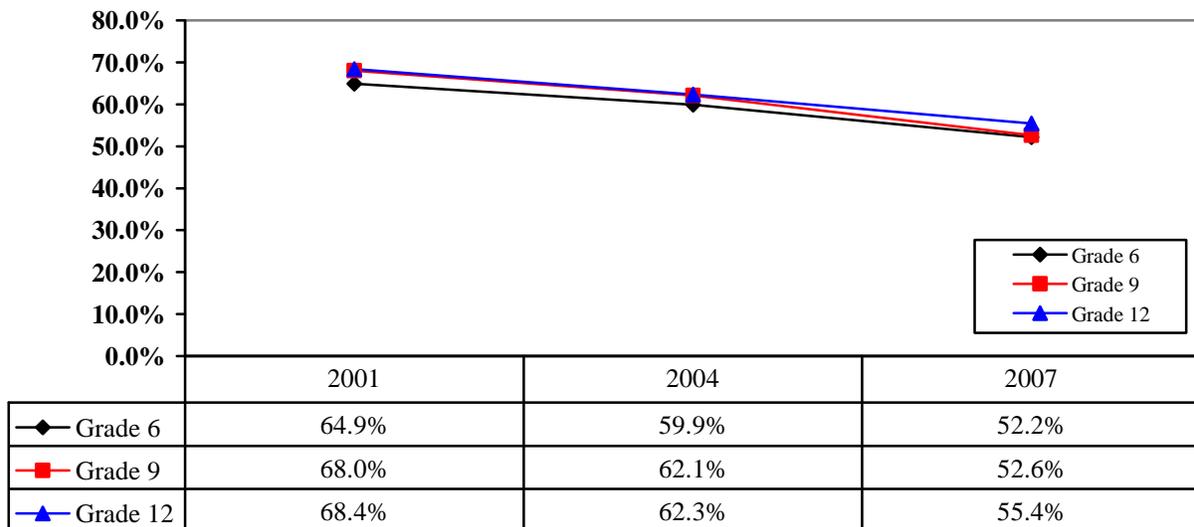


Figure 3. Data Source: Minnesota Student Survey, 1992-2007 Trends.

The other important variable in the energy equation is physical activity. The Centers for Disease Control and Prevention recommends that children and adolescents participate in at least 60 minutes of moderate intensity physical activity most days of the week, preferably daily¹. Data from the Minnesota Student Survey indicate that a high percentage of Minnesota youth, especially girls, fail to meet national physical activity recommendations. In 2007, the percentage of Minnesota students reporting being active five or more days per week for at least 30 minutes per day of moderate-intensity physical activity were:

	Grade 6	Grade 9	Grade 12
Boys	52%	62%	52%
Girls	43%	49%	31%

In 2007, the percentage of Minnesota students reporting participating in an activity that made them sweat or breathe hard 3 or more days per week for at least 20 minutes per day were:

	Grade 6	Grade 9	Grade 12
Boys	71%	75%	66%
Girls	69%	70%	51%

Financial Cost of Obesity

The overall financial burden of obesity in Minnesota in 2003, based on national estimates was \$1.3 billion¹³. The financial burden of childhood obesity in Minnesota is difficult to estimate. However ties have been made between childhood obesity and future adult weight-related disease and healthcare costs¹⁴. Trends show diagnosis of weight-related disease occurring at younger and younger ages which will likely lead to increased healthcare and other costs over larger portions of the lifecycle.

In comparison to other nations, the United States spends a disproportionate percentage of its Gross National Product on healthcare, yet only approximately five percent of that health spending is spend on prevention. Prevention could significantly reduce chronic disease healthcare expenditures¹⁵.

¹³ Obesity Research; 12:18-24; 2004.

¹⁴ Moran, R. American Family Physician. Evaluation and Treatment of Childhood Obesity. 1999.

¹⁵ Steps to a HealthierUS. U.S. Department of Health and Human Services. <http://www.healthierus.gov/STEPS>

Programs and Environmental Supports

Government

Federal, state and local governments each have an important role to play in the prevention of childhood obesity. Through the administration of targeted funding, development of policies and implementation of programs, each governmental sector can help assure that children achieve a healthy weight. A large number of children, youth and families can be reached at the national, state and local levels through public health efforts. Coordinated, collaborative governmental efforts are needed to prevent the rise in childhood obesity.

State Agencies

Based on information collected, there are several departments within the state, such as Health, Transportation, Education and Natural Resources, which play prominent roles in the promotion of nutrition, physical activity and prevention of obesity.

The Departments of Transportation, Health, and Natural Resources provide programs which accompany many environmental supports maintained by the government. The Department of Education provides support primarily through the school system, which will be discussed in the Education section.

Environmental Supports

Environmental supports are important factors in the promotion of physical activity and nutrition. The built environment, which are man-made aspects of communities, include factors such as sidewalks, bike paths, street layout, local parks, community centers, outdoor state and national park systems, safety of communities, suburban sprawl, proximity of stores and offices to homes, and availability of stores and restaurants with a healthy selection of food. All of these factors impact an individual's ability to maintain a healthy lifestyle.

The government is in a unique position with regards to the built environment. The factors which contribute to the built environment are impacted by decisions made at various levels of government. Land acquisition and management, zoning, developments and maintenance all affect the quality and placement of facilities for residents.

State-maintained Resources

At the state level, the Minnesota Department of Natural Resources oversees 58 state forests, 66 state parks and 6 state recreation areas, over 1,100 total miles of state trails, 1,560 public water access sites, 280 fishing piers and shore fishing sites, and 26 designated canoe and boating routes.

[For maps of state forest, parks and trail locations, see appendix B]

All levels of government also contribute to the establishment and maintenance of biking and walking paths within the community.

The Minnesota Department of Transportation has resources available¹⁶ which help guide communities through the design process of establishing bicycling- and pedestrian-friendly roadways.

Community-level resources

Communities affect the health and well-being of children and youth in many ways, ranging from how streets and sidewalks are designed to the perceived safety of the neighborhood to whether there is access to affordable fruits, vegetables and other nutritious foods.

Local Public Health

At the local level, data from the Local Public Health Planning and Performance Measurement Reporting System (PPMRS)¹⁷ was reviewed. PPMRS aims to describe key aspects of Minnesota's local public health system, to provide consistent and accurate information that can be used to improve delivery of public health, and to provide accountability and meet the reporting requirements of the Minnesota Local Public Health Act. Information from a variety of health topics is collected through this system, however, for the purposes of this scan, only nutrition and physical activity data were examined. Figures 4 and 5 show the distribution of counties throughout the state which provide nutrition and physical activity programs, respectively. Local public health was given the following definition of a "program" when reporting: an implemented program has objectives and a budget or dedicated staff hours. Counties designated as providing "health promotion services" have activities occurring that address nutrition or physical activity, however, these activities do not meet the specified definition of a "program".

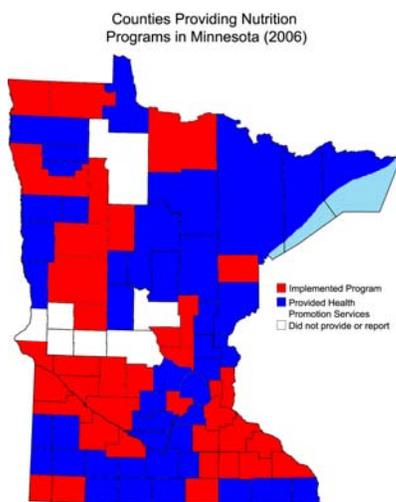


Figure 4

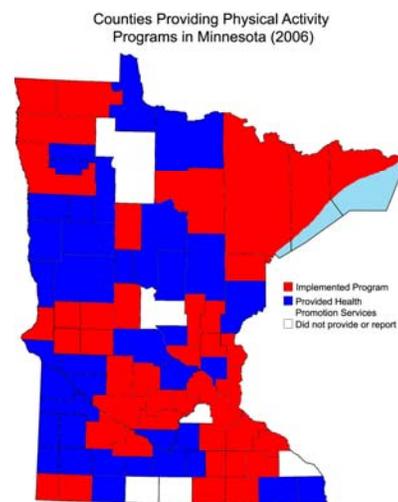


Figure 5

¹⁶ <http://www.dot.state.mn.us/bike/bikewaydesign.html>

¹⁷ <http://www.health.state.mn.us/ppmrs/>

Examples of Community-level Environmental Supports

Safe Routes to School [Statewide]

Minnesota's Safe Routes to School Program¹⁸ is part a federal transportation bill (SAFETEA –LU), which aims to improve biking and walking conditions to school. This was established in response to a decline of the number of children who walk or bike to school and is an effort to reintroduce physical activity opportunities for youth. Minnesota is one of 24 states awarded federal funding for development of its Safe Routes to School Program within the Minnesota Department of Transportation, which has funded approximately 40 local Safe Routes to School projects.

Active Living Ramsey County [Local]

Active Living Ramsey County¹⁹ was formed in 2005 as a way to create and promote environments that are safe and convenient for people to integrate physical activity into their daily life routines. Through partnerships at the local, county, and state levels, the group maintains several initiatives and programs to help promote daily physical activity.

Walkable Communities [Local]

In 2005 Walkable Communities Workshops facilitator training was developed by the Minnesota Department of Health as a means to create environments within local communities which are more conducive to physical activity. The facilitator training prepares local public health and public planning professionals to help with community development to increase walkability within that community.

As of August 2007, the following cities, counties, and American Indian reservations in Minnesota have trained local experts to facilitate Walkable Community Workshops:

- | | |
|-----------------------------|--|
| ▪ Carlton County | ▪ Bloomington/Edina/Richfield Cities |
| ▪ Fond Du Lac Reservation | ▪ Carver County |
| ▪ Grand Portage Reservation | ▪ Dakota County |
| ▪ Lake County | ▪ Hennepin County |
| ▪ St. Louis County | ▪ Ramsey County |
| ▪ Isanti County | ▪ Olmsted County |
| ▪ City of Bemidji | ▪ Brainerd School District, City of Brainerd |
| ▪ Cook County | ▪ City of Morris (Stevens County) |

In addition, as of August 2007 the following cities in Minnesota have hosted Walkable Community Workshops:

- | | | |
|-------------------|-----------------|----------------|
| ▪ Two Harbors | ▪ Eagan | ▪ Roseville |
| ▪ Braham | ▪ Eden Prairie | ▪ St. Anthony |
| ▪ Cambridge | ▪ Golden Valley | ▪ St. Paul |
| ▪ Isanti | ▪ Lauderdale | ▪ Shakopee |
| ▪ Anoka | ▪ Minneapolis | ▪ Victoria |
| ▪ Bloomington | ▪ Mounds View | ▪ Rochester |
| ▪ Brooklyn Center | ▪ New Brighton | ▪ Grand Marais |
| ▪ Hibbing | ▪ Silver Bay | ▪ Arden Hills |
| ▪ Watertown | | |

¹⁸ <http://www.dot.state.mn.us/saferoutes/index.html>

¹⁹ <http://www.co.ramsey.mn.us/alrc/index.html>

Of the 75 county/city local public health departments²⁰ which reported information to PPMRS, 34 had implemented various nutrition promotion programs, while 37 only provided general promotion services and 3 reported not providing any nutrition services. For physical activity, 41 departments had implemented programs to promote physical activity, while 29 only provided general promotion services and 4 did not provide any physical activity services. One county did not report any data to PPMRS.

The types of programs implemented varies greatly between counties although the majority of programs implemented were community-based (85% for nutrition and 95% for physical activity) and targeted individuals and families (64% for nutrition and 54% for physical activity). Information regarding the effectiveness of programs implemented at this level is limited. Evaluation of programs was not gathered through PPMRS.

[For a report of programs implemented by local public health, see Appendix C]

[For a list of other Minnesota Nutrition and Physical Activity programs, see Appendix D]

Minnesota Governor's programs which address adult and childhood obesity:

Fit School Program [Statewide]

The purpose of the Governor's Fit School Program²¹ is to keep youth healthy. This program recognizes Minnesota schools committed to creating and maintaining a healthy school environment that supports an active and healthy lifestyle of students and staff. The Fit School Program was launched in January 2006 and as of June 2008, 100 schools have been designated as Fit Schools.

Fit City Program [Statewide]

Similar to the Fit School Program, the Governor's Fit City Program²² recognizes Minnesota cities that are committed to creating and maintaining a city environment supportive of active living. This program addresses the health of the larger population, of which youth are a part of, and thus complements the Fit School Program. As of June 2008, 41 cities have been approved as Fit Cities.

Physical Activity Lifestyle Award (PALA) [Statewide]

The Physical Activity Lifestyle Award²³ is co-sponsored by the General Mills Foundation, Governor Pawlenty and the Minnesota Department of Health and recognizes students in grades 3 and higher who begin and maintain at least 60 minutes of physical activity, 5 days a week for at least 6 weeks. The Minneapolis school district has been offering this program to students in grades 2 and higher for the past 2 years. Thirty additional schools or school districts offered PALA to approximately 8500 students over the past year.

²⁰ A number of counties have joint health departments, thus the number of reporting departments is less than the number of actual counties in the state.

²¹ <http://www.health.state.mn.us/fitschool>

²² <http://www.health.state.mn.us/fitcity>

²³ <http://www.health.state.mn.us/pala>

The impact of these governor’s initiatives on nutrition and physical activity behavior has not been evaluated.

<p align="center">Examples of government-funded programs currently implemented in Minnesota</p>
<p><i>Fruits and Veggies–More Matters [National]</i> In March 2007 the 5-A-Day program (originally launched in 1991 by the National Cancer Institute and the Produce for Better Health Foundation) was transferred to the Centers for Disease Control and Prevention’s National Fruit and Vegetable Program where it was transformed into a new public health initiative called <i>Fruits & Veggies—More Matters</i>²⁴, in order to reflect the new dietary guidelines, which recommend more than 5 servings of fruits and vegetables for most Americans. Currently, this program is a public-private partnership between the Centers for Disease Control and Prevention and the Produce for Better Health Foundation, in collaboration with a broader alliance of government, not-for-profit groups and industry working collaboratively and synergistically at the national, state and local levels to increase the consumption of fruits and vegetables among all ages of Americans.</p>
<p><i>Food Stamp Nutrition Education [National]</i> The Food Stamp Nutrition Education Program is part of the U.S. Department of Agriculture’s Food Stamp Program. The Nutrition Education Program aims to “improve the likelihood that persons eligible for the Food Stamp Program will make healthy food choices within a limited budget and choose physically active lifestyles”.²⁵ In 2005, 50% of persons receiving food stamps were children. In Minnesota, the Food Stamp Nutrition Education Program is overseen by the Minnesota Department of Human Services and has two implementing agencies, the University of Minnesota Extension and the Minnesota Chippewa Tribe.</p>
<p><i>Minnesota Department of Health – Health Behavior Research Program [Statewide]</i> The Minnesota Department of Health, through a series of grants from the National Institutes of Health, has developed and tested a series of intervention programs to promote increased fruit and vegetable consumption and increased physical activity in children. The most current effort, <i>Preschool Power Plus</i>, has successfully increased consumption of vegetables by preschoolers in daycare settings at multiple sites in the Twin Cities metropolitan area.</p>
<p><i>Steps to a Healthier Minnesota [Local]</i> The Steps to a Healthier US Initiative is an overall effort of the U.S. Department of Health and Human Services, designed to identify and promote programs that encourage small behavior changes to reduce the burden of chronic disease. As of 2007, Minnesota is one of seven states²⁶ who received a Steps grant. The Steps to a Healthier Minnesota Initiative²⁷ is a community- and school-based design which addresses obesity, diabetes, and asthma in four cities in Minnesota: Minneapolis, St. Paul, Rochester, and Willmar. All four communities have assisted in the School Health Index assessment and development and implementation of school wellness policies. In addition, Steps has developed and implemented programs and initiatives in the four communities to address nutrition, physical activity, diabetes prevention, asthma, smoking cessation, and obesity.</p>
<p><i>Work Out Low Fat (WOLF) [local]</i> The Minnesota Department of Health, in partnership with the American Indian Diabetes Prevention Advisory Task Force, provides training, technical assistance, and materials for the <i>Work Out Low Fat (WOLF)</i> curriculum to schools serving children living in American Indian Reservations in Minnesota. The WOLF curriculum provides nutrition and physical activity education within the context of American Indian Culture.</p>

²⁴ <http://www.fruitsandveggiesmorematters.org/>

²⁵ http://www.fns.usda.gov/fsp/nutrition_education/

²⁶ States receiving Steps grants: Alabama, Arizona, Colorado, Minnesota, New York, Pennsylvania, Washington

²⁷ <http://www.stepstohealthiermn.org/>

University of Minnesota [Statewide]

Higher educational systems provide a unique opportunity for obesity prevention research as well as training of public health practitioners and researchers. The University of Minnesota²⁸ is the largest higher education system in the state, with 5 campuses, 18 regional extension offices, and 15 research and outreach centers. The university is home to the nation's first and only Obesity Prevention Center, which was established in 2004 and "provides leadership and coordination at the local, national, and international level for multidisciplinary research, policy, and education that focuses on understanding and responding to the pernicious epidemic of excessive weight gain and obesity²⁹". In addition, the University's School of Public Health³⁰ is one of the top 10 Schools of Public Health in the nation and emphasizes research in healthy behavior and the prevention of illness and injury.

[For a list of research occurring at the University of Minnesota's Obesity Prevention Center and School of Public Health, see appendix E]

²⁸ <http://www.umn.edu/>

²⁹ <http://www.obesityprevention.umn.edu/>

³⁰ <http://www.sph.umn.edu/>

Identified gaps for Government in the prevention of childhood obesity

- Community-based local public health agencies lack sufficient resources to effectively respond to the obesity epidemic
- Resources and technical assistance are needed to promote program evaluation at all levels
- State agencies need to collaborate to promote nutrition and physical activity education among low-income, high-risk families served by nutrition assistance programs
- Minnesota has greater chronic disease health disparities than other states, by race/ethnicity
- Minnesota lacks adequate surveillance data sources to track and monitor obesity health disparities
- Communication and coordination of effective obesity prevention efforts and methods across the state needs to increase
- Minnesota lacks a statewide data surveillance system to measure and monitor trends in childhood obesity and its related risk factors

Related to environmental supports:

- More collaboration is needed between public health and city planners on community design and transportation policy development
- Better networks are needed to connect farmers who produce fruits and vegetables with school and communities, where they can be consumed (farm to school programs, farmers markets and community gardening programs)

Select recommendations for Government in the prevention of childhood obesity

Within the Institute of Medicine report on *Preventing Childhood Obesity*⁸, the following recommendations are relevant to Minnesota and could be implemented:

- Provide coordinated leadership for the prevention of obesity in children and youth at all levels of government
- Provide resources and support public health agencies and community coalitions in their collaborative efforts to promote and evaluate obesity prevention interventions
- Develop and evaluate pilot projects within nutrition assistance programs that promote healthful dietary intake and physical activity
- Provide coordinated leadership and support for obesity prevention efforts, particularly those focused on high-risk populations and eliminating disparities
- Provide resources and implement policies which promote opportunities for physical activity and proper nutrition within communities and schools
- Expand funding for prevention intervention research, experimental behavioral research, and community-based population research; strengthen support for surveillance, monitoring, and evaluation efforts

Related to environmental supports:

- Work with private developers and community groups to ensure environmental projects are planned such that opportunities for physical activity are readily available
- Improve existing infrastructure to ensure that they provide opportunities for residents to be physically active
- Expand and promote opportunities for physical activity in the community through changes to ordinances, capital improvement programs, and other planning practices
- Work with communities to support partnerships and networks that expand the availability of access to healthful foods

January 2007 Minnesota Childhood Obesity Task Force Recommendations for Government:

- Advocate for and initiate legislation and policies that contribute to healthy lifestyles and reduce overweight and obesity
- Convene and connect stakeholders interested in obesity prevention
- Support public health surveillance systems, program evaluation and research to track obesity trends and develop best practices
- Eliminate health disparities in obesity and its complications

Communities and Worksites

Communities reflect the priorities of their residents. Communities and their members can come together to raise issues of concern and take action. Communities can also create physical and social environments that support families to be healthy.

Worksites, similar to communities, have a role to play in helping to keep individuals healthy as well. With increasing evidence supporting health promotion programs in the workplace, more companies than ever are implementing health and wellness strategies to promote employee health and reduce injuries, healthcare costs and long-term disability. Worksite wellness programs can be designed to reach the families of employees. Because families are often also covered under the employee's insurance, it is in the best interest of all parties to invest in the family unit as a whole.

At the community level, many organizations provide services or have programs which promote nutrition, physical activity, or obesity prevention. However, not all activities could be represented within this scan, thus a sampling of sustained efforts will be the focus.

Examples of Worksite programs currently implemented in Minnesota

BlueCross BlueShield Prevention Minnesota Initiative³¹ [Statewide]

This initiative is overseen by the Center for Prevention at BlueCross BlueShield of Minnesota. The focus is to target tobacco use, heart disease, and preventable cancers by addressing smoking, secondhand smoke exposure, physical inactivity and poor nutrition. Through community grants and BlueCross BlueShield of Minnesota's Center for Prevention efforts, this initiative has developed numerous community-based and worksite wellness promotion programs throughout the state. Most notable is the *do Campaign* which is a multi-media campaign designed to promote small amounts of physical activity throughout the day. This campaign was piloted in Minneapolis, St. Paul and Duluth in November 2004 and expanded to St. Cloud and Mankato in 2005 and to Rochester in May 2006. Another campaign, *Fittest State in the Nation*, is focused within the worksite. Fittest State in the Nation has two main goals, have Minnesota ranked as first in the percentage of adults who report being moderately physically active and be ranked first in the percentage of adults who eat the recommended minimum of daily servings of fruits and vegetables by 2020.

Healthy Minnesota Workplace Initiative [Statewide]

Another initiative in the state is the *Healthy Minnesota Workplace Initiative* which aims to improve the overall health status of Minnesota workers and their families. Funded by a grant from the National Governor's Association, the initiative hosted a summit in August 2007 where an online toolkit³² developed by the Minnesota Department of Health was introduced as a resource for Minnesota employers who want to design and implement worksite wellness programs for their employees.

³¹ <http://preventionminnesota.com>

³² <http://www.health.state.mn.us/divs/hpcd/NGAtoolkit/toc.html>

Examples of Community-based programs currently implemented in Minnesota

SWITCH [Local]

SWITCH³³ is a program designed by the National Institute on Media and the Family which aims to increase physical activity, improve nutrition, and decrease screentime. This is a family-based program which collaborates with schools and communities to target children and to involve parents in an effort to reduce childhood obesity. This program was piloted in four elementary schools in Lakeville and program materials are available for schools and communities to use. Complete results from the pilot program are currently unavailable, but preliminary results yielded a decrease in reported screentime, increased fruit and vegetable consumption, and increased physical activity among both parents and children.

Central Minnesota Childhood Obesity Coalition [Regional]

The Central Minnesota Childhood Obesity Coalition encompasses a broad range of community organizations such as: YMCA, St. Cloud Times, American Heart Association, United Way of Central Minnesota, Sartell, Sauk Rapids and St. Cloud School Districts, Benton and Stearns County Public Health, Childcare Choices, Boys and Girls Club, Big Brothers Big Sisters, Boy Scouts, Coborn's, Inc., HealthPartners, St. Cloud Medical Group, CentraCare Clinic, as well as other doctors, pediatricians and clinics. The purpose of the coalition is to address the issue of overweight and obesity in youth in Central Minnesota. The coalition aims to reduce childhood obesity by 10% by 2016. In 2007, the CentraCare Health Foundation awarded the Central Minnesota Childhood Obesity Coalition one of nine grants to improve health in Central Minnesota.

Northeast Minnesota Obesity Prevention Project (NEMOPP) [Regional]

This project was created in 2004 and consists of efforts from Carlton, Cook, Lake and St. Louis County Public Health, Fond du Lac and Grand Portage Reservations, the Minnesota Department of Health and University of Minnesota Extension. The purpose of NEMOPP is to reduce obesity in Carlton, Cook, Lake, St. Louis Counties and Fond du Lac and Grand Portage Reservations through coordinated public health strategies. In 2005, NEMOPP piloted the Walkable Communities Workshop³⁴ in the city of Two Harbors. In addition, NEMOPP has partnered with Arrowhead Regional Development Commission and have jointly received funding from BlueCross BlueShield of Minnesota's Center for Prevention to initiate the Northeast Minnesota Active Community Assessment and Engagement Project.

[For a list of programs, see appendix D]

³³ <http://www.mediafamily.org/switch/index.shtml>

³⁴ See *Walkable Communities Workshops* in Environmental Supports for more information, page 14

Identified gaps for Communities and Worksites in the prevention of childhood obesity

- Community-based local public health agencies lack sufficient resources to effectively respond to the obesity epidemic
- Resources are needed to provide school and community-based after school physical activity programs for low-income, high risk youth
- Better networks are needed to connect farmers who produce fruits and vegetables with schools and communities, where they can be consumed (farm to school programs, farmers markets and community gardening programs)
- Many employers lack the resources and expertise needed to implement nutrition and physical activity health promotion programs and policies in their worksites
- Worksites need to provide environments that support and encourage breastfeeding by working mothers (breastfed babies are less likely to become obese as adults)
- Support and technical assistance are needed for private and public employers to design and implement effective worksite health promotion programs and policies to reduce the cost of chronic disease and health care

Recommendations for Communities and Worksites in the prevention of childhood obesity

Within the Institute of Medicine report on *Preventing Childhood Obesity*⁸, the following recommendations are relevant to Minnesota and could be implemented:

- Local governments, public health agencies, schools, and community organizations should collaboratively develop and promote programs that encourage healthful eating behaviors and regular physical activity, particularly for high-risk populations
- Private and public efforts to eliminate health disparities should include obesity prevention as one of their primary areas of focus and should support community-based programs to address social, economic and environmental barriers that contribute to increased obesity prevalence
- Community evaluation tools should incorporate measures of the availability of opportunities for physical activity and healthful eating within the community setting
- Communities should improve access to supermarkets, farmers markets, and community gardens to expand healthful food options, particularly in low-income and under-served areas

Related to the environmental supports:

- Local governments, private developers, and community groups should expand opportunities for physical activity, including recreational facilities, parks, playgrounds, sidewalks, bike paths, routes for walking or bicycling to school, and safe streets and neighborhoods, especially for high-risk populations
- Communities should improve the street, sidewalk, and street-crossing safety of routes to school, develop programs to encourage walking and bicycling to school, and build schools within walking and bicycling distance of the neighborhoods they serve

January 2007 Minnesota Childhood Obesity Task Force Recommendations for Communities and Worksites:

- Implement proven programs and initiatives that promote physical activity and good nutrition in community settings
- Implement effective worksite wellness programs with a family-centered focus

Educational Systems

Educational environments play an especially important role in helping to prevent childhood obesity because over 95 percent of young people are enrolled in schools³⁵. Because youth spend much of their day in schools or childcare settings, the childhood obesity epidemic is unlikely to be solved without strong school-based programs. The promotion of physical activity and healthy eating in schools has long been a part of education, and research has shown that well-designed, well-implemented programs can effectively promote these behaviors.

School Districts/Coordinated School Health [Statewide]

Coordinated school health is designed to focus on the physical, emotional, social, and educational development of youth in kindergarten through 12th grade. It strives to provide students with the information and skills necessary to make good choices. An effective school health program recognizes that health and learning are both essential components to development.

Coordinated school health addresses the following aspects of health and education: physical education, health education, school meals and nutrition, school health services, counseling, psychological, social work and mental health services, health school environment, staff wellness, and family and community involvement.

More information regarding Minnesota school districts, wellness policies, and coordinated school health program efforts will be available in fall 2008 following the completion of a survey of school principals and other school staff.

Examples of school-based programs being implemented in Minnesota
<p><i>Alliance for a Healthier Generation Minnesota [Statewide]</i> This alliance is a partnership between the William J. Clinton Foundation and the American Heart Association which is working to stop the increase of childhood obesity by 2010 and to reduce it by 2015 by partnering with schools, the food and beverage industry and healthcare. The alliance also aims to eliminate obesity disparities among children and youth and to empower youth to make healthy lifestyle choices. A large component of this initiative involves building healthier school environments³⁶. However, the alliance targets other settings which affect children and youth health, such as: homes, restaurants, doctor's offices, and the community.</p>

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³⁵ <http://nces.ed.gov/programs/digest/d04/>

³⁶ see Industry and Media section for more information, page 27

Identified gaps for Educational Systems in the prevention of childhood obesity

- More resources and technical assistance are required to help Minnesota schools to successfully implement their school wellness policies
- More resources and technical assistance are required to help Minnesota schools write meal plans that meet U.S. Department of Agriculture guidelines for fat and saturated fat
- More resources and technical assistance are required to help Minnesota schools offer physical education based on national physical education standards
- Early childhood education settings need resources and technical assistance to develop and implement wellness policies to reduce obesity and improve nutrition and physical activity among infants and children (child care providers, Early Childhood Family Education, Women, Infants and Children, Home Visiting programs, Head Start, and pre-schools)
- More resources are needed to provide school and community-based physical activity programs for low-income, high risk youth
- More resources are needed for schools to measure, track, communicate and follow-up on student weight and health status
- More resources are needed to create referral systems for school officials to refer overweight or at-risk of overweight students to healthcare providers and other community-based nutrition and physical activity resources and programs
- Lack of a well-defined, science-based physical activity, physical education and nutrition standards for Minnesota schools, which teach skill development and are rigorous enough to produce real behavior change and health benefits

Recommendations for Educational Systems in the prevention of childhood obesity

Within the Institute of Medicine report on *Prevention Childhood Obesity*⁸, the following recommendations could be implemented in Minnesota's educational system:

- Assess school policies and practices related to nutrition, physical activity, and obesity prevention.
- Provide a consistent environment that is conducive to healthful eating behaviors and regular physical activity.
- Develop, implement, and evaluate innovative pilot programs for both staffing and teaching about wellness, healthful eating, and physical activity
- Ensure an adequate amount of attention is given to proper nutrition and physical activity within the health education curriculum, with an emphasis on developing behavioral skills
- Ensure that all school meals meet the federal Department of Agriculture nutrition standards.
- Develop and implement nutritional standards for all competitive foods and beverages sold or served in schools.
- Ensure school environments are free of advertising to the greatest possible extent
- Ensure all students participate in at least 30 minutes of moderate and/or vigorous physical activity during the school day
- In addition to physical education classes, provide expanded opportunities for physical activity through after-school programs, intramural and interscholastic sports programs, clubs, and lessons
- Implement school-based interventions to reduce children's screen time
- Conduct annual assessments of student weight, height, and body mass index and make this information available to parents

January 2007 Minnesota Childhood Obesity Task Force Recommendations for Educational Systems:

- Support measurement systems to track and monitor student health progress
- Implement a coordinated school health approach to obesity prevention
- Assure that childcare environments support good nutrition and age-appropriate physical activities

Industry and Media

Effective media partnerships and industry efforts can raise public awareness and ignite discussions around the health and economic concerns related to childhood obesity. Industry can also play an important role in promoting health by selling healthy food products and limiting advertising and promotion of high-calorie, energy-dense products to children.

Currently, there is limited action being taken in the industry and media settings in the United State and in Minnesota to address childhood obesity.

The Alliance for a Healthier Generation Minnesota³⁷ has a Memorandum of Understanding with the American Beverage Association, Coca-Cola, Pepsico, and Cadbury-Schweppes to implement appropriate Beverage Guidelines in all schools throughout the country by the 2009-2010 school year. Additionally, they have a Memorandum of Understanding signed by Kraft Foods, Campbell Soup Company, Dannon, Pepsico (Frito-Lay), and Mars to promote the nutrition guidelines set by the Alliance for foods sold in schools outside the school meals.

[see Physical Activity Lifestyle Award (PALA) and Fruits and Veggies–More Matters under government for an example of a collaboration between government and industry, pages 15 and 16, respectively]

Identified gaps for Industry and Media in the prevention of childhood obesity

- Industry needs to engage in leading the nation in promoting healthy food products, setting ethical and healthy standards for advertising and promotion to children and developing product packaging innovations that help consumers make healthful choices
- Minnesota restaurants do not provide calorie content and general nutrition information at the point of purchase
- Public health needs to expand its relationship with the media to provide clear and consistent media messages that encourage healthful eating behaviors and regular physical activity
- Minnesota caterers need to increase the number of healthy options they offer to schools and worksites

³⁷ Refer to *Alliance for a Healthier Generation Minnesota* under Educational Systems section for more information.

Select recommendations for Industry and Media in the prevention of childhood obesity

Within the Institute of Medicine report on *Preventing Childhood Obesity*⁸, the following recommendations are relevant to Minnesota and could be implemented:

Related to Industry:

- Make obesity prevention in children and youth a priority by developing and promoting products and information that will encourage healthy eating and regular physical activity
- Develop healthier food and beverage product and packaging innovations
- Improve nutrition labeling so parents and youth can make better choices and achieve and maintain a health energy balance
- Develop and strictly adhere to marketing and advertising guidelines that minimize the risk of obesity in children and youth
- Fast food and full service restaurants should expand healthier meal, food, and beverage options (including children's meals) and provide calorie content and general nutrition information at the point of purchase

Some of these recommendations tend to address international and national level corporate decision-making and policy development. However, there are a number of international and national food industry headquarters in the state of Minnesota, which provides a unique opportunity to encourage and influence these company's product development and marketing practices as they relate to obesity.

Related to Media:

- Incorporate obesity issues into its content, including the promotion of positive role models
- Provide clear and consistent media messages that encourages healthful eating behaviors and regular physical activity

January 2007 Minnesota Childhood Obesity Task Force Recommendations for Industry and Media:

- Implement age-appropriate marketing messages and practices that promote healthy food and activity patterns for children and youth
- Improve availability of healthy food choices in cafeterias and restaurants
- Promote physical activity and healthy eating throughout the media

Healthcare

The healthcare system is a critical setting for interventions aimed at reducing the prevalence and consequences of childhood obesity. Healthcare professionals have the opportunity to influence the dietary and physical activity patterns of children, parents and families. They can also serve as advocates for change in their communities and enhance media and industry efforts. Creative, multi-disciplinary, and culturally sensitive approaches to the prevention of childhood obesity are essential.

Examples of Healthcare Initiatives in Minnesota

Allina Hospitals and Clinics [Statewide]

Allina is a healthcare system which operates hospitals and clinics throughout Minnesota. Allina's Community Benefit Council has developed a number of programs to address childhood obesity. Some of the programs sponsored by Allina include:

- *All-in-a-Day* which aims to increase BMI screening among children ages 5-10 in non-emergency clinic visits.
- *Power of the Pyramid Play* which increases physical activity and improves nutrition among children through a 30-minute theatrical performance. Allina partnered with the Minnesota Medical Association, the National Theatre for Children, and PreferredOne to sponsor this program. During the 2006-07 school year, this program took place in 325 schools in the Twin Cities area and in 2007, the program moved toward northern Minnesota where Medica Foundation, Duluth Children's, the Minnesota Physicians Foundation and the Minnesota Medical Association sponsored the program in 23 schools.
- *Healthy Kids in Healthy Places Action forum* which reduces childhood obesity by providing network and collaboration opportunities for professionals across many sectors to create and support changes across the community that support healthy weight for children and adolescents.

CentraCare Health System [Regional]

CentraCare³⁸ serves the central region of Minnesota. It is comprised of three hospitals in St. Cloud, Long Prairie, and Melrose, and four long-term care facilities and about a dozen clinics and numerous specialty care services. CentraCare is a key supporter and partner in the Central Minnesota Childhood Obesity Coalition.

[see Central Minnesota Childhood Obesity Coalition under Communities and Worksites for regional efforts involving CentraCare, page 21]

Mayo Clinic [Regional]

The Mayo Clinic is a world-renowned medical practice facility based in Rochester and the facility established the Action on Obesity Task Force³⁹ in 2004 to address obesity. This Task Force hosts annual summits focusing on various aspects of obesity and has developed an action plan for the Mayo Clinic, Olmsted County and the surrounding areas to tackle obesity. The goal of the Task Force is to develop action plans which can be implemented within worksites, communities, and at the state and national levels to prevent obesity.

³⁸ <http://www.centracare.com>

³⁹ <http://www.actiononobesity.org>

Identified gaps for Healthcare in the prevention of childhood obesity

- Provide community leadership and advocacy to address obesity
- Lack of healthcare provider training, skills and comfort with addressing overweight and obesity health issues with patients
- Healthcare systems need to integrate routine tracking of BMI into patient visits and provide consistent counseling to overweight patients
- Health care system data on height, weight, BMI, and other obesity risk factors is not accessible for public health surveillance purposes to be used to monitor trends in obesity and its risk factors in the general population
- More prenatal education is needed about childhood obesity prevention for pregnant women
- More breastfeeding promotion and support for mothers in healthcare settings is needed prior to and after giving birth
- Train providers in standardized measurements for heights, weights and lifestyle messages to use when counseling
- Limited effective treatment and weight loss approaches and resources are available for people who are overweight and obese

Recommendations for Healthcare in the prevention of childhood obesity

Within the Institute of Medicine report on *Preventing Childhood Obesity*, the following recommendations could be implemented in Minnesota's healthcare settings:

- Encourage pediatricians, family physicians, nurses, and other clinical staff to engage in the prevention of childhood obesity at both the individual and population levels
- Healthcare professionals should serve as role models, and provide leadership in their communities for obesity prevention efforts
- Professional organizations should disseminate evidence-based clinical guidance and establish programs on childhood obesity prevention
- Training programs and certifying entities should require obesity prevention knowledge and skills in their curricula and examinations
- Health providers should routinely track body mass index and offer evidence-based counseling and guidance to patients when necessary
- Insurers and accrediting organizations should include screening and obesity preventive services in routine clinical practice and quality assessment measures and should provide incentives for maintaining a healthy body weight

January 2007 Minnesota Childhood Obesity Task Force Recommendations for Healthcare:

- Advocate for and incorporate prevention and treatment of obesity in the healthcare system
- Establish body mass index as a vital sign
- Support data collection systems in the clinical setting to monitor patients and track trends in obesity
- Encourage healthcare providers to address healthy weight behaviors with patients
- Promote and provide support for breastfeeding

Legislation and Policies

Legislation and policies are important contributors to the health and well-being of populations. Many important public health issues, such as tobacco control, nutritional deficiencies, and traffic safety, have used legislation and policies as a method to promote healthy choices and to create changes in social norms. With regards to obesity, legislation and policies can impact food labeling, children's advertisement restrictions, school nutrition, health, and physical education programs, foods served in schools, zoning of communities, development and improvement of the built environment to promote physical activity and availability of healthy food options, and development and implementation of surveillance systems of obesity trends among youth and adults.

Legislation and Policy Patterns Across the Nation

Currently in the United States, 17 states have set requirements that school meals need to exceed the nutrition standards set by the federal U.S. Department of Agriculture. Twenty-two states have nutrition requirements on food sold in schools beyond the regular school meal programs and 26 have limitations on when and where food can be sold in schools outside of the regular school meal programs. In addition, 12 states have body mass index screening requirements in schools and 4 states have requirements for weight-related and fitness assessments in schools. While all states have physical education requirements in schools, stringency of standards varies between states and there is often little enforcement of set standards. Similarly, 48 states and D.C. have health education requirements with little enforcement of standards. Finally, 17 states and D.C. have passed taxes on snacks and soda.

[For a list of legislation in states, see Appendix F]

Minnesota Legislation and Policies

Nutrition

Minnesota is not included in the 17 states that require school lunches, breakfasts, and snacks to meet higher nutritional standards than the USDA requires, nor is it one of the 22 states that have set nutritional standards for foods sold in vending machines, a la carte, in school stores, or in bake sales in schools. Lastly, the state is not one of the 26 that limit when and where these foods may be sold on school property beyond federal requirements. In addition, Minnesota does not require schools to screen students' body mass index or fitness status and confidentially provide information to parents or guardians.

Physical and Health Education

Minnesota's current policy on physical education is that it is required in elementary, middle and high school, although duration and frequency are not specified nor enforced. In addition, students may be excused for medical or religious reasons and local school districts are given the authority to exempt students for athletic purposes.

The Health Education statute in Minnesota does not specify which grade levels are required to offer health education courses and does not make health education a requirement for high school graduation.

For both health education and physical education, each Minnesota school district is required to develop local standards. The Health and Physical Education Quality Teaching Network's (HPE QTN) Benchmark document is recommended as a resource to assist school districts in developing their standards. However, there is not a state model of standards for either health or physical education, although the HPE QTN document is based on a set of core standards.

School Wellness Policies

As part of the nation's HealthierUS Initiative, school wellness policies must include "goals for nutrition education, physical activity and other school-based activities that are designed to promote student wellness in a manner that the local educational agency determines is appropriate."⁴⁰ In addition, policies must include "nutrition guidelines selected by the local educational agency for all foods available on each school campus under the local educational agency during the school day with the objectives of promoting student health and reducing childhood obesity."³⁹ However, funds were not appropriated to assist school districts in creating or adopting wellness policies and there are no financial penalties involved with failure to adopt or enforce the policies.

A survey was administered to school districts in spring 2008 and was completed by school principals and other school staff. The survey results are currently being analyzed and will be incorporated into the scan following analysis in fall 2008.

[For a list of legislative actions occurring in Minnesota, see Appendix G]

⁴⁰ The Council of State Governments. Centers for Disease Control and Prevention. School Wellness Policies, May 2007

Factors influencing the success or failure of legislation in Minnesota

Various factors can influence the passage of written legislation. From surveys and interviews conducted for this scan with key advocacy groups in Minnesota, some of the factors contributing to the failure of obesity prevention-related legislation in Minnesota (particularly surrounding health education and physical education policy) include:

- Resistance from superintendents and school districts which want to maintain independent/local control around curriculum standards
- Resistance from the legislature in addressing physical education reform within overall education reform
- Lack of public knowledge about the role of health and physical education in school, thus contributing to the lack of public support for physical education standards within schools
- Lack of organizational buy-in and large coalition support of health education and physical education standards
- No Child Left Behind Standards do not include health education and physical education standards
- Insufficient support, priority and funding from key Minnesota state agencies for health education and physical education

Identified gaps for Legislation and Policies in the prevention of childhood obesity

- Lack of a statewide data surveillance system to measure and monitor trends in childhood obesity and its related risk factors
- Minnesota has greater chronic disease (obesity-related) health disparities than other states, by race/ethnicity
- Minnesota lacks adequate surveillance data sources to track and monitor obesity health disparities
- Lack of well-defined, science-based physical activity, physical education and nutrition standards for Minnesota schools, which teach skill development and are rigorous enough to produce real behavior change and health benefits
- More resources and technical assistance are required to help Minnesota schools to successfully implement their school wellness policies
- Early childhood education settings need resources and technical assistance to develop and implement wellness policies to reduce obesity and improve nutrition and physical activity among infants and children
- Resources and technical assistance are needed to promote program evaluation at all levels
- Community-based local public health agencies lack sufficient resources to effectively respond to the obesity epidemic
- Minnesota restaurants do not provide calorie content and general nutrition information at the point of purchase
- More collaboration is needed between public health and city planners on community design and transportation policy development
- Health care systems need to integrate routine tracking of BMI into patient visits and consistently provide counseling to overweight patients

[Note: Please review other sector gaps and recommendations as well for legislation and policy issues]

Recommendations for Legislation and Policies in preventing childhood obesity

Using the Robert Wood Johnson Foundation Childhood Obesity Toolkit⁴¹, the Institute of Medicine report on *Preventing Childhood Obesity*⁸ and the January 2007 Minnesota Childhood Obesity Task Force recommendations, some childhood obesity prevention legislation and policy recommendations for Minnesota include:

- Support public health surveillance systems, program evaluation and research to track obesity trends and develop best practices
- Emphasize physical activity and Physical Education during school time, since these elements are important contributors to well-being and academic achievement
- Support physical education standards which teach skill development and are rigorous enough to produce health benefits
- Establish health education standards for the state which educate youth about proper nutrition and physical activity
- Support schools' efforts to achieve higher nutrition standards for school foods
- Ensure that all school meals meet the federal Department of Agriculture nutrition standards
- Provide incentives to local businesses and school districts to offer fresh fruits and vegetables to youth
- Provide resources and support public health agencies and community coalitions in their collaborative efforts to promote and evaluate obesity prevention interventions
- Fast food and full service restaurants should expand healthier meal, food, and beverage options (including children's meals) and provide calorie content and general nutrition information at the point of purchase
- Expand and promote opportunities for physical activity in the community through changes to ordinances, capital improvement programs, and other planning practices
- Health care insurers and accrediting organizations should include screening and obesity preventive services in routine clinical practice and quality assessment measures and should provide incentives for maintaining a healthy body weight

January 2007 Minnesota Childhood Obesity Task Force Recommendations for Legislation and Policies:

- Advocate for and initiate legislation and policies that contribute to healthy lifestyles and reduce overweight and obesity
- Legislate policy and program guidelines for students on physical activity and nutrition
- Support community-based partnerships that increase availability of healthful foods
- Expand and promote opportunities for physical activity in the community through changes to ordinances, capitol improvement programs and other planning practices

⁴¹ The Council of State Governments. Robert Wood Johnson Foundation. Childhood Obesity Toolkit, Summer 2007

Recommendations for School Wellness Policies

Within the Council of State Governments' report on School Wellness Policies³⁹, the following recommendations could be implemented in Minnesota:

- Contact superintendents of local school districts, board of education members and members of school health councils to learn about the extent and scope of individual wellness policies
- Demand accountability by requiring the submission and enforcement of wellness policies through state legislation
- Support the formation of local school health councils
- Support school districts in identifying funding sources for school health initiatives, in the form of government and private grants

Conclusion

The solution to reversing the obesity epidemic is not simple. The increase in obesity results from a complex interplay of environmental, social, economic, genetic and behavioral factors. Because of the multi-factorial nature of obesity, many entities will be required to help formulate a variety of approaches to prevent obesity in Minnesota. Many of these approaches will require collaboration; financial support; dedication to research and evaluation; and the commitment to communicate lessons learned to avoid duplication and make the best use of available resources.

In reviewing responses, it is apparent that Minnesota has a number of unique resources which can help facilitate the prevention and reduction of childhood obesity within the state. The existence of numerous trail systems, a strong local public health workforce, dedicated employer interest in worksite wellness programs, Safe Routes to School funding, and concentrated regional obesity prevention efforts are just a few examples as to how important improving the lives of residents is to many organizations throughout the state.

It is the passion of the stakeholders throughout Minnesota that is paving the road for improving the health of Minnesotans. This multi-level interest is depicted in the scan, for action appears to be taking place in all sectors – government, communities, worksites, educational systems, industry, media, and healthcare. However, there are still areas where further development collaboration, policy implementation, financial support, research and evaluation are necessary.

Minnesota is certainly not alone in its effort to help children and youth lead healthier lives. The opportunities are present, the time is ripe and interest is high within the state. The next steps are to improve communication, share resources, improve coordination of efforts and address the gaps identified in the scan in order to guarantee progress as we work toward building a healthier state.

Gaps and Challenges

- There is limited action on the part of the food production industry to promote healthy eating among youth. Linked to this, there is the lack of public policy to promote appropriate marketing and advertising of foods to youth in Minnesota, particularly within the school setting
- Although Minnesota has health and physical education standards, these standards are poorly enforced and do not meet national guidelines to promote health and fitness in children and youth
- Community-based local public health agencies lack sufficient resources to effectively respond to the obesity epidemic
- More health promotion strategies that target high-risk populations are needed.
- More effective treatment interventions for children and adults are needed
- Lack of consistent health messages that promote healthy eating and active living
- Lack of knowledge among healthcare providers in counseling patients and families about obesity and lifestyle behavior changes

Potential Opportunities

- Enhancing partnerships, dissemination of research and community interaction with the Obesity Prevention Center at the University of Minnesota
- Providing additional resources and assistance to local public health agencies and their community partners to implement community-based programs that address the social, economic and environmental barriers that contribute to increased obesity prevalence
- BlueCross BlueShield of Minnesota Center for Prevention has funds available to help improve the nutrition and physical activity environments throughout the state. Working with communities who receive these funds and assisting in coordinating efforts is needed
- Creating surveillance systems to measure the degree of overweight and obesity in Minnesota children and youth
- Opportunity for policy development on a number of issues such as:
 - establishing statewide nutrition and physical education standards and
 - appropriately measuring heights and weights of children and youth, in the school setting and in the clinical setting
- Creating a method to monitor, evaluate and assure the implementation of school wellness policies

Recommendations

This report demonstrates the importance of collaboration between various public and private sectors as a more effective method for creating programs and physical and social environments which promote physical activity, proper nutrition, and healthy living.

Using evidence from the scan, priorities can be set and action plans can be developed to address childhood overweight and obesity throughout Minnesota. Through collective efforts, changes can be made to ensure that all Minnesotans, young and old, lead healthy lifestyles.

Submitting Additional Information to the Scan

This is a preliminary report of programs and activities occurring throughout Minnesota. To contribute additional information to the scan, please contact:

Wendy Hanson
Statewide Obesity Prevention Coordinator
Minnesota Department of Health
obesityprevention@health.state.mn.us

Appendix A: Environmental Scan Program Survey

1. Please provide information for the contact person of the obesity prevention program.
 - a. Name of Agency/Organization
 - b. Name of Contact Person
 - c. Title
 - d. Address
 - e. Phone Number
 - f. Fax Number
 - g. Email Address
 - h. Website

2. Please provide an overview of the prevention program.
 - a. Program Name
 - b. Program Goal/Purpose (e.g., to increase physical activity among adults)

3. Please list the specific components of the prevention program (e.g., pamphlets to raise awareness, classes to teach skill building, etc.)

4. What was/is the start date of the prevention program?

5. What is the current status of the prevention program? (select one)
 - Permanent Program (skip to question 7)
 - Pilot project/demonstration
 - Time-limited grant (non-pilot)

6. End Date

7. What is the funding source for the prevention program? (mark all that apply)
 - CDC (Centers for Disease Control and Prevention)
 - FMNP (Farmer's Market Nutrition Program)
 - HHS (Health and Human Services), NIH (National Institutes of Health), HRSA (Health Resources and Services Administration)
 - MCH (Maternal and Child Health) Block Grant
 - SFSP (Summer Food Service Program)
 - Title XX
 - USDA (US Department of Agriculture)
 - WIC (Women, Infants and Children)
 - State Government
 - County/City Grant
 - Philanthropic Grant
 - Business/Industry
 - Other (please specify)

8. What is/are the setting(s) of the prevention program? (mark all that apply)
- Adult Day Care
 - Child Care Center
 - Church/Faith-Based Setting
 - Community Center
 - Health Care Setting
 - Home
 - School Setting
 - Senior Center
 - University/College
 - Worksite
 - Other (please specify)
9. What focus area(s) does the program target? (mark all that apply)
- Fruit and vegetable consumption
 - Sweetened beverage consumption
 - Portion size
 - Breastfeeding
 - Physical activity
 - Screen time
 - Other (please specify)
10. What type(s) of approach(es) does the prevention program utilize to address issues of obesity/nutrition/physical activity? (mark all that apply)
- Advocacy
 - Clinical intervention
 - Research
 - Educational program
 - Policy or environmental change within an organization
 - Media
 - Awareness raising
 - Evaluation
 - Recreational
 - Social support
 - Other (please specify)
11. Age (mark all that apply)
- All ages
 - 0-2 years
 - 3-5 years
 - 6-12 years
 - 13-17 years
 - 18-24 years
 - 25-64 years
 - 65+ years

12. Race (mark all that apply)

- All races
- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander
- White Caucasian

13. Gender (select one)

- Male
- Female
- Both

14. Population served (mark all that apply)

- Individuals
- Families
- Community
- Other (please specify)

15. Please indicate any additional information about the program's target audience (e.g., low income, immigrant population, pregnant women, etc.)

16. Program Coverage (select one)

- National
- Statewide
- County (please specify)
- Region (please specify)
- City (please specify)
- Neighborhood (please specify)
- Other (please specify)

17. Does the prevention program partner with any other organizations? (select one)

- Yes
- No (skip to question 19)

18. Please list the name(s) of the organization(s) the program partners with.

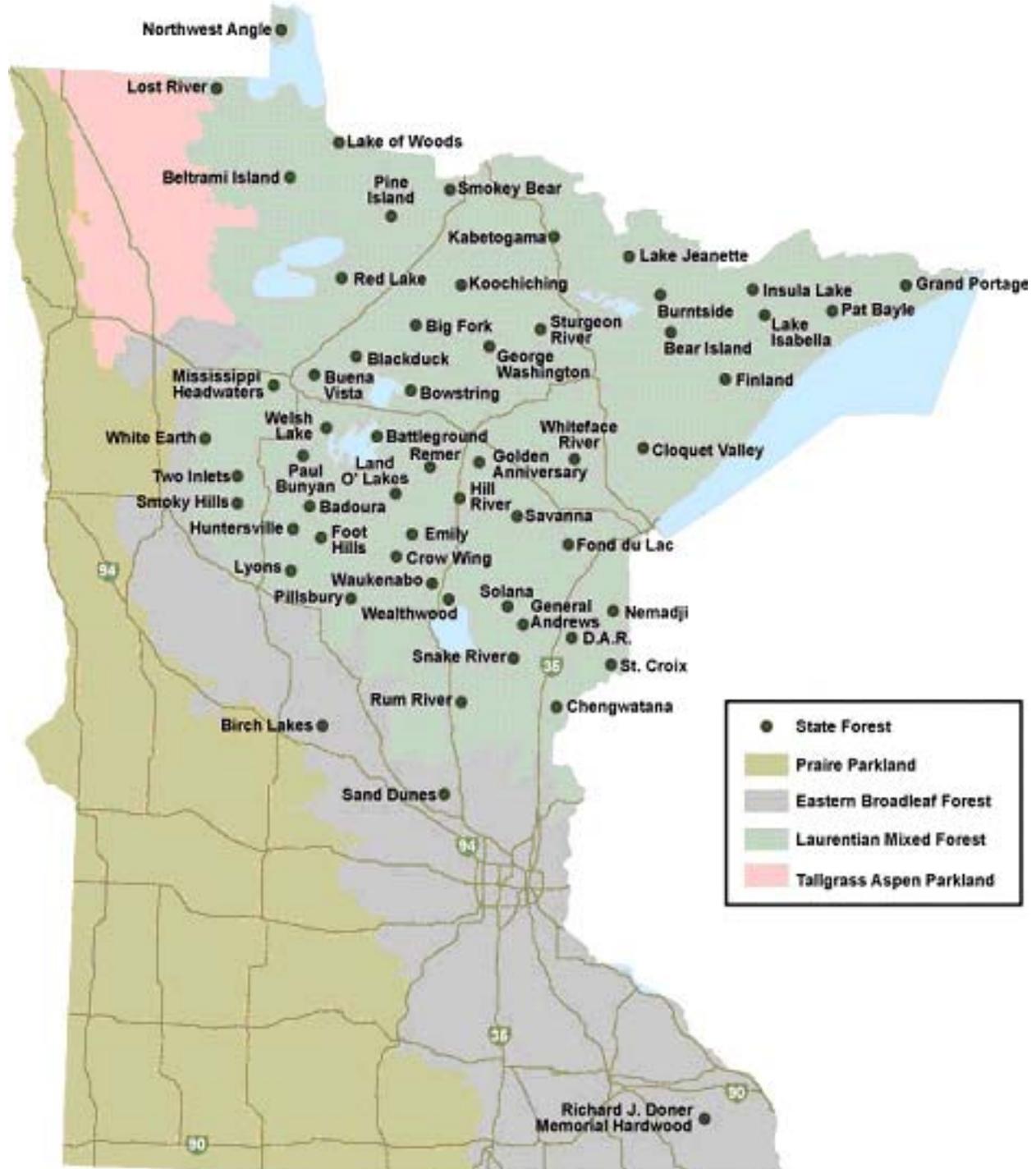
19. What phase is the program currently in? (select one)

- Planning
- Implementation
- Closing out the program

20. What type of evaluation has been or will be conducted? (mark all that apply)
- Formative (before program implementation)
 - Process (during program implementation)
 - Outcome (after program implementation)
 - There is no evaluation component for this program (skip to question 23)
 - Other (please specify)
21. If you are using data indicators to measure success, which ones are you using? (e.g., BRFSS, YRBS, number of schools with physical activity programs, etc.)
22. How are you measuring the prevention program's outcome? (mark all that apply)
- Surveys
 - Focus groups
 - Observation
 - Document analysis
 - Case studies
 - Logs, activity forms, registries
 - Diaries or journals
 - Key informant interview or expert review
 - Individual physical measurements
 - Other (please specify)
23. Are there any other obesity prevention program(s) you are aware of occurring in Minnesota which we should include in our scan? (select one)
- Yes
 - No (skip to question 25)
24. Program Contact Information
- a. Name of program
 - b. Name of contact person
 - c. Address
 - d. Phone number
 - e. Email address
 - f. Website
 - g. Program focus (e.g., f/v consumption, physical activity, screen time, etc.)
25. Please provide any additional comments or information.

Appendix B: State Parks, Forests, and Trails Maps

Minnesota State Forests⁴²



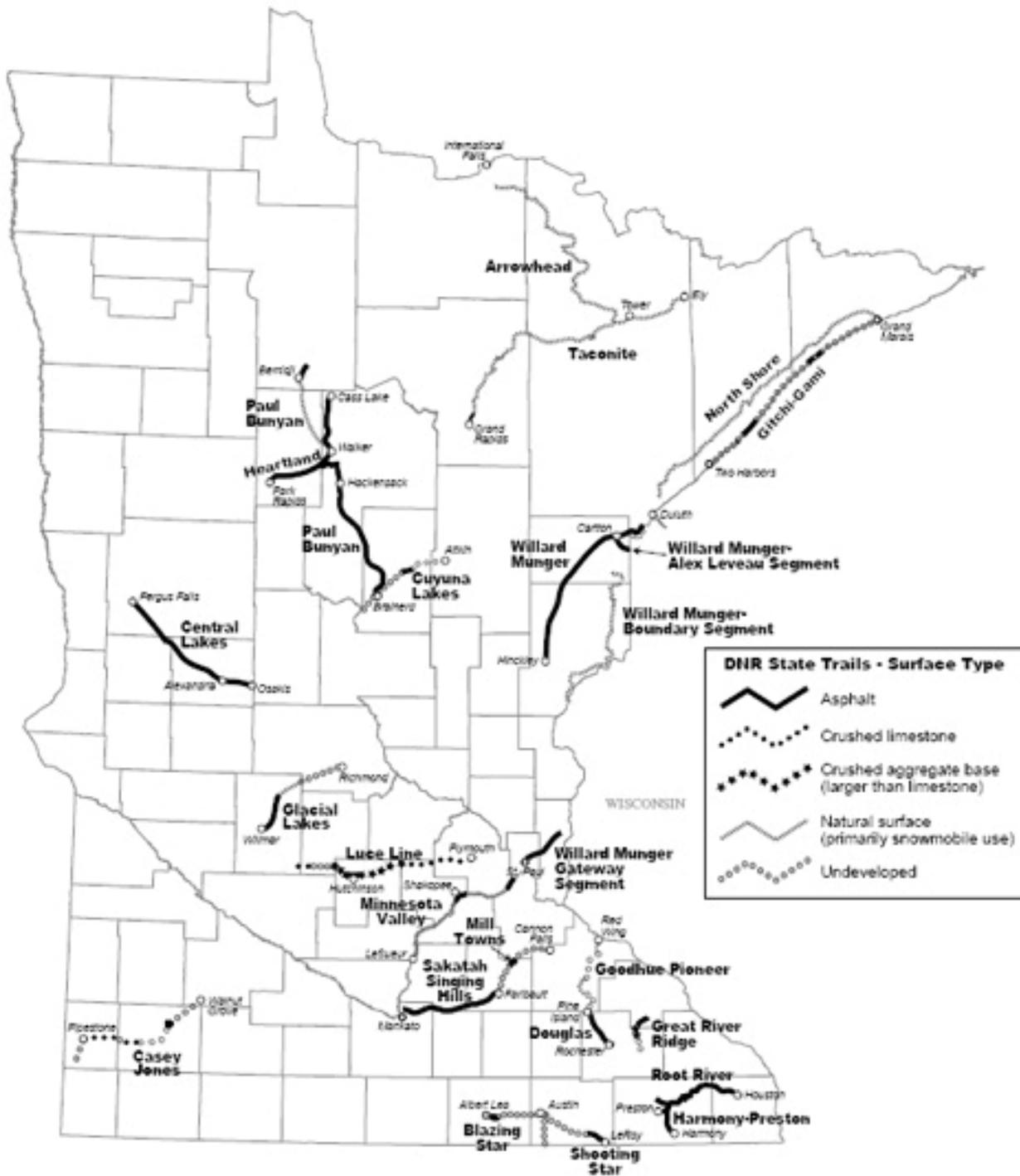
⁴² http://www.dnr.state.mn.us/state_forests/map.html

Minnesota State Parks or Recreation Areas⁴³



⁴³ http://www.dnr.state.mn.us/state_parks/map.html

Minnesota State Trails⁴⁴



⁴⁴ http://www.dnr.state.mn.us/state_trails/maps.html

Appendix C: Local Public Health Planning and Performance Measurement Reporting System's Nutrition and Physical programs



2006 Performance Measures Results
Local Public Health PPMRS
Promote Healthy Communities and Healthy Behaviors

12. NUTRITION

A. Check one box that best describes the level of activities your public health department provided in Nutrition. Total responses: 74

- Implemented program(s) 34 (46%)
- Provided general health promotion services 37 (50%)
- Did not provide any activities/services 3 (4%)

B. Please describe your program(s) [check all that apply]:

- Program(s) is in the planning stages 4
- Program(s) is newly implemented 15
- Program(s) is ongoing 28

C. Please provide a short description of the program(s), including the name, purpose, target population and accomplishments of the program(s). Total responses: 38

- See table below

D. Our program(s) was community based. Total responses: 41

- Yes 35 (85%)
- No 6 (15%)

E. If yes to question “D”, what did you do in 2006 [check all that apply]:

- Surveillance/Monitoring 10
- Educational Presentations/Activity 32
- Community Planning/Organizing 31
- Communications/Social Marketing 22
- Policy Development/Enforcement 15

F. Our program(s) was individual/family based. Total responses: 39

- Yes 25 (64%)
- No 14 (36%)

G. If yes to question “F”, what did you do in 2006 [check all that apply]:

- Outreach/Screening/Referral and Info/Case Finding 14
- Case Management 14
- Health Teaching/Counseling 14

12. Nutrition	C. Please provide a short description of the program(s), including the name, purpose, target population and accomplishments of the program(s).
Becker	Nutrition/Wellness program for staff.
Benton	MCH program-which targets the entire population of Benton County. We offer universal home visiting regardless of income. Nutrition education and counseling is included as a covered topic on home visits. It is part of the OMAHA system of charting. Our goal is to improve or maintain the health of the population of Benton County. We offered nutrition information and counseling at our CHIP Clinics which is targeted at improving the health of our aging population. We have an ongoing employee wellness program that is offered to all Benton County employees.
Bloomington	Public Health staff participated in the City of Bloomington Wellness Steering Committee, developed and distributed an employee survey and presented key findings to city committees concerning healthy choices at city employee functions and in vending machines. Staff worked with the Bloomington school district to support the development and implementation of comprehensive school wellness policies. In addition, staff was involved planning in a metro wide Physical Activity and Nutrition workshop for school district leadership.
Brown	Healthy nutrition, exercise & obesity prevention activities in schools, community health fairs, employee health fairs, maternal & child health visits, and health promotion efforts; Breastfeeding consultant training for MCH PHN on staff to assist new nursing mothers. Participating in community-wide obesity prevention effort with New Ulm Medical Center/Allina, schools, Park & Rec., & other community partners.
Carlton	Name of Program: MOVE Camps (Mind over matter, Outdoor physical activity, Very nutritious foods, Everyday) Purpose: To provide nutrition education to school age children during out of school time in the summer for children residing in Carlton County. Population: At risk school age children (identified by school social workers), children in home day cares, children attending schools in Carlton County. Accomplishments: Served 70 county children. Home visits made by Parent Child Health Team PHNs include on-going nutrition assessment and education prenatally as well as postpartum/well baby home visits with a focus on breastfeeding to all families seen. With our case management activities with seniors make referrals for MOW and NAPS and monitor weight with follow up as needed.
Carver	In 2006 Carver County Public Health (CCPH) planned two initiatives to target nutrition: worksite health promotion and a breastfeeding coalition. The goal of the worksite health promotion program is to increase healthy behaviors, including the nutrition of adults by creating worksite environments where healthy choices are easy choices. The mission of the Carver-Scott Breastfeeding Coalition is to promote, protect, and support breastfeeding as the normal and preferred method for feeding infants and young children. They are striving for every child to be given an equal opportunity for optimal health & well-being through breastfeeding.
Clearwater	Obesity prevention; Healthy Living program for the community provides nutrition education at schools and businesses and to the community. Obesity prevention with preschoolers encourages healthy eating and activity. Individual nutrition education at the schools through the school nurse.
Countryside	Worked with schools to develop nutrition and exercise program.
Dakota	1. Community based collaborative to promote breastfeeding by use of publicity at the county fair, creation of a breastfeeding friendly space for feeding infants at the fair, and use of educational materials with the public. 2. New collaborative effort to plan and develop a Dakota County coalition focused on increasing the initiation and duration of breastfeeding of women who work and live in Dakota County by organizing community stakeholders. 3. Physical activity and nutrition (PAN) mini-grants to schools for nutrition and physical activity policy and program improvements. 4. PAN regional workshop-worked collaboratively with other health departments in region to host workshop on developing school wellness policies that improve physical activity and nutrition in schools.

Dodge-Steele	Footsteps to Fitness, We worked collaboratively with our local school district to implement this program. The objective of the program was to motivate children to become more fit, control their body weight and gain an appreciation of walking as a lifetime exercise. Grades targeted were 2 - 4. The children could walk, run, and skip, etc around a designated course. One lap around a course was equal to 1/4 mile. For every lap completed the children would get footsteps cards punched by the one of the monitors. Second graders received a toe token for every 3 miles completed and the 3-4 graders received a toe token for every 5 miles completed. Public Health's dietitian assisted with the footsteps program by providing supervision, walking with the students and delivering nutrition education during the walks. 187 students participated=540 miles
Douglas	1. An effective health promotion effort in Douglas County is the annual Shape Up Challenge, planned and implemented by a number of community partners with over 550 people participating in 2006. The focus for participants was to eat 5 fruits and vegetables daily along with increasing physical activity. There were teams and prizes, along with excellent media coverage permitting our community with this health promotion message. We then tied the Shape up challenge into a new program called "Do The Lakes- Building a Body to Last a Lifetime" which provides encouragement and support through both individual and a 'buddy' system approach to encourage physical activity, but also to promote healthy nutrition choices. 2. Family Health and Waiver staff assess nutritional status at visits, providing education and support as needed.
Edina	Staff worked with the Edina school district to support the development and implementation of comprehensive school wellness policies. In addition staff was involved planning in a metro wide Physical Activity and Nutrition workshop for school district leadership. Educational presentations were given to the Edina community and schools concerning healthy eating and how to increase fruit and vegetable intake in individual menu plans.
Faribault-Martin	Individual nutrition counseling.
Freeborn	Organized the Active for Life (an American Cancer Society) program for County Employees. The program included noon sessions on healthy eating, reading labels, etc. Taught the "Eat Better, Move More" program at a senior nutrition site that included components of nutrition education and exercise. Co-sponsored the "Celebrate Me" program for women which focused on healthy lifestyles for women including healthy eating. MCH and Health Families Home Visiting staff assess eating habits and teach nutrition related topics.
Goodhue	We have developed a variety of classes on specific nutrition topics (Cool Calcium Classes, Fun Fiber Facts, Classic Carbohydrate Consumption, Focus on Fats, Portion Distortion, 5 a day, New Food Label, Diabesity) that can be tailored to any group or time frame. We have provided specific programs for groups around these classes, like fitness clubs, school health classes, community groups, etc. We are very involved in all of the school wellness committees to help them implement their wellness policies by providing nutrition education and technical assistance.
Hennepin	Public Health Promotion (PHP) provides consultation, resources and training to school districts and worksites to enhance their nutrition efforts. Each setting creates a committee to research, develop and implement site-appropriate policies and programs. An annual forum for school professionals on nutrition is sponsored jointly with other metro public health departments. Periodic trainings are offered for worksites to implement behavior change campaigns to help employees make healthier food choices. PHP is developing a social marketing campaign to increase fruit and vegetable consumption among Hispanic residents. Focus groups have been conducted with Hispanic women to identify appropriate ideas and venues for the social marketing campaign.
Hubbard	We have been implementing a county-wide obesity prevention program for infants and children. We are distributing activity kits for our WIC families, to encourage more physical activity. We have distributed dance, dance, revolution to our 3 county schools for the use in their Middle Schools;

Kandiyohi	Steps to a HealthierMN-Willmar focus area. YMCA CHILDREN'S GARDEN - Collaborated with Kandiyohi County Area Family YMCA to enhance current summer garden project by incorporating a nutrition unit based on 5 A Day campaign. Included family education. Target population was 175 children ages 6-14. 30 % minority. Awareness and behavior changes noted. Program featured in Twin Cities Public TV program. GOT MILK? - Partnered with local school district to promote the consumption of milk to 720 students grades 4-6 based on the 3 A Day campaign and American Dairy Association materials. This week long campaign featured flavored milk sampling, contests, classroom and family education. HIGH 5 FLYERS - Partnered with school district's Food and Nutrition Services to secure grant dollars for this evidence based fruit and vegetable promotion. Featured taste testing, nutrition education, and staff development to increase consumption of fruits and vegetables among 720 students grades 4-6 RECHARGE! Evidence based after school program designed to increase awareness about healthy eating and physical activity. Nutrition lessons are based on USDA Food Guidelines which are presented and reinforced through physical activity. Program was implemented at a local elementary school, grades 4-6, through collaboration with Community Education and supported by grant dollars.
Kittson	Assist with Fitness Fever in one school in our county.
Koochiching	Nutrition programs target all ages. LPH collaborates with UM Extension Service to assist in providing Food and Nutrition Education to income eligible residents, through group and individual programs. LPH provides "Wellness Clinics" that includes information & education on healthy nutritional choices. MCH nurses monitor and assess child, growth and development and provide individual nutritional plans.
Meeker	In 2006, Meeker County Public Health was a key member of the Healthy Communities Collaborative to promote physical activity and good nutrition. The year's outreach theme was "Put a Rainbow on Your Plate", which advocated for the eating a variety of fruits and vegetables. Physical activity and proper nutrition was outreached at local media, school presentations, student health fairs, employee wellness fairs, community events and the Meeker County Fair. The Healthy Communities Collaborative partnered with Allina Corporation to outreach the "Power of the Pyramid", a physical activity and nutrition play sponsored by Allina, in all Meeker County elementary schools. The "Power of the Pyramid" was presented in three elementary schools with educational materials in bags supplied by Healthy Communities Collaborative. As a member of the Healthy Communities Collaborative, Public Health provided consultation to three Meeker County schools (Eden Valley, School of St. Philip, Dassel-Cokato) in the development and implementation of their school wellness policies, mandated by the Federal government in 2006.
Mille Lacs	Provided nutrition education to a group of participants in a Jobs and Training program. Focused on the new food pyramid, the importance of regular activity for participants and children and promoted healthy food choices. There were 6participants and this will be done periodically. Another program involved infants and parents in a collaboration with ECFE. Nutrition was one topic included.
Minneapolis	Four community organizations were awarded grants through the STEPS Project totaling \$100,300. Over 8,000 pieces of educational information were distributed and over 600 people attended nutrition events in the Phillips and Near North communities. Thirty eight days of small-scale farmers' markets were held over the summer of 2006 through \$41,000 in grants to community organizations in North and South Minneapolis. Through the Twin Cities Healthy Start Project sessions were targeted to the American Indian and African American communities towards healthy eating. Eighty people attended two sessions. Also had a program with STEPS with nutrition playing an important role in fitness. We also have a contract with Hennepin County to provide nutrition services to our school based clinics.
Nobles-Rock	The Shape Up Challenge is an annual wellness program that brings over 200 participants from 3 counties. Nutrition is one of the five focus areas - specifically increasing consumption of fruits and vegetables and water intake. All community members are the target population.

Olmsted	Steps to a Healthier US Grant focuses on nutrition as a strategy to improve healthy lifestyles. The target group is the whole community, including interventions at workplaces, faith communities, and schools. Work is being done with school nutrition services to improve nutritious lunches and to eliminate non-nutritious food choices in vending machines. Partnerships continue with the local farmers' market to improve access for underserved families and to create awareness of locally grown, fresh, healthy produce. Steps coordinates the annual Fruit and Veggie Funfest at the market and assisted in the establishment of a children's garden. The EHDI Grant is focusing on healthy nutrition for reduction of health issues related to Diabetes and Cardiovascular Disease in all age groups within the Hispanic and African American communities. The target population is the entire community with a subset of two minority population groups.
Otter Tail	1. Obtained Midwest Dairy Association Mini Grant to promote 3 A Day consumption of dairy products in school age children. 2. Participates and Chairs the Wellness committee for the county. 3. Dietitians provide community consultations and education upon request
Polk	We received the General Mills Champions for Healthy Kids Youth Nutrition and Fitness grant. Our Dietitian works with ECFE to provide Nutrition Education and healthy treats to children. They also distribute fitness kits with many items to encourage physical activity.
Redwood Renville	Mission to Nutrition continues in the BLH school district and communities, as well as a monthly physical activity / nutrition newsletter placed in restrooms, called The Toilet paper. RD's provide many nutrition classes to elementary school children in our contracted schools.
Rice	Rice County Public Health worked with the Faribault School District and the Discovery High School to create and implement new comprehensive wellness policies. These policies included changes such as increasing the number of fruits and vegetables offered and eliminating high sugar beverages. The purpose of these programs is to increase the nutritional value of foods offered in schools, thereby reducing consumption of excess sugar, fat and ~empty~ calories and encouraging students and faculty to make healthier choices. Rice County Public Health also partnered in a community-wide healthy lifestyles campaign called "HealthQuest". Staff was involved in the HealthQuest nutrition work group by recruiting local restaurants to offer healthier options in their menus and worked with grocery stores in holding a drawing for "Feaster Baskets" which included a grocery cart full of healthy and nutritious foods.
Richfield	Staff worked with the Richfield School District to support the development and implementation of the School Wellness Policy. Staff worked to increase fruit and vegetable consumption and healthy dietary choices with the Richfield ECFE and school district staff.
Roseau	Participated in School Wellness Program and policy development-addressing the vending machines, snacks, beverages, worked with Health Occupations Class and PTO to taste test healthy snacks and advised PTO on what to put in vending machines.
Scott	Childhood Obesity Initiative: Targeting elementary school age children and families. This program is in the planning stages with collaboration with schools, St. Francis Regional Medical Center, and PH. Preliminary surveillance and data collection has was initiated and will continue.
Sherburne	The purpose is to improve the health of Sherburne County residents through education about nutrition. There were 35 presentations with 1060 participants. Eighteen consultations on nutrition were provided. This includes the participation on the Senior Dining site councils.

St. Paul/Ramsey	STEPS TO a Healthier St. Paul: A five-year program promoting health with emphasis on proven interventions and existing science in the following areas: Healthy Eating and Improved Nutrition, Increased Physical Activity, Reduced Tobacco Use and Exposure. As a result of the collaborative efforts of Child and Teen Check Ups Program, the STEPS Program, and the Injury Prevention Program, two new brochures were developed related to exercise and nutrition for children from birth to age 21 years. The titles are: "Exercise for Health and Fun" and "Healthy Eating for all Kids and Families." These are mailed out to about 5,500 families in the Child and Teen Check Ups Program each month and are also available to other Public Health programs as well. Maternal Child Health home visiting.
Wabasha	Implemented a senior nutrition, chair exercise program at senior sites in the county in conjunction with AAA. Those who could do walking went for a 1/2 hr walk with the instructor following the instruction on nutrition, those who could not stay with a physical therapist and learned exercises they can do while sitting to maintain their strength and increase their wellness. This is a 3x/wk, six week program
Washington	1. Cater to Health. A metro regional effort to support healthy food choices for worksites and/or conferences. Website established and maintained in 2006. 2. Wellness Collaboratives. Local collaborative work included activities in Stillwater and Woodbury. General Mills Grant for nutrition and physical activity funded pilot project at local charter school. 3. School Wellness. Public Health provided technical assistance for 4 of 5 school district School Wellness Policies.
Winona	The CHS agency maintains a home health agency, thus targeted populations do occur regarding the assessment and implementation of client nutritional needs. The Public Health Nurse addresses this in the client's care plan.
Wright	Education and assessment, children infants, and adolescents. Home visits, and schools.



15. PHYSICAL ACTIVITY

A. Check one box that best describes the level of activities your public health department provided in Physical Activity. Total responses: 74

- Implemented program(s) 14 (55%)
- Provided general health promotion services 29 (39%)
- Did not provide any activities/services 4 (5%)

B. Please describe your program(s) [check all that apply]:

- Program(s) is in the planning stages 9
- Program(s) is newly implemented 14
- Program(s) is ongoing 27

C. Please provide a short description of the program(s), including the name, purpose, target population and accomplishments of the program(s). Total responses: 44

- See table below

D. Our program(s) was community based. Total responses: 43

- Yes 41 (95%)
- No 2 (5%)

E. If yes to question “D”, what did you do in 2006 [check all that apply]:

- Surveillance/Monitoring 8
- Educational Presentations/Activity 34
- Community Planning/Organizing 34
- Communications/Social Marketing 23
- Policy Development/Enforcement 7

F. Our program(s) was individual/family based. Total responses: 41

- Yes 22 (54%)
- No 19 (46%)

G. If yes to question “F”, what did you do in 2006 [check all that apply]:

- Outreach/Screening/Referral and Info/Case Finding 11
- Case Management 11
- Health Teaching/Counseling 11

15. Physical Activity	C. Please provide a short description of the program(s), including the name, purpose, target population and accomplishments of the program(s).
Bloomington	Physical activity has become a focus in several areas of Bloomington Public Health. The department is in the planning stage of developing a walking group campaign for those in the cities of Bloomington and Richfield. Public Health staff is involved in promoting the benefits and how to's of getting physically active in senior health promotion clinics, community groups, and schools. Staff is also a member of a city work group for development of an alternative transportation plan for the City of Bloomington.
Brown	See notes for "Nutrition", including efforts with Allina/NUMC & area community partners to encourage healthy nutrition & exercise for all ages, especially children. Exercise promoted through employee & community health fairs throughout the county.
Carlton	Name of Program: MOVE Camps (Mind over matter, Outdoor physical activity, Very nutritious foods, Everyday) Purpose: To provide nutrition education to school age children during out of school time in the summer for children residing in Carlton County. Population: At risk school age children (identified by school social workers), children in home day cares, children attending schools in Carlton County. Accomplishments: Served 70 county children Name of Program: Walkable Communities Purpose: This is a grant that is in the planning stages. The grant is to make communities be able to better access the outdoors to promote physical activity. Target Population: Entire population of Carlton County Accomplishments: Still in planning/assessment phase; no accomplishments at this time. We routinely assess and provide general education on all prenatal and postpartum home visits made by PHNs. Provide general education to promote physical activity of young children as it relates to growth and development.
Carver	In 2006 Carver County Public Health (CCPH) worked on planning its worksite health promotion program. The goal of the worksite health promotion program is to increase healthy behaviors, including physical activity of adults by creating worksite environments where healthy choices are easy choices. A physical activity campaign is planned for Spring of 2007.
Chisago	We consulted with our contracted therapy agency to develop a home exercise program (called STEP)which was implemented for our home health clients
Clearwater	Promote physical activity among employees of CCNS with mailings to all employees.
Cook	1) Healthy Eating--County-wide collaboration with local chefs to teach food preparation. 2) Active Living By Design--Target group: Grand Marais.
Dakota	1. See nutrition for Community activity in this area. 2. Promote physical activity targeting WIC participant families as an early intervention strategy for obesity. Use music and movement classes, educational materials, counseling/educational contacts and take home activity materials to support increased physical activity (play) of children and their parents. Based on Fit WIC Vermont.
Dodge-Steele	Steele County Public Health is a partner in the Community Advisory Council (CAC) that was organized by Allina. CAC supports physical activity in Steele County by co-sponsoring the "Heart Walk" and "Walk Across America". The "Heart Walk" is a fundraiser for the AHA and the "Walk Across America" is a friendly competition within our community. Public Health also participates on the County Wellness Committee which sponsors nutrition and physical activity events.

Douglas	1. A newly implemented health promotion project in Douglas County is "Do The Lakes-Build a Body to Last a Lifetime", which expanded an annual shape-up challenge with the goal to improve access to and social support for physical activity among inactive and sedentary adults. This was developed in coordination with BCBS and our community's Shape-up Challenge coalition. The targeted population of adults 18-65 (children and older adults have been included) were encouraged to choose a support buddy/team to engage in weekly moderate to vigorous physical activity, along with individual participation, encouraging established habits of physical activity as the program is of longer duration. 2. We have an on-going physical activity promotion for all WIC participants, promoted during WIC appointments. Through the WIC newsletter and within our office setting. 3. Family Health and Waiver staff assess physical mobility and activity for clients during visits, providing support and education.
Edina	In 2006 Edina received a "Fit City" award by the Governor that was presented to the Mayor of Edina by the Commissioner of Minnesota Department of Health. This award is given for the cities work to increase the level of physical activity by the citizens, city employees and overall city workforce.
Freeborn	Taught the "Eat Better, Move More" program at a senior dining site. Program included a component to teach participants to start or increase their activity. Sponsored the Active for Life program for Freeborn County employees. Over 100 participants started or increased their daily physical activity. Noon sessions included yoga and jazzercise. Seniors at the Adult Health Clinics received written materials on safe exercise. MCH clients receive information about activity during pregnancy.
Goodhue	Our program is called "Just be Active" Goodhue County. We provide services to county groups that want to increase their physical activity. Health education services include classes and programs for all kinds of groups and organizations. We developed a virtual "Tour the County" walking program and have provided tools and incentives for community groups to implement activities that increase physical activity for county residents.
Hennepin	Public Health Promotion provides consultation, resources and training to school districts to enhance their physical activity efforts. Each school creates a committee to research, develop and implement policies and programs. An annual forum for school professionals on physical activity is sponsored jointly with other metro public health departments. Walkability assessments, environmental surveys, and behavior change campaigns are offered to worksites to support physical active among employees. Step To It is a community-based walking to promote both physical activity and community-connectedness. PHP staff work with community organizations to form walking groups, who then walk on their own schedule and participate in periodic walking challenges.
Isanti	As part of the Active Living By Design project, which Public health is on the steering committee, young families were targeted to be active and keep their children active, a variety of activities were stage through out the year. A survey was completed and a report done on activity levels in the community as a baseline for the project.
Itasca	Due to information from the Bridge to Health survey, a community group was formed to address increasing physical activity among county residents. We are looking for funding to move to the implementation stage.
Kanabec	Wrote a grant to BC/BS to address physical inactivity and obesity in parents of elementary age children. Funding was approved to begin March 2007. Collaborating with the Mora and Ogilvie School Districts.

Kandiyohi	Physical activity is addressed through our Steps to a HealthierMN-Willmar program. We aim to create community awareness and increase knowledge through education about the importance of physical activity. MOVEMENT MATTERS was a community wide walking campaign that was implemented fall 2006. We partnered with radio and newspaper to create awareness and promote the program. Partnered with the local YMCA and held an event to distribute health education and pedometers for the walking program. One hundred and sixteen people registered for the program. WALKING PROGRAMS were implemented in various locations throughout the community that include worksites, school classrooms and in the faith community.
Kittson	Feelin' Fit 'N Fine is a program targeted at our 3-14 population. The children find healthy alternatives for activity and nutritional emphasis for the first 2 months of summer vacation. We first implemented the program in 2005 and had a fair participation rate amongst the children. 2006 saw an increase in participation.
Lake County	Two Get Movin and Active Living by Design are two programs that began in 2006.
Marshall	Participated with Quin Community Health Services in the Feelin' Fit and Fine summer program for school age youth. Purpose is to increase physical activity during the summer months
McLeod	McLeod County employee walking program called "Walking the Four Seasons" funded by a BCBS grant
Meeker	In 2006, Meeker County Public Health was a key member of the Healthy Communities Collaborative to promote physical activity and good nutrition. The year's outreach theme was "Put a Rainbow on Your Plate", which advocated for the eating a variety of fruits and vegetables. Physical activity and proper nutrition was outreached at local media, school presentations, student health fairs, employee wellness fairs, community events and the Meeker County Fair. The Healthy Communities Collaborative partnered with Allina Corporation to outreach the "Power of the Pyramid", a physical activity and nutrition play sponsored by Allina, in all Meeker County elementary schools. The "Power of the Pyramid" was presented in three elementary schools with educational materials in bags supplied by Healthy Communities Collaborative. As a member of the Healthy Communities Collaborative, Public Health provided consultation to three Meeker County schools (Eden Valley, School of St. Philip, Dassel-Cokato) in the development and implementation of their school wellness policies, mandated by the Federal government in 2006.
Mid-State	Communities on the Move is being developed and implemented of a program which targets adults in the utilization of the Morris Regional Fitness Center.
Mille Lacs	MLCPH and Family Services together with Medica have participated in a county wide "Fitness Challenge" for several years. County employees form teams and earn points which are totaled weekly for 6 weeks. There are group activities such as a "Poker walk" and prizes for teams.
Minneapolis	Five community organizations were awarded grants worth \$118,000 for physical activity projects for adults in Phillips, Near North, and Northeast Minneapolis. Twenty five families from Phillips and Near North attended swim lessons and activity classes through the YMCA's. Nine hundred fifty City of Minneapolis employees participated in a walking challenge in the spring of 2006, logging over 15 million steps.
Mower	Mower County Employee wellness committee was started in 2006. Public health served on this committee and was instrumental in getting a wellness screening clinic and exercise incentive program going in 2006.
Nobles-Rock	The Shape Up Challenge addresses physical activity by requiring between 20 and 45 minutes of aerobic exercise daily for 6 weeks. The target population is all community members. Purpose - lifestyle change/wellness

Olmsted	Through our Steps to a Healthier US Grant, we have implemented many activities related to physical activity in the schools and community. Rochester, MN is a Governor's Fit City and, as such, is continuing to create an environment that is conducive for walking/running/cycling, etc. We support walking programs such as the Heart of Summer program and "Walking Wednesdays with the Mayor" in addition to neighborhood walks and other partners writing for physical activity funding. The schools have begun to implement more opportunities for physical activity during the school day. Steps Grant supports after-school activities and youth soccer, Girl Scouts, and middle school camps teaching about the importance of increased physical activity. The target population is the entire community with an emphasis on the underserved population. As a part of the EHDI Grant implementation, walking groups, team sports, and other physical activities have been implemented for the African American and Latino communities through faith-based groups and sports teams. Our programs are broad based in the community and individual/family based for some of the targeted ethnic populations.
Otter Tail	1. Wrote and received the Communities on the Move Grant for the Henning School to expand access to Fitness Center for use by adults in the community. 2. Wellness committee participation to promote physical fitness activities. 3. Used CTC Outreach Radio Ads to promote ideas for physical fitness when promoting good health habits including CTC exams.
Polk	A Public Health Nurse and a Nutritionist work together on Fitness Fever, every February. Different outdoor activities are planned for each weekend, encouraging many families and children to get outdoors and be active. The weekends include free ice skating, cross-country skiing and sledding, bowling, swimming, basketball, etc. Many low-income families enjoy these opportunities. Walk Polk County is held every summer.
Redwood Renville	Mission to Nutrition continues in the BLH school district and communities, as well as a monthly physical activity / nutrition newsletter placed in restrooms, called The Toiletpaper
Rice	As described in the Nutrition section, Rice County Public Health was part of a Faribault area coalition called Health Quest that promoted healthy behaviors, especially in the areas of nutrition and physical activity. One outcome of Health Quest in 2006 was the availability of an additional early morning indoor walking space in Faribault staffed by volunteers. The space was very well utilized.
Richfield	The department is in the planning stages of developing a walking group campaign for those living or working in the cities of Bloomington and Richfield. Public Health staff is promoting the benefits and how to's of getting physically active in senior health promotion clinics, community groups, and schools.
Roseau	Increase physical activity during the school day, Smart Stepping pedometer program- in the 4th grade across Roseau County. Keep physical education in all schools in Roseau County.
Sherburne	The goal is to reduce substantially the major behavioral risk associated with cardiovascular disease especially tobacco use, uncontrolled hypertension, lack of exercise and poor nutrition. In this area the goal is to increase the frequency of exercise in the general population. The Public Health Department staffs the Employee Health Committee which plans and offers opportunities for exercise in the workplace. The Public Health Department also participated with the Centra Care Foundation on a healthy community project related to exercise and heart disease. The Public Health Department completed an assessment of the walkability of four communities. These were shared with policy makers in each community. The Public Health Department worked with two school districts in submitting "Safe Routes to School" grants.

Sibley	Communities on the Move is newly implemented program, funded by Blue Cross Blue Shield. Walking clubs have been organized in 2 communities within the county. These clubs encourage people ages 18-65 to register and attend weekly meetings, and start moving. Participants are encouraged to walk as a group or as individuals and then track steps. Incentives are offered at various stages throughout the program.
St. Louis	Northeast MN Active Community Assessment and Engagement Project began. It is scheduled to last 18 months (9/06-3/08). Community partners in Lake, Cook, St. Louis and Carlton counties and two reservations (Fond du Lac and Grand Portage) are assessing, engaging strategic groups and developing active living principles to guide regional planning. Communities will be chosen in 2008 to implement Active Living by Design. This program establishes innovative approaches to increase physical activity through community design, public policies and communication strategies. Current accomplishments are community assessment, planning and engagement phases.
St. Paul/Ramsey	STEPS To A Healthier St. Paul: A five-year program promoting health with emphasis on proven interventions and existing science in the following areas: Healthy Eating and Improved Nutrition, Increased Physical Activity, Reduced Tobacco Use and Exposure. As a result of the collaborative efforts of Child and Teen Check Ups Program, the STEPS Program, and the Injury Prevention Program, two new brochures were developed related to exercise and nutrition for children from birth to age 21 years. The titles are: "Exercise for Health and Fun" and "Healthy Eating for all Kids and Families." These are mailed out to about 5,500 families in the Child and Teen Check Ups Program each month and are also available to other Public Health programs as well. Active Living Ramsey County: An initiative working to bring about and sustain changes in design, transportation, and public/private policies to cultivate and support a way of life that integrates physical activity into daily lives. Healthy Communities: General Health promotion education in Hmong Community.
Stearns	(1) One County staff member participates in the Healthy Aging Network. It is collaboration with the Central MN Council on Aging along with a variety of community members. The mission statement is: To work with community-based partners to encourage and support personal wellness and healthy aging. The group has been working toward future program development involving St Cloud State University (SCSU) students and the MN School of Business as well as other new community partners. There have been several discussions around Stearns County Senior Health Clinics being involved in outreach for these exercise programs especially in the out county areas, perhaps even co-locating an exercise session with a Senior Clinic. Two other models of an exercise program have begun--Benet Place has equipment, instructors and an exercise program going on, ~Whitney without Walls~. The Assumption Campus in Cold Spring is developing walking trails and offering an exercise program for Seniors in their community. (2) SCSU students conducted a study on our behalf regarding the availability of nutrition, exercise, and depression prevention services for seniors in Stearns County. After contacting 28 facilities, their conclusion was that the promotion of exercise and depression prevention was lacking in Stearns County for seniors.
Todd	Eat Smart Move More Program hosted events: Staples Community Walk-Run, Todd County Fair Hike, Bike or Run and Todd County Public Health "Walktober".
Wabasha	See nutrition- this program combined both nutrition and physical activity.
Washington	Washington County Physical Activity Program. Ongoing planning and technical assistance for programs including: Trails Day, DO Worksite challenges, assistance with Blue Cross and Blue Shield grants for Woodbury and Stillwater, assistance with Fit City applications for Stillwater and Woodbury, local resource guides and walking maps.

Appendix D: List of Programs Implemented in Minnesota

Healthy Minnesota Workplace Toolkit List of Successful Worksite Health Promotion Programs

10,000 Steps Program – Featuring Minnesota-based HealthPartners’ pedometer program
<http://www.10k-steps.com/default.aspx>

Bauerly Brothers, Inc - Insurance premium credits based on meeting cut-off points on health parameters.
[BAUERLYBROTHERSINC.DOC](#) [MSWord/1 page/25Kb]

Cater to Health – Nutrition guidelines for worksites developed by the University of Minnesota
<http://www.catertohealth.org/>

do Campaign – BlueCross BlueShield of Minnesota’s physical activity awareness campaign
<http://www.do-groove.com/>

Fear Factor – Food tasting activity to expose employees to a variety of foods – featuring Minnesota Department of Agriculture “Minnesota Grown” products and farmers’ markets
[FEARFACTORDESCRIPTION.DOC](#) [MSWord/1 page/25Kb]

Fit Choices – Featuring Minnesota-based Medica’s personalized nutrition and fitness plan
<http://member.medica.com/C9/FitHealth/default.aspx>

General Mill’s Health and Wellness Approach – Initiatives that support and enhance health and well-being
http://www.generalmills.com/corporate/health_wellness/health_initiatives.aspx?section=initiatives

Healthy Lunch Bunch – Each participant will be responsible for preparing a healthy lunch for 10 during a two-week period
[HEALTHYLUNCHBUNCHBRIEF.DOC](#) [MSWord/1 page/23Kb]

Hennepin County’s Frosty Challenge – Six-week weight maintenance program offered in the winter months
<http://wwwa.co.hennepin.mn.us/portal/site/HCIInternet/menuitem.3f94db53874f9b6f68ce1e10b1466498/?vgnextoid=d781c95fa29fc010VgnVCM1000000f094689RCRD&vgnextfmt=default>

Hennepin County’s Strive for Five – Promotional campaign encouraging consumption of five servings of fruit and vegetables daily
<http://wwwa.co.hennepin.mn.us/portal/site/HCIInternet/menuitem.3f94db53874f9b6f68ce1e10b1466498/?vgnextoid=2b71c95fa29fc010VgnVCM1000000f094689RCRD&vgnextfmt=default>

Let the Games Begin! – A worksite-based, team-oriented, physical activity contest
[LETTHEGAMESBEGIN.DOC](#) [MSWord/1 page/27Kb]

Medica: Total Health Management
<http://www.medica.com/c10c5/TotalHealthManagement/default.aspx>

Minnesota Phantom Diner – Featuring healthy eating restaurant contest and award program
<http://www.health.state.mn.us/divs/hpcd/chp/nutrition/strategies/pdf/phantomdner.pdf>

St. Paul’s Walking Program for Staff
<http://www.stepstohealthiermn.org/saintpaul.cfm?gcAreaType=Workplace>

Winona County's Walking Challenge- Employees, walking and keeping track of their steps individually, will attempt to continue walking "The Great River Road"
[winonacowalking.doc](#)

Active for Life - Active for Life is a free 10-week flexible physical activity program developed by the American Cancer Society. The Midwest Division, in Mendota Heights, works with Minnesota companies to set-up their prepackaged program and personalize it to meet their needs. To learn more, call 1-800-ACS-2345 or visit:
http://www.acsworkplacesolutions.com/activeforlifeonline_test.asp

Anoka County - Battle of the Steps is a fun and easy way to get more active! All participants are encouraged to take 10,000 steps each day, the minimum amount recommended for your health.
[HealthyMNWorkplaceInitiative.pdf](#)

Dakota County Simple Steps - The Simple Steps program by Dakota County was originally designed to encourage women between the ages of 25 to 54 to become more active. The program tracks the number minutes a person walks a day, but also encourages people to walk with friends or family.
<http://dakotacounty.us/healthfamily/healthyliving/fitness/simplesteps.htm>
[SimpleStepsBrief.doc](#)

Hennepin County Take Charge Challenge - The Take Charge Challenge is a six-week wellness campaign that helps promote healthy choices among employees. The goal of the Take Charge Challenge is to increase daily physical activity, improve nutrition, and make healthy emotional choices all year long.
[TakeChargeBrief.doc](#)

Trek to Texas - The Texas Trek was a program developed by Washington County to be a fun way to get employees walking. The program converted minutes to miles as they made their way from Stillwater to San Antonio, making stops along the way in Des Moines, IA; Kansas City, MO; Wichita, KS; Oklahoma City, OK; and Dallas, TX.
[TrekToTexasSummary.doc](#)

Scott County Survivor Challenge - The Survivor Challenge is a four week healthy living challenge that builds on itself every week. The goal of the program is to make it successfully through all four weeks and find yourself a spot on the Island of Optimal Fitness
[SurvivorBrief.doc](#)

Forest Lake Area Schools Employee Health and Wellness Program:

Forest Lake Area Schools Wellness Program promotes the health, safety, and well-being of all school employees and students; provides the necessary support, coordination and programs that maximizes the talents, interests and personal goals of all individuals; and creates an equitable, accessible, and productive school environment.
http://www.forestlake.k12.mn.us/about_our_district/employee_health_wellness/employee_health_wellness_program/

University of Minnesota WorkLife and Wellness Program:

The Work/Life Program helps faculty and staff balance their work and personal responsibilities.
<http://www1.umn.edu/ohr/workwell/index.html>

Duluth Public Schools- Highlights offered fitness classes for employees, which lasted 10 weeks in duration. Pedometers were given to interested employees. DPS implemented a walking challenge between three middle schools and offered a heart healthy class for women. Weekly emails were sent to staff which contained fitness and nutritional tips.

Minnesota Chamber of Commerce- The program emphasizes the importance of healthy living and being active.
[MNchamber.ppt](#)

Steele County- Steele County has had a wellness program for 18 years, include Health Risk Assessment, pedometers for staff, health articles in the Wellness at Work newsletter and brown bag luncheons. Steele County also has a food policy describing what foods are allowed in meetings as well as in vending machines.

Winona County- Winona County Community Health Services is leading a community-wide effort in coordination with a Blue Cross Blue Shield Grant. Between 10-15 worksites across Winona are participating in this program. Winona County Employees are one of the participants.

[Winonacochallenge.doc](#) [MSWord/7 pages/484Kb]

A Chance to Grow, MINNEAPOLIS -A Chance to Grow/New Visions School. Even though A Chance to Grow's wellness program is relatively young, the company wanted to create something that their employees would find most beneficial. The results led staff to organize group walking clubs, change food options in the vending machines, introduce a salad bar to the cafeteria, and provide onsite yoga classes.

<http://actg.org/>

Data Recognition Corporation- Data Recognition Corp. or "DRC" had many pieces of a health promotion program in place prior to 2006: an onsite fitness center, Weight Watchers at Work, flu shots, and a smoking cessation program. The next step was to establish and launch an integrated, comprehensive program called DRC Healthy Measures. A wellness manager and coordinator were added, and a wellness committee was formed. DRC is now offering health screenings, health risk assessments, and health coaching to keep the momentum going in improving the health and well-being of its employees.

<http://www.datarecognitioncorp.com/PageMain.aspx>

City of Richfield- The city made its health promotion efforts fun in 2006 with the Shape Up Challenge, involving one-third of the city's employees! The city added fruit smoothies, bridge lessons, kickball games, a Poker Walk, and a salad-bowl potluck to ensure a great time. Senior-level support also was obvious, with the city manager and four department directors participating.

<http://www.ci.richfield.mn.us/>

Personal Decisions International- This company's mission statement notes that "*team members perform their best when they and their families are healthy.*" PDI's commitment amounts to more than just words: For the first time, employees outside of the U.S. joined in the annual BLAST fitness challenge. Incentives are now being offered to increase employee involvement in health risk assessments, with health coaches also provided. More fruit alternatives are becoming part of internal meetings, and more employees are taking the stairs. And, PDI has a Wellness Web site, which allows health information to be posted for all to access.

<http://www.personneldecisions.com/>

Allianz Life Insurance Co.- Comprehensive is the best word to describe the TotalLife program at Allianz. Employees helped create a brand and identity to their wellness program. The name and logo are now displayed on everything from vending machines to health tips.

<https://www.allianzlife.com/>

City of Maple Grove- The City of Maple Grove has been invested in health promotion for years. Key wellness program components are in place, and staff are expressing an appreciation of what that has done for them. A recent survey revealed that: 73% felt the program has been a positive influence on their family members. 77% felt it has positively affected workplace morale. 81% said their health status has improved, and 95% said it has helped reduce their cost of health care.

<http://www.ci.maple-grove.mn.us/>

Courage Center, Golden Valley- The Healthy Possibilities program staff at Courage Center has been very strategic in planning health promotion activities. An employee health risk assessment identified five target areas for action. Health promotion activities were then planned accordingly.

<http://www.courage.org/>

HealthPartners, Bloomington- It's clear that HealthPartners knows that humor often contributes as much to health as physical activity or healthy eating. In 2006, the committee of employee health promotion volunteers was restructured and named the Committee for Increased Activity or "the CIA." HealthPartners' participation in Get Fit Twin Cities is one example of how the committee's efforts are paying off. With 114 teams and 871 participants, HealthPartners had more employee participation than any other corporation in the metro area. These efforts complement the organization's overall mission "to improve the health of our members, patients, and community."
<http://www.healthpartners.com/portal/1.html>

Keneseth Israel Congregation D.E.R.E.C.H, ST. Louis Park - The DERECH Program at Keneseth Israel Congregation truly integrates its health goals into its overall organization. The DERECH Program helps individuals, families, and the community find and explore new ways and habits for achieving better health.
<http://www.kenesethisrael.org/index.html>

Metropolitan Council, Minneapolis- The Metropolitan Council Fit for Life program, in place for over 10 years, requires extra creativity to reach employees who are always on the go. A 10,000-step challenge this past year was titled "Trekkin' Lake Superior," with the goal to walk around Lake Superior in eight weeks. It's obvious employees had fun with the program by looking at the names they created for their teams: Let Thigh Gones be By-Gones, Funky Monkeys, No Butts About It, and The Step Sisters and Two Step Brothers. The winning team went far enough to make it more than twice around Lake Superior!
<http://www.metrocouncil.org/>

MEYERS, Minneapolis - Meyers is especially proud of their health risk assessment program, which is open to all employees—whether they're participating in the company's insurance program or not. In addition to 73% of their employees participating in the Health Risk Assessment program, all managers and directors also joined in.

Minneapolis Clinic of Neurology, Golden Valley - The Minneapolis Clinic of Neurology supports a healthy environment for its employees on several fronts. For example, their walking club encourages regular physical activity and acknowledges employee efforts publicly when they reach 100, 500, 1000, or even 5,000 miles! They are also cognizant of employee safety, both at work and in their personal lives. Their written seat belt policy requires the use of seat belts for all work-related trips. It also strongly encourages employees and their families to use seat belts and child restraints when driving or riding in any vehicle.
<http://www.minneapolisclinic.com/>

North Memorial Medical Center, Robbinsdale - With the help of their employee health medical director and the president and chief executive officer, North Memorial conducted a health fair in 2006 that attracted approximately 1,900 employees. More than 1,200 of the participants completed a Health Risk Assessment, which identified key risk areas for employees and areas for health and wellness programming. Each employee also had the opportunity to review their personal health report with a health professional from their Employee Health Center. Congratulations, North Memorial!
<http://www.northmemorial.com/>

Northwestern Health Sciences University, Bloomington - The "Healthy U" program at Northwestern Health Sciences University recently added two new twists to its existing structure. First, approval was given to create a HealthyU Wellness Rewards program. This 10-month program provides a financial contribution to employees who complete pre-determined healthy lifestyle criteria. Second, Health Risk Assessments (HRAs) are now required for all employees wishing to enroll in Northwestern's health plan. For employees who take the HRA and identify lifestyle changes they'd like to make, coaching sessions are an option. This provides that little extra help that is sometimes needed to sustain healthy behaviors.
<http://www.nwhealth.edu/>

Polaris Industries, Medina - Health Promotion at Polaris has something for everyone. Their health and wellness vision is to achieve and maintain optimum health for all Polaris employees and their families—while still prospering as a company. This acknowledgement that health is directly connected to productivity and the company's bottom line is key to understanding the role of worksite health. Polaris invested considerable resources in 2006 to design a

brand for wellness – The Wellness Connection – and compile a written “Polaris Health and Wellness Strategy and Guide.” This document serves as an internal guide for their wellness team when planning future programming, and as a reference guide for employees.

<http://www.polarisindustries.com/en-us/OurCompany/ContactUs/>

Regis Corporation, Edina - INFUSE is Regis Corporation’s wellness and health management program. The program vision talks about using traditional and innovative wellness programming “to fuel healthy behaviors that go beyond the workplace and become a part of everyday life.” In this way, the program can have a “positive impact on employee productivity and job satisfaction.” A wellness coordinator also was added in the past year, and nearly twice as many employees participated in an expanded INFUSE program in 2006, compared with the inaugural year in 2005. INFUSE is now in a good position to broaden program offerings even more in 2007 and beyond.

<http://www.regiscorp.com/America/contact.cfm>

RJF Agencies Inc., Minneapolis

The RJF Agencies' commitment to employee wellness is evident in many facets of their program. For example, they have: A 12-member wellness committee with representatives from four locations, senior-level support, including participation from the COO on the wellness committee, health risk appraisals offered to all employees annually, an annual plan based on the aggregate results of the HRAs, and quarterly one-on-one counseling with a registered nurse or dietitian, as desired.

<http://www.rjfagencies.com/aboutrjf.php>

The Tile Shop, Plymouth - After a year of restructuring upper management, the organization wanted to let employees know they are the No. 1 asset in the organization—hence the company theme “It’s All About You!” in 2006. The Tile Shop employed a wide variety of creative resources to help meet their health promotion needs. For example: a financial institution was brought in to address financial health, volunteers of America along with a financial and estate planner came in to talk to employees about their concerns for elderly family members, financial decisions, wills, and nursing homes, mothers Against Drunk Drivers came in to talk to employees about how one mistake can change your life forever, and, a make-up company (Sephora) discussed skin care, sun damage, and products for protection.

<http://www.tileshop.com/about/>

UCare Minnesota, MINNEAPOLIS

In 2006, UCare Minnesota formalized its wellness program by giving it an identity with a new name and logo: RENEW. RENEW is an acronym for: **R**elaxation, **E**nergy, **N**utrition, **E**xercise and **W**ell-being. RENEW is committed to offering a wellness program that suits the culture of UCare. It offers programming that speaks to the varied interests of employees. 80% of UCare employees participated in at least one RENEW program or event during 2006. With offerings such as walking clubs, health seminars, online health information, and weekly massages, there is something for everyone.

<http://www.ucare.org/>

List of nutrition and physical activity programs in Minnesota, gathered from survey, see Appendix A for survey

Action for Healthy Kids

www.actionforhealthykids.org

Pam Van Zyl York

Action for Healthy Kids Minnesota

To improve nutrition and physical activity of children and teens through collaboration with diverse stakeholders

Active Living Ramsey County

www.co.ramsey.mn.us/alrc

Amber Dallman

Active Living Ramsey County

To create and promote environments that make it safe and convenient for people to be more physically active

Alliance for a Healthier Generation

www.healthiergeneration.org

Katherine Martin, Relationship Manager

Alliance for a Healthier Generation

To stop the increase of childhood obesity by 2010 and reduce it by 2015

Allina Hospitals & Clinics

www.allina.com

Ellie Zuehlke, Community Benefit Director

All-in-a Day

To increase body mass index screening among children ages 5-10 in non-emergent clinic visits

Healthy Kids in Healthy Places Action forum

To reduce childhood obesity by creating and supporting changes across the community that support healthy weight for children and adolescents

Power of the Pyramid Play

To increase physical activity and nutrition

Dennis Doran, President – Cambridge Medical Center

Community Benefit

To reduce obesity from birth to 5 years old and teach 6th, 7th and 8th graders life long nutritional and physical fitness skills

American Cancer Society

www.cancer.org

Makeisha Nesbitt, Health Promotions

Body & Soul

To empower church members to eat 5-9 servings of fruits and vegetables everyday for better health

American Heart Association

www.americanheart.org

Sueling Schardin, State Health Alliance Director

Children's Health (Childhood Obesity Initiatives)

To eliminate the growth of obesity (0% rate of growth) by encouraging physical activity and healthy eating

BlueCross BlueShield of Minnesota

www.preventionminnesota.com

Marguerite Zauner, Health Improvement Project

Center for Prevention

To significantly decrease the prevalence of risk factors for heart disease and cancer by increasing levels of physical activity and healthy eating

CentraCare Health Foundation

www.blendcentralmn.org

Jodi Rohe, Project Coordinator

BLEND: Better Living – Exercise and Nutrition Daily

To reduce the incidence of childhood obesity by offering better nutrition and increasing physical activity

Community Design Center

www.comdesignctrmn.org

Ruth Murphy, Director

To help revitalize low-to-moderate income communities in St. Paul by providing technical assistance and operating programs that will enhance the physical, economic, social, ecological, and spiritual well being of the community and its residents

Community Fitness Today

www.communityfitnesstoday.org

S. Marie Graham, Executive Director
The Wildest Fitness Dream Challenge

To increase physical activity, raise awareness of health issues that put individuals at risk for obesity and other health related risks

Fairview Health Services

www.fairview.org

Brenna Vuong, Program Specialist
Fairview Employee Wellness Services

To provide Fairview Employees and their families with tools and support to lead a healthy lifestyle

Head Start

education.state.mn.us

Mary Vanderwert, Head Start Collaboration Director
Head Start/Early Head Start

To improve the nutritional status of families with children ages birth to 5 years living with low income through comprehensive education and social services

Indian Health Service

www.ihs.gov/MedicalProgram/Diabetes

Stephen Rith-Najarian, MD, Area Diabetes Consultant

Special Diabetes Programs for Indians (SDPI)

Provides grants for diabetes treatment and prevention among American Indians of all ages

Mayo Clinic

www.mayoclinic.org

Sharon Tucker, Nurse Administrator for Division of Nursing Research

Action on Obesity

www.actiononobesity.org

To collaborate with multidisciplinary state and national partners on a task force to find answers and approaches to prevent and combat obesity

Medica Health Plans

Mark Owen, VP & General Manager
Prime Solution, Advantage Solution, and Dual Solution – Silver Sneakers Fitness Program

To increase physical activity and fitness among Medicare beneficiaries and dually eligible populations

Melpomene Institute For Women's Health

www.melpomene.org

Shawne Monahan, Executive Director

To help women and girls achieve the basic components of health – adequate nutrition, physical activity, rest and personal safety

Midtown Greenway Coalition

www.midtowngreenway.org

Tim Springer, Executive Director

Green Way To Go

To increase physical activity among lower income families in the Phillips Neighborhood of Minneapolis

Minnesota Center for Obesity Metabolism and Endocrinology

www.mncome.com

J. Michael Gonzalez-Campoy, Medical Director and CEO

Comprehensive Multispecialty Team-Approach Programs

To provide non-surgical medical treatment of obesity and prevention of obesity complications, in the prevention of obesity

Becky Gonzalez-Campoy, Executive Director

Treating Obesity in Families of Color

To bring physical education and nutrition education to inner city schools with high minority populations

Minnesota Department of Education

www.education.state.mn.us

Barbara Kalina, Food and Nutrition Service

Children Nutrition Program

To provide nutrition meals to children

Minnesota Department of Employee Relations
www.doerstate.mn.us

Stephen Birkland, Manager
To improve employee health and wellness

Minnesota Department of Health
health.mn.state.us

Donna McDuffie, Nutrition Coordinator
Fruits and Veggies More Matters
www.fruitsandveggiesmorematters.org
To promote health through increased consumption of fruits and vegetables

Gretchen Taylor, Supervisor
Health Behavior Research Program
To promote increase fruit and vegetable consumption and physical activity in children

Jane Benjamin, Child Health Consultant
Healthy Eating and Activities Together (HEAT) Toolkit
To assist parents and teens internalize their responsibility for nutrition and exercise choices through motivational interviewing

Pat Faulkner, WIC Nutrition Supervisor
Minnesota WIC Nutrition Education Plan
To help parents prevent obesity in their children by influencing their health-related knowledge, attitudes and behaviors

Cara McNulty, Steps Coordinator
Steps to a HealthierMN
To reduce obesity, diabetes and asthma by increasing health eating behaviors, increasing physical activity and decreasing exposure to tobacco

Chris Kimber, Physical Activity Coordinator
Walkable Communities
To increase physical activity by providing training to local public health on increasing walkability within a community

Anne Kollmeyer, Nutritionist
Work Out Low Fat (WOLF)
To promote physical activity and nutrition by providing training, technical assistance, and materials to schools serving children living in American Indian Reservations

National Institute on Media and the Family
www.mediawise.org

Randi Callahan, Switch Program Manager
Switch – Healthy Lifestyles by Mediawise
To increase physical activity, increase fruit and vegetable consumption, and decrease screentime of 3rd, 4th, and 5th graders by raising awareness and educating families on the need to be proactive when it comes to making healthy choices

Owatonna Hospital
www.owatonnahospital.com

Debra Brase, Marketing & Communication
On the Move Walk Across America
To increase physical activity and improve nutrition by having students and adults track their daily steps using a pedometer

Park Nicollet HealthSource
www.parknicollet.com/healthsource

Tanya Fish, Senior Program Coordinator
Choose Well
To improve the nutritional value of food choices that people make

Kris Haugen, Senior Program Manager
Health Living Program
To help employees develop skills and habits for better eating and activity

Real Foods Initiative

Seth Bixby-Doherty, Founder
To break the cycle of processed foods by encouraging Americans to cook, improving school lunch options for children, and promoting culinary arts, nutrition curricula and parent education

Roseville Parks and Recreation
cityofroseville.com

Rick Schultz, Recreation Superintendent
After School fitness classes
To increase physical activity among grade school age students

St. Paul Parks and Recreation

www.stpaul.gov/depts/parks

Bob Bierscheid, Director

Step Up to Health

To significantly improve the activity levels and nutrition of St. Paul residents

St. Mary's Duluth Clinic Pediatrics

www.smdc.org

Nancy Monaghan Beery, DO, Pediatrician

Pediatric Weight Management Program

To motivate pediatric patients and families toward healthy lifestyles using a team approach

St. Paul Jewish Community Center

www.stpauljcc.org

Debra Henk, Wellness Director

LiveActively for Inactive Adults

To increase awareness of the importance of physical activity and nutrition for health in adults over 50 who currently exercise less than 60 minutes per week

Stairstep Foundation

Helen Jackson Lockett-El, Program Director

There Is A Balm

To reduce health disparities by empowering individuals to take charge of their health through various strategies

Three Rivers Park District

www.ThreeRiversParkDistrict.org

Linda Seaton, Outdoor Education Manager

Trails At Your Pace

To increase physical activity through walking

Travelers Wellness Center

Kelly Rogers Brueske, Assistant Wellness Center Supervisor

On-site fitness facility for Travelers employees

To increase physical activity, reduce stress levels, reduce body fat and increase energy levels by providing a convenient workout facility for people at work

University of Minnesota

Murray Harber, Employee Wellness Program

Employee Wellness Program

www.wellness.umn.edu

To reduce the prevalence and risk factors associated with overweight and obesity

University of Minnesota Extension

Food Stamp Nutrition Education

www.extension.umn.edu/Nutrition

to improve the likelihood that persons eligible for the Food Stamp Program will make healthy food choices within a limited budget and choose physically activity lifestyles

Appendix E: List of Physical Activity, Nutrition, and Obesity Research occurring at the University of Minnesota's School of Public Health and the Obesity Prevention Center⁴⁵

Fast Food Meals Study

Principal Investigator: Lisa Harnack Dr.P.H., R.D., M.P.H.

Investigators: Simone French, Ph.D., Robert Jeffery, Ph.D., Michael Oakes, Ph.D., Mary Story Ph.D.

Funding Agency: National Institute of Diabetes & Digestive & Kidney Diseases

The aim of this study is to examine the effect of nutrition labeling and value size pricing on fast food menu choices.

Last Updated: 5/27/2008 12:11:19 PM

Food and Nutrition Systems for Research

Principal Investigator: Lisa Harnack Dr.P.H., R.D., M.P.H.

Investigators: John H. Himes, Ph.D., M.P.H., Joe Konstan, Ph.D., Computer Science and Engineering; Nancy Van Heel, M.S.

Funding Agency: Heart, Lung, and Blood Institute

This is a resource grant, recognizing the Nutrition Coordinating Center (NCC) as a national research resource, and supporting some of its activities. The grant supports the maintenance and enlargement of the NCC nutrient database, and the enhancement of the NDS-R software, a Windows-based software package for the collecting and coding of dietary data in research settings.

Last Updated: 5/23/2008 6:57:56 PM

Project EAT-III: Eating Among Teens and Young Adults

Principal Investigator: Dianne Neumark-Sztainer Ph.D., M.P.H., R.D.

Investigators: Mary Story, PhD, RD; Melanie Wall, PhD; Marla Eisenberg, ScD, MPH; John Sirard, PhD; Melissa Nelson, PhD, RD

Funding Agency: NIH/NHLBI

Project EAT-III follows up on EAT-I and EAT-II to improve our understanding of what influences eating, physical activity, and weight-related behaviors in teens and young adults. To address the Project EAT-III objectives, two major study components are planned.

Follow-up study with young adults: The EAT survey will be revised based on an expanded model, integrating an ecological perspective with Social Cognitive Theory. Previous Project EAT participants will be contacted by mail and asked to complete the revised survey, a dietary questionnaire, and a physical activity questionnaire.

School-based study with teens: A new group of young people will be recruited from middle schools and high schools in Minnesota. This component of the study will include in-school surveys and measurements of student height and weight, as well as measurements of peer, school, and neighborhood environments. Environmental measures will be completed by peers themselves, school personnel, and Project EAT-III staff. Geographic Information Systems (GIS) will also be used to learn about the neighborhood environment.

Last Updated: 5/6/2008 1:03:31 PM

⁴⁵ <http://www.epi.umn.edu/research/index.asp>

Television Viewing and Risk of Injury and Chronic Disease Morbidity

Principal Investigator: Mark A. Pereira Ph.D., M.P.H.

Investigators: Mark Pereira (PI), Darin Erickson, David Jacobs, Anthony Fabio (PI at University of Pittsburgh)

Funding Agency: Pending Award from National Institutes of Health / National Institute of Aging

The CARDIA Study data will be used to evaluate the propensity that television exposure may increase the risk for intentional and unintentional injuries, as well as obesity and chronic diseases through a variety of plausible and interrelated mechanisms. We aim to explore the possibility of an interaction between television viewing and the hostility trait in predicting a variety of important health outcomes over this large 20-year prospective study in Caucasians and African Americans from the four U.S. metropolitan areas.

Last Updated: 3/3/2008 12:50:55 PM

Iowa Women's Health Study (IWHS)

Principal Investigator: Aaron R. Folsom MD, MPH; Kristin E. Anderson, Ph.D., M.P.H

Investigators: Lisa Harnack, DrPH, MPH; David R. Jacobs, Jr., PhD; DeAnn Lazovich, PhD, MPH; Kristin E. Anderson, PhD, MPH; Kim Robein, PhD; Julie Ross, PhD; Beth Virnig, PhD

Funding Agency: National Cancer Institute

Several previous studies have shown that obese women whose body fat is greater in the abdomen than in the hips are at increased risk for diabetes, hypertension, and heart disease. This 25-year study is determining whether body fat distribution is also related to risk of breast and endometrial cancer, and total mortality. A sample of 42,000 postmenopausal Iowa women completed a questionnaire and took measurements of their own bodies. The women are being followed for occurrence of cancer, using the Iowa cancer registry. Studies of diet and chronic disease occurrence also have been undertaken. Linkage to medicare records is providing new outcome data.

Last Updated: 1/10/2008 2:45:06 PM

Genetics of Infant Growth and Later Obesity

Principal Investigator: Ellen W. Demerath PhD

Investigators: Ellen Demerath, PI John Blangero (Southwest Foundation for Biomedical Research) Joanne Curren (Southwest Foundation for Biomedical Research) Bradford Towne (Wright State University) Stefan Czerwinski (Wright State University)

Funding Agency: NICHD

This project uses serial growth and maturity data from 650 subjects in the Fels Longitudinal Study who have been followed from birth to adolescence in order to examine the relationship between rapid rate of growth in infancy to later obesity risk, and to test the hypothesis that there are genetic influences on infant growth and obesity in adolescence using genetic linkage analysis and SNP association testing.

Last Updated: 11/12/2007 10:01:41 AM

Visceral adiposity: Genetic and environmental influences

Principal Investigator: Ellen W. Demerath PhD

Investigators: Ellen Demerath, PI

Funding Agency: NIDDK

This project aims to assess abdominal visceral adipose tissue using multi-image abdominal MRI in 800 related individuals from the Southwest Ohio Family Heart Study in order to localize chromosomal regions influencing level of visceral adipose tissue and related factors in the circulation (adipokines and inflammatory cytokines).

Last Updated: 11/12/2007 9:57:24 AM

PALA + Peers: A Program to Enhance the Presidential Active Lifestyle Award Program

Principal Investigator: Mary Story Ph.D., R. D.

Funding Agency: General Mills Foundation

Last Updated: 6/25/2007 8:46:44 AM

Bright Start: Obesity Prevention in American Indian Children

Principal Investigator: Mary Story Ph.D., R. D.

Funding Agency: NIH/NHLBI

Last Updated: 6/25/2007 8:45:19 AM

Healthy Eating Research National Program Office - Robert Wood Johnson Foundation

Principal Investigator: Mary Story Ph.D., R. D.

Funding Agency: Robert Wood Johnson Foundation

Last Updated: 6/25/2007 8:42:31 AM

Modifiable Determinants of Weight Gain and Obesity Among College Students

Principal Investigator: Melissa C Nelson PhD, RD

Funding Agency: MN Medical Foundation

Last Updated: 6/21/2007 11:15:02 AM

Insulin Resistance, the IGF Axis, and Colorectal Cancer

Principal Investigator: Andrew Flood Ph.D.

Funding Agency: NIH/NIDDK

Last Updated: 6/21/2007 10:59:22 AM

Coronary Artery Risk Development in Young Adults Study (CARDIA)

Principal Investigator: Pamela J. Schreiner Ph.D., M.S., M.S.; Lyn M. Steffen, Ph.D., M.P.H, R.D.

Investigators: David R. Jacobs, Jr., Ph.D.; Lyn Steffen, Ph.D., Michael Steffes, M.D., Ph.D., Department of Laboratory Medicine and Pathology

Funding Agency: National Institute of Health / National Heart, Lung and Blood Institute

CARDIA is a longitudinal observational study designed to examine secular and age-related trends in risk factors associated with coronary heart disease (CHD). The CARDIA cohort was recruited in 1985 to be balanced on gender, ethnicity, age, and educational attainment among 18 to 30 year-olds in four U.S. communities. These participants have now been followed for 20 years to examine inter-relationships of the major risk factors for CHD in young adulthood as well as emerging risk factors. As the cohort enters middle age, coronary artery calcification will be measured to assess the development of subclinical atherosclerosis and its relationship with antecedent risk factor levels. These trends will help us to better understand the risk factor patterns leading to early disease in an age range when prevention is feasible.

Last Updated: 5/22/2007 2:19:05 PM

CARDIA Fitness Study

Principal Investigator: David R. Jacobs Ph.D.

Investigators: Pamela Schreiner Richard Crow

Funding Agency: Kaiser Permanente Health Care Plan Division of Research, NHLBI prime

This project is an ancillary study to the CARDIA study, which recruited 5115 black and white men and women in 4 cities in the US in 1985/86. CFS is performing an exercise fitness test at the year 20 CARDIA examination. Results will be correlated with other aspects of the CARDIA examinations.

Last Updated: 7/8/2005 12:10:08 PM

Abdominal Adiposity and Risk Factors for Metabolic Syndrome among Hispanic and non-Hispanic White Women

Principal Investigator: Lyn M. Steffen Ph.D., M.P.H, R.D.

Funding Agency: American Diabetes Association

The primary objective is to 1) determine whether visceral fat is similar between Hispanic and non-Hispanic white women and 2) determine the diet and other lifestyle determinants of visceral adiposity.

Last Updated: 5/17/2007 2:40:15 PM

Weight Training for Breast Cancer Survivors

Principal Investigator: Kathryn H. Schmitz Ph.D., M.P.H

Investigators: Douglas Yee

Funding Agency: Cancer Center

This ongoing randomized controlled trial aims to evaluate the efficacy of twice weekly strength training for physical and psychological improvements for recent breast cancer survivors. Outcomes include body composition, lymphedema changes, estrogen, insulin, and glucose, as well as depression and health related quality of life.

Last Updated: 4/26/2007 10:41:21 AM

Epidemiology of Cancer in a Cohort of Older Women (IWHS competitive renewal)

Principal Investigator: Kristin E. Anderson Ph.D., M.P.H

Investigators: Aaron Folsom, MD, MPH

Funding Agency: National Institutes of Health National Cancer Institute

The Iowa Women's Health Study recruited a population-based cohort of 41,837 Iowa women, aged 55-69 years in 1986 to determine whether diet, body fat distribution, and other risk factors were related to cancer incidence

Last Updated: 1/11/2007 1:58:49 PM

Novel Approaches to Weight Loss Maintenance (Keep-It-Off)

Principal Investigator: Robert W. Jeffery Ph.D.

Funding Agency: NCI/HealthPartners Prime

Weight loss maintenance is the most critical challenge for obesity treatment. Extending treatment length can improve maintenance and key behaviors are high physical activity levels, a lower calorie diet, and self-weighing. Treatment studies have incorporated these strategies; however, the most intensive phase occurs during weight loss initiation with the maintenance phase occurring after treatment novelty has faded. Increasing duration improves weight loss, but there is a point of diminishing returns as people eventually stop attending sessions. Recruiting people who have recently lost weight to a maintenance-specific intervention may be a viable strategy. Another key question is optimal intervention timing. One model suggests that maintenance will be enhanced by teaching people about the key behaviors required and assisting them with these behaviors. This model suggests that maintenance programs should be designed like weight loss programs where sessions addressing relevant behaviors occur on a pre-set schedule. Another model recognizes that maintenance inevitably includes periods of weight regain and will be enhanced if individuals pro-actively respond by using behavioral strategies to reverse small gains. This model suggests intervention contact should occur in response to weight trends. The strongest maintenance approach may integrate these models and include core behavioral messages followed by "just in time" intervention delivery in response to small weight gains. This research will evaluate the efficacy of an innovative approach to promoting weight maintenance among recent weight losers. Five hundred adults who have lost at least 5 percent of their weight in the past year will be recruited and randomly assigned to: 1) "usual care" or 2) a "customized" maintenance intervention that includes a core set of phone sessions addressing maintenance behaviors and a second phase with sessions triggered by weight gain. Outcomes will be assessed at 6, 12, 18, and 24 months, with 24-month weight change the primary outcome. The proposed research is innovative because it targets individuals who have recently lost weight and evaluates a novel intervention to enhance weight maintenance. Results will provide important information on the effectiveness of a new weight loss maintenance intervention that could potentially be widely disseminated.

Last Updated: 1/10/2007 2:31:08 PM

Global Studies on the Prevention of Obesity (CIRCLE Grant)

Principal Investigator: Robert W. Jeffery Ph.D.

Investigators:

- University of Minnesota: Simone French, David Fan, Brian Southwell, Alexander Rothman
- Deakin University: Kylie Ball, Karen Campbell, David Crawford, Kylie Hesketh, Sarah McNaughton, Anna Timperio, Jo Salmon

Funding Agency: UMN Faculty Research Circle Grants in International Studies, Interdisciplinary Center for the Study of global change & Office of the Vice President for Research

Obesity is a disorder of energy balance, i.e. excess body fat accumulates when energy intake (eating) chronically exceeds energy expenditure (physical activity). Thus, at one level the answer to why we are gaining weight is a simple one. We are eating more and/or are being less physically active than we were a few decades ago. The specific contributions of different behaviours to the obesity epidemic, and the reasons why these behaviours have changed dramatically world wide at this particular point in time, however, are far from clear. Most scientists agree that changes in population rates of this magnitude and in this short a period of time are most likely due to changes in the environment, broadly defined, rather than to changes in underlying biological processes. However, the potential environmental influences are numerous and available scientific understanding of how to measure them and change them is extremely limited. Possible environmental influences on obesity that have attracted attention include aspects of the food supply, for example, new products that may uniquely encourage over consumption such as processed foods with added sugar like soft drinks, increased affordability of food products, increased availability and convenience of food (e.g. the proliferation of fast food restaurants and the increased use of snack foods in school to raise revenues and reward academic performance), and changes in information people receive about obesity related behaviours (e.g. marketing strategies resulting in increased portion sizes and heavy food advertising on TV). Also implicated in promoting obesity are environmental design choices that have made people more dependent on motorized transportation (i.e. suburban sprawl), social policies that have deemphasized physical activity (e.g. reducing physical education in schools) and vastly increased availability and variety of passive electronic entertainments. It is also possible that changes in social influences operating through normative values and beliefs and changing life styles may affect obesity. The current circle proposal is intended to stimulate interdisciplinary, international research aimed at studying factors contributing to the worldwide obesity epidemic. The proposal is specifically designed to build a collaborative research relationship among researchers at the University of Minnesota around the topic who have complementary skills. It is also designed to build collaborations and between University of Minnesota researchers and researchers in Melbourne, Australia, who also have complementary skills.

Last Updated: 1/10/2007 2:30:27 PM

Transdisciplinary Research on Energetics and Cancer

Principal Investigator: Eileen M Harwood Ph.D.

Investigators: Robert Jeffery, PhD; Leslie Lytle, PhD, RD

Funding Agency: National Institutes of Health/National Cancer Institute

The goal of this project is to examine the relationship between obesity and cancer.

Last Updated: 1/5/2007 8:28:39 AM

Environmental Interventions to Prevent Weight Gain Prevention (HealthWorks)

Principal Investigator: Robert W. Jeffery Ph.D.; Jennifer A. Linde, Ph.D.

Investigators: Jennifer Linde, Simone French, Lisa Harnack

Funding Agency: NIH/NIDDK

Obesity is a rapidly growing health problem in the US for which neither effective treatment nor preventive measures are currently available. It is now widely accepted that environmental factors that encourage eating and discourage physical activity are important contributors to the problem, and it has been suggested that environmental interventions may be needed to achieve reductions in population obesity. The proposed study will assess the efficacy of a multicomponent environmental intervention in preventing weight gain among working adults. Eight worksites will be randomized to either an intervention or a no-treatment control group. Intervention will be comprised of 1) changing the availability, portion sizes, and prices of foods and beverages sold to employees in their worksites in ways that encourage healthier food choices; 2) increasing the availability of physical activity opportunities at the worksite by implementing walking programs and increasing stairwell access and attractiveness; 3) placing scales in the work environment to encourage body weight monitoring and to enable workers to set goals for their weight; and 4) to provide educational materials to all employees to make them aware of the environmental interventions and of behavioral practices likely to be effective in preventing weight gain. Body weight, eating behavior, and physical activity will be measured at baseline and two years in a cohort of employees from each worksite. Aggregate measures of behavior will also be obtained through direct observation and management records. It is hypothesized that employees in intervention worksites will decrease energy intake, increase energy expenditure, and reduce weight gain compared to those in comparison sites over two years. It is also anticipated that the effects of the intervention on behavior and weight will be related to degree of exposure to intervention activities.

Last Updated: 12/5/2006 5:02:57 PM

Maintenance-Tailored Obesity Treatment (LIFE)

Principal Investigator: Robert W. Jeffery Ph.D.

Investigators: Andrew Flood

Funding Agency: NIH National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK)

Recent dramatic increases in prevalence have made obesity the number one nutritional problem in the US. Of particular concern is the fact that, although available treatments are effective in producing clinically significant weight loss, their ability to sustain weight loss long term is poor. The present research proposal is based on a conceptual analysis of this problem that argues for greater attention to two issues related to the temporal dynamics of the challenge of long-term weight control. These are: 1) the environment is continually changing and is not supportive of weight control and 2) the intervention methods that are effective in inducing short-term changes in behaviors and weight often lose their potency over time because of habituation. A 30-month randomized trial is proposed to evaluate a maintenance-tailored treatment for obesity that is designed to address these factors. Obese men and women will be randomized to either standard behavior therapy (SBT) or to a maintenance-tailored treatment (MTT) for 18 months, followed by 12 months of no-treatment follow-up. The MTT treatment will differ from SBT because 1) it will deliberately change treatment approaches over time instead of keeping them fixed and 2) it will focus on adaptation to change as the core treatment objective. It is hypothesized that weight losses in the MTT group will be better than those in the SBT group at 30 months. It is also hypothesized that MTT participants will show better compliance to behavioral assignments, express more enjoyment and awareness of the treatment process, and have higher efficacy expectations in regard to handling future challenges to weight control.

Last Updated: 12/5/2006 5:02:25 PM

Examining the Obesity Epidemic through Youth, Family, and Young Adults (TREC)

Principal Investigator: Robert W. Jeffery Ph.D.

Investigators: Leslie Lytle, Eileen Harwood, Simone French, Mindy Kurzer, Mark Pereira, Cheryl Perry, Donald Dengel, Jean Forster, Ann Forsyth, Vincent Chen, Jayne Fulkerson, Myron Gross, Martha Kubik

Funding Agency: NIH/NCI RFA CA-05-0102005-10: Transdisciplinary Research on Energetics and Cancer

The purpose of this center proposal is to conduct transdisciplinary research, training, and outreach on obesity and cancer in youth, family, and young adults. The proposed Center will address questions about the etiology, prevention, and treatment of obesity in youth and families, and explore biological pathways that may link obesity to cancer. The center proposal includes three specific research projects. Project 1 is a multifactorial, cross-sectional, and prospective observational study examining predictors of obesity development in adolescents, including sociocultural factors, family factors, environmental factors, and individual factors. Project 2 is a study evaluating family-based, weight-gain prevention intervention that particularly emphasizes intervention on environmental contributors to weight gain. Project 3 is a study of the effects of physical activity on estrogen metabolism, oxidative stress, and DNA repair mechanisms in young women. The three R01 grants will be supported by two cores, an Administrative Core and a Data Services and Analysis Core. The proposal also includes a career development component, substantial funding for developmental projects, and a dissemination/translation component. The overall goals are to advance transdisciplinary science in the advancement of understanding of obesity, youth, family, and cancer; to support the career development of new investigators in the field; and to disseminate scientific knowledge about the topic to broader audiences.

Last Updated: 12/5/2006 4:43:05 PM

Study of Health Outcomes of Weight Loss (Look AHEAD)

Principal Investigator: Robert W. Jeffery Ph.D.

Investigators: John P. Bantle, MD, Bruce Redmon MD, Richard S. Crow, MD

Funding Agency: National Institute of Diabetes and Digestive and Kidney Diseases

This is a field center for the Study of Health Outcomes of Weight Loss, which is a multicenter, randomized, clinical trial designed to examine the effects of sustained weight loss on health outcomes in individuals with Type 2 diabetes. The trial has three study groups: 1) community care, 2) lifestyle intervention (comprised of an intensive and sustained program of counseling for diet and exercise behavior change), and 3) lifestyle intervention plus pharmacologic intervention (Orlistat and/or sibutramine). The primary study outcome is carotid intima-media wall thickness. Secondary outcomes include glycemic control, cardiovascular risk factors, cardiovascular and cerebral event rates, cardiovascular disease, and psychosocial well-being. Specific research hypotheses include: 1) that interventions designed to produce sustained weight loss in Type 2 diabetic patients will result in a reduced rate of atherosclerotic progression compared to community care, 2) that individuals receiving weight loss interventions will achieve greater long-term weight reduction and greater improvement in glycemic control and CVD risk factors than those receiving community care, and 3) that aggregated across treatments, a dose-response relationship will be observed between weight change and change in atherosclerotic progression and other study endpoints.

Last Updated: 12/5/2006 4:37:53 PM

Ready, Set, ACTION!: A Theater-Based Obesity Prevention Program for Children

Principal Investigator: Dianne Neumark-Sztainer Ph.D., M.P.H., R.D.

Investigators: Jess Haines, Ph.D., M.H.Sc. (Project Director)

Funding Agency: NIH/NIDDK

School-based interventions have great potential to reach children from ethnically diverse, low-income backgrounds who are at high risk for obesity. However, parents provide a major source of influence for their children, and empirical findings suggest that family level participation in school-based interventions is typically low. Results from formative work show that a good way to reach out to parents is by inviting them to a performance by their children. The primary aim of this study is to examine the feasibility of an innovative theater program, Ready. Set. ACTION!, that reaches out to children and parents. Intervention messages are based on the children's own experiences and thus personally and culturally relevant to children and their parents. The after-school program is being run for a 12-week period and reaches out to parents through home food and fitness packs, home challenge activities, healthy eating opportunities, and a play performance. The intensive portion of the program is followed by booster sessions in which children further enhance their skills as agents of change. Results from this study will provide insight into how to engage parents in school-based interventions.

Last Updated: 11/14/2006 1:30:12 PM

New Moves: Obesity Prevention Among Adolescent Girls

Principal Investigator: Dianne Neumark-Sztainer Ph.D., M.P.H., R.D.

Investigators: Mary T. Story, Ph.D.

Funding Agency: NIH/NIDDK

New Moves is a school-based program designed to promote increased physical activity, healthy eating behaviors, and a positive self-image among sedentary adolescent girls at risk for overweight. It is being offered to high-school girls for credit during school hours as an alternative to the regular physical education program. The program includes physical activity, nutritional guidance, social support, individual counseling, and maintenance components. Social Cognitive Theory is being used to guide the program development, implementation, and evaluation. The intervention focuses on modifying personal, socio-environmental, and behavioral factors.

Last Updated: 11/14/2006 1:20:12 PM

Eating Among Teens (Project EAT-I and Project EAT-II)

Principal Investigator: Dianne Neumark-Sztainer Ph.D., M.P.H., R.D.

Investigators: Cheryl L. Perry, Ph.D.; Mary T. Story, Ph.D.

Funding Agency: Maternal and Child Health Bureau, Department of Health and Human Services

Dietary patterns developed during adolescence may contribute to obesity and eating disorders and may increase risk for several important chronic diseases later in life. Furthermore, the prevalence of overweight has increased significantly, in particular among minority youth and youth from low socio-economic backgrounds. In order to address these growing problems, it is essential to identify which groups of adolescents need to be targeted for intervention and to identify the factors that need to be addressed in interventions. Large gaps exist in our understanding of the factors associated with nutritional intake, physical activity, and weight status among adolescents. This study aims to identify the socio-environmental, personal, and behavioral determinants of nutritional intake and weight status among a large and ethnically diverse adolescent population. Study components included: 1) focus groups with adolescents, 2) school-based surveys and anthropometric measurements with adolescents, and 3) parental telephone interviews, and 4) a five-year longitudinal follow-up of 2,516 adolescents.

Last Updated: 11/14/2006 1:16:16 PM

Trial of Activity for Adolescent Girls - Field Center

Principal Investigator: Leslie A. Lytle Ph.D., R.D.; Cheryl L. Perry, Ph.D.

Investigators: Dianne Neumark-Sztainer, PhD, Kathryn Schmitz, PhD, Martha Kubik, PhD

Funding Agency: NIH/NHLBI

This intervention study will develop and evaluate school and community linked approaches to reduce the decline in physical activity in adolescent girls. It is a multicentered trial, being conducted in 36 schools in 6 field centers across the nation.

Last Updated: 6/8/2005

Appendix F: Legislative Actions Occurring Across the U.S.

School-based Legislation Related to Obesity, 2007 ⁴⁶							
	Nutritional Standards for School Meals Exceed USDA Requirements	Set Nutritional Standards for Competitive Foods	Standards for Access to Competitive Foods Exceed Federal Requirements	Requires Physical Education	Requires BMI or Health Information Collection	Requires Diabetes Screening	Requires Health Education
Alabama	X	X	X	X			X
Alaska				X			X
Arizona	X	X	X	X			X
Arkansas	X	X	X	X	X		X
California	X	X	X	X	X	X	X
Colorado	X		X	X			
Connecticut	X	X	X	X			X
Delaware				X	X		X
D.C.				X			X
Florida			X	X	X		X
Georgia			X	X			X
Hawaii		X	X	X			X
Idaho				X			X
Illinois		X	X	X	X	X	X
Indiana		X	X	X			X
Iowa				X	X		X
Kansas				X	X		X
Kentucky	X	X	X	X			X
Louisiana		X	X	X	X		X
Maine		X	X	X	X		X
Maryland		X	X	X			X
Massachusetts				X	X		X
Michigan				X			X
Minnesota				X			X
Mississippi			X	X			X
Missouri				X	X		X
Montana				X			X
Nebraska			X	X			X
Nevada	X	X	X	X			X
New Hampshire				X			X
New Jersey	X	X	X	X			X
New Mexico		X	X	X			X
New York			X	X	X		X
North Carolina	X	X	X	X			X
North Dakota				X			X
Ohio				X			X
Oklahoma	X	X	X	X			
Oregon				X			X
Pennsylvania				X	X		X
Rhode Island	X	X		X			X
South Carolina	X	X	X	X	X		X
South Dakota	X			X			X
Tennessee	X	X		X	X		X
Texas	X	X	X	X			X
Utah				X			X
Vermont	X			X			X
Virginia				X			X
Washington				X			X
West Virginia		X	X	X	X		X
Wisconsin				X			X
Wyoming				X			X
	17	22	26	50 + D.C.	16	2	48 + D.C.

⁴⁶ Adapted from Trust for America's Health *F as in Fat: How Obesity Policies are Failing in America, 2007 Report*

States with set nutritional standards for school lunches, breakfasts, and snacks which exceed the requirements set by the U.S. Department of Agriculture:

- Alabama
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Kentucky
- Nevada
- New Jersey
- North Carolina
- Oklahoma
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Vermont

States with nutritional standards for competitive foods sold a la carte, in vending machines, in school stores, or in bake sales in schools:

- Alabama
- Arizona
- Arkansas
- California
- Connecticut
- Hawaii
- Illinois
- Indiana
- Kentucky
- Louisiana
- Maine
- Maryland
- Nevada
- New Jersey
- New Mexico
- North Carolina
- Oklahoma
- Rhode Island
- South Carolina
- Tennessee
- Texas
- West Virginia

States with limitations on when and where competitive foods may be sold which exceed federal requirements:

- Alabama
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Florida
- Georgia
- Hawaii
- Illinois
- Indiana
- Kentucky
- Louisiana
- Maine
- Maryland
- Nevada
- Nebraska
- Nevada
- New Jersey
- New Mexico
- New York
- North Carolina
- Oklahoma
- South Carolina
- Texas
- West Virginia

States with BMI or other obesity-related health screening initiatives in schools:

- Arkansas
- California
- Delaware
- Florida
- Illinois
- Iowa
- Kansas
- Louisiana
- Maine
- Massachusetts
- Missouri
- New York
- Pennsylvania
- South Carolina
- Tennessee
- West Virginia

States requiring screening of type 2 diabetes for students

- California
- Illinois

States which have taxes on food with low nutritional value:

- Arkansas
- California
- D.C.
- Illinois
- Indiana
- Kentucky
- Maine
- **Minnesota**
- Missouri
- New Jersey
- New York
- North Dakota
- Rhode Island
- Tennessee
- Texas
- Virginia
- Washington
- West Virginia

Appendix G: Legislative Actions Occurring in Minnesota

Bill Number	Year	Brief	Status
HF1011	2005	Establish and operate an employee transportation program promoting bicycle commuting by state employees.	Dead
HF1026	2007	Develop Bike/Pedestrian Trails for 85th avenue from East River in the city of Coon Rapids to University Avenue in the city of Fridley	Pending
HF1153	2005	Appropriation of money set aside to advance cross walk safety by developing and distributing education materials; creating and placing advertisements in mass media and on billboards; making grants to local units of government and law enforcement agencies to implement pedestrian safety activities and provide increased signage and crosswalk markings; and otherwise enhancing education about and enforcement of pedestrian safety laws.	Dead
HF1166	2004	Portion of Sales Tax to go Natural and Cultural Resources, Heritage Enhancement Fund, parks and trails fund, a clean waters fund, a Heritage Enhancement Council and a Clean Water Council	Dead
HF118	2005	Food Manufacturers and Sellers Protected from Legal action from injury or weight gain.	Dead
HF119	2005	Regarding the authorization of the issuance of state bonds, appropriating funds for expansion of Paul Bunyan Trail	Dead
HF138	2005	School zone area and speed limits are defined; Allows School Boards to lower limits; Requires that all signs posted by local authorities conforms to Manual on Uniform Traffic Control Devices.	Dead
HF1474 SF1403	2005	The state will pay districts participating in the national school lunch program an additional 10 cents for each full-paid, reduced, and free student lunch served to students in the district if the: <ul style="list-style-type: none"> 1) offer at least three different fruits and vegetables as part of the daily lunch menu, at least one of which must be fresh; (2) offer at least one whole grain item as part of the lunch menu at least three days each week; (3) offer healthier a la carte choices, including 100 percent fruit or vegetable juices, water, fresh fruits and vegetables, whole grain snack foods, and low-fat dairy products; (4) offer skim or one percent milk; (5) encourage increased consumption of low-fat milk by one of the following methods: <ul style="list-style-type: none"> (i) offering milk in attractive, modern packaging; (ii) serving milk at its optimal temperature; (iii) displaying milk in convenient locations; or (iv) offering flavored milk; and (6) Perform an annual evaluation of the school lunch program by reviewing all menu and a la carte items using local and national guidelines, including those recommended by Action for Healthy Kids in Minnesota in the report Healthy Foods for Kids: Guidelines for Good Nutrition at School. 	Dead

HF153	2005	Health care premium rate restrictions, cost containment provisions, loan forgiveness programs, medical assistance, general assistance medical care, and MinnesotaCare programs modified. Develop a task force to study health status of school-age children to include measurable outcomes in reducing childhood obesity, including school healthy eating programs and nutritional offerings in public schools.	Dead
HF172	2005	Appropriating funds to St. Cloud Area Regional Parks and Trails Coordinating Board	Dead
HF1735	2005	Funding to plan, design, build, maintain, promote, and operate public transit, bicycle, and pedestrian projects, and to plan, design, and provide transportation infrastructure associated with transit-oriented development.	Dead
HF1793	2004	Develop local health and physical education standards as part of required academic standards	Enacted
HF1931	2004	Health and physical education to become an academic standard by Feb 2005.	Dead
HF1934	2004	Authorizing the sale of State bonds and appropriates money for a pedestrian trail crossing St. Louis Park	Dead
HF2148	2004	Specifications for licensure of exercise physiologists and penalties for misuse. Identifies accredited institutes for education	Dead
HF2154	2004	Authorizing State Bonds and appropriating money for completion of the Grand Rounds National Scenic Byway in the city of Minneapolis	Dead
HF2201	2001	Requires state agencies take certain actions to promote bicycle commuting by state employees	Dead
HF2209	2004	Provides for academic standards for the instruction of physical education and health education	Dead
HF2247	2004	Transportation policy provision modifications; includes the language promoting bicycle commuting: "to conserve energy, alleviate traffic congestion, improve employee health through increased physical activity."	Dead
HF2461	2005	Commissioner of Transportation is to promote bicycle use and commuting	Dead
HF2474	2005	Medical assistance drug coverage authorized for obesity medications needed to treat certain conditions and diseases	Dead
HF2521	2005	Construction of the Eyota Chesterwoods Trail from Rochester to Dover	Dead
HF255	2003	Snowmobile trail easements acquisition funding provided to connect the Willard Munger State Trail to the North Shore State Trail	Dead
HF2578	2004	Grant to Hennepin County for the Cedar Lake Trail extension.	Dead
HF2581	2006	Acquire land for and to develop the Gitchi Gummi State Trail.	Dead

HF2583	2006	Provides for the land acquisition, engineering, construction, furnishing, and equipping of a 19-mile "Boundary Waters Connection" of the Mesabi Trail from Bearhead State Park to the International Wolf Center in Ely.	Dead
HF2591	2006	The Commissioner of natural resources to pre-design, design, and construct a non-motorized state pedestrian trail connection to the Willard Munger State Trail from the city of Carlton through the city of Scanlon continuing to the city of Cloquet, along the St. Louis River in Carlton County.	Dead
HF2601	2006	Funding for improvements, including rip rap and repairs, to the segment of the Paul Bunyan State Trail located in Bemidji	Dead
HF2628	2006	Improve the Glacial Lakes Trail from Paynesville to near New London and for safety improvements to the trail provided there are matching grants. Also provides for acquisition, engineering, and construction of trail connections on the Lake Koronis Trail	Dead
HF2647	2006	Funding for the Commissioner of natural resources to pre-design and design of the Minnesota River Trail from and through Lac qui Parle State Park to the existing segment of the anchor segment in Montevideo.	Dead
HF2669	2006	Sets forth for a statewide trail acquisition and development. Detailed breakdown in Funding	Dead
HF2672	2002	Special hunting provisions authorized for persons with walking disabilities.	Dead
HF2756 SF 2167	2004	Promotes the sale of defined healthy beverages in schools and regulates the sales of other beverages. Limits provisions with vending contractors.	Dead
HF2769	2004	Relates to capital improvements; authorizes the issuance of state bonds; appropriates money for acquisition and development of the Minnesota River Trail from Wegdahl to Granite Falls.	Dead
HF2775	2004	Proposes an amendment to the Minnesota Constitution, article XI; dedicates the sales tax receipts equal to a sales tax of one-fourth on one percent on taxable sales for natural resource purposes; creates a heritage enhancement fund, a parks and trails fund, and a clean water fund; established a Heritage Enhancement Council.	Dead
HF2861	2002	Appropriates money for a pedestrian crossing at Belt Line Boulevard in St Louis Park. Authorizes issuance of state bonds; involves capital improvements.	Dead
HF2869	2004	Regulate the sale of beverages in school vending machines and meal periods. Limit the sale of any beverage that is not milk or non-milk nutritional beverage in schools. "Milk" means whole milk, skim milk, or low-fat milk as defined or a product that contains 100 percent fluid milk, including flavored milk; "Non-milk nutritional beverage" includes fruit drinks that contain at least 50 percent fruit juice and no added sweeteners and bottled water;	Dead

HF2901	2006	Ski area operator and skier responsibilities, rights, and liabilities defined; and actions for injuries resulting from the inherent risks and dangers of skiing prohibited.	Dead
HF25	2006	Defines ski area operator and skier responsibilities, rights, and liabilities; and actions for injuries resulting from the inherent risks and dangers of skiing prohibited.	Dead
HF2959	2006	Sets forth approximately greater than \$50 million in funding for capital improvements; authorizing spending to acquire and better public land and buildings and other public improvements of a capital nature with certain conditions. Specifically identifies several trails that will be developed or completed through this funding in addition to regional park improvements.	Enacted
HF297	2003	Sets forth under limits of bill appropriations: 1) administration of/or contract for statewide consumer education, 2) wellness programs that will improve the health of Minnesotans 3) increase individual responsibility relating to personal health and the delivery of health care services, 4) undertake prevention programs including initiatives to improve birth outcomes, expand childhood immunization efforts, and 5) provide start-up grants for worksite wellness programs.	Dead
HF297	2005	Restores senior nutrition funding and provides senior nutrition grants to serve certain populations.	Dead
HF3016	2006	Requires academic standards for health and physical education, for which locally developed academic standards apply that include at least two 30-minute or three 20-minute periods each week for all kindergarten through grade 12 students.	Dead
HF3095	2006	Minneapolis Park and Recreation Board and city council authorized to impose a park dedication fee on new housing units at a maximum of \$3,000.	Dead
HF3164	2004	Action may not be brought on a manufacturer, seller of food or a trade association for an alleged injury from the consumption from the consumption of food and weight gain, obesity, or any health condition associated with weight gain or obesity. This does not prohibit an action as the result of breach of express contract or warranty in consumption of food and that manufacturer or seller is proceeding under Minnesota State law.	Dead
HF3191 SF3053	2004	Schools serving a la carte lunch must meet nutritional standards and consist of: no greater than 30% calories from fat; have at least 15% recommended daily allowances of calcium or 10% recommended daily allowances of 3 other vitamins/minerals. Fruits and vegetables must be offered. When possible whole grain items should be offered.	Dead
HF3203	2002	Modifies vehicle and motorcycle registration and titling to include bicycle registration.	Enacted

HF3260	2006	School districts must maintain the same physical education and health education requirements for students in kindergarten through grade 6 adopted for the 2005-2006 school year through the 2008-2009 school year. Before a revision of the local health and physical education standards, a school district must consult the grade-specific benchmarks developed by the Department of Education's health and physical education quality teaching network for the six national physical education standards and the seven national health standards.	Dead
HF3461	2002	Any rail corridor or former rail corridor located in the city of Minnetonka Beach may not be designated by any state agency or other political subdivision as any type of bikeway, recreational path, or recreational vehicle trail without the express consent of the Minnetonka Beach city council.	Dead
HF3503	2006	Bicycle operators and passengers under the age of 18 required to wear helmets, and standard for helmets updated. A person who is 15 years of age or older and who violates this is subject to a fine of \$25. The parent or legal guardian of a person who is under 15 years of age and who violates this is subject to a fine of \$25.	Dead
HF3810	2006	PERSONAL RESPONSIBILITY IN FOOD CONSUMPTION ACT. Civil liability based on any individual's or group of individuals' purchase or consumption of food or nonalcoholic beverages in cases where liability arises from weight gain or obesity resulting from the individual's or group of individuals' long-term purchase or consumption of a food or nonalcoholic beverage.	Dead
HF4131	2006	Metropolitan transportation area defined, sales tax imposed, and funds distributed. Counties can use proceeds for transportation improvements within the county including: planning, designing, building, maintaining, promoting, and operating bicycle and pedestrian programs and pathways.	Dead
HF420	2007	Health and physical education course requirements provided, approved local school wellness policies posted on department website, grant program established, rulemaking authorized, and money appropriated.	Pending
HF422	2005	State and local trail development funding provided, bonds issued, and money appropriated.	Dead
HF462	2005	Bloomington; grant provided to maintain the old Cedar Avenue bridge for hikers and bikers, bonds issued, and money appropriated.	Dead
HF488	2005	Natural and scenic area grants, outdoor recreation grants, and greater Minnesota regional park grants provided	Dead
HF50	2003	St. Cloud Regional Parks and Trails Coordinating Board grant provided with appropriations of \$8,485,520 from bond proceeds.	Dead
HF655	2005	WIC coupons authorized for purchase of organic foods.	Dead
HF708	2005	Speed-detection devices effectiveness on drivers in school zones pilot project established	Dead

HF713	2005	Funding for the design and construction engineering for a pedestrian/bicycle trail on the North Side of the Lower Afton Road Trail.	Dead
HF796	2007	Family, friend, and neighbor grant program established to promote children's early literacy, healthy development, nutrition and school readiness, and to foster community partnerships.	Pending
HF903	2005	Grant to the city of Bowles for a recreational center along the Soo Line Trail.	Dead
SF2685	2004	Appropriating money for acquisition and development of the Minnesota River Trail from Wegdahl to Granite Falls.	Dead
SF401	2004	Constitutional amendment to dedicate sales and use tax receipts to natural and cultural resource purposes; heritage enhancement, parks and trails, clean water and arts, humanities, museum and public broadcasting funds creation.	Dead
SF1129	2005	WIC nutritional program coupons use for organic food purchases.	Dead
SF1144	2005	Money in the special account is appropriated to the commissioner of public safety to be used to advance crosswalk safety education by developing and distributing crosswalk safety education materials; creating and placing advertisements in mass media and on billboards; making grants to local units of government and law enforcement agencies to implement pedestrian safety activities and provide increased signage and crosswalk markings; and otherwise enhancing education about and enforcement of pedestrian safety laws.	Dead
SF1703	2005	Funding to plan, design, build, maintain, promote, and operate public transit, bicycle, and pedestrian projects, and to plan, design, and provide transportation infrastructure associated with transit-oriented development.	Dead
HF1931	2005	Sets forth ski area operator and skier responsibilities, rights, and liabilities defined; and actions for injuries resulting from the inherent risks and dangers of skiing prohibited. Sponsor: Heidgerken	Dead