State Health Improvement Program
Summary

Grants

- Begin July 1, 2009
- Competitive
- Only Community Health Boards and tribal governments are eligible
- Intended to reduce the percentage of Minnesotans who are obese or overweight and to reduce the use of tobacco
- Interventions must (among other things):
  - Address behavior changes at the individual, community, and systems level
  - Occur in community, school, worksite, and health care settings
  - Focus on policy, systems, and environmental changes that support healthy behaviors
- 10% match
- Must submit a health improvement plan for approval; MDH may require the plan to include:
  - A community leadership team
  - Community partners
  - A community action plan that includes an assessment of area strengths and needs, proposed action strategies, technical assistance needs, and a staffing plan
- Must evaluate and make progress towards outcomes
- MDH can take action if progress not made
- No funding formula or minimum/base award amount specified
- Can't supplant current state or local funding

Outcomes

- MDH to set outcomes to support obesity/oversight and tobacco goals
- MDH to measure current status as a baseline

MDH Responsibilities

- Provide content expertise, technical expertise, and training
- Conduct a comprehensive biennial statewide evaluation
- Provide biennial reports to the legislature
  - Include information on grant recipients, activities, evaluation, and outcome measures
  - Due January 15, starting 2010 (=6 months after grants start)
  - The 2010 report must include recommendations on a sustainable funding source for SHIP other than the health care access fund

Funding

- The base for SFY12 is $0.

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<thead>
<tr>
<th></th>
<th>SFY10</th>
<th>SFY11</th>
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<tbody>
<tr>
<td>Grants to local communities</td>
<td>$19,587,000</td>
<td>$26,175,000</td>
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<tr>
<td>MDH</td>
<td>413,000</td>
<td>825,000</td>
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<tr>
<td>Total</td>
<td>$20,000,000</td>
<td>$27,000,000</td>
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