

# Evaluation Guide

STATEWIDE HEALTH IMPROVEMENT PARTNERSHIP (SHIP)

## **Evaluation Guide**

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# Overview

This guide provides an overview of the SHIP evaluation framework, grantee evaluation requirements and evaluation technical assistance available. The guide also introduces the Office of Statewide Health Improvement Initiatives (OSHI) Evaluation and Research Team staff. As this SHIP grant period (Nov. 1, 2015 – Oct. 31, 2020) progresses, the SHIP Evaluation and Research Team looks forward to working with SHIP grantees to further advance evaluation efforts. This guide may be updated periodically. These updates will be highlighted and sent to grantees each quarter. Grantees may be asked to update their budgets and project plans accordingly, and should work with their Community Specialist (CS) to do so.

## SHIP Evaluation Framework

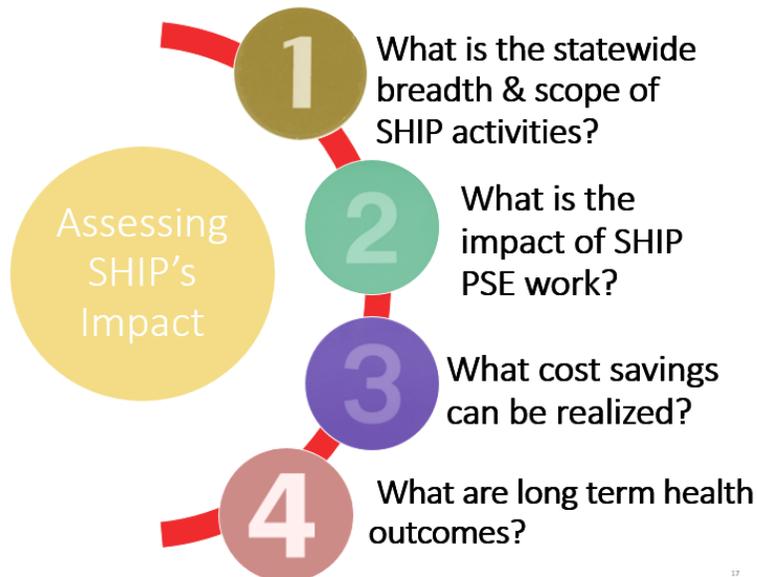
### Purpose

The purpose of the SHIP evaluation is to create a statewide picture of the impact SHIP is making at local and state levels to improve the health of all Minnesotans.

### Evaluation Questions

Using quantitative and qualitative methods, SHIP evaluation is focused on answering four core questions, outlined in Figure 1.

Figure 1: Evaluation Questions



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## Evaluation Methods

Data for the evaluation is collected through four methods that are all informed and guided by a health equity lens:

1. **Partner Site, Strategy and Reach Monitoring System.** To capture the breadth and scope of SHIP work, the evaluation monitors the number of partner sites, strategies and activities being implemented and the potential number of people impacted.
2. **Policy, Systems & Environmental (PSE) Tracking System.** SHIP work is focused on making PSE changes at the community level and within worksites, schools, health care and childcare settings. The SHIP evaluation measures the number and type of PSE changes at the strategy, activity and setting levels.
3. **Focused Evaluation Studies.** To better understand the impact of SHIP work, the Evaluation and Research Team, in conjunction with grantees, conducts focused evaluation studies, or “deep dives,” to assess the impact on SHIP strategy-related outcomes. Past focused evaluation studies assessed the impact of the passage of smoke-free housing policies in public housing, the impact of active school strategies on child health and education outcomes, and the impact of SHIP training and technical assistance on in-home childcare providers’ policies and practices related to promoting physical activity, healthy eating and breastfeeding support among children ages 1-4. Evaluation studies are posted on the [SHIP Reports website](#).
4. **Local Adult Community Health Assessment Survey.** SHIP grantees are required to collect information through local surveys to inform planning of SHIP strategies at state and local levels. These surveys are helping MDH and SHIP grantees to better understand community-wide estimates of obesity, fruit and vegetable consumption and physical activity indicators. As part of SHIP 2015-2020, additional measures will be included in local surveys to improve understanding of how PSE changes at the community level are translated into behavior change.

## Advisory Groups

The Evaluation and Research Team’s work is informed by feedback from two advisory groups. The Evaluation Steering Group (ESG), which consists of SHIP Coordinators and Evaluation Points of Contact, meets quarterly. The Local Public Health Directors Evaluation Steering Group (DESG) meets bi-annually.

# SHIP 2015-2020 Grantee Evaluation Requirements - At a Glance

Per the SHIP application, grantees are contractually obligated to complete the evaluation activities described in this guide. SHIP grantee evaluation requirements are focused on collecting information that describes the scope and breadth of SHIP work and the contributions SHIP has made to changes in policies, systems and environments. Additional SHIP evaluation requirements are designating an Evaluation Point of Contact and reporting on evaluation activities. Table 1 on the next page is a brief overview of evaluation requirements for SHIP grantees. A more detailed description of each requirement is included in the section titled [Descriptions of Evaluation Requirements](#).

## Evaluation Point of Contact

Grantees are asked to designate an Evaluation Point of Contact (EPOC) who will communicate regularly with their MDH SHIP Evaluation Liaison (for more information on the Evaluation Liaisons and how to contact them, see [Evaluation Assistance](#) in this document). It is recommended that the EPOC be equivalent to between a .10 to .30 full-time employee (depending on the number of partner sites involved in SHIP work). It is acceptable for grantees to contract out the evaluation duties; the point person should be someone who can work closely with grantee staff, sites implementing strategies, MDH SHIP Evaluation Liaisons and MDH SHIP evaluation contractors. The EPOC is also required to attend grantee check-in calls when evaluation is on the agenda.

## Grantee Evaluation Requirements

For SHIP 2015-2020, grantees are required to report partner site information and partner site policy, system and environmental changes into REDCap. Grantees are also required to collect local health assessment data through a survey, complete a health equity data analysis, complete a CLT membership report and submit documentation on optional evaluation activities. Table 1 lists the requirement, when it is due, where to find more information in this document and who to contact for assistance with this requirement. All due dates for the upcoming year will be posted on the [Grantee Support Evaluation](#) website in a document titled [SHIP Due Dates](#). Grantees will be notified by their Evaluation Liaisons when any changes are made regarding evaluation.

**Table 1: Grantee Evaluation/Assessment Requirements**

Requirement	Due Date	More Information	MDH Contact Person
<a href="#">New partner site registration (Intake)</a>	February and June	<a href="#">Partner Site Registration and Strategy Selection</a>	<a href="#">Evaluation Liaison</a>
Strategy and activity selection	March and June		
Strategy and activity data quality checks	March and July		
Reach for partner sites	August	<a href="#">Reach</a>	

Requirement	Due Date	More Information	MDH Contact Person
PSE+ change documentation	August	<a href="#">PSE+</a>	
Reach and PSE+ data quality checks	September		
Collection of assessment data through local surveys	Data must be collected no sooner than January 1, 2017, and no later than October 31, 2020	<a href="#">Local Data Collection</a>	<a href="#">Ann Kinney, MDH Minnesota Center for Health Statistics</a>
Health equity data analysis	<a href="#">April 30, 2018</a>	<a href="#">Health Equity Data Analysis</a>	<a href="#">Kim Edelman and Ann Kinney</a>
Community Leadership Team (CLT) Membership Report & Meeting Log	<a href="#">March 1, 2017 and November 30, 2017</a>	<a href="#">Community Leadership Team (CLT) Evaluation</a>	<a href="#">Jennifer Pelletier</a>
Documentation of optional evaluation activities	Bi-monthly SHIP Contact Calls on Evaluation (Nov.-Dec. 2016 and May-June 2017)	<a href="#">Local Evaluation Documents</a>	<a href="#">Evaluation Liaison</a>

Meeting data reporting deadlines is very important to ensure that timely and accurate reports can be shared with the state legislature, local grantees and MDH staff.

Strong partnership and communication between the OSHII Evaluation Liaisons and grantees will ensure that both parties have the highest quality data. The OSHII Evaluation Liaisons make every effort to work with grantees to make sure that the process of collecting accurate, timely data is smooth and efficient. The OSHII Evaluation Liaisons aim to create a strong line of communication with grantees by providing an annual calendar of reporting deadlines, sending out timely reminders via email and in the Making It Better Log, and providing training and technical assistance through scheduled webinars, grantee phone calls and emails, and upon request. As a reminder, it is expected that the every grantee has an Evaluation Point of Contact (EPOC). It is recommended that the EPOC role be an equivalent of between 0.1 to 0.3 full-time employee.

The OSHII Evaluation Liaisons appreciate all the efforts that Grantee Evaluation Points of Contact make to report data and meet deadlines. If a grantee does not think that they can meet reporting deadlines, the grantee should contact their Evaluation Liaison as soon as possible to discuss an alternative reporting deadline that is feasible for both the grantee and the Evaluation Liaison. In cases where data submission deadlines are missed with no prior communication, or mutually agreed upon follow-up submission dates are missed, the OSHII Evaluation Liaison will need to take additional steps to ensure the data are submitted as required by the SHIP grant.

In consultation with the Evaluation Steering Group (ESG), the OSHII Evaluation Liaisons have developed the following guidelines for action in these cases.

1. The OSHII Evaluation Liaison will call the Grantee Evaluation Point of Contact and the SHIP Coordinator to request that data be submitted within 36 business hours of when the call was placed or according to a mutually agreed upon timeline.

2. If the data are not submitted by this revised deadline, the OSHII Evaluation Liaison will contact the OSHII Evaluation Supervisor and the Grants Management Supervisor. These two supervisors will then contact the SHIP Coordinator and the Local Public Health Director to request that they submit the data as soon possible.
3. If the data are not submitted by the second revised date, statewide evaluation reports will include a statement outlining that the data reported from the given grantee was not submitted in time to be included in statewide reports. Grantees will also not receive a specific evaluation report for the strategy area with incomplete data.

## Optional Evaluation Activities

MDH is committed to providing grantees assistance with their own evaluation efforts (e.g. grantee-led evaluations that are specific to community interests). Grantees have an option to conduct additional evaluations as well as the evaluation requirements listed above. Please contact an Evaluation Liaison directly to request technical assistance for additional evaluation projects. Please also copy the appropriate Community Specialist on these requests.

# Evaluation Assistance

Grantees’ primary contact for evaluation-related technical assistance is their Evaluation Liaison. Each of the four is assigned a region as described in Table 2. Grantees may call or [email](#) (see below) their Evaluation Liaison with any SHIP evaluation-related questions or questions about any of the evaluation processes covered in this guide. The Evaluation Liaison’s role is designed to provide broad and high-level evaluation guidance to grantees on SHIP evaluation requirements and local evaluation efforts. They are also grantees’ primary contact for evaluation questions and are responsible for communicating the overall evaluation plan.

## Evaluation Liaisons

**Table 2: Evaluation Liaisons Contact Information**

Contact Information	Region/Grantees
 <p>Jennifer Pelletier 651-201-3667</p>	<p><b>Southeast &amp; East Metro (Evaluation Content Specialty – Active Living and Child Care)</b></p> <ul style="list-style-type: none"> <li>Dakota</li> <li>Dodge-Steele</li> <li>Fillmore-Houston</li> <li>Freeborn</li> <li>Goodhue</li> <li>Mower</li> <li>Olmsted</li> <li>Rice</li> <li>St. Paul-Ramsey</li> <li>Wabasha</li> <li>Winona</li> </ul>
	<p><b>Northwest &amp; Minneapolis (Evaluation Content Specialty – Healthy Eating)</b></p> <ul style="list-style-type: none"> <li>Benton</li> <li>Cass</li> <li>Horizon</li> <li>Minneapolis</li> <li>Morrison-Todd-Wadena</li> <li>North Country</li> <li>Partnership4Health</li> <li>Polk-Norman-Mahnomen</li> <li>Quin</li> <li>Stearns</li> </ul>
 <p>Kim Edelman 651-201-5497</p>	<p><b>Southwest &amp; South Central (Evaluation Content Specialty – Workplace)</b></p> <ul style="list-style-type: none"> <li>Blue Earth County</li> <li>Healthy Together</li> <li>Countryside</li> <li>Des Moines Valley</li> <li>Faribault-Martin-Watonwan</li> <li>Kandiyohi-Renville</li> <li>Meeker-McLeod-Sibley</li> <li>Scott</li> <li>Southwest</li> </ul>
	<p><b>Northeast, Central and Hennepin (Evaluation Content Specialty – Schools and Health Care)</b></p> <ul style="list-style-type: none"> <li>Anoka</li> <li>Bloomington, Edina, Richfield</li> <li>Chisago</li> <li>Crow Wing</li> <li>Healthy Northland</li> <li>Hennepin</li> <li>Kanabec-Pine-Isanti-Mille Lacs</li> <li>Sherburne</li> <li>Washington</li> <li>Wright</li> </ul>

## Evaluation Liaison Communication

**Use of Central Email - [Health.SHIP.Eval@state.mn.us](mailto:Health.SHIP.Eval@state.mn.us)**

To communicate with Evaluation Liaisons, please use the central email box [Health.SHIP.Eval@state.mn.us](mailto:Health.SHIP.Eval@state.mn.us). Emails will be automatically routed to the appropriate Evaluation Liaison. The Evaluation and Research Team works closely with Community Specialists, so please copy the appropriate Community Specialist on emails to keep them in the loop.

### How Evaluation and Research Team Will Communicate with Grantees

The Evaluation and Research Team will communicate crucial SHIP evaluation information to grantees through three avenues:

1. **Direct emails to Evaluation Points of Contact.** Emails will be sent from the [Health.SHIP.Eval@state.mn.us](mailto:Health.SHIP.Eval@state.mn.us) email address. These emails will contain in-depth information about evaluation deadlines and instructions for completing evaluation tasks.
2. **Communications listed in [Making it Better newsletter](#).** Short messages will be included in the newsletter.
3. **[Basecamp](#).** Webinars and instructions will be posted to Basecamp in the SHIP 4 REDCap project.

### Please note:

- **Evaluation Liaisons have three to five business days to respond to grantee questions and requests.** These requests may not be answered in one response and may require some time, investigation and collaboration internally at MDH to provide the best and most appropriate solution.
- Evaluation Points of Contact and grantees are required to read communications from their Evaluation Liaison and the Making it Better newsletter carefully and are responsible for information (deadlines, etc.) shared in the newsletter. Basecamp is intended to be a peer-to-peer forum and a secondary source of information for grantees.

## Local Assessment Data Assistance

Ann Kinney with the MDH Center for Health Statistics is available to assist SHIP grantees with all aspects of their adult community health assessment survey including the development, implementation and analysis of the data. She is also available to help with Health Equity Data Analysis (HEDA) data needs. Ann can be contacted via email: [ann.kinney@state.mn.us](mailto:ann.kinney@state.mn.us) or phone: 651-201-5946.

## Evaluation Resources

In addition to the technical assistance provided by the Evaluation Liaisons, the following evaluation resources are available for SHIP grantees.

### [Basecamp](#)

Basecamp is a platform to facilitate peer-to-peer sharing about health improvement in Minnesota. The Evaluation and Research Team maintains the [SHIP 4 REDCap forum](#) on Basecamp. This forum contains instructional webinars on REDCap, Reach and PSE+. Grantees may use this platform to share evaluation resources and seek peer advice on evaluation questions.

### [Grantee Support Evaluation Website](#)

This website includes documents that provide guidance about and assistance for doing SHIP related work.

### [Minnesota Center for Health Statistics](#)

The MDH Minnesota Center for Health Statistics (MCHS) will help grantees with surveys and other data-related activities (e.g. locating and presenting data and health equity data analysis). Ann Kinney is the main point of contact for MCHS. Ann can be contacted via email: [ann.kinney@state.mn.us](mailto:ann.kinney@state.mn.us) or phone: 651-201-5946.

## REDCap

REDCap is an online survey tool and database used to streamline data collection across the state. SHIP grantees are expected to learn REDCap and enter Reach and PSE+ data into REDCap, and thus will need to budget time for these activities.

### Username and Passwords

A username and password are required to access REDCap. To sign up for a REDCap account, please contact the appropriate Evaluation Liaison at [Health.SHIP.eval@state.mn.us](mailto:Health.SHIP.eval@state.mn.us).

Grantees who have an account with REDCap but have forgotten their username or password should contact their Evaluation Liaison at [Health.SHIP.eval@state.mn.us](mailto:Health.SHIP.eval@state.mn.us). Do not click on “Forgot your password?” on the “REDCap Log In” page as shown below.

**REDCap**™

**Log In**

**ATTENTION**

Access to this service is for authorized personnel only.

If you do not have the express authorization of the Minnesota Department of Health division and section management you must exit now or face the consequences of violating Minnesota Statutes, Chapter 13, and other laws. The State of Minnesota prohibits unauthorized access, disclosure, duplication, modification, diversion, destruction, loss, misuse, or theft of computer information, in accordance with Minnesota Statutes, sections 609.87 to 609.89

[MDH Production REDCAP Site](#)

Please log in with your user name and password. If you are having trouble logging in, please contact [REDCap Administrator](#).

Username:

Password:

[Forgot Your Password?](#)

Do not click

### REDCap Training

Grantees new to REDCap are required to review two REDCap training videos:

- [A Brief Overview](#) (4 minutes)
- [Data Entry Overview](#) (16 minutes)

# Descriptions of Evaluation Requirements

This section describes the monitoring and evaluation requirements of SHIP including what data need to be collected by grantees, why it needs to be collected and how to report it. Links to additional instructions on each requirement are also included.

## Partner Site Registration (Intake) and Strategy Selection

**What is collected:** MDH wants to know whom grantees are partnering with, what strategies they have selected and what activities they are implementing.

- **New partner site registration (Intake):** Partner site registration (also known as Intake) is the method by which the site is registered as a “SHIP partner site.” New partner site registration includes the site name, address and the year the partnership began. Do not enter partner sites if their participation in SHIP is undecided or if their strategies are undecided.
- **Partner site:** A partner site is defined as a physical location where SHIP strategies are implemented. Partner sites include organizations such as businesses, community-based organizations, local government offices, faith and cultural organizations, and local jurisdictions such as cities and counties.
- **Strategy selection:** Strategy selection is where grantees indicate what strategies (tobacco-free living, health eating in communities, active living in communities, child care, health care, schools and workplace) the partner site has chosen. Also at this time, indicate the activities the partner has chosen (e.g. for the healthy eating strategy: farmers’ markets, community-based agriculture, comprehensive plans, etc.).

**Why it is important:** Number of partner sites and reach are the most basic and the most requested information on SHIP. MDH receives frequently receives requests from the governor’s office, the commissioner, the legislature and the CDC regarding questions such as “how many sites are working on each specific strategy?”

**Where/How to report:** Grantees enter their new partner sites into the SHIP Partner Site Registration Survey. [The link to the survey is on the SHIP Evaluation Website](#) Grantees enter Strategy Selection by logging into [REDCap](#).

**When to report:** It is recommended that grantees enter new partner sites monthly. Once MDH staff have uploaded the new sites, grantees can then update the partner site record with strategies and activities. For exact reporting deadlines, go to SHIP Due Dates located on the SHIP evaluation website.

**Strategy and Activity Data Quality Checks:** Strategies and activities will be reviewed by the Evaluation and Research Team twice per year for data quality. Evaluation Liaisons will send grantees a list of partner sites in which updates need to be made to the strategies and activities (e.g. a strategy needs to be selected). These updates must be completed by grantees in March and July.

**Guidance documents for Intake:** Guidance for the New Partner Site Registration (Intake) and Strategy Selection can be found in the [Guidance for Completing 2017 SHIP Monitoring Partner Sites REDCap Project](#).

## Reach

**What is collected:** Reach refers to number of individual people that SHIP strategies impact at each partner site. After the grantee and partner site agree on a strategy to implement, grantees can enter Reach data that corresponds to the selected strategy and activity.

**Why it is important:** Reach gives MDH a snapshot of grantee potential impact on communities. MDH frequently receives requests from the governor's office, the commissioner, the legislature, and the CDC regarding questions such as "how many people are impacted by SHIP?"

**Where/How to report:** Grantees enter Reach into [REDCap](#).

**When to report:** Reach is due once per year in August. Grantees are required to update Reach for *all* partner sites (e.g. new school enrollment), including sites that have Reach data from 2016. Beginning in 2017, grantees will no longer need to go to American Fact Finder to look up population data for community strategies. Instead, grantees will only need to enter the name of the city, county, or ZIP code and MDH will find the population for you. For reporting deadlines, go to [SHIP Due Dates](#) located on the SHIP evaluation website.

**Reach Data Quality Checks:** Reach data will be reviewed by the Evaluation and Research Team once per year for data quality. Evaluation Liaisons will send grantees a list of partner sites in which updates need to be made to Reach (e.g. number of employees was missing). These updates must be completed by grantees in September.

**Guidance documents for Reach:** Guidance for Reach questions can be found in the [Guidance for Completing 2017 SHIP Monitoring Partner Sites REDCap Project](#).

## PSE

**What is collected:** The purpose of the PSE **questions** is to measure and describe SHIP grantees' progress toward implementing policy, systems and environment (PSE) changes that contribute to improving community health through the promotion of healthy eating and active living, and the creation of tobacco-free environments. **These questions** measure PSE changes and assess the extent to which SHIP is working with populations experiencing health inequities.

There are two main types of questions: Process and PSE **Change**.

**Process questions** ask about specific activities partner sites are working on (e.g., training, engagement) and descriptive information about the partner site (e.g., whether the site serves low-income residents). They are based on specific implementation steps that are referenced in the [SHIP 4 strategy/setting implementation guides](#).

**PSE **Change** questions** ask about SHIP's contribution to PSE changes that have occurred during a particular time period, specified in each question.

**Why it is important:** PSE **questions** help the Evaluation and Research Team tell the story of how SHIP work is changing policies, systems and environments to increase opportunities for healthy eating, physical activity and tobacco-free living.

**Where/How to report:** Grantees enter PSE data into [REDCap](#).

**When to report:** PSE data is due once per year in August. For exact reporting deadlines go to [SHIP Due Dates](#) located on the SHIP evaluation website.

**PSE Data Quality Checks:** PSE data will be reviewed by the Evaluation and Research Team once per year for data quality. Evaluation Liaisons will send grantees a list of partner sites in which updates need to be made to PSE. These updates must be completed by grantees in September.

**Guidance documents for PSE:** Guidance for the PSE **questions** can be found in the **Strategy-Specific Form sections of the [Guidance for Completing 2017 SHIP Monitoring Partner Sites in REDCap Project](#)**.

## Local Health Assessment Data Collection through Surveys: 2017-2020 Follow-up

During the period of 2013-2016, all 41 SHIP grantees collected health behavior data on adults as required by SHIP contract. Grantees collected these data using 11 core questions in a probability sample survey of adults in their communities. This section describes the follow-up data collection process to be conducted between Jan. 1, 2017, and Oct. 31, 2020.

**Purpose:** A core function of public health is to assess and monitor the health of a population to identify health problems and priorities. Population health data have been used since the beginning of SHIP to identify needs, refine SHIP activities and monitor long-range health outcomes.

Because SHIP is a locally driven initiative where local public health departments and their community partners implement policy, systems and environmental changes to address the specific health needs of their communities, community-specific data are essential to inform health programming. The Minnesota local adult community health assessment surveys ensure that all SHIP grantees have local level data on adult health behaviors related to SHIP.

SHIP funds were provided for the periods of 2014-2016 and 2017-2020 to enable all SHIP grantees, regardless of prior survey data collection, to collect a set of standardized measures related to obesity, physical activity, nutrition and tobacco use to inform program planning and implementation. All grantees are required to collect these data via a probability sample survey of adults.

**What is collected:** Grantees are required to collect local data to track behaviors that inform SHIP strategies over time. Grantees are required to gather follow-up data between 2017 and 2020 via the local adult community health assessment survey. For the follow-up data collection, the 11 core questions used at the first time point, plus one additional four-part question on sugar sweetened beverage consumption, must be included.

**Additional required core question for 2017-2020 data collection period:**

For the time period of 2017-2020, one additional four-part question will be required related to sugar-sweetened beverage consumption.

Six supplemental questions are highly recommended. The list of all questions is provided in the document [Local Health Assessment Data Collection Requirements](#).

**Why these measures are important to collect:** The data collected describe key behaviors and risk factors related to SHIP strategies at the local level. At the state level, these data along with other data sources, including the Minnesota Student Survey, Women, Infants and Children (WIC) data, statewide Behavioral Risk Factor Surveillance System and others, will be used to monitor estimates of obesity, physical activity, nutrition and smoking rates over time.

These data will be reported to the state legislature and community stakeholders. OSHII has informed the state legislature that a first time point of data have been gathered and that follow-up data will be gathered by 2020.

**Recommendations for local use of survey data:** These data can be used to identify health issues facing a county, to assist with establishing key health objectives, and to develop and implement effective and targeted prevention activities, including implementation of SHIP strategies and allocation of resources based on local needs. These data also support completion of community health assessments and contribute to planning of community health improvement plans.

These data are not recommended for use for evaluation. To better understand the direct impact of SHIP interventions at the local level, OSHII recommends that local grantees design and implement evaluations specific to the intervention. For additional assistance in conducting these evaluations, contact your [Evaluation Liaison](#).

These surveys are not designed to report on inequities for specific community populations. The methodology and sample sizes generally prevent analyses of disparities by race/ethnicity or country of origin although analyses by income are usually possible. Grantees are encouraged to contact their [Evaluation Liaison](#) to discuss other ways to evaluate health inequities, including through the Health Equity Data Analysis project.

**Where/How to report:** Grantees are required to submit their survey data to SHIP staff. The MDH Center for Health Statistics will confirm with SHIP staff that the survey has been completed. SHIP Coordinators are encouraged to share survey results with their SHIP Community Leadership Teams and other local public health staff.

**When data collection needs to be completed:** Follow-up data collection must be conducted no earlier than Jan. 1, 2017, and completed no later than Oct. 31, 2020.

**Guidance and Assistance:** Further guidance on local data collection can be found in the document [Local Health Assessment Data Collection Requirements](#). In addition, Ann Kinney with the MDH Center for Health Statistics is available to assist SHIP grantees with all aspects of their adult health risk behavior survey. Assistance includes survey development and implementation of the survey, and data analysis as well as identifying cost-savings potential by doing multi-county surveys. Ann can be contacted via email: [ann.kinney@state.mn.us](mailto:ann.kinney@state.mn.us) or phone: 651-201-5946.

## Health Equity Data Analysis (HEDA)

**What is collected:** Information on the conditions and causes of a health inequity in the grantee's jurisdiction is collected during the HEDA process. For example, the HEDA would document the conditions and causes that create differences seen in tobacco use between low income and high income populations within a geographic region.

**Why it is important:** Grantees must incorporate health equity principles into their work plans as they are able. This may include continuing successful work with populations experiencing health inequities as well as engaging and planning with new community partners. The HEDA process helps grantees uncover and understand the origins of health inequities, inform future work plans and identify new communities to engage.

**Where/How to report:** Grantees will be asked to report their HEDA results to community members and MDH SHIP staff. For more information on reporting requirements and key dates, please go to the [Health Equity Data Analysis Implementation Guide](#).

**When the HEDA must be completed:** A HEDA must be completed by April 30, 2018.

**HEDA guidance:** Initial guidance on how to conduct a health equity data analysis is available on the [MDH Center for Health Statistics's website](#). For information on the SHIP HEDA trainings, requirements and key dates, please go to the [Health Equity Data Analysis Implementation Guide](#). For questions about the HEDA process, grantees should contact their Community Specialist or Evaluation Liaison. For questions about HEDA data, please contact Ann Kinney with the MDH Center for Health Statistics at [ann.kinney@state.mn.us](mailto:ann.kinney@state.mn.us).

## Community Leadership Team (CLT) Evaluation

**What is collected:** There are four components to the CLT Evaluation: general questions about how the CLT is organized; an up-to-date membership report of all CLT members, their sector and role on the CLT; a log of meetings held and number of members in attendance; and a participation survey that will be completed by CLT members.

**Why it is important:** SHIP placed a renewed focus on CLTs as active and engaged participants and decision makers in SHIP activities. MDH is interested in evaluating the structure and functioning of CLTs for three reasons:

- to describe how CLTs contribute to building community leadership for health, reflecting the intention of SHIP in the state statute
- to identify which populations and sectors are and are not represented among CLT membership, which will assess the extent to which CLTs can be a tool for health equity
- to characterize the health and functioning of CLTs, which will identify the types of support and technical assistance that would be most helpful for MDH to provide.

**Where/How to report:** Grantees will report components 1-3, described above. General questions on CLT will be reported on the SHIP Annual Report. The membership report and meeting log will be completed in REDCap. CLT members will complete the participation survey **online or on paper.**

**When to be completed:** The annual report is due Nov. 30, **2017**. The updated membership report and meeting log must be completed **twice per year in REDCap, by March 1, 2017, and Nov. 30, 2017.** CLT members will complete the participation survey **between April-July 2017.** Plans for repeating this data collection in future years are currently under development.

**CLT Guidance:** More details on each component can be found in the [Community Leadership Team Evaluation 2016-2017 Data Collection Guide](#).

## Documentation of Optional SHIP Evaluation Activities

**What is collected:** **Descriptions of evaluation work that grantees have conducted outside the scope of what is required by SHIP, as well as materials (including survey tools and evaluation reports) related to additional evaluation activities.**

**Why it is important:** **The Evaluation and Research Team would like to fully document the SHIP evaluation work that is taking place at a local level. Documentation and materials will provide more insight into the success of SHIP work at the grantee level, and may also be shared with other grantees or used in statewide reporting (with permission from the grantees).**

**Where/How to report:** **Grantees are asked to describe any optional evaluation work in their annual work plans and update these sections along with other work plan updates. Grantees are asked to provide updates and discuss these activities during bimonthly calls with MDH when Evaluation is on the agenda. Materials, such as evaluation fact sheets or survey tools, should be shared with a SHIP evaluation liaison in advance of the calls.**

**When to be completed:** **Grantees are asked to update evaluation components in their work plans as needed on a quarterly basis alongside other work plan updates.**

## Focused Evaluation Studies

The Evaluation and Research Team, in partnership with grantees, will conduct several focused evaluation studies (note these studies are not a required grantee evaluation activity). These evaluations provide opportunities for a deeper understanding of SHIP strategy-related outcomes that cannot be obtained via monitoring. These evaluations will focus on a specific activity (or set of related activities) intended to bring about some significant change in a particular population using a common strategy for delivering those prevention messages. The Evaluation and Research Team will work with grantees, Content Experts and Community Specialists to shape these evaluations. More information about the focused evaluation studies is forthcoming and will be posted on the [Grantee Evaluation Support Website](#) and the [Making It Better newsletter](#), and communicated through Evaluation Liaisons.

# OSHII Evaluation and Research Team

The Evaluation and Research Team plays multiple roles within OSHII. Team members act as SHIP Evaluation Liaisons, support other federal and state grant programs within OSHII and develop focused evaluation studies for SHIP. In addition, the OSHII Evaluation and Research Team has designated staff to focus on the specific SHIP strategy and setting areas. These evaluators are responsible for designing and implementing focused evaluation studies. Listed below are staff names, assignments and their biographies.



## OSHII Evaluation and Research Team Members

John Kingsbury, David Simmons

Ann Zukoski, Cate Bosserman, Jennifer Pelletier, Kim Edelman, Liana Schreiber

### Team Lead

#### Evaluation Supervisor

**Ann Zukoski, DrPH, MPH**, is the Evaluation Supervisor for the Evaluation and Research Team. Ann has over 20 years of experience conducting evaluations in community-based settings and grounds her work in participatory evaluation approaches. Before joining MDH, Ann was a senior evaluation consultant with Rainbow Research, Inc. a Minneapolis based not-for-profit research and evaluation firm where she conducted evaluations of health care programs, community development, employment training and projects focused on eliminating health disparities. Prior to that, she was a faculty member at Oregon State University and a senior research associate at the California Public Health Institute. Ann presents regularly at the American Evaluation Association and the Minnesota Evaluation Studies Institute annual meetings. Ann, who served as a Peace Corp volunteer in the Central African Republic, received her doctorate in public health from University of California at Berkeley School of Public Health and her master's in public health from the Johns Hopkins Bloomberg School of Public Health.

## Strategy/Setting Leads

### Healthy Eating Strategy



**Liana Schreiber, MPH, RDN**, is a Community Evaluation Coordinator who has six years of experience in research and evaluation, doing work in the clinical, academic and community settings. She graduated from St. Olaf College with a degree in psychology and family studies and from the University of Minnesota with a Masters of Public Health Nutrition, and is a registered dietitian. Her research and evaluation experience includes work with the U of M psychiatry department researching medications for impulse control disorders, evaluation of the Minneapolis Staple Food Ordinance, evaluation of a longitudinal weight loss intervention study and evaluation with the Twin Cities Mobile Market. Liana has also worked at with PartnerSHIP 4 Health to help implement SHIP-related activities. Currently, Liana is a co-lead on the Shared Measurement Action Team with the Minnesota Food Charter. Liana has a passion for making healthy foods affordable, accessible, and available throughout the community and enjoys volunteering for causes that align with her passions.

### Active Living & Childcare Strategies

**Jennifer Pelletier, PhD, MPH**, is a Community Evaluation Coordinator responsible for leading evaluation efforts on active living and child care. She has expertise in both quantitative and qualitative research methods and has a particular interest in measuring and evaluating the activities and impacts of cross-sector partnerships. She holds an MPH and PhD in Social and Behavioral Epidemiology from the University of Minnesota School of Public Health and has over a decade of experience conducting health research and evaluation studies in public, non-profit, academic and international settings. She has over a dozen peer-reviewed publications appearing in *Preventing Chronic Disease*, *Journal of Adolescent Health*, and *Pediatrics*, among others, and has presented her work at the American Public Health Association and Society for Epidemiologic Research annual meetings.



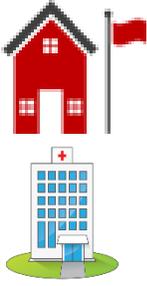
### Tobacco Strategy

**John Kingsbury, PhD**, has been in his current position as the Tobacco Policy Evaluator for four years. He is the lead tobacco evaluator for the following grants: Statewide Health Improvement Partnership and Tobacco-free Communities. John provides technical assistance to grantees, designs and implements tobacco evaluations at the local and state level, and leads the dissemination of tobacco surveillance and evaluation findings. John has published a dozen peer-reviewed articles including recent publications in *Nicotine & Tobacco Research*, *Preventing Chronic Disease*, and *Addictive Behaviors*. Prior to MDH, John was a postdoctoral fellow in cancer prevention at the Harvard School of Public Health. John received a PhD in social psychology from Dartmouth College in 2012 and a B.A. in psychology from the University of St. Thomas in 2007.



## SETTING AREA EVALUATORS

## School &amp; Health Care Settings



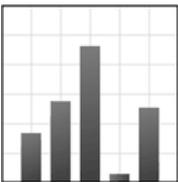
**Cate Bosserman, MPH**, is a Community Evaluation Coordinator. In this role, Cate is responsible for partnering with Content Specialists and grantees to evaluate 1305 (a CDC grant) and SHIP strategies in the Health Care and Schools settings. Cate attended the University of Minnesota School of Public Health, and brings over five years of experience evaluating policy, systems and environmental change in educational, clinical and other community settings. In addition to her role as a Community Evaluation Liaison, Cate is participating in the evaluation of a cross-agency learning community to pilot the Health Equity Data Analysis Guide, a project that builds on her interest in mixed-methods evaluation and her passion for health equity.

## Worksite Setting &amp; Health Equity

**Kim Edelman, MPH**, is a Community Evaluation Coordinator. Kim is working with Workplace Content Specialists to develop evaluation indicators related to worksite activities and more in-depth evaluation for that content area for 1305 and SHIP. Her responsibilities include providing technical assistance around evaluation and assessment as well as developing and implementing a health equity data analysis process for SHIP grantees. Prior to joining OSHII, Kim worked with St. Paul-Ramsey County Public Health in the area of aging and as an epidemiologist for the Minnesota Department of Health Center for Health Statistics for 18 years. She has contributed to the development of several seminal health equity-related documents including the *2014 Advancing Health Equity in Minnesota Legislative Report*, *White Paper on Income and Health*, *A Guide to Conducting a Health Equity Analysis* and *Health Disparities by Racial/Ethnic Populations in Minnesota*. Kim received her master's in public health from the University of Minnesota.



## Epidemiology



**David Simmons, MPH**, joined OSHII in June 2010. In his role as epidemiologist, David monitors surveillance data related to obesity, physical activity and nutrition associated with the Statewide Health Improvement Partnership (SHIP) and the mission of OSHII. Prior to joining OSHII, David worked in the MDH division of Health Promotion and Chronic Disease for the Comprehensive Cancer Control Program as a project coordinator the areas of Prostate Cancer education and Colorectal Cancer screening. David received his MPH in Epidemiology and BS in Biology from the University of Minnesota.