

## 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.

	<b>SFY10</b>	<b>SFY11</b>
Grants to local communities	\$19,587,000	\$26,175,000
MDH	413,000	825,000
Total	\$20,000,000	\$27,000,000

