

Evidence-Based Recommendations Gets Minnesotans *in the Groove*



“The Community Guide has been an invaluable resource to help guide our planning and to ensure that our strategies are science based.”

Marc W. Manley, MD, MPH
 Vice President and
 Chief Prevention Officer
 Blue Cross and Blue Shield
 of Minnesota

More Information

Blue Cross Blue Shield
 of Minnesota
www.preventionminnesota.com

do. Campaign
www.do-groove.com

*The Community Guide: What
 Works to Promote Health*
www.thecommunityguide.org

Division of Nutrition, Physical
 Activity, and Obesity, CDC
www.cdc.gov/nccdphp/dnpao

As chronic disease weighs on the nation’s health, Blue Cross and Blue Shield of Minnesota (Blue Cross) is using tobacco settlement funding to target its causes. While Minnesota is considered one of the healthier states in the nation, it is still affected by high rates of heart disease, cancer, and excessive weight.¹ Marc Manley, MD, MPH, vice president and chief prevention officer at Blue Cross, oversees planning and execution of a statewide initiative to improve health. The program’s long-term goals are specific—reduce adult smoking and exposure to indoor secondhand smoke by 50 and 90 percent, respectively; increase the percentage of adults who are moderately physically active for at least 150 minutes a week from 49 to 75 percent; and double the number of Minnesotans who eat 5 or more servings of fruits and vegetables a day.²

A healthier Minnesota is top priority

To promote lifestyle changes statewide, Blue Cross launched a long-term health initiative aimed at getting Minnesotans up, active, and embracing a healthier lifestyle. In an effort to choose evidence-based strategies that would likely effect positive environmental, social, and behavioral changes in Minnesota, Blue Cross looked to the findings and recommendations from the Community Preventive Services Task Force (Task Force) in *The Guide to Community Preventive Services (The Community Guide)*.

The Community Guide helps build the right package of interventions

“Planning a strategy to address health risks across the state, you have to make critical decisions to ensure the right package of interventions are being put together to have wide-reaching impact,” says Dr. Manley. For this reason, Dr. Manley introduced findings and recommendations in *The Community Guide* to lead Blue Cross’ efforts and help identify priorities. “*The Community Guide* was a credible source of information. To meet our goals, we had to understand what works and what does not work,” explains Dr. Manley. The Blue Cross comprehensive plan uses nearly all of the following Task Force findings and recommendations to promote physical activity and prevent and control obesity:

Promoting physical activity

- Creation of or enhanced access to places for physical activity combined with informational outreach activities
- Mass media*
- Street-scale urban design and land use policies
- Community-scale urban design and land use policies
- Point-of-decision prompts to encourage use of stairs
- Social support interventions in community settings

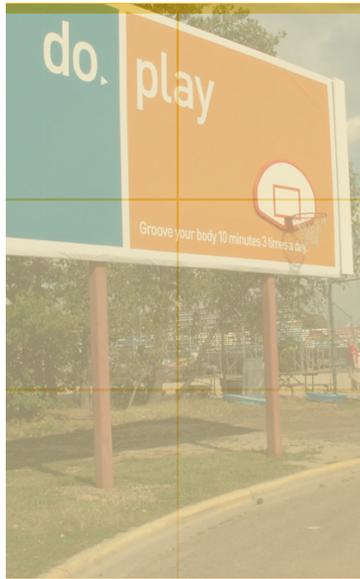
Obesity prevention and control

- Technology-supported, multicomponent coaching or counseling interventions to reduce weight
- Technology-supported, multicomponent coaching or counseling interventions to maintain weight loss

Worksite nutrition and physical activity programs

School-based programs promoting nutrition and physical activity*

*The Task Force issued “insufficient evidence” findings for mass media and school-based programs promoting nutrition and increased physical activity. This does not mean that these interventions do not work. It means that more research is needed for the Task Force to determine if they are effective. The Task Force encourages those who use insufficient evidence findings to evaluate their programs.



www.thecommunityguide.org

What is *The Community Guide*?

The Guide to Community Preventive Services (The Community Guide) is an essential resource for people who want to know what works in public health. It provides evidence-based findings and recommendations about public health interventions and policies to improve health and promote safety.

The Community Preventive Services Task Force (Task Force)—an independent, nonfederal, unpaid body of public health and prevention experts—bases its findings and recommendations on systematic reviews of the scientific literature. With oversight from the Task Force, scientists and subject-matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners.



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“do.ing” what’s right for a healthier Minnesota

To date, Blue Cross has committed approximately \$10 million to more than 100 organizations to help champion increasing access to healthy foods, designing more walkable and bikeable communities, and decreasing smoking and exposure to secondhand smoke.³ The collaboration between Blue Cross, communities, businesses, and individuals fostered a “can-do attitude.” To specifically build awareness around the need for physical activity, Blue Cross piloted a decision prompt campaign in a few cities which grew into a statewide public awareness campaign called “do.” The campaign used paid mass media and rolled out across the state, focusing on increasing physical activity in innovative ways. For example, radar guns were set up in parks so that runners and walkers could track their speeds, and during the winter, an “active” snowman-making contest was held where the contestants built snowmen playing sports and doing other kinds of physical activity. The do. campaign encourages Minnesotans to “groove [their] body every day.” The campaign contains three components:

- **do.in action** to get people moving more and eating better
- **do.at work** to encourage employees’ use of stairs, healthier eating, and more walking
- **do.stories** to inspire others through personal stories

Minnesotans on the move to better health

Blue Cross and its do. campaign are making strides to reach their goals. Over a 3-year period, Minnesota’s heart disease rates dropped by 9 percent and adult smoking prevalence dropped nearly 30 percent, from 22.1 percent in 1999 to 16.1 percent by 2010.^{4,5} An 8 percent increase in the percentage of adults meeting guidelines for moderate or vigorous physical activity also occurred in the last decade in Minnesota, from 48.7 percent meeting guidelines in 2001 to 52.7 percent in 2009.⁶

The efforts of Blue Cross are increasing awareness of obesity prevention and control.⁷ As one participant wrote on the do. campaign website, “I started to notice results. Moving my body every day, partnered with greater awareness of what I was putting in my body has paid off. I have lost almost 40 pounds...and I know nothing can stop me now.”

Lessons Learned

- **Set clear and measurable goals to help identify appropriate strategies.** Blue Cross identified their long-term objectives from the outset, then worked backwards to select the best evidence-based strategies to help achieve those goals.
- **To reach a broad audience, use multiple interventions.** A broad-based approach with multiple components is essential when targeting a state population. Use *The Community Guide* as a starting point to help ensure effective interventions are included from the beginning to promote healthy behaviors.

¹Centers for Disease Control and Prevention. Minnesota: Burden of Chronic Disease. 2008. www.cdc.gov/chronicdisease/states/pdf/minnesota.pdf. Accessed on March 28, 2012.

²Prevention Minnesota. Goals. www.preventionminnesota.com/goal.cfm?oid=5774. Accessed on March 28, 2012.

³Blue Cross Blue Shield of Minnesota. Company Facts. www.bluecrossmn.com/bc/wcs/groups/bcbsmn/@mbc_bluecrossmn/documents/public/mbc1_c_facts_hilites.hcsp. Accessed on March 23, 2012.

⁴Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report (MMWR), October 14, 2011. www.cdc.gov/mmwr/pdf/wk/mm6040.pdf. Accessed on March 23, 2012.

⁵Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report (MMWR), February 11, 2011. www.cdc.gov/mmwr/preview/mmwrhtml/mm6005a2.htm. Accessed on March 23, 2012.

⁶Centers for Disease Control and Prevention. Minnesota 2009 vs. 2007. <http://apps.nccd.cdc.gov/BRFSS/>. Accessed on March 23, 2012.

⁷Prevention Minnesota. do. Campaign. www.preventionminnesota.com/doing.cfm?oid=5862. Accessed on March 28, 2012.