

**DON BISHOP, PhD**  
**Chief, Center for Health Promotion**  
**Minnesota Department of Health**

Discusses Minnesota Healthy Communities program, smoke-free communities, and the importance of working with local community planners to enact change for a healthier environment.  
Transcript of video interview produced by the Directors of Health Promotion and Education, 2009.

My name is Don Bishop, and I am from the Minnesota Department of Health. I got into health promotion via somewhat rather strange. I actually got a doctorate in psychology, and in the process I wound up doing a post-doc in health psychology at Washington University in St. Louis. And at the time I was finishing that up, I started to look for a position. And I went up to a conference the American Psychological Association was holding in Toronto, and they had the Minnesota health education position announced there, and I looked at it and I said: That's it, that's what I want.

And so I came here. Because my doctorate was in community psychology, it fit very well with the direction that health education and health promotion were going. A health promotion health officer and health education office within the health department was also often perceived as sort of a service group for the rest of the department; that people could come to, if they were doing some kind of campaign, they could go to the health educators and they might put some, you know, marketing material together for them.

But really health promotion was involved in much more. Like, tobacco was a hot issue when I first started. I mean, it continues to be with the Surgeon General's report and the follow-up with that. Minnesota was the first state to pass the Clean Indoor Air Act and, you know, to start banning -- like, they went through a transition process where they eliminated smoking in state buildings, and then did it statewide.

The department itself -- we had -- you know, were given a budget of \$500,000 for a couple of years to develop a media campaign really targeting kids and encourage them not to smoke.

In Minnesota, we are on the verge of starting a healthy communities program that's going to go statewide. And I think the value of that is that they are going to be focusing on policy change rather than simply conducting health fairs that's often occurred in the past, whether we are sitting down with city planners and really helping to shape the community to make the choices -- the healthy choices, the easy choices for people who live in those communities.

The value of that I think is perceived by health -- well, it's an interesting story that's told by Mark Fenton, actually in a workshop we had, where he gave us five choices when there were 200 or 300 health educators in the room. And he asked, you know, so what did we think was most effective -- and one level was conducting health fairs -- and he worked his way up to sitting down with your local planners and working on policies within the community that had to do with, like, food outlets and opportunities

for physical activity with things like sidewalk placement, or even working with your state department of transportation.

And then he asked us to raise our hands as to which we thought was the most effective. And maybe one person said health fairs. Everyone else said either working at the local level with the city planners or working with the state transportation issues. Then he turned around and asked us how many of you have ever worked on putting together a health fair, and pretty much everyone raised their hand, all 300 of us. Then how many of you have ever worked with planners, and maybe a dozen people out of that group.

So, the history is doing very many activities that are very different from what we know and believe to be most effective. And it's sort of getting to a point now where we are just beginning to have real opportunities and to sort of think of ourselves in a different way and realizing we need to get ourselves at the table where the important decisions are made that shape the environment.

Early on, a lot of what was viewed as health education was strictly that, educational efforts where people learned about the dangers of smoking or eating the wrong foods, but that wasn't found to be very effective and actually change in behavior. So, the next stage really was to develop the behavioral skills, the skills-based learning, to help you actually change whether you smoked or not, developing tools and strategies to do that or to eat the right foods. But even then, even when you found an effective curriculum in the schools, that worked but only for a small group of people. You can't offer enough smoking cessation courses or programs to touch the majority of the population.

So, really to make those changes effective on a population basis, we need to get to policy and environmental change where you come to work and the parking lot isn't located right next to the building you work in. Maybe you've got a three-block walk to get there. I mean, the other thing is you plant trees along the sidewalk so that it's more attractive and friendly, and put it in a place that's going to take you to a designation that you would want to go to and maybe it's easier to walk there than to get in your car and ride where you can't find a place to park.

I mean, one of the things that's happened that's been very effective with smoking is that it's led probably to more changes over time than almost any intervention is the fact that Minnesota is one of the first states that dealt with Clean Indoor Air Act. And the level to which that's been enforced in the environment has expanded over the years. Initially, you know, people weren't allowed in state government buildings to smoke at their desk, and there was a smoking room that everyone had to smoke in. And then they eliminated that so you had to go outside, and then you weren't able to smoke on the grounds. So it became more and more difficult to smoke.

Then those kinds of policies were introduced statewide increased. Now we are at the point where even bars and restaurants in many states you are not able to smoke. Like, if you go to downtown Minneapolis now, there is nowhere to smoke.

So, it's really become something you do in the privacy of your own home. And that restricts, probably, smoking for many people. 18 hours a day where they have very few options to smoke, and so it's easier just to quit. Another environmental change is raising the cigarette tax. And that by itself is very effective with youth because they don't have the same kind of dollars that an adult might. And so that will eliminate a lot of the smoking that would start early on. Because if you get past the age of 18, many people will never start smoking.

Communities going smoke free - it didn't start at the state level, it happened in individual communities, like Duluth, Minnesota, or Stillwater. Enough people would get together and they would go to the city planning meetings, and the health educators in the community might sit down, or the public health nurses, and convince the board in that community that that was an important change to take place.

And so the board would vote for that after their often intense debate initially, and there are groups like people who own local restaurants and bars who worry that they would lose a lot of business, especially if they are near a border. But eventually different communities would adopt it, and then the state would feel okay about going ahead and making it a statewide ordinance, and then often the adjoining state would do it too.

It goes back to that Margaret Mead quote that you hear over and over about real change in the world started with a small group. You know, that's the only way change really ever happens. So, I mean in some ways that sounds the opposite of what I am talking about needing policy change, but those policy changes become about because a few dedicated people believe in it and take the time to meet with the key individuals who may have the power to shape those decisions and then to gradually build support. I know with their own -- the healthy communities movement in Minnesota it started when we were able to get a grant from the CDC to work with four communities and to introduce the kind of programs and policy changes that we wanted to see really take place in the state, but those became model projects. And because of their success and our ability to point to that, that the Legislature and the Governor's office was excited about it and wanted to support it and have tried very hard to find the funds to make it a statewide program.

So, we went through a stage of education, which by itself isn't very effective, to a more skill-based training where people learned the tools to help them change their behavior, to train and make it more of a group-based process like we do a lot of work with schools because it's a captured environment for children and also with worksites. It's when the worksite health promotion initiative took off partly because, as times go by, the cost of healthcare has gone up and up and up. And so the way you are really going to change that is through prevention.

You know, the people who are the healthiest and who live eight years longer are the ones who never smoke and the people who maintain their weight throughout their life. And, you know, what happens to a lot of us who wake up one day and we find we are 40, 50 pounds overweight. And most of us didn't gain that weight overnight. It's, like, a pound a year or something, or maybe two pounds a year, and all

of a sudden it's more weight than you really got the energy to try and lose. But if you can have a life where there is physical activity just naturally occurring, you may never gain that weight.

In Minnesota, last year our Legislature began to recognize the value of changing the environment to having healthy communities and giving us the resources for the first time to actually work on that. And so when we were getting ready to release -- in fact, we have released a Request for Applications that will be awarded in about a month, but the local public health departments in the counties are working on the applications responding to this RFA. But the heart of that application is for them to get the money to go back and do policy change in their communities.

Really to effect change, you need to alter the environment, and even then I think the World Health Organization was talking about to make the healthy choice the easy choice. I mean, you can only realize so far on your own resilience and ability to turn down that candy bar or whatever or incredible dessert or something, or to get yourself up and walk for four miles every morning. I mean it's so much easier if the environmental cues just allow for that. And over the years, we have kind of engineered the physical activity out of our environment. So, we need triggers in our environment to sort of build the physical activity and actually make a good diet back into our life.

And so overtime we have tried to find effective ways to do that. And programs -- there are a lot of programs that have been developed that do work for an individual trying to make you quit smoking or something or eat the right food. But much of the population, they may not have time to take a smoking cessation program. I mean, you are raising a couple of kids and you are busy and it's hard to keep from eating fast food because that's what's the quick and easy way of taking your child to a soccer game.

So we have to find a more effective way to allow those occurrences. Like using the stairs at work. If you are up on the fourth floor, you walk up to your floor every day. And how could you encourage that? Well, you could slow down the elevators. You know, where there is a line, it may be quicker and it gets to become a habit and you just do it.

But for a larger population, you are going to need to make some substantive change in the environment itself. And the way you get to that is probably making policy changes and actually physical changes in the environment.

And so what we've been doing with the Minnesota Department of Health Promotion in the last few years is to develop policy and environmental change curriculum to help change -- you know, to help to teach health educators really how to do that at the local level because often health educators don't see themselves as being at the table when policy decisions are being made. You know, like sitting down with the city planner or working with the department of transportation looking at how roads are laid out. You know, it's one thing to build a sidewalk if they bother to do that, but it helps to have a destination. So, if it's easy to walk to the corner grocery store, you might do that instead of getting in your car and driving two blocks when you could just walk there and pick up what you need.