SHIP Local Health Assessment Data Collection Requirements

Revised May 1, 2017

Overview: SHIP Local Surveys

In 2014, all SHIP grantees were asked to collect core behavioral questions as part of their local adult community health assessment surveys to guide local SHIP activities. All 87 counties collected these core questions during the 2013-2016 time period. As part of the current SHIP grant agreements, grantees are required to repeat the collection of these core measures and add one additional four-part question related to consumption of sugar-sweetened beverages. An additional set of supplemental questions is recommended but not required.

Data Collection Methods and Time Period

To qualify as follow-up data, collection must be completed no earlier than Jan. 1, 2017, and no later than Oct. 31, 2020. As with the first round of data collection, the follow-up data collection must be done through a scientifically rigorous survey of adults. This survey must use a probability (i.e., random) sample from a high quality sampling frame, and follow best practices in survey research regarding survey instrument design and follow-up efforts to achieve response.

The timing for implementation of this follow-up data is at the discretion of the grantee as long as it occurs between Jan. 1, 2017, and Oct. 31, 2020, allowing grantees to follow their local schedule for administering Community Health Assessments as required by the Local Public Health Act.

Funding

OSHII provided each SHIP grantee with \$7,000 per county in SHIP 3 to contribute to the cost of conducting the first data collection of the required 11 questions. In the 2015-2017 biennium, an additional \$7,000 is provided per county to SHIP grantees to support the follow-up data collection of the required 11 core questions and one additional four-part question.

Required 11 Core Questions

A set of 11 core questions is required for the follow-up data collection period; these are the same questions that were required for the initial local adult community health assessment survey. These questions gather health risk and health behavior data related to SHIP strategies and provide the information needed to determine rates for obesity, physical activity outside work, level of aerobic physical activity, daily fruit consumption, daily vegetable consumption, current smoking and attempts to quit smoking.

The 11 core questions are:

- 1) Height "How tall are you (without shoes)?"
- 2) Weight "How much do you weigh (without shoes)?"
- 3) Vegetables "A serving of vegetables not including french fries is one cup of salad greens or a half cup of vegetables. How many servings of vegetables did you have yesterday?"
- 4) Juice 100% Fruit Juice with no sugar added "A serving of 100% fruit juice is 6 ounces. How many servings of fruit juice did you have yesterday?"

- 5) Fruit "A serving of fruit is a medium-sized piece of fruit or a half cup of chopped, cut or canned fruit. How many servings of fruit did you have yesterday?"
- 6) Any physical activity Exercise at all "During the past 30 days, other than your regular job, did you participate in any physical activity or exercises such as running, calisthenics, golf, gardening or walking for exercise?"
- 7) Moderate physical activity "During an average week, other than your regular job, how many days do you get at least 30 minutes of moderate physical activity?" Moderate activities cause only light sweating and a small increase in breathing or heart rate.
- 8) Vigorous physical activity "During an average week, other than your regular job, how many days do you get at least 20 minutes of vigorous physical activity?" Vigorous activities cause heavy sweating and a large increase in breathing and heart rate.
- 9) Smoking history "Have you smoked at least 100 cigarettes in your entire life?" (100 cigarettes = 5 packs)
- 10) Smoking days "Do you now smoke cigarettes every day, some days or not at all?"
- 11) Quit attempts "During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?"

Additional Required Question

One <u>additional</u> four-part question about sugar sweetened beverage consumption is required for the follow-up survey. Sugar-sweetened beverage consumption is the leading contributor to added sugar intake in Americans' diets (Malik, Schulze, & Hu, 2006; Vartanian, Schwartz, & Brownell, 2007; Wang & Beydoun, 2007). Decreasing added sugar intake is a main goal of SHIP and a national public health focus.

The additional required four-part question is as follows:

- 12) How often did you drink the following beverages in the past week?
 - a. Fruit drinks (such as Snapple, flavored teas, Capri Sun, and Kool-Aid)
 - b. Sports drinks (such as Gatorade or PowerAde); these drinks usually do not have caffeine
 - c. Regular soda or pop (include all kinds such as Coke, Pepsi, 7-Up, Sprite, root beer)
 - d. Energy drinks (Such as Rockstar, Red Bull, Monster, and Full Throttle); these drinks usually have caffeine

Response Scale

- 1. Never or less than 1 time per week
- 2. 1 time per week
- 3. 2-4 times per week
- 4. 5-6 times per week
- 5. 1 time per day
- 6. 2-3 times per day
- 7. 4+ times per day

Supplemental Questions

Tables 1-4 list the supplemental questions that *may* be included in the follow-up survey. While these not questions are not required, they are recommended as they help gain insight into factors that drive positive or negative health behaviors.

The supplemental questions fall into four categories: physical activity, nutrition, tobacco use and neighborhood environment.

For more information about including the required and recommended questions in your follow-up local adult community health assessment survey, please contact Ann Kinney at ann.kinney@state.mn.us.

		Table 1: Ph	<mark>ysical Activity</mark>		
Question Header	Items	Response Scale	Justification	Source	Reference Articles
In a typical week do you walk or use a bicycle for at least 10 minutes continuously to get to and from places?	Ttems	1. Yes 2. No 3. Don't know 4. Refused	A 10-minute bout of physical activity confers health benefits and can be accrued to meet the national physical activity guidelines. This question will support SHIP work promoting active transportation as a strategy for meeting physical activity guidelines.	NHANES	United States Department of Health and Human Services (2008)
When you think about things that make it difficult to be physically active, how much of a problem are the following things?	a. Not having sidewalks or walking paths/trails b. Lack of bike trails c. Traffic problems (excessive speed, too much traffic) d. Unsafe intersections and street crossings e. (I have a) Long-term illness, injury, or disability f. Fear of injury g. No safe place to be physically active i. The weather j. Poor maintenance of sidewalks or walking paths/trails k. Lack of programs, leaders, or facilities I. Public facilities (schools, sports fields, etc.) are not open or available at the times I want to use them m. Lack of time	 Not a problem A small problem A big problem 	This question includes several personal and environmental barriers to physical activity, which will inform priorities for SHIP work.	Grantee Surveys	Duncan, Spence, and Mummery (2005)

	Table 2: Nutrition							
Question Header	Items	Response Scale	Justification	Source	References			
How much do you agree with the following statements?	 a. There is a large selection of fresh fruits and vegetables where I usually shop b. The fresh fruits and vegetables available where I usually shop are of high quality c. Fruits and vegetables are difficult to prepare d. Most unhealthy foods taste better than healthy foods e. Eating healthy just costs too much f. I eat enough fruits and vegetables to keep me healthy g. I just don't think of fruits and vegetables when I'm looking for something to eat 	 Strongly disagree Disagree Agree Strongly agree 	These barriers and perceptions regarding healthy eating will support SHIP work. These items can provide guidance for SHIP activities targeting healthy food access.	Grantee Surveys (items a-c) Project EAT III (University of Minnesota) (items d-e) Food Attitudes and Behaviors developed by the National Cancer Institute (items f and g)	Neumark- Sztainer, Wall, Perry, and Story (2003) Shaikh, Yaroch, Nebeling, Yeh, and Resnicow (2008)			

	Table 3: Tobacco Use					
Question Header	Items	Response Scale	Justification	Source	Reference Articles	
Do you live in an apartment building, condo, townhome, or other building with shared walls?		1. Yes 2. No 3. Not sure	This question will better inform tobacco smoke free housing work and we recommend that this item is included in the demographic section.	Minnesota Adult Tobacco Survey	ClearWay Minnesota & Minnesota Department of Health (2014)	
Is your usual cigarette brand menthol or non-menthol?		1. I do not smoke cigarettes2. Menthol3. Non-menthol4. No usual brand5. I don't know	This measure ties into the SHIP menthol grant and, also the point-of-sale activity with a particular focus on menthol restrictions.	Minnesota Adult Tobacco Survey	ClearWay Minnesota & Minnesota Department of Health (2014)	
In Minnesota, in the past 7 days, has anyone smoked near you in the following places?	a. Inside your home b. At work c. Some other place	1. Yes 2. No	The proposed item was adapted to streamline the assessment of SHS (MATS assesses exposure to several different tobacco products in different locations using multiple questions), and focus on exposure at two key areas that are targeted by SHIP activities: Smoke-free housing, and worksite wellness — comprehensive tobacco-free grounds.	Minnesota Adult Tobacco Survey	ClearWay Minnesota & Minnesota Department of Health (2014)	

	Table 4: Health Equity							
Question Header	Items	Response Scale	Justification	Source	Reference Articles			
Overall, how would you rate your neighborhood as a place to live?		1. Excellent 2. Good 3. Fair 4. Poor 5. Don't Know/ Not Sure 6. Refused	Neighborhood environments impact health. We know that there are differences in communities across the state. This question captures residents' perceptions about how supportive their neighborhood environment is. This items will also help us better understand the barriers and perceptions regarding tobacco, active living, and healthy eating.	Neighborhood Health Questionnaire	Mujahid, Roux, Morenoff, and Raghunathan (2007)			
During the past 12 months, how often did you worry that your food would run out before you had money to buy more?"		 Often Sometimes Rarely Never 	This question and these response options have been used in MN since 2002 when they first appeared on the 2002 SHAPE survey	Minnesota Local Public Health Agencies	Anderson (1990) Pan, Sherry, Njai, and Blanck (2012) Laraia (2013) Hager et al. (2010)			

References

- Anderson, S. A. (1990). Core indicators of nutritional state for difficult-to-sample populations. *The Journal of Nutrition*.
- ClearWay Minnesota & Minnesota Department of Health. (2014). *Minnesota Adult Tobacco Survey*. Retrieved from http://www.mnadulttobaccosurvey.org.
- Duncan, M. J., Spence, J. C., & Mummery, W. K. (2005). Perceived environment and physical activity: a meta-analysis of selected environmental characteristics. *International Journal of Behavioral Nutrition and Physical Activity*, *2*(1), 11.
- Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., . . . Chilton, M. (2010). Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*, *126*(1), e26-e32.
- Laraia, B. A. (2013). Food insecurity and chronic disease. *Advances in Nutrition: An International Review Journal*, 4(2), 203-212.
- Malik, V. S., Schulze, M. B., & Hu, F. B. (2006). Intake of sugar-sweetened beverages and weight gain: a systematic review. *The American Journal of Clinical Nutrition*, *84*(2), 274-288.
- Mujahid, M. S., Roux, A. V. D., Morenoff, J. D., & Raghunathan, T. (2007). Assessing the measurement properties of neighborhood scales: from psychometrics to ecometrics. *American Journal of Epidemiology*, 165(8), 858-867.
- Neumark-Sztainer, D., Wall, M., Perry, C., & Story, M. (2003). Correlates of fruit and vegetable intake among adolescents: Findings from Project EAT. *Preventive Medicine*, *37*(3), 198-208.
- Pan, L., Sherry, B., Njai, R., & Blanck, H. M. (2012). Food insecurity is associated with obesity among US adults in 12 states. *Journal of the Academy of Nutrition and Dietetics*, 112(9), 1403-1409.
- Shaikh, A. R., Yaroch, A. L., Nebeling, L., Yeh, M.-C., & Resnicow, K. (2008). Psychosocial predictors of fruit and vegetable consumption in adults: a review of the literature. *American Journal of Preventive Medicine*, *34*(6), 535-543. e511.
- United States Department of Health and Human Services. (2008). 2008 Physical Activity Guidelines for Americans: Chapter 4. Retrieved from https://health.gov/paguidelines/guidelines/guidelines/chapter4.aspx
- Vartanian, L. R., Schwartz, M. B., & Brownell, K. D. (2007). Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. *American Journal of Public Health*, *97*(4), 667-675.
- Wang, Y., & Beydoun, M. A. (2007). The obesity epidemic in the United States—gender, age, socioeconomic, racial/ethnic, and geographic characteristics: a systematic review and meta-regression analysis. *Epidemiologic Reviews*, 29(1), 6-28.