

**Developing the Minnesota Cancer Plan  
Step 2: Recommend Objectives and Strategies**

**Workgroup:** Prevention – Physical Activity

**Date:** 6/30/16

**Objective:** Ensure equitable access to physical activity opportunities.

**Desired Outcome:**

At the end of five years, what would you like to accomplish? If you do not expect to achieve the objective by the end of five years, what would success look like? At the end of five years, we would like more Minnesotans to be physically active. Specifically, children would get 60 minutes or more of moderate to vigorous physical activity every day and adults would get 30 minutes a day.

**Alignment:**

**Partners currently working on this objective and type of activity:**

<b>Organization</b>	<b>Activity (such as PSE change, education, programmatic)</b>
American Cancer Society Cancer Action Network (ACS CAN)	PSE change, Education, programmatic
American Cancer Society	PSE change, Education, programmatic
Blue Cross Blue Shield of MN Center for Prevention,	PSE change, education, programmatic
Minnesota Department of Health (MDH)	PSE Change, education, programmatic
American Heart Association (AHA)	PSE Change, Education, programmatic
SHIP Grantees	PSE change, education, programmatic

**Stakeholders for this issue not currently working on it and potential role:**

<b>Organization</b>	<b>Potential role (PSE change, education, programmatic)</b>
Community/Action Organizations	PSE Change, education, programmatic
Academic Partners	PSE Change, education, programmatic
Payers	PSE Change, education, programmatic
Employers	PSE Change, education, programmatic
	PSE Change, education, programmatic

## Strategies

<b>Strategy #1:</b> Provide outreach and programming to vulnerable populations
<b>Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):</b> Increased outreach and programming with an emphasis on vulnerable populations, increased number of stakeholders engaged on policy priorities.
<b>Rationale:</b> Lack of physical activity is a modifiable risk factor for cancer. Increasing physical activity especially in children and maintaining physical activity throughout life is critically important to see the gains from physical activity in cancer prevention.
<b>This is an ___ evidence-based practice ___X_ promising practice ___ other. Please explain.</b> Outreach vulnerable populations will help education community members about the importance of physical activity and cancer prevention. This will also help engage community members in community-based policy solutions that are referenced in other strategies.
<b>Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.</b> This strategy directly addresses health equity because vulnerable populations often have barriers to accessible and safe physical activity opportunities within the communities they live.
<b>Rank this strategy for the greatest potential for traditional and non-traditional partners working together.</b> Rank <u>1</u> of <u>2</u> strategies

## Strategies

<b>Strategy #2:</b> Engage community stakeholders to implement state and local policies that foster safe and accessible activities
<b>Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):</b> increased number of engaged stakeholders, increased number of state and local policies passed
<b>Rationale:</b> Focusing on state and local policies will result in long-term sustainable cancer prevention efforts. This might include voluntary community policies or government policies. To be successful at passing policy, it is critically important to engage local stakeholders.
<b>This is an ___X___ evidence-based practice ___ promising practice ___ other. Please explain.</b>  PSE is a evidence-based strategy and encourage by national organizations such as the Center for Disease Control to have the greatest, most sustainable impact.

**Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.**  
This strategy addresses healthy equity by reducing barriers of safety and accessibility to physical activity within communities.

**Rank this strategy for the greatest potential for traditional and non-traditional partners working together.**  
Rank 2 of 2 strategies

**Developing the Minnesota Cancer Plan  
Step 2: Recommend Objectives and Strategies**

**Workgroup:** Prevention – Physical Activity

**Date:** 6/30/16

**Objective:** Promote physical activity in schools. (see link: <http://www.education.state.mn.us/MDE/StuS uc/Nutr/PhyActiv/index.html>)

**Desired Outcome:**

**At the end of five years, what would you like to accomplish? If you do not expect to achieve the objective by the end of five years, what would success look like?** Increased physical activity in youth by incorporating physical activity in to schools (including before and after care programs).

**Alignment:**

**Partners currently working on this objective and type of activity:**

<b>Organization</b>	<b>Activity (such as PSE change, education, programmatic)</b>
Minnesota Department of Education	PSE change, education, programmatic
Local School Boards	PSE change, education, programmatic
School Wellness Committees	PSE change, education, programmatic
Minnesota Health Kids Coalition	PSE change, education, programmatic
BCBS of MN Center for Prevention	PSE change, education, programmatic
ACS	PSE change, education, programmatic
ACS CAN	PSE change, education, programmatic
AHA	PSE change, education, programmatic

**Stakeholders for this issue not currently working on it and potential role:**

<b>Organization</b>	<b>Potential role (PSE change, education, programmatic)</b>
Health care systems	PSE change, education, programmatic
Community/Advocacy Organizations	PSE change, education, programmatic
Academic Partners	PSE change, education, programmatic
Payers	PSE change, education, programmatic

**Strategies**

<b>Strategy #1:</b> Quality Physical Education - Implementation of the state's physical education standards.
<b>Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):</b> Increased number of schools following the state's physical education standards, increased time kids spend being active each day.
<b>Rationale:</b> Children spend approx 60% of their day at school which makes the school environment critically important to increasing activity levels among youth. National and state physical education standards are based on the best evidence to accomplish this goal and if implemented effectively could have a positive impact on physical activity levels as well as teach children how to be physically active during their lifetime.
<b>This is an <u>X</u> evidence-based practice ___ promising practice ___ other. Please explain.</b> The national and state physical education standards are based on the best research and science available today. They are developed by national leaders in physical education. Quality physical education programs are a recommended school based strategy by the Centers for Disease Control.  <a href="https://www.cdc.gov/healthyschools/physicalactivity/toolkit/factsheet_pa_guidelines_schools.pdf">https://www.cdc.gov/healthyschools/physicalactivity/toolkit/factsheet_pa_guidelines_schools.pdf</a>
<b>Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.</b> Yes, for some children the only place they have access to safe and affordable physical activity is at school. This provides opportunity for all kids to be active during the day.
<b>Rank this strategy for the greatest potential for traditional and non-traditional partners working together.</b> Rank <u>1</u> of <u>5</u> strategies

**Strategy #2:** Active Recess - Provide opportunities for students to be engaged in free play physical activity during the structured school day.

**Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):** Increased amount of time kids spend being active each day.

**Rationale:**

Children spend approx 60% of their day at school which makes the school environment critically important to increasing activity levels among youth. Recess provides an opportunity for free play and increased physical activity time during the day. Making recess “active” and not just a social activity is critically important for kids’ health and has shown to help with achievement scores as well.

**This is an X evidence-based practice \_\_\_ promising practice \_\_\_ other. Please explain.**

Active Recess is an evidence based practice and suggested strategy by the CDC.

[https://www.cdc.gov/healthyschools/physicalactivity/toolkit/factsheet\\_pa\\_guidelines\\_schools.pdf](https://www.cdc.gov/healthyschools/physicalactivity/toolkit/factsheet_pa_guidelines_schools.pdf)

**Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.**

Yes, for some children the only place they have access to safe and affordable physical activity is at school. This provides opportunity for all kids to be active during the day.

**Rank this strategy for the greatest potential for traditional and non-traditional partners working together.**

Rank 2 of 5 strategies

**Strategy #3:** Active Classrooms - incorporate physical activity in to classroom curriculum

**Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):** Increased amount of time kids spend being active each day.

**Rationale:**

Children spend approx 60% of their day at school which makes the school environment critically important to increasing activity levels among youth. Active Classrooms is one way to get kids out of their chairs and moving during the day. It also provides the opportunity to incorporate physical activity in to curriculum/learning opportunities rather than a stand-alone class or activity. Providing time for movement has been shown to increase concentration and get the mind active.

This is an  evidence-based practice  promising practice  other. Please explain.

This is one of the evidence-based practices outlined by the Centers for Disease Control in their physical activity toolkit for schools.

[https://www.cdc.gov/healthyschools/physicalactivity/toolkit/factsheet\\_pa\\_guidelines\\_schools.pdf](https://www.cdc.gov/healthyschools/physicalactivity/toolkit/factsheet_pa_guidelines_schools.pdf)

Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.

No

Rank this strategy for the greatest potential for traditional and non-traditional partners working together.

Rank 5 of 5 strategies

**Strategy #4:** Before and after school programs - Provide opportunities for activity for students outside of the regular school day.

**Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):** Increased amount of time kids spend being active each day.

**Rationale:**

Children spend approx 60% of their day at school and the percentage is even higher for kids that attend before and after care programs. The school environment is critically important to increasing activity levels among youth. Before and after care programs have an opportunity to get kids active in a safe and affordable setting.

This is an  evidence-based practice  promising practice  other. Please explain.

This is an evidence based practice recommended by the Centers for Disease Control in the physical activity tool kit for schools.

[https://www.cdc.gov/healthyschools/physicalactivity/toolkit/factsheet\\_pa\\_guidelines\\_schools.pdf](https://www.cdc.gov/healthyschools/physicalactivity/toolkit/factsheet_pa_guidelines_schools.pdf)

Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.

Yes – before and after care programs address safety and affordability barriers to physical activity within communities.

Rank this strategy for the greatest potential for traditional and non-traditional partners working together.

Rank 4 of 5 strategies

**Strategy #5:** Safe Routes to School - Provide students and families a more active alternative in transportation to and from schools.

**Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):** Increased amount of time kids spend being active each day.

**Rationale:**

Many children live within walking or biking distance to school, especially elementary aged students. However, due to barriers and concerns about safety, many parents are busing children or driving them to school. Safe Routes to School programs engage the community in planning alternative transportation or “active transportation” opportunities for kids. This provides up to 15 minutes of physical activity for kids before and after schools for a total of approximately 30 minutes – half of the recommended daily amount of physical activity.

**This is an   X   evidence-based practice        promising practice        other. Please explain.**

This is an evidence based strategies for communities and schools to get kids more active during the day.

[https://www.cdc.gov/healthyschools/physicalactivity/toolkit/factsheet\\_pa\\_guidelines\\_schools.pdf](https://www.cdc.gov/healthyschools/physicalactivity/toolkit/factsheet_pa_guidelines_schools.pdf)

**Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.**

Yes – this strategy addressing barriers related to safety and affordability of physical activity opportunities within communities.

**Rank this strategy for the greatest potential for traditional and non-traditional partners working together.**

Rank   3   of   5   strategies

**Developing the Minnesota Cancer Plan  
Step 2: Recommend Objectives and Strategies**

**Workgroup:** Prevention – Physical Activity

**Date:** 6/30/16

**Objective:** Improve community infrastructure that will promote an environment that is safe and accessible for physical activity. (see link: [http://www.cdc.gov/healthyplaces/transportation/promote\\_strategy.htm](http://www.cdc.gov/healthyplaces/transportation/promote_strategy.htm))

**Desired Outcome:**

**At the end of five years, what would you like to accomplish? If you do not expect to achieve the objective by the end of five years, what would success look like?** Increased funding available for community infrastructure changes, increased number of communities working on improving the community environment to address safety concerns and access to physical activity.

**Alignment:**

**Partners currently working on this objective and type of activity:**

Organization	Activity (such as PSE change, education, programmatic)
Minnesota Department of Transportation	PSE change, funding
Local City Planning	PSE change, education
City Councils	PSE Change

**Stakeholders for this issue not currently working on it and potential role:**

Organization	Potential role (PSE change, education, programmatic)
Local stakeholders across Minnesota communities	PSE change, education, programmatic
Local government officials	PSE change
Community leadership	PSE change, education



## Strategies

<b>Strategy #1:</b> Comprehensive street design - including sidewalks, bicycle lanes, and share-the-road signs that provide safe and convenient travel
<b>Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):</b> Increased number of communities implementing PSE changes related to sidewalks, bike lanes, and share the road programs.
<b>Rationale:</b> The environment in which we live plays a major role in our health behaviors. If we do not have access to safe and convenient physical activity, we are less likely to walk or bike within our community.
<b>This is an <input checked="" type="checkbox"/> evidence-based practice <input type="checkbox"/> promising practice <input type="checkbox"/> other. Please explain.</b> This is an evidence-based strategy outlined by the Centers for Disease Control.  <a href="http://www.cdc.gov/obesity/downloads/pa_2011_web.pdf">http://www.cdc.gov/obesity/downloads/pa_2011_web.pdf</a>
<b>Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.</b> Yes – this strategy addresses safety and access barriers to physical activity – especially those living in very urban or rural settings.
<b>Rank this strategy for the greatest potential for traditional and non-traditional partners working together.</b> Rank <u>1</u> of <u>5</u> strategies

<b>Strategy #2:</b> Provide safe and convenient bicycle and pedestrians connections to public parks and recreation areas
<b>Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):</b> Walk Score, increased community changes to improve access to bicycle and walking trails.
<b>Rationale:</b> The environment in which we live plays a major role in our health behaviors. If we do not have access to safe and convenient physical activity, we are less likely to walk or bike within our community.
<b>This is an <input checked="" type="checkbox"/> evidence-based practice <input type="checkbox"/> promising practice <input type="checkbox"/> other. Please explain.</b> This is an evidence-based strategy outlined by the Centers for Disease Control.  <a href="http://www.cdc.gov/obesity/downloads/pa_2011_web.pdf">http://www.cdc.gov/obesity/downloads/pa_2011_web.pdf</a>

<b>Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.</b>
Yes – this strategy addresses safety and access barriers to physical activity.
<b>Rank this strategy for the greatest potential for traditional and non-traditional partners working together.</b> <b>Rank <u>2</u> of <u>5</u> strategies</b>

<b>Strategy #3:</b> Encourage bicycle parking at workplaces and transit stops
<b>Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):</b> Increased bicycle racks at workplace and public transportation stops.
<b>Rationale:</b> The environment in which we live plays a major role in our health behaviors. If we do not have access to safe and convenient physical activity, we are less likely to walk or bike within our community. Simple solutions such as bicycle parking can become a barrier and discourage people from being active.
<b>This is an <u>X</u> evidence-based practice ___ promising practice ___ other. Please explain.</b>
This is a strategy recommended by the Centers for Disease Control.  <a href="http://www.cdc.gov/healthyplaces/transportation/promote_strategy.htm">http://www.cdc.gov/healthyplaces/transportation/promote_strategy.htm</a>
<b>Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.</b>
No
<b>Rank this strategy for the greatest potential for traditional and non-traditional partners working together.</b> <b>Rank <u>3</u> of <u>5</u> strategies</b>

<b>Strategy #4:</b> Construct a connected network of multi-use trails
<b>Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):</b> Increased trails that promote transportation between communities.
<b>Rationale:</b> The environment in which we live plays a major role in our health behaviors. If we do not have access to safe and convenient physical activity, we are less likely to walk or bike within our community. Creating a network of trails would allow for people to get from one community to another by biking or walking. This would encourage people to be more active on their way to work or running errands on the weekends.

**This is an X evidence-based practice \_\_\_ promising practice \_\_\_ other. Please explain.**

This is a strategy recommended by the Centers for Disease Control.

[http://www.cdc.gov/healthyplaces/transportation/promote\\_strategy.htm](http://www.cdc.gov/healthyplaces/transportation/promote_strategy.htm)

**Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.**

Yes – this strategy would address barriers to safe streets/sidewalks, access and affordability to physical activity within communities.

**Rank this strategy for the greatest potential for traditional and non-traditional partners working together.**

**Rank 4 of 5 strategies**

<b>Strategy #5:</b> Encourage way-finding with signs, maps, and landscape cues to direct pedestrians and bicyclists to the most direct route
<b>Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):</b> Increased pedestrian focused signs used in MN communities, number of communities working on improving their signage/way-finding.
<b>Rationale:</b> The environment in which we live plays a major role in our health behaviors. If we do not have access to safe and convenient physical activity, we are less likely to walk or bike within our community. Pedestrian friendly signs, maps and landscapes encourage people to be out and active within their community.
<b>This is an <input checked="" type="checkbox"/> evidence-based practice <input type="checkbox"/> promising practice <input type="checkbox"/> other. Please explain.</b>  This is an evidence-based strategy recommended by the Center for Disease Control. <a href="http://www.cdc.gov/healthypaces/transportation/promote_strategy.htm">http://www.cdc.gov/healthypaces/transportation/promote_strategy.htm</a>
<b>Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.</b> No
<b>Rank this strategy for the greatest potential for traditional and non-traditional partners working together.</b> Rank <u>5</u> of <u>5</u> strategies

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**Workgroup:** Prevention – Physical Activity

**Date:** 6/30/16

**Objective:** Healthy children should have 60 minutes of moderate to vigorous physical activity daily.

**Desired Outcome:**

**At the end of five years, what would you like to accomplish? If you do not expect to achieve the objective by the end of five years, what would success look like?** Increased percentage of kids getting the recommended 60 minutes of moderate to vigorous physical activity daily.

**Alignment:**

**Partners currently working on this objective and type of activity:**

Organization	Activity (such as PSE change, education, programmatic)
Minnesota Department of Education	PSE change, education programmatic
SHIP Grantees	PSE change, education programmatic
ACS CAN	PSE change, education programmatic
AHA	PSE change, education programmatic
BCBS of MN Center for Prevention	PSE change, education programmatic
MN Immunization Program	PSE change, education programmatic
APP	PSE change, education programmatic
University of Minnesota	PSE change, education programmatic

**Stakeholders for this issue not currently working on it and potential role:**

Organization	Potential role (PSE change, education, programmatic)

**Strategies**

<b>Strategy #1:</b> Promote physical activity in schools.
<b>Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):</b> Increased schools with quality physical education, active recess, active classrooms, before and after care programs, and safe routes to school.
<b>Rationale:</b> Children spend approx 60% of their day at school which makes the school environment critically important to increasing activity levels among youth.
<b>This is an <u>  X  </u> evidence-based practice <u>      </u> promising practice <u>      </u> other. Please explain.</b>  This is a CDC recommended strategy for increasing physical activity among youth. <a href="https://www.cdc.gov/healthyschools/physicalactivity/toolkit/factsheet_pa_guidelines_schools.pdf">https://www.cdc.gov/healthyschools/physicalactivity/toolkit/factsheet_pa_guidelines_schools.pdf</a>
Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.  Yes – physical activity within the school setting addresses barriers of safety, access, and affordable physical activity within communities.
<b>Rank this strategy for the greatest potential for traditional and non-traditional partners working together.</b> Rank <u>  1  </u> of <u>  3  </u> strategies

**Strategy #2:** Promote physical activity among families.

**Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):** Increased amount of time kids and families spend being physically active.

**Rationale:**

The home and family environment influences kids health behavior and impacts their lifestyle choices in to adulthood.

**This is an \_\_\_ evidence-based practice \_\_\_X\_\_\_ promising practice \_\_\_ other. Please explain.**

Educating families and family decision makers about the importance of physical activity is a best practice, however, the impact of this work is difficult to track and connect back to outcome data.

**Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.**

No

**Rank this strategy for the greatest potential for traditional and non-traditional partners working together.**

Rank 2 of 3 strategies

**Strategy #3:** Promote physical activity in communities.

**Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):** Number of community-based policies passed to encourage physical activity, number of community stakeholders engaged

**Rationale:**

The environment in which we live plays a major role in our health behaviors. If we do not have access to safe and convenient physical activity, we are less likely to be active within our community.

**This is an \_\_\_X\_\_\_ evidence-based practice \_\_\_ promising practice \_\_\_ other. Please explain.**

The Centers Disease Control recommends community-based policies and interventions to increase physical activity within communities.

[https://www.cdc.gov/healthyschools/physicalactivity/toolkit/factsheet\\_pa\\_guidelines\\_communities.pdf](https://www.cdc.gov/healthyschools/physicalactivity/toolkit/factsheet_pa_guidelines_communities.pdf)

**Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.**

Yes – Improving the community environment will benefit all by addressing the barriers to safety, access, and affordable physical activity.

**Rank this strategy for the greatest potential for traditional and non-traditional partners working together.**

Rank 3 of 3 strategies

**Developing the Minnesota Cancer Plan  
Step 2: Recommend Objectives and Strategies**

**Workgroup:** Prevention – Physical Activity

**Date:** 6/30/16

**Objective:** Increase public awareness about the benefit of healthy lifestyles and cancer prevention.

**Desired Outcome:**

**At the end of five years, what would you like to accomplish? If you do not expect to achieve the objective by the end of five years, what would success look like?** Increased public knowledge about the link between physical activity and cancer prevention.

**Alignment:**

**Partners currently working on this objective and type of activity:**

Organization	Activity (such as PSE change, education, programmatic)
Minnesota Department of Education	Education, programmatic
SHIP Grantees	Education, programmatic
ACS	Education, programmatic
AHA	Education, programmatic
BCBS of MN Center for Prevention	Education, programmatic
MN Immunization Program	Education, programmatic
APP	Education, programmatic
University of Minnesota	Education, programmatic

**Stakeholders for this issue not currently working on it and potential role:**

Organization	Potential role (PSE change, education, programmatic)
Media outlets	Education, programmatic

**Strategies**

**Strategy #1:** Educate communities about the importance of healthy eating, physical activity and HPV vaccination.

**Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):** Increased number of media events, presentations, webinars, community events, etc.

**Rationale:** Many people understand the importance of physical activity on their health related to heart disease, diabetes, etc. But people are not aware of the impact life-long physical activity can have on cancer prevention. This could be a motivating factor for parents to encourage physical activity among youth and for to stay active throughout adulthood.

**This is an X evidence-based practice \_\_\_ promising practice \_\_\_ other. Please explain.**

JAMA Intern Med 2016 Association of Leisure-time PA with 26 Types of Cancer

**Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.**

No

**Rank this strategy for the greatest potential for traditional and non-traditional partners working together.**

Rank 1 of 1 strategies



**Developing the Minnesota Cancer Plan  
Step 2: Recommend Objectives and Strategies**

**Workgroup:** Prevention – Physical Activity

**Date:** 6/30/16

**Objective:** Create physical and social environments that encourage life-long physical activity.

**Desired Outcome:**

At the end of five years, what would you like to accomplish? If you do not expect to achieve the objective by the end of five years, what would success look like? Policy-based solutions to improve community environments.

**Alignment:**

Partners currently working on this objective and type of activity:

Organization	Activity (such as PSE change, education, programmatic)
Minnesota Department of Transportation	PSE change, education, programmatic
Local City Planning	PSE change, education, programmatic
City Councils	PSE change, education, programmatic
ACS CAN	PSE change, education, programmatic
BCBS of MN	PSE change, education, programmatic
SHIP Grantees	PSE change, education, programmatic
	PSE change, education, programmatic

Stakeholders for this issue not currently working on it and potential role:

Organization	Potential role (PSE change, education, programmatic)

**Strategies**

<b>Strategy #1:</b> Improve community infrastructure to ensure safe and accessible environments.
<b>Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):</b> increased number of environmental PSE changes adopted or passed by state/local government.
<b>Rationale:</b> The environment in which we live plays a major role in our health behaviors. If we do not have access to safe and convenient physical activity, we are less likely to walk or bike within our community.
<b>This is an <input checked="" type="checkbox"/> evidence-based practice <input type="checkbox"/> promising practice <input type="checkbox"/> other. Please explain.</b> Community infrastructure strategies are recommended by the Centers for Disease Control to increase physical activity within communities. <a href="http://www.cdc.gov/obesity/downloads/pa_2011_web.pdf">http://www.cdc.gov/obesity/downloads/pa_2011_web.pdf</a>
<b>Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.</b> Yes – policies would address safety and access barriers to physical activity within communities.
<b>Rank this strategy for the greatest potential for traditional and non-traditional partners working together.</b> Rank <u>1</u> of <u>2</u> strategies

<b>Strategy #2:</b> Promote community programming to ensure group physical activity.
<b>Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):</b> Number of programs offered to communities to increase physical activities, number of community orgs and stakeholders engaged in the community
<b>Rationale:</b> It's important to earn buy-in from the community and community stakeholders before beginning any policy related solutions. Offering community programming is an opportunity to identify passionate community members and champions are to support your efforts. Community programming also educates the community about the importance of physical activity and its connection to cancer prevention.
<b>This is an <input checked="" type="checkbox"/> evidence-based practice <input type="checkbox"/> promising practice <input type="checkbox"/> other. Please explain.</b>  Community campaigns is a recommended strategy by the Centers for Disease Control. <a href="http://www.cdc.gov/obesity/downloads/pa_2011_web.pdf">http://www.cdc.gov/obesity/downloads/pa_2011_web.pdf</a>
<b>Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.</b> No
<b>Rank this strategy for the greatest potential for traditional and non-traditional partners working together.</b> Rank <u>2</u> of <u>2</u> strategies

