

THE INTERSECTION OF HEALTH SERVICES & COMMUNITY ENVIRONMENTS

8 Profiles of State-Driven Initiatives
to Advance Population Health

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Prevention Institute is a non-profit, national center dedicated to improving community health and well-being by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on injury and violence prevention, traffic safety, health disparities, nutrition and physical activity, and youth development. This, and other Prevention Institute documents, are available at no cost on our website.

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8 Profiles of State-Driven Initiatives to Advance Population Health

FORWARD

There is growing recognition that factors outside the health care system have a tremendous impact on health and health outcomes. The recent passage of the Affordable Care Act has generated a broad discussion of potential innovation in the health system in order to reduce costs, increase access, and improve health. One critical thread in this conversation is a push to focus resources and attention not only on reforming access to and the quality of care, but also on systematically reducing illness and injury in the first place. State governments play a key role in furthering this conversation and informing the evolving thinking of how health care systems and community environments intersect to influence the health of populations.

Research has shown that health and safety are shaped largely by the environments in which people live, work, play, and learn. Rising rates of chronic illness increase the imperative to develop solutions that tackle underlying community determinants of health while also delivering high-quality health care. State governments serve as natural testing grounds, catalysts, and leaders in developing new models, systems, and partnerships that will elevate coordinated prevention, support safe and healthy communities, and save money and lives.

Compiled by Prevention Institute, the following eight profiles demonstrate how states are moving beyond silos to partner within and outside of state governments to support innovative initiatives that advance population health. These profiles were prepared in response to the Center for Medicare and Medicaid Innovation's interest in the important role of states in facilitating collaborations and comprehensive efforts that improve community environments. The initiatives highlighted represent a variety of states and diverse health issues and risk factors, and feature efforts where significant improvements in health are foreseeable. Despite this diversity, a few common themes emerge:

- Effective partnerships is key: while the state public health agency was often the lead or originating agency, close collaboration with other state, city, and county agencies, as well as community organizations, was a critical component of these programs.
- Partnerships should move beyond health: the inclusion of non-health sectors is a key ingredient to success. Multi-sector partnerships enhance the long-term sustainability of efforts.
- Developing internal capacity is critical: people drive the process, especially those that involve multiple stakeholders and issues. Resources are needed to build organizational capacity and the dedicated staffing necessary to carry out activities.
- Appropriate benchmarks and indicators lead to success: substantive change takes time, and it is key to have clear goals and ways of measuring success. Establishing phased outcomes and expectations (short-, medium-, and long-term) is important for maintaining momentum and communicating success. Because many of the initiatives originated from grant funding, it is critical that benchmarks be realistic in order to make the case for sustained funding.

The profiled examples in this document demonstrate strong vision, the potential for replication, the use of multiple complementary strategies, and the consistent development of effective partnerships from diverse sectors.

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Nutrition, Physical Activity, and Tobacco Cessation

Statewide Health Improvement Program

MINNESOTA

Overview

The Minnesota *Statewide Health Improvement Program*¹ (SHIP) launched as part of the bipartisan state health care reform legislation enacted in 2008. SHIP tackles the top three preventable causes of illness and death in the U.S.: tobacco use & exposure, physical inactivity, and poor nutrition. These three factors have been estimated to cause 35% of all deaths in the U.S., or 800,000 deaths annually.

Rather than focusing on individual behavior change, SHIP works to create sustainable, systemic changes that make it easier for Minnesotans to choose healthy behaviors. The program takes proven best practices from the Centers for Disease Control and Prevention (CDC) and other leading public health organizations to create a menu of health improvement strategies. Grantees, which include local health departments and tribal governments, choose from this menu in determining which policy, systems, and environmental changes to implement in their communities. Working in four settings (schools, health care systems, worksites, and the community in general) examples of strategies include: improving nutrition by working with schools to increase the availability of fresh fruits and vegetables, decreasing exposure to second-hand smoke by assisting owners of multi-unit housing wishing to make their buildings smoke-free, lowering insurance costs by supporting employers interested in workplace wellness programs, and increasing physical activity by helping communities make biking and walking safer.

In the first two years of SHIP funding, 41 grantees covering all 87 counties and 9 tribal governments began this work, and resulted in the following: improved nutrition at 544 child care sites serving approximately 8,564 children, the creation of 255 city-wide plans to increase walking and bicycling, and increased Farm to School efforts in 350 schools and 22 school districts serving at least 200,000 students.

Outcomes

With sustained funding at the \$27 million per year funding level, the program was projected to move as much as 10% of the adult population in Minnesota into a normal weight category and as much as 6% of the adult population into a non-smoking category by 2015. A robust framework for conducting local and statewide evaluation of the program has been developed to track progress towards meeting these goals.

Population Focus

SHIP targets the entire population of the state of Minnesota in order to reduce obesity rates and tobacco use and exposure. Individual grants target specific populations based upon the needs of the community identified by the local coalitions.

Role of State Health Agency

The Minnesota Department of Health (MDH) administers the program, including compiling effective strategies from national experts; awarding program grants; providing technical assistance and training; and tracking progress for monitoring and evaluation.

Key Partners

The Statewide Health Improvement Plan is in partnership with the Minnesota Legislature, the Center for Disease Control and Prevention, local health departments, tribal governments, schools, local businesses, Minnesota-based corporations, health care providers, and community-based organizations.

Payment Mechanism

Under this program, \$20 million in grants were awarded for 2010, \$27 million was awarded for 2011, and \$11.3 million has been awarded for 2012. For the first SHIP funding cycle, grants were awarded to communities on a per capita basis of \$3.89 per person, which is the minimum recommended amount by the CDC for comprehensive health interventions that address chronic disease prevention.

Related Efforts

SHIP is one component of Minnesota's statewide Health Reform Initiative, passed by the legislature in 2008, which also includes the establishment of a medical home program, and quality, cost, and payment reform within the state's health care system. The development of SHIP was informed by Minnesota's Plan to Reduce Obesity and Obesity-Related Chronic Diseases: 2008–2013, a statewide collaborative effort to develop a roadmap for creating policy and environmental changes that support healthy eating, physical activity, and achieving or maintaining a healthy weight.

Preventing Violence

Safe and Successful Youth Initiative

MASSACHUSETTS

Overview

The state of Massachusetts launched the *Safe and Successful Youth Initiative* (SSYI) in May 2011, a comprehensive plan to prevent youth violence based on the public health approach. The initiative includes four main focus areas:

- An emphasis on community-wide prevention to stop violence before it occurs. SSYI applies the state's public health and public safety expertise to build strong and engaged communities, offer structured positive after-school and weekend activities, develop youth leadership, and provide opportunities to learn peaceful conflict resolution.
- An emphasis on neighborhoods at greatest risk and those most affected by violence. Because neighborhoods do not ordinarily receive direct funding for prevention efforts, the state has taken the lead to identify and invest resources in communities with the highest rates of violence. State agencies partner with local officials and community coalitions to identify service gaps, and to provide support, case management, and health care and to young people in these communities.
- An emphasis on community re-entry in order to reduce risk factors that make ex-offenders vulnerable to committing subsequent crimes. Young adults in correctional facilities begin developing a re-entry plan with their case managers 12 months before release, so that upon release, they will have plans for housing, employment, and education.
- An emphasis on increasing sanctions for people convicted of gun-related crimes, as well as to equip law enforcement with the necessary tools for investigating incidents involving firearms.

Outcomes

The SSYI is expected to reduce injuries, hospital admissions, and hospital deaths as a result of decreased rates of violence, particularly in high-risk neighborhoods. Moreover, nearly half of all patients under age 24 who are hospitalized for injuries from violence are later re-admitted, so preventing violence reduces the cost and time spent on medical treatment of injuries and the number of hospital re-admissions.² Violence is a significant economic burden costing society about \$47 billion a year nationally in total medical and work loss costs.³ And while it has been long understood that violence has implications for emotional and physical injury, it is only relatively recently that direct connections have been made to the leading chronic diseases, such as asthma, heart disease and hypertension, ulcers, diabetes, and lung disease. For example, adults reporting exposure to violence as children had increased likelihood of a number of chronic health conditions compared those without such exposures, especially if their experience involved multiple forms of violence exposures (ischemic heart disease 2.2x, cancer 1.9x, stroke 2.4x, chronic obstructive lung disease 3.9x, diabetes 1.6x, hepatitis 2.4x).⁴

Population Focus

The focus population for this initiative is young people ages 14 to 24 and their families in the state of Massachusetts. There are concentrated interventions for approximately 1,000 young men either living in areas with the highest numbers of youth homicides and serious assaults or leaving adult correctional facilities.

Role of State Health Agency

The state health agency has an important and multi-faceted role. Using millions of dollars in state funding, the state health agency has contracts with community-based violence prevention coalitions across the state. It trains and funds emergency departments to conduct counseling and provide other support for victims of violence, and it also gathers and analyzes data from a variety of sources, including death certificates and emergency room and hospital usage reports. The state health agency also advises the Governor on comprehensive approaches to prevent violence and address other health issues.

Key Partners

The Office of Health and Human Services for Children, Youth and Families and the Office of Public Safety and Security provide coordination and technical assistance to local stakeholders. Stakeholders may include mayors, young people, community organizations and businesses, faith leaders, and professionals in multiple sectors such as health/public health, education, parks and recreation, economic development, law enforcement and criminal justice.

Payment Mechanism

Funding for this initiative includes approximately \$10 million from the state legislature's FY12 supplemental budget, which includes \$9.7 million in grants to 11 cities.

Related Efforts

This initiative is strengthened by several related efforts in the state: the 4,000 summer and after-school jobs for youth provided through *YouthWorks*, the federal Byrne Grant program, and private employers are all working to support Massachusetts's preventing violence efforts.

There are a number of other statewide violence prevention initiatives. For example, the Illinois Violence Prevention Authority, co-chaired by the Director of the Illinois Department of Public Health and the Illinois Attorney General, acts as a focal point for sustained collaborative work to prevent violence. Minnesota passed legislation in 2009 recognizing violence as a public health issue, which sets a precedent for continued state-local partnership to prevent violence.

Access to Fresh Food

Fresh Food Financing Initiative*

PENNSYLVANIA

Overview

In 2004, the Food Trust in Philadelphia, PA, in partnership with The Reinvestment Fund and the Greater Philadelphia Urban Affairs Coalition, identified a strong need for government investment to finance supermarkets, grocery stores, and other healthy food retailers in underserved communities. These three groups worked with the Governor and Legislature to launch the first state-wide fresh food financing initiative. The Philadelphia Legislature allocated \$10 million in its annual appropriations in 2004, with additional funds allocated in 2005 and 2006, to establish a grant and loan program to encourage supermarket development in underserved areas. The Reinvestment Fund leveraged the investment to create a \$120 million initiative composed of state dollars, federal tax credit dollars, and private investments.

The FFFI provides grants of up to \$250,000 and loans that range in size from \$25,000 to \$7.5 million. To be eligible, a business must primarily sell groceries and locate in a low- to moderate- income area that is underserved by food retailers. The FFFI funds both start-ups, as well as existing stores seeking to expand or upgrade their operations. As of June 2010, the FFFI has provided funding for 93 fresh-food retail projects, improving access to healthy food for more than half a million people and creating or preserving more than 5,000 jobs.⁵

Outcomes

Low-income communities and communities of color often have few businesses selling healthy foods at affordable prices.^{6,7} Several studies have shown an association between proximity to supermarkets and healthier eating.^{8,9,10,11} A 2008 California study found that the higher the ratio of fast-food outlets to grocery stores in a neighborhood, the more likely residents are to suffer from obesity and diabetes.¹²

Increasing the number of fresh-food retailers in Pennsylvania's poorest areas is expected to not only foster better eating habits, but also strengthen the economy and social fabric of neighborhoods. The presence of a local supermarket, corner stores stocking fresh fruits and vegetables, and farmers' markets all play a key role in increasing access to healthy foods, and creating an environment where individuals can make healthy, nutritious choices.

Population Focus

The initiative is designed to attract supermarkets and grocery stores to low-income, underserved urban and rural communities in the state of Pennsylvania.

Role of State Health Agency

While the Pennsylvania Department of Public Health did not play a specific role in this initiative, state health departments can play a vital role in supporting fresh food financing. State health departments can help to identify communities with high rates of diet-related chronic disease, and assess whether grocery store access is an issue in those neighborhoods. State health departments can also help to identify interested community groups and collaboratives that can help draw down the funds to their local communities.

Key Partners

The Fresh Food Financing Initiative is a partnership between multiple organizations and the Commonwealth of Pennsylvania. The Reinvestment Fund (TRF) manages FFFI's financing and grant program, including underwriting, documenting, servicing, and ongoing asset management for all investments. The Food Trust promotes the initiative statewide and works with supermarket developers and communities throughout the State to determine how they can best use the resources available through FFFI. UAC enhances contracting opportunities

* Information for this profile on the Pennsylvania Fresh Food Financing Initiative was pulled from a longer document prepared by The Reinvestment Fund (TRF). The full brief can be found at: www.trfund.com/resource/downloads/Fresh_Food_Financing_Initiative_Comprehensive.pdf

for disadvantaged, minority, and women-owned businesses interested in becoming supermarket developers or subcontractors through the initiative. These three organizations work in partnership with the Pennsylvania Department of Community and Economic Development. The supermarket industry, local economic development organizations, community organizations, and universities have also been supporters of the initiative.¹³

Payment Mechanism

To attract and stimulate private capital investment into underserved urban and rural communities, TRF pledged to match the Commonwealth's five-year \$30 million grant into FFFI by a ratio of 3:1, to create a \$120 million program.¹⁴ The program has four components: a bank-syndicated supermarket loan fund, the federal New Markets Tax Credit program,

TRF's own Core Loan Fund, and direct grants to operators and developers. Each of these components offers unique benefits and flexibility, and TRF works with applicants to determine which source of funds best fits a project's needs.

Related Efforts

Several states are working to replicate the FFFI model including New York, New Jersey, Illinois, Louisiana, and California.¹⁵ Additionally, the 2012 federal budget has included \$32 million for healthy food financing, with money contributed from the Department of Treasury and the Department of Health and Human Services. This federal initiative, modeled after Pennsylvania's initiative, will bring grocery stores and other healthy food retailers to underserved urban and rural communities across the United States.

Unintentional Injury

Fall Prevention Initiative

WISCONSIN

Overview

In 2010, the *Wisconsin Fall Prevention Initiative* developed an action plan to prevent falls specifically for older adults. While falls are a significant cause of injury for all ages, those ages 65 years and older are particularly susceptible. In fact, one third of people over the age of 65 years fall every year, and 10% of these falls are serious enough to require hospitalization.¹⁶

Over 60 state and local partners worked in collaboration to develop the action plan which calls for state and local organizations across sectors to work together, helping health care professionals and communities learn about proven approaches to reduce fall risk. Through an underlying focus on systems change, the goal is to reduce overall costs¹⁷—both direct costs of health care service due to falls, as well as the personal costs that families incur because of falls. The plan identifies community-based and medical prevention approaches to prevent falls that include: 1) gait and balance assessment and referral; 2) medication review and management; 3) efforts to coordinate care, particularly for older adults with chronic conditions; 4) referral to evidence-based programs in the community; 5) establishment of primary care practices that code for Medicare reimbursement for fall prevention; 6) patient referral by vision care clinics for those who are at risk to community-based resources; and 7) inclusion of fall prevention measures in out-patient and home settings within electronic medical records.

Outcomes

This initiative and plan is expected to reduce falls and fall-related complications and deaths among Wisconsin's age 65 and older population through the integration of community based and medical prevention approaches. The expected outcomes are two-fold: to improve quality of life for Wisconsin's older adults by preventing falls in the first place; and reducing the associated health care and societal

costs from preventable falls. Hospitalizations and emergency department visits due to falls result in \$800 million in hospital charges each year in Wisconsin.¹⁸ It is estimated that over 70% of the costs for fall-related hospitalizations and emergency department visits are paid for by Medicare and Medicaid.¹⁹ At twice the national average, Wisconsin has one of the highest rates of death from unintentional falls in the nation.

Fall prevention rehabilitation programs in other states have found that these efforts can reduce health care costs by approximately \$500 per fall averted with an estimated 542,000 falls that could be averted.²⁰

Population Focus

The target population for this initiative is adults aged 65 or older residing in Wisconsin.

Role of State Health Agency

The Injury and Violence Prevention Program of the Wisconsin Department of Public Health Services has served as an instrumental convener of fall prevention stakeholders, leading the development of the *Fall Prevention Initiative* and the subsequent action plan for older adults. The Department prioritizes policy and systems changes that produce the greatest return on investment within the current context of health care reform, incentives for Medicare innovation, payment reform initiatives, and investment in chronic disease management and community-based collaborative public health initiatives.

Key Partners

The Fall Prevention Plan has a wide-range of partners including: Aging and Disability Resource Centers, Coalition of Wisconsin Aging Groups, County and Municipal Public Health Departments, Division of Long-term Care—Department of Health Services, Division of Quality Assurance—Department of Health Services, Greater Wisconsin Agency on Aging Resources, Inc., health care organizations,

local Aging Units, local Fall Prevention Coalitions, local senior centers, the Injury Research Center at the Medical College of Wisconsin, tribal representatives, and the University of Wisconsin.

Payment Mechanism

The *Fall Prevention Initiative* is primarily funded through grants from the Administration on Aging and the Centers for Disease Control and Prevention (CDC). The CDC, via cooperative agreement, funded the development of the action plan for older adults.

Related Efforts

The Greater Wisconsin Agency on Aging Resources, Inc., a nonprofit agency, sponsors the *Stepping On* program. This program empowers older adults to carry out health behaviors that reduce the risk of falls, improve self-management, and increase quality of life. It has been shown to reduce falls by 31%. A community-based workshop is offered once a week for seven weeks using adult education and self-efficacy principles. Older adults develop specific knowledge and skills to prevent falls in community settings. Senior falls prevention efforts around the country also incorporate strategies to modify places where falls are likely to occur by, for example, adding handrails to stairwells and showers, fixing carpeting, repairing uneven sidewalks, and adding elements to neighborhood streets such as curb cuts and standing median strips in wide intersections.

Healthy Housing

Healthy Homes Initiative

CONNECTICUT

Overview

In 2008, the Connecticut Department of Public Health created the *Healthy Homes Initiative*, with the mission to “develop statewide partnerships and implement comprehensive policies and coordinated program activities that foster a healthy and safe home environment, reduce housing related health disparities, and improve the public’s health.” A Healthy Homes Team was formed representing eight single-hazard programs (Lead, Radon, Asbestos, Private Wells, Tobacco Control, Asthma, Indoor Environmental Quality, and Injury Prevention) to develop a more comprehensive statewide approach to healthy homes. The Department of Public Health team developed six core goals to achieve this mission: 1) public education; 2) optimization of policies and standardization of practices for prevention, assessment, and remediation of home-based hazards; 3) state-wide adoption of integrated healthy homes programs; 4) workforce development; 5) sustainable funding; and 6) impact assessment. The Initiative has already resulted in a comprehensive Healthy Housing Databook, the creation of a “Healthy Homes” option for public health block grant funding to allow for focus on multiple housing-related issues, the convening of a statewide Healthy Homes Partners workgroup, and expansion of the role of housing and health code enforcement officials (beyond single risk factors).

Outcomes

The initiative is expected to reduce injury and illness related to the home environment including lead poisoning, asthma, cancer, etc. The initiative employs evidence-based and integrated housing interventions in a coordinated manner. Research has demonstrated impressive results from related healthy housing initiatives. For example, residential fire injury rates were reduced by 80% after targeting high-risk neighborhoods with smoke alarms combined with an education and media campaign.²¹ A review of

home-based asthma interventions found a return of \$5.3 to \$14.0 for each dollar invested, and research has shown that improving indoor environments to mitigate asthma risk could result in a savings of \$2 billion to \$4 billion in the United States.²²

Population Focus

The target population for the initiative is the entire home-dwelling population of the state of Connecticut with particular focus on low-income households residing in urban centers of with older housing stock.

Role of State Health Agency

The Department of Public Health has taken the lead in developing, coordinating, monitoring, and advancing the *Healthy Homes Initiative*, including organizing team and partner working groups to inform the work of the initiative, implementing activities set forth in the strategic plan, and obtaining maximum funding from the Centers for Disease Control and Prevention (CDC) to further develop and implement the initiative.

Key Partners

At the heart of the *Healthy Homes Initiative* are several key partners who represent government agencies and private organizations, including: the Department of Social Services, the Department of Economic and Community Development (DECD), the Connecticut Housing and Finance Authority, Department of Environmental Protection (DEP), the Chief State’s Attorney’s Office, Department of Consumer Protection, Department of Public Safety, CT Association of Directors of Health, CT Poison Control Center, CT Environmental Health Association, the University of Connecticut (UConn) Cooperative Extension System: Healthy Environments for Children program, New England Lead Coordinating Committee, American Lung Association, and many more.

Payment Mechanism

The initiative is primarily funded through a federal grant from the Lead and Healthy Homes Branch housed within the Centers for Disease Control and Prevention (CDC), as well as state resources and funds. The CDC Healthy Homes Program advances a coordinated, comprehensive approach to preventing housing related diseases and injuries and provides grants to state health departments to develop and implement healthy housing interventions.

Related Efforts

The comprehensive coordination of efforts to promote the *Healthy Homes Initiative* resulted in an even stronger partnership between the Connecticut DPH and Department of Social Services (DSS), which receives related funding from the federal Department of Housing and Urban Development (HUD). Both programs work collectively to identify and address a variety of environmental health and safety concerns in the home.

Walkability

Safe Routes to School Program

MISSISSIPPI

Overview

Mississippi is among the states with the highest rates of vehicular deaths in the nation and alarming rates of childhood chronic disease due to unhealthy eating and lack of opportunities for physical activity.²³ The *Mississippi Safe Routes to School* (SRTS) program works to promote physical activity and reduce injuries among K-8 schoolchildren by employing a comprehensive set of strategies including making infrastructure improvements to the community environment and producing programs, events, and educational materials. Operating within the Department of Transportation (MDOT), the SRTS program provides grants to local communities to pursue infrastructure projects that make walking and biking to school safe and inviting (such as constructing sidewalks, multi-use paths, or crosswalks and signage) as well as non-infrastructure projects, such as organizing Walk to School Day events, walking school buses, or planning educational campaigns. Lastly, the SRTS program provides training and technical assistance to communities throughout the planning and implementation process. For example, the program provides direct consultation and assistance to schools in low-income communities in order to empower residents and to build their capacity to transform their communities into safer, more livable places.

Outcomes

The SRTS program is expected to improve health by improving cardiovascular health and reducing traffic-related injuries through increased opportunities for safe daily physical activity through biking and walking to school. Across the nation, local programs have achieved increases in walking and bicycling of 20 to 200%.²⁴ Research has shown that even a 5% increase in neighborhood walkability (defined as the completeness of the sidewalk network, safety of street crossings, directness of routes and other measures) was associated with an average of 32 more minutes

devoted to physically active travel per week.²⁵

Moreover, children who walk or bicycle to school have better cardiovascular fitness compared with children who do not actively commute to school, and are more physically active throughout the day.^{26,27} Additionally, SRTS programs can lead to added benefits, such as lower rates of traffic injury and improved air quality through reductions in traffic congestion. For example, the SRTS program in Miami-Dade County, Florida documented a 43% decrease in the total number of children ages 0-14 hit by cars since 2001.²⁸

Population Focus

The target population for this initiative is children in the state of Mississippi in kindergarten through eighth grade, which overlaps significantly with the Medicaid-eligible population. Medicaid eligibility for elementary school children in Mississippi is established at or below 100% of the federal poverty level (FPL).²⁹ For 2009-2010, 66% of Mississippi elementary school children were eligible for free lunch in the National School Lunch Program,³⁰ which establishes eligibility at or below 130% FPL.

Role of State Health Agency

The Department of Health (MSDH) operates programs to supplement the SRTS effort, including the *Safe Routes STARS (Students Taking Active Routes Safely)* program, which provides free pedestrian and bicycle safety instruction courses to schools and a Web site to promote *Walk to School Day* events. Joint work on the SRTS program provided MSDH, the Department of Transportation (MDOT) and the Department of Education's (MDE) Office of Healthy Schools an opportunity to build relationships, and further collaborate on the formulation of both the statewide wellness policy and physical activity standards, while jointly promoting and implementing the *Safe Routes to School* program.

Key Partners

The Mississippi SRTS initiative is in partnership with the Department of Health, Department of Education, Bike Walk Mississippi, The Partnership for a Healthy Mississippi, and many others, including community-based organizations, municipal governments, other state agencies, and university-affiliated organizations. As such, the Mississippi SRTS program participates as part of the SRTS National Partnership's State Network Project, which focuses on policy change to remove policy barriers to walking and bicycling to schools. The national State Network Project advocates for implementing "complete streets" policies and changing school siting and other policies. The State Network is starting a separate Complete Streets Coalition, which will, among other activities, explore low-income communities' perception of the "high" cost of implementing "complete streets" policies.

Payment Mechanism

The Mississippi SRTS initiative is funded through the federal SRTS program. MDOT distributes funding to local communities through a competitive grant process, as well as provides assistance and advice to leverage other sources of funding, such as Community Develop Block Grants and private foundations. Federal funds also cover the costs of a full-time state SRTS program coordinator. Funding for the SRTS State Network Project is provided by the Robert Wood Johnson Foundation.

Related Efforts

Established in 2005, the federal *Safe Routes to School* program now operates in all 50 states and D.C. Each state takes its own tailored approach to administer the SRTS program to best reflect the needs and conditions of its population, and notable efforts in other states include: Arizona, California, Delaware, Florida, Michigan, Maine, Maryland, Massachusetts, Oregon, Tennessee, and Washington.

Health in All Policies

Health in All Policies Task Force

CALIFORNIA

Overview

California's Health in all Policies Task Force was established in 2010, and is comprised of 19 state agencies and departments including Health and Human Services, Transportation, Housing and Community Development, Parks and Recreation, Planning and Research, and Education. The Task Force was charged with identifying priority actions and strategies for state agencies to improve community health while also advancing sustainable development goals. Fundamentally, the Task Force represents a recognition that health is affected by decisions that are made throughout government but that health is often not considered in decision-making processes. Between April and November of 2010, representatives from member agencies, departments, and offices came together in multiple individual and Task Force meetings, hosted public workshops, and received written comments from a diverse array of stakeholders. These State leaders developed a broad-ranging set of recommendations on feasible strategies and actions to promote health while also meeting environmental and economic objectives.

The Task Force's recommendations support a future in which every California resident has the option to safely walk, bicycle, or take public transit to school, work, and essential destinations; live in safe, healthy, affordable housing; has access to places to be active, including parks, green space, and healthy tree canopy; is able to live and be active in their communities without fear of violence or crime; has access to healthy, affordable foods at school, at work, and in their neighborhoods; and that California's decision makers are informed about the health consequences of various policy options during the policy development process.

Outcomes

The Task Force expects to positively affect rates of injury and chronic illnesses such as asthma, diabetes, and stroke through outcomes and actions including: leveraging government spending to support

healthy and sustainable food procurement; inserting health and health equity criteria into state grants; broadly implementing crime prevention through environmental design; and advancing smart housing siting to improve air quality-related health outcomes and physical activity.

Population Focus

The Task Force is focused primarily on the activities of state government agencies with an emphasis on improving environments in communities across the state, particularly low-income, under-resourced communities.

Role of State Health Agency

The California Department of Public Health (CDPH) is specifically designated to facilitate and staff the Task Force and they have done so with support from the Health and Human Services Agency.

Key Partners

The 19 state agencies that have participated in the Task Force have been the key partners. CDPH also has an advisory committee made up of leading health and equity organizations, and solicits input regularly from policy experts and local health departments across the state.

Payment Mechanism

The Task Force has received significant fiscal support from The California Endowment (a private foundation), as well as project-specific funding from the Kaiser Permanente Community Benefits fund and the American Public Health Association.

Related Efforts

Other regions acting on related efforts include the Galveston, TX, Health in All Policies Project.³¹ The concept of Health in All Policies is well-developed in European countries and Australia.³² Similar concepts and approaches are evidenced by the National Prevention Strategy and the federal Partnership for Sustainable Communities.³³

Healthy Eating and Physical Activity

Little Voices for Healthy Choices Initiative

NEBRASKA

Overview

In March 2010, the Nebraska Department of Health and Human Services (DHHS) received a two-year grant from the Centers for Disease Control and Prevention's (CDC) *Communities Putting Prevention to Work* (CPPW) program. DHHS chose to use the funding to address healthy eating and physical activity in child-care settings and created the *Nebraska Little Voices for Healthy Choices* program. DHHS and its partners retooled an evidence-based program called the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) into a one-day workshop geared towards child care providers. The effort also supports policies that promote healthy eating and physical activity in child care homes through facilitated development of an action plan, guided support for implementation of healthy outcomes, and resources to prevent childhood obesity. Child care providers are able to take what they have learned and use the information to adopt policy and environmental changes that include changing the food and beverages provided to children, and ensuring that kids are getting a healthy amount of physical activity. Recommended strategies include: making drinking water easily visible and available; developing a written policy on nutrition and food service that is readily available and followed; and providing a large variety of portable play equipment. Child care homes that initiate environmental and policy changes upon completing the training, and are in good standing with DHHS Licensure are eligible to receive a Healthy Child Care Award. Currently, DHHS has given awards to 110 of the 300 trained facilities.

In less than two years, the initiative has reached children in over 300 child care sites in Nebraska and will reach an additional 200 sites by the end of the two-year grant period.

Outcomes

Healthy child care environments help to promote lifelong healthy behaviors that prevent chronic diseases, mental health problems and a variety of other diseases later in life. By changing the policies and environments in child care facilities, children are provided with healthier foods and beverages, and more opportunities for quality physical activity with an expected impact on chronic conditions such as diabetes. The development of healthy behaviors is essential for children ages 0-5; research has identified that early childhood weight gain is associated with overweight and obesity later in life.³⁴

While this project is still in its infancy, research supports the links between healthy childcare facilities and health outcomes for children. For example, in one study, researchers compared physical activity levels of children at 9 preschools and found that the characteristics of the preschools have a much greater influence on a child's physical activity while in school, than the child's demographic characteristics. Their findings suggest that preschool policies and practices have the ability to influence the overall physical activity levels of young children.³⁵ Another study examined the effect of preschool physical activity on the change in body fatness from preschool to first grade, and found that preschool-aged children with low levels of physical activity gained substantially more subcutaneous fat than children that were more active.³⁶

Population Focus

The Nebraska DHHS is focusing its initiative on children in family child care homes, as opposed to much larger child care facilities. Much of the geography in Nebraska is rural, and without the population to support larger child care centers, child care homes are the prevailing early childhood

facilities. By targeting child care homes, DHHS is able to reach the underserved rural population. Although the focus has been on child care homes in rural areas, larger child care centers in urban areas are now following suit positively impacting low-income children across the state. The state opened up its Child Care Rules and Requirements for public comment in August 2011, creating an opportunity for potentially introducing statewide changes. By changing policies, children throughout the state will get off to a healthier start.

Role of State Health Agency

DHHS staff served as the manager and coordinator for the grant that funds the *Nebraska Little Voices for Healthy Choices* program. DHHS has convened key partners to ensure that the program has worked successfully and has also been instrumental in providing tools and resources to child care centers as they work to improve their facilities.

Key Partners

DHHS brought together several key partners to support the *Nebraska Little Voices for Healthy Choices* effort including local health departments (to support child care centers), the Child and Adult Care Food Programs (to identify child care homes to receive training and assessment), the Child Care Licensure

Unit (to partner on the Healthy Child Care Awards) the University of Nebraska Lincoln (to evaluate the impact of the effort). A network of healthy eating, active living advocates, including the Nebraska Medical Association, non-profits, schools, local health departments, and hospitals became allies of DHHS and provided support for the *Nebraska Little Voices for Healthy Choices* effort.

Payment Mechanism

The *Nebraska Little Voices for Healthy Choices* initiative is funded by the Centers for Disease Control and Prevention's (CDC) *Communities Putting Prevention to Work* (CPPW) program. CPPW was created through the American Recovery and Reinvestment Act of 2009.

Related Efforts

DHHS is working with the University of Nebraska Lincoln to evaluate the NAP SACC program and the impacts that the program has had on child care policies and environments. The effort was associated with a review and revision of the State Child Care Rules and Regulations, which were overdue for an update. Additionally, the effort has led to additional private funding for child care centers to receive NAP SACC training.

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