

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

**Workgroup:** Prevention - Nutrition

**Date:** 7/05/2016

**Objective #1:** Promote a healthy dietary pattern.

**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 following healthy eating patterns.

**Alignment:**

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

Organization	Activity (such as PSE change, education, programmatic)
Minnesota Department of Health	PSE change, education, programmatic
Minnesota Food Charter	PSE change, education
American Cancer Society	PSE change, education, programmatic

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

Organization	Potential role (PSE change, education, programmatic)
Health care systems	PSE change, education, programmatic
Community/Advocacy organization	PSE change, education, programmatic
Quality improvement organizations	PSE change, education, programmatic
Academic partners	PSE change, education, programmatic
Payers	PSE change, education, programmatic
Employers	PSE change, education, programmatic

## Strategies

<b>Strategy #1:</b> Promote a diet higher in vegetables, fruits, whole grains, low-or non-fat dairy, seafood, legumes, and nuts.
<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 consumptions of vegetables, fruits, whole grains, low-or non-fat dairy, seafood, legumes, and/or nuts
<b>Rationale:</b> Healthy eating, outline by the above diet, is an important component to cancer prevention.
<b>This is an <u>X</u> evidence-based practice ___ promising practice ___ other. Please explain.</b> 2015 Dietary Guideline Advisory Committee (DGAC) report; BMJ Adherence to Mediterranean diet and health status: meta-analysis 2008;337:a1344; JAMA Intern Med 2015 Medit Diet and Invasive Breast Cancer Risk Among Women at High CV Risk
<b>Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.</b> This strategy may indirectly address healthy equity because vulnerable populations are often unable to attain healthy foods.
<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

<b>Strategy #2:</b> Lower consumption of red and processed meat.
<b>Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):</b> Decreased consumption of red and processed meat
<b>Rationale:</b> Healthy eating, including lower consumption of red and processed meat, is an important component to cancer prevention.
<b>This is an <u>X</u> evidence-based practice ___ promising practice ___ other. Please explain.</b> 2015 Dietary Guideline Advisory Committee (DGAC) report; WHO ( <a href="http://www.cancer.org/cancer/news/news/world-health-organization-says-processed-meat-causes-cancer">http://www.cancer.org/cancer/news/news/world-health-organization-says-processed-meat-causes-cancer</a> );
<b>Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.</b> This strategy may indirectly address healthy equity because vulnerable populations are often unable to attain healthy foods.
<b>Rank this strategy for the greatest potential for traditional and non-traditional partners working together.</b> Rank <u>2</u> of <u>3</u> strategies

**Strategy #3:** Lower consumption sugar-sweetened foods and drinks.

**Indicator to measure progress (such as increased number of engaged stakeholders, increased media events, increased number of local jurisdictions that pass policy):** Decreased consumption of sugar-sweetened foods and drinks

**Rationale:** Healthy eating, including lower consumption of sugar-sweetened foods and drinks, is an important component to cancer prevention.

**This is an X evidence-based practice \_\_\_ promising practice \_\_\_ other. Please explain.**  
2015 Dietary Guideline Advisory Committee (DGAC) report.

**Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.**  
This strategy may indirectly address healthy equity because vulnerable populations are often unable to attain healthy foods.

**Rank this strategy for the greatest potential for traditional and non-traditional partners working together.**  
Rank 3 of 3 strategies

**Objective #2:** Promote healthy eating through improved food skills, affordability, availability, accessibility and infrastructure.

**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?** Improved food skills, food affordability, food availability, food accessibility, and food infrastructure

**Alignment:**

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

Organization	Activity (such as PSE change, education, programmatic)
Minnesota Department of Health	PSE change, education, programmatic
Healthy Lives Healthy People	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)
Health care systems	PSE change, education, programmatic
Community/Advocacy organization	PSE change, education, programmatic
Quality improvement organizations	PSE change, education, programmatic
Academic partners	PSE change, education, programmatic
Payers	PSE change, education, programmatic
Employers	PSE change, education, programmatic

**Strategies**

<b>Strategy #1:</b> Establish a partnership with Healthy Lives Healthy People to utilize the strategies in the Minnesota Food Charter.
<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 awareness and distribution of the Minnesota Food Charter
<b>Rationale:</b> The Minnesota Food Charter is a comprehensive tool with a multitude of strategies that address food problems in Minnesota. Providers and patients should utilize the strategies that make sense for them.
<b>This is an __X__ evidence-based practice ____ promising practice ____ other. Please explain.</b> This strategy is based on the Minnesota Food Charter.
<b>Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.</b>

Yes, many strategies in the food charter address health equity.

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

Rank 1 of 2 strategies

**Strategy #2:** Emphasize strategies within the Minnesota Food Charter that support vulnerable populations.

**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 engaged stakeholders; Increased awareness/distribution of the Minnesota Food Charter in vulnerable populations

**Rationale:** The Minnesota Food Charter is a comprehensive tool with a multitude of strategies that address food problems in Minnesota. Providers and patients should utilize the strategies that make sense for them.

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

This strategy is based on the Minnesota Food Charter.

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

Yes, many strategies in the food charter address health equity.

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

Rank 2 of 2 strategies

### Objective #3: Promote healthy eating in schools

#### 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 improved nutrition offered by schools.

#### Alignment:

Partners currently working on this objective and type of activity:

Organization	Activity (such as PSE change, education, programmatic)
Minnesota Department of Health	PSE change, education, programmatic
Minnesota Department of Education	PSE change, education

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

Organization	Potential role (PSE change, education, programmatic)
Health care systems	PSE change, education, programmatic
Community/Advocacy organization	PSE change, education, programmatic
Quality improvement organizations	PSE change, education, programmatic
Academic partners	PSE change, education, programmatic
Payers	PSE change, education, programmatic
Employers	PSE change, education, programmatic

#### Strategies

<b>Strategy #1:</b> Support high-need schools in providing free or reduced lunches
<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 high-need schools receiving support
<b>Rationale:</b> It is important that high-need schools with vulnerable populations receive support to provide free or reduced lunches.
<b>This is an <u>X</u> evidence-based practice ___ promising practice ___ other. Please explain.</b> This is in line with the Minnesota Department of Education recommendations.
<b>Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.</b> Yes, this seeks to address health equity by providing assistance to high-need schools with vulnerable populations.

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

**Rank \_1\_ of \_4\_ strategies**

**Strategy #2:** Align school and after-school snacks with national USDA standards

**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 engaged stakeholders

**Rationale:** It is important that schools align with USDA standards.

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

This is in line with the Minnesota Department of Education recommendations.

**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 \_4\_ strategies**

**Strategy #3:** Reduce access to competitive non-healthy foods (e.g. soda, candy, chips)

**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 engaged stakeholders

**Rationale:** To promote healthy eating in schools it is important to reduce access to non-healthy foods.

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

This is in line with the Minnesota Department of Education recommendations.

**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 \_3\_ of \_4\_ strategies**

<b>Strategy #4:</b> Connect school districts with local farmers
<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
<b>Rationale:</b> Connecting schools and local farmers can help improve healthy offerings at schools.
<b>This is an <u>X</u> evidence-based practice ___ promising practice ___ other. Please explain.</b> This is in line with the Minnesota Department of Education recommendations.
<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>4</u> of <u>4</u> strategies



## Objective #4: Promote community partnerships that support healthy eating

### 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 improved nutrition offered by schools.

### Alignment:

Partners currently working on this objective and type of activity:

Organization	Activity (such as PSE change, education, programmatic)
Minnesota Department of Health	PSE change, education, programmatic

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

Organization	Potential role (PSE change, education, programmatic)
Health care systems	PSE change, education, programmatic
Community/Advocacy organization	PSE change, education, programmatic
Quality improvement organizations	PSE change, education, programmatic
Academic partners	PSE change, education, programmatic
Payers	PSE change, education, programmatic
Employers	PSE change, education, programmatic

### Strategies

<b>Strategy #1:</b> Increase availability and affordability of healthier food and beverage choices in public service venues
<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
<b>Rationale:</b> To promote healthy eating among Minnesotans, it is critical to promote healthy foods at public venues.
<b>This is an <u>X</u> evidence-based practice ___ promising practice ___ other. Please explain.</b> This is a CDC strategy: <a href="https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm">https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm</a>
<b>Does this strategy promote health equity by addressing a racial, economic, geographic or other barrier? If yes, explain.</b> Yes, this strategy will help health equity but promoting healthy foods at public venues.

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

**Rank 1 of 4 strategies**

**Strategy #2:** Improve geographic availability of supermarkets in underserved areas

**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 supermarkets in underserved areas

**Rationale:** Improving nutrition in underserved populations involves improving access to healthy foods.

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

This is a CDC strategy: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>

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

Yes, this strategy focuses on improve access to healthy foods to vulnerable populations.

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

**Rank 2 of 4 strategies**

**Strategy #3:** Provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas

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

**Rationale:** Increase food retailers engagement and commitment to underserved areas

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

This is a CDC strategy: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>

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

Yes, by increasing food retailers commitment to providing healthier food to vulnerable populations.

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

**Rank 3 of 4 strategies**

**Strategy #4:** Improve availability of mechanisms for purchasing foods from farms

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

**Rationale:** One way to increase health food options is to improve the relationship between retailers/consumers and farmers.

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

This is a CDC strategy: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>

**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 4 of 4 strategies