



Minnesota's Statewide Health Improvement Partnership

REPORT TO THE MINNESOTA LEGISLATURE
FISCAL YEAR 2018-2019

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Minnesota's Statewide Health Improvement Partnership
Report to the Minnesota Legislature: Fiscal Year 2018-2019

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March 9, 2020

Dear Legislators:

Minnesota communities are making lasting changes that provide opportunities for people to live healthier lives, thanks to the collective efforts of 41 community health boards and 10 tribal nations that are actively collaborating with the Statewide Health Improvement Partnership (SHIP).

Recognizing that good health is created where we live, work, learn and play, SHIP is advancing ways for people in Minnesota to be healthier. SHIP is designed to reduce risk factors that contribute to chronic diseases like cancer, type 2 diabetes and heart disease by increasing opportunities for active living, healthy eating and commercial tobacco-free living.

Since 2009, SHIP funding has provided an important investment in Minnesota's local public health and tribal health infrastructure, supporting primary prevention strategies that reduce chronic disease and health care costs. The complex, comprehensive nature of this work requires strong relationships, partnerships and expertise at the local level. That's the true strength and innovation of SHIP – *it's locally owned and led.*

As a result of this leadership, more child care providers are learning best practices that get our youngest generation off to a healthy start in life. K-12 schools are increasing access to fruits and vegetables and more active school days. Workplaces are creating a culture of wellness that makes healthy options the norm at work. Multi-unit housing locations are implementing smoke-free policies, protecting residents from the dangers of secondhand smoke. Community partners are expanding access to locally grown produce at farmers markets and small businesses like neighborhood stores. Towns and cities are improving streetscapes to make it easier and safer for people to walk or bike.

Tribal nations are leading work within their communities to improve health by elevating culturally based approaches. SHIP efforts in tribal nations are increasing opportunities for healthy food access and physical activity. Tribal SHIP strategies use culture as a bridge to health and healing, while integrating traditional activities, teachings and ceremonies. We are proud of our work to honor, acknowledge and strengthen tribal sovereignty and self-determination through SHIP.

We know that there's more work to be done. Commercial tobacco use is still a problem; youth vaping is a clear and present danger. Despite Minnesota's reputation for being a healthy state, some of our communities are experiencing serious health inequities. Urgent issues related to economic, mental and social well-being and issues of trauma are also limiting the full impact of primary prevention efforts.

Despite these challenges, we know the future is bright for SHIP. We're engaging partners to plan for the next cycle of SHIP that will start in November 2020. Our Tribal SHIP efforts recently launched into its newest five-year grant cycle, reflecting the culture and voice of our tribal partners. We're grateful to the Legislature for the funding continuity for primary prevention by supporting the Health Care Access Fund.

I am confident that we can continue our momentum with SHIP across Minnesota and build healthier communities where everyone has an opportunity to reach their full health potential.

Sincerely,

A handwritten signature in black ink, appearing to read "Jan K. Malcolm". The signature is fluid and cursive, with a long horizontal stroke at the end.

Jan K. Malcolm
Commissioner
Minnesota Department of Health

Part 1: SHIP creates health in Minnesota communities

Minnesota's Statewide Health Improvement Partnership (SHIP) supports community-driven solutions to expand opportunities for physical activity, provide more access to fresh fruits and vegetables and increase ways to live without the harms of commercial tobacco and secondhand smoke. These efforts help all people in Minnesota prevent chronic diseases like cancer, heart disease, stroke and type 2 diabetes.

SHIP and Minnesota's bipartisan health reform law

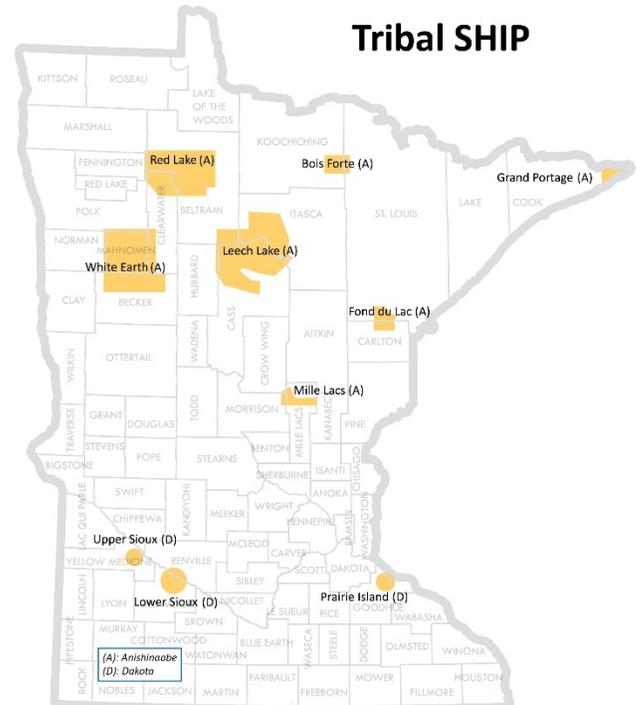
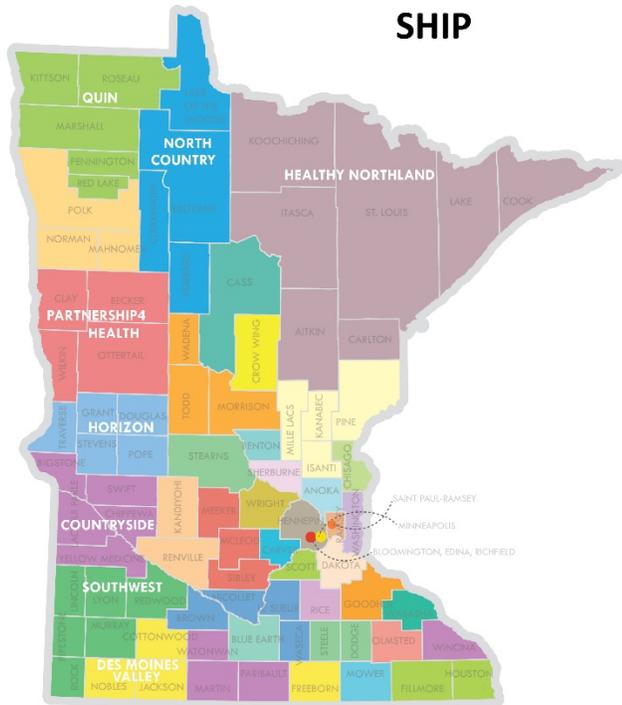
In 2008, Minnesota lawmakers recognized that controlling health care costs would require more than just changes in medical care – additional investments in prevention were needed. With bipartisan support in the legislature, Minnesota passed a groundbreaking health reform law that also launched SHIP.

Because of SHIP, Minnesota has been recognized as a national leader and innovator through the state's work to reduce the burden chronic diseases have on our families and communities.

SHIP is a statewide health strategy

SHIP is designed to improve the health of all Minnesotans by reducing the risk factors that contribute to chronic diseases. SHIP helps build thriving communities and creates opportunities for all people in Minnesota to live healthier lives and save the state health care costs. Ninety percent of the nation's health care costs are generated by people with chronic conditions, and the majority of those costs are preventable.¹

Firmly rooted in all 87 counties; the cities of Minneapolis, St. Paul, Bloomington, Edina and Richfield; and 10 tribal nations in Minnesota, SHIP's reach is statewide. The Minnesota legislature appropriates \$17.6 million per year through SHIP to support critical primary prevention strategies led by the state's local public health and tribal health partners.



SHIP work is directed by local community leadership teams that bring expertise and connections to the table. SHIP is active in communities, schools and child care facilities, workplaces and health care settings.

The complex, comprehensive nature of this work requires strong relationships, partnerships and expertise at the local level. Local and tribal health staff work in partnership with schools, child care businesses owners, employers, housing owners or managers, farmers, senior organizations, hospitals, clinics, local governments, faith communities and many other community organizations.

SHIP focuses on long-term, sustainable changes

Being healthy is not only about individual choices. Social and environmental conditions – such as transportation, isolation, poverty, access to employment and education – also contribute to opportunities to be healthy.

Recognizing that good health is created where we live, work, learn and play, SHIP focuses on sustainable chronic disease prevention strategies and on community solutions that provide opportunities for all people in Minnesota to be healthy, especially for people in communities who are facing the greatest health disparities.

SHIP works with communities to make policy, systems and environmental (PSE) changes that expand opportunities for residents to eat healthier, be more active and live without the harms of commercial tobacco smoke and exposure to secondhand smoke. PSE approaches concentrate on changing state, SHIP Report to the Minnesota Legislature

regional, local and institutional policies and shaping physical environments that make healthy choices practical and available to everyone.

There is a body of evidence showing that PSE interventions are effective in preventing chronic disease risk factors. The evidence is strongest for tobacco use reduction, and is sizeable and growing in volume for strategies involving physical activity and health eating.²

SHIP's PSE approach aligns with the Institute of Medicine and the U.S. Centers for Disease Control and Prevention, which have called for bold, long-term approaches to addressing the underlying causes of chronic disease, recommending that communities encourage healthy behaviors through a policy, systems and environmental approach.³ That approach also aligns with strategic priorities of leading organizations in chronic diseases, including the American Heart Association, the American Cancer Society and Healthy People 2020, to name a few.

Policy, Systems and Environmental (PSE) definitions

Policy changes are changes in written laws, ordinances, resolutions, mandates, regulations, guidelines or rules (both formal and informal).

Systems changes are changes in processes, procedures, practices, relationships and power structures.

Environmental changes are physical or material changes to the economic, social or physical environment.

PSE examples

Policies in workplaces: offer flexible work schedules that allow for physical activity during worktime.

Systems in schools: expand Farm to School programs.

Environments in the community: add bike lanes to encourage active commuting.

Stages of SHIP work

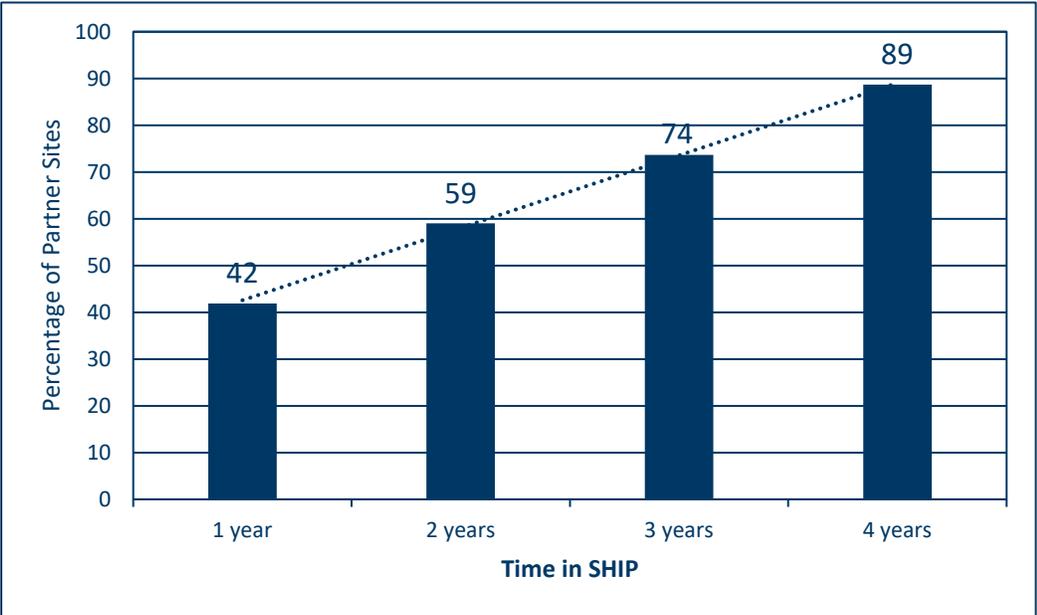
The length of time to see changes in communities working with SHIP can vary based on the context of the work. Successful policy, systems or environmental changes happen when there is consensus among stakeholders. Local SHIP staff engage members of organizations – through school wellness committees or workplace wellness committees, for instance – to identify opportunities to make changes that support health. This engagement, assessment and action planning process takes time and is essential for ensuring that changes are sustainable.

Some organizations and employers can make changes quickly. For instance, in 2018-2019, 58% of SHIP sites working on a change in food retail made at least one change. In this context, an initiative related to this work may involve one stakeholder, a store owner, who wanted to add signage that promoted healthy options within a business.

Changes in some settings can take longer. Updating a city or county’s comprehensive plan to include strategies that support active living can take up to 10 years, since some plans are only updated every decade. Leading up to this work, relationships are established with a wide range of stakeholders, such as city planners and engineers. Work must also be done to inform stakeholders about why a change will improve a community. In 2018-2019, 28% of SHIP community sites made a change to support comprehensive and master plans.

SHIP data show that the longer a community partner works with SHIP, the more likely the partner will implement at least one policy or systems change (see Figure 1).

Figure 1. Percent of partner sites that made at least one policy, system or environmental change

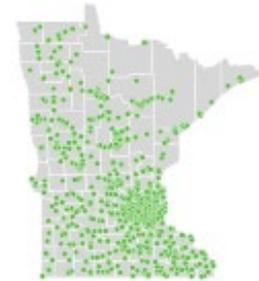


Part 2: Local leadership, local partners, local expertise

With a solid infrastructure and strong relationships in place, SHIP communities are creating better health across the lifespan. Among the data OSHII collects is reach and partner sites, which is represented with examples below for the biennium. Establishing relationships with partner sites is the first step to begin the work to make long term, sustainable changes.

- **87 COUNTIES**
- **10 TRIBAL NATIONS**
- **4,510 PARTNER SITES**

- **563 COLLABORATIVE PARTNERSHIPS**
- **974 ENGAGED COMMUNITY LEADERS**



Child Care	SHIP helps those who care for our children learn best practices that get our youngest generation off to a healthy start in life.	5,178 CHILDREN REACHED	179 PROVIDERS ENGAGED	
Schools	SHIP collaborates with schools to provide students increased access to fruits and vegetables and more physical activity during the day.	386,381 STUDENTS REACHED	968 SCHOOLS + DISTRICTS ENGAGED	
Workplaces	SHIP partners with employers to build a culture of wellness by establishing and strengthening practices that make healthy options the norm in an organization.	128,781 EMPLOYEES REACHED	1,677 WORKPLACES ENGAGED	
Health Care	SHIP works to ensure access to evidence-based programs that help people prevent and manage chronic diseases, prevent falls and quit smoking.	3.5 MILLION PEOPLE REACHED	204 HEALTH CARE SITES ENGAGED	
Smoke-free Housing	SHIP works with property managers to implement smoke-free housing policies, protecting residents from the dangers of secondhand smoke.	84,373 RESIDENTS REACHED	878 PROPERTIES ENGAGED	
Healthy Eating	SHIP collaborates with community partners to make changes that result in healthy foods being more available and affordable.	3.9 MILLION PEOPLE REACHED	594 COMMUNITY PARTNERS ENGAGED	
Active Living	SHIP builds alliances with city officials to improve streetscapes, ensuring that all community members can walk and bike safely throughout their day.	4.5 MILLION PEOPLE REACHED	397 COMMUNITY PARTNERS ENGAGED	

Part 3: SHIP communities address critical public health issues

SHIP is well positioned to address critical public health issues, especially in communities experiencing health inequities, and to work on innovative solutions, creating better health together.

Following are examples of some of the innovative prevention work that is taking place through SHIP.

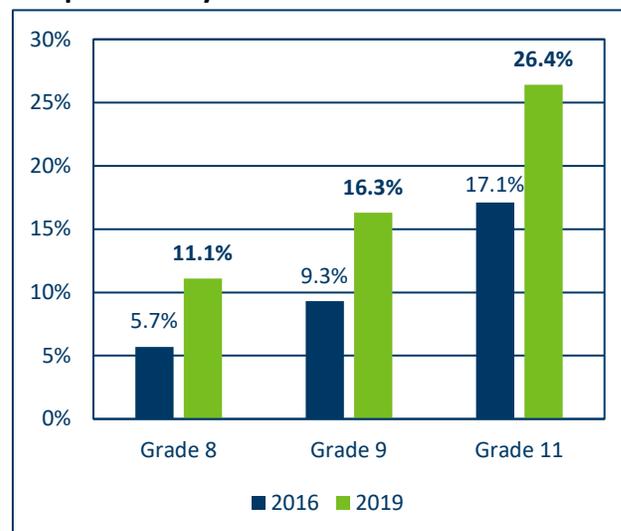
Tobacco 21: Preventing youth addiction to nicotine

Cities and counties across Minnesota are taking action to combat increasing youth rates of commercial tobacco use, especially the use of e-cigarettes and vapes.

Data from the 2019 Minnesota Student Survey show one in four Minnesota 11th graders reported using e-cigarettes in the past 30 days, a 54% increase from 2016 (see Figure 2). Among eighth graders, the increase in e-cigarette use was even more striking, with nearly twice as many students (11% in 2019 compared to 5.7% in 2016) reporting they used e-cigarettes.

According to the same survey, most 11th graders who used e-cigarettes got them from friends (72.3%).

Figure 2: Percent of MN students who vaped in the past 30 days



Source: Minnesota Student Survey

SHIP engages and educates communities on finding solutions that work

The good news is there are proven strategies to reduce youth commercial tobacco use, and Minnesota’s local public health agencies are supporting their communities in preventing another generation from becoming addicted to nicotine. Through SHIP, work is being done to educate and inform local school staff, parents, health care providers, and decision makers on these new youth tobacco use trends, as well as actions that can be taken to protect the community. Examples include raising the minimum legal sales age to purchase tobacco to 21, limiting where flavored tobacco products are sold, and providing tools and model policy resources to schools.

On Dec. 20, 2019, the Federal Food, Drug, and Cosmetic Act was amended to raise the federal minimum age of sale of tobacco products to 21. As of February 2020, 61 Minnesota communities have raised to 21 the minimum age to buy tobacco. Despite this federal policy change, local communities are encouraged to continue strengthening local policies by implementing Tobacco 21. Local communities are aligning with the federal law to ensure strong implementation, compliance and enforcement, and tobacco 21 policies are more effective if paired with strategies that include flavor restrictions.

Minnesota Statute 461.12 requires local communities to license and regulate the retail sale of tobacco products including e-cigarettes. Local action is needed to include the federal change to create clarity and maximize the health benefits of Tobacco 21.

Research shows raising the tobacco sale age would keep Minnesota kids from starting

Research shows that raising the legal sale age from 18 to 21, known as “Tobacco 21,” would greatly reduce youth commercial tobacco use and prevent kids from starting to smoke, according to a 2015 Institute of Medicine report.⁴ Notably, the report estimated there would be a 25 percent reduction in smoking initiation among 15-to-17-year-olds if the age to purchase commercial tobacco were raised to 21.⁴



Nearly all tobacco users start before age 21.^{4,5} According to a [2017 Minnesota Department of Health advisory on nicotine \(https://www.health.mn.gov/nicotine\)](https://www.health.mn.gov/nicotine), teens are especially susceptible to nicotine addiction and the harmful effects of nicotine on the developing brain. Raising the minimum tobacco sale age to 21 would limit youth access to tobacco until age 21, when the portion of the brain responsible for rational decision-making is more fully developed.⁶

Physical activity: Supporting walking in Minnesota communities

Minnesota Walks, completed in 2017, has sparked new energy into Minnesota’s efforts around pedestrian planning. Minnesota Walks was the nation’s first pedestrian plan that included health as a priority. MDH and the Minnesota Department of Transportation collaborated on Minnesota Walks, which was developed through a community engagement process.

By participating in efforts like Minnesota Walks, OSHII leverages capacity-building opportunities for local public health partners that are implementing active living strategies through SHIP.

Minnesota Walks serves as a tool for local, regional and state partners to address the barriers that make walking and rolling challenging across the state. OSHII continues to support work through SHIP that advances Safe Routes to School efforts, Walk! Bike! Fun! Pedestrian and Bicycle Safety Curriculum

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trainings, Bikeable Community Workshops and Complete Street policies, which support street designs that make it safer for people who walk or bicycle to share the road with trucks and cars.

The following examples show how OSHII and SHIP are layering and implementing a variety of strategies within local, regional and state systems. This multifaceted approach is creating sustainable changes that are leading to safe, desirable places for people to walk, bicycle and roll in communities across the state.

Making Minnesota communities more walkable

OSHII conducted Walkable Community Workshops in fall 2019 to help four communities step up their walking options and increase safety for people who walk. At the workshops, participants developed strategies to improve walkability within their communities, recognizing that walking is an easy way to become more active and improve health. Local hosts included four SHIP partners: Live Well Goodhue County, Minneapolis Health Department, Southwest Health and Human Services and PartnerSHIP 4 Health. Funding from the U.S. Centers for Disease Control and Prevention will support local implementation priorities identified during the workshops.

OSHII will seek applications for another round of workshops in spring 2020.



Improving the health of people with mobility limitations

OSHII worked with partners in Blue Earth County to improve the health of people with mobility limitations, thanks to support from a grant through the U.S. Centers for Disease Control and Prevention. The efforts include adapting the National Diabetes Prevention Program for people with mobility limitations, developing pedestrian plans with a focus on people with mobility limitations and improving nutrition and physical activity opportunities. Another aspect of the work is adapting the Walk! Bike! Fun! Pedestrian and Bicycle Safety Curriculum to meet the needs of children with mobility limitations and intellectual disabilities. Tools and strategies developed through the efforts with Blue Earth County will be leveraged statewide through SHIP.

Tribal Grants: Honoring, upholding and celebrating tribal sovereignty

Tribal SHIP and Tribal Tobacco Grants have built a program that effectively honors, upholds and celebrates tribal sovereignty and the special relationships that tribal communities hold with states. The Tribal Grants Program has taken time, with the help of tribal communities, the American Indian Cancer Foundation, North Dakota State University's American Indian Public Health Resource Center and others, to understand the complexities of working with tribal nations.

Tribal communities across Minnesota are improving health by elevating cultural wisdom and initiating engagement across generations. The work through Tribal SHIP focuses on increasing opportunities for healthy food access and physical activity, using evidence-based and culturally relevant strategies developed in partnership with tribal nations. By promoting healing from the effects of historical trauma

communities across the state during the previous five-year grant cycle. The illustration was unveiled at a celebration event in fall 2019.

Another important part of the work with tribes in 2019 was to develop an indigenous evaluation framework, through a contract with the American Indian Public Health Resource Center at North Dakota State University (see Page 23 for more information).

Healthy eating: Helping small businesses provide more healthy foods

Roughly 235,000 Minnesotans live more than 10 miles away from a large grocery store or a supermarket – which means they have to rely on neighborhood stores and smaller convenience stores for their everyday needs.⁷

Thanks to the Good Food Sold Here Partnership, small stores in communities across Minnesota are working with local public health offices and SHIP to make it easier for customers to find the healthy and nutritious food and beverages they want to buy, closer to home. The effort targeted stores with three or fewer cash registers.



This photo shows before and after of a display at Cenex Westerlunds, which worked with Healthy Northland SHIP.

Participating Good Food Sold Here Partnership stores are receiving technical assistance and support that will make it easier for them to merchandise healthy foods and beverages. Assistance includes guidance on how to stock and display healthy foods, market research to understand and stock items that customers want and promotional materials to highlight healthy foods.

Participating stores

- JC's General Store, Dalton
- Darrel's Full Service Foods, Hoffman
- Root River Market, Houston
- Inver Grove Super USA, Inver Grove Heights
- Cenex Westerlunds, Malmo
- Holiday, Moose Lake
- United Xpress, New Germany
- La Mexicana Market, St. Peter
- Jeff's Little Store, Rochester
- Apollo Superette, Rochester
- Top Star, Shakopee
- Quick Stop, South Saint Paul

the amount of fruits and vegetables they consume and progress on their weight loss goals, offering additional support that food can be medicine.

Schools: Taking a student-centered approach to health

The Whole School, Whole Community, Whole Child (WSCC) model is a student-centered approach to health in schools that focuses on students being “healthy, safe, engaged, supported and challenged.” This model includes all components necessary for overall school health, which include student mental and physical health, social and emotional climate, family and community engagement, and school employee wellness.

In 2018, the Minnesota Department of Education was one of 16 state education agencies in the U.S. to receive a grant through the U.S. Centers for Disease Control and Prevention Healthy Schools funds for technical assistance, specialized tools, recommendations and resources to support school health. MDH is a project partner, and support will be delivered through SHIP.

Using the whole school, community and child framework, Minnesota will improve the health and academic achievement of K-12 students by providing support to schools on evidence-based strategies and activities that increase: student access to nutritious food and beverages; opportunities for physical education and physical activity; and access to case management for chronic health conditions during the school day as well as during out-of-school time.

To ensure targeted populations will benefit from this statewide project, priority school districts were selected based on the following criteria: a high percentage of students eligible for free/reduced lunch; diverse student demographics; location in the state (urban/suburban/rural); and district work, capacity, readiness and outcomes regarding student health.

Early care: Boosting technical assistance and training for family-based providers

Family, friend and neighbor care is provided in the child or caregiver’s home by a person who is a relative, friend or neighbor. Family-based settings have different regulatory requirements than centers and need unique approaches to reach, engage, and improve nutrition and physical activity environments. These providers also have less access to training and technical assistance offered by state early childhood education systems compared to licensed center-based settings.

OSHII is collaborating with local SHIP staff at Dakota County Public Health and Bloomington Public Health Division, two local public health agencies that have emerging innovative models for engaging Latino child care providers, to create a toolkit on best practices on providing training and technical assistance with unlicensed early childhood settings that serve low-income and Spanish-speaking populations.

Part 4: What we are learning about primary prevention

Healthy communities create opportunities for all people in Minnesota to live longer, healthier lives. Across the state, communities are working together through SHIP to change conditions so that people can be more active, eat healthier, quit smoking and live without the harms of secondhand smoke.

By working in collaboration with local public health and tribal partners, OSHII continues to demonstrate the impact of SHIP by studying potential health care cost spending averted, conducting focused evaluation studies on SHIP strategies, establishing an indigenous evaluation framework, supporting local efforts to study the root causes of the health inequities and more.

How has work on preventing adult obesity and tobacco use affected health care costs?

Obesity and commercial tobacco use are two of the top preventable causes of death and disease and are responsible for billions in excess medical expenses in Minnesota each year.^{8,9} Minnesota state agencies and state and local organizations have invested substantial resources in the development of upstream initiatives to prevent obesity and tobacco use and reduce associated health care costs.

As the number of people who smoke or are obese changes, so do the health care costs associated with treating these individuals. Using research from the health economics literature and a study by Blue Cross and Blue Shield of Minnesota,¹⁰ OSHII calculated the estimated health care dollars that would have been spent had trajectories in obesity and smoking from 1999-2009 continued.

In March 2019, OSHII published a data brief that discussed Minnesota's progress in addressing obesity and smoking rates since 2011 and estimated health care spending averted because of this progress. This brief also highlighted coordinated obesity and tobacco prevention efforts in Minnesota, including SHIP.

Obesity

Since 2011, an estimated \$365.8 million in health care spending was averted (\$2,708 in excess annual medical expenditures per obese person) due to a slower increase in the obesity rate from 2011-2017 compared to 1999-2009.

Smoking

Since 2011, an estimated \$252.4 million in health care spending was averted (\$2,032 in excess annual medical expenditures per current smoker) due to a faster decrease in the smoking rate from 2011-2017 compared to 1999-2009.

Learn more

For more details on the data brief, visit [Minnesota Trends in Obesity and Tobacco and Associated Health Care Spending, 1999-2017 \(PDF\)](https://www.health.state.mn.us/communities/ship/reports/docs/obtobdatabrief.pdf)
(<https://www.health.state.mn.us/communities/ship/reports/docs/obtobdatabrief.pdf>)

How is SHIP creating a culture of health at workplaces?

SHIP creates healthier communities by expanding opportunities for active living, healthy eating and commercial tobacco-free living. Because the majority of adults spend half of their waking day at work, workplaces are a big part of achieving this goal. In 2018, MDH conducted an evaluation study on SHIP's workplace wellness initiative to determine its impact.



Workplace wellness evaluation report findings

Employers are strengthening their wellness strategies while participating in the SHIP workplace wellness initiative, according to the evaluation study “Workplace Wellness: Building a Culture of Health.”

For example, the report indicated that SHIP:

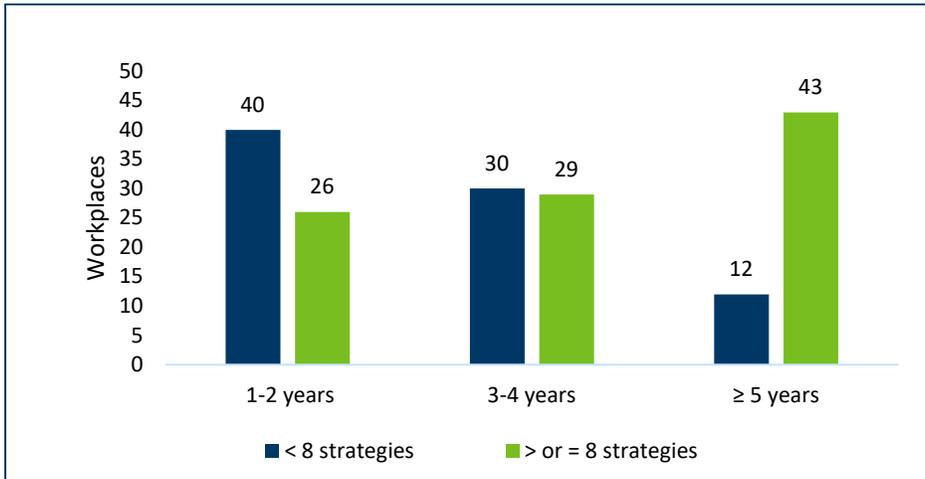
- tripled the number of employers who added healthy food options at company functions.
- doubled the number of employers who have breastfeeding friendly rooms.

Comprehensive workplace wellness initiatives can exert a positive influence on the health behaviors. According to the report, SHIP employers overwhelmingly reported observing positive changes in healthy eating and physical activity among their employees:

- 73% of employers observed improvements in healthy food and beverages consumed by employees at work.
- 67% of employers noticed positive changes in physical activity among employees.

In addition, the report also stated that when employers started with SHIP, 19 percent indicated that they had strong leadership commitment for workplace wellness; this increased to 49 percent after one year in SHIP. Results from evaluation also indicate that the longer a workplace partner works with SHIP, the more workplace wellness strategies it is likely to have in place (Figure 3).

Figure 3: Number of SHIP strategies implemented vs. length participating in SHIP



Source: 2018 Workplace Wellness Survey

Learn more

- To learn more about the evaluation, visit the [Workplace Wellness Report \(https://www.health.state.mn.us/communities/ship/reports/wrkpreport.html\)](https://www.health.state.mn.us/communities/ship/reports/wrkpreport.html).

How is SHIP helping communities confront opioids?

In 2017, the Minnesota legislature directed MDH to “confront the opioid addiction and overdose epidemic” through SHIP. As a result, OSHII established the Opioid Pilot Project to determine how local public health agencies can best support health providers, health systems, and public safety and build capacity of their staff and partners to address the opioid epidemic.

Two local public health agencies participated in the pilot: Wright County Public Health and St. Louis County Public Health and Human Services. The agencies were not provided additional funding to participate in this one-year pilot, which began in March 2018 and ended in April 2019.

Opioid Pilot Project focus areas

The pilot program focused on three strategies: Prescriber Guidelines and Clinic Protocols and Prescription Monitoring Program, Safe Disposal and Syringe Access and Disposal and Screen, Brief Intervention, Referral to Treatment (SBIRT). The activities for each strategy are described in Table 1.

Table 1: Opioid Strategies and Activities for Local Public Health Agencies

Strategy	Activities
Prescriber Guidelines and Clinic Protocols and Prescription Monitoring Program	Partner with health care organizations to: <ul style="list-style-type: none"> ▪ Promote new opioid prescribing protocol ▪ Identify gaps in the protocol ▪ Promote the use of the Prescription Monitoring Program.
Safe Disposal and Syringe Access and Disposal	<ul style="list-style-type: none"> ▪ Partner with clinics, mental health providers, drug treatment programs, schools and drug and law enforcement to identify local safe disposal sites and gaps in access to safe disposal ▪ Educate partners and community of the purpose and location of safe disposal sites ▪ Partner with pharmacies and law enforcement to offer additional safe disposal sites.
Screen, Brief Intervention, Referral to Treatment	<ul style="list-style-type: none"> ▪ Partner with health care providers to determine their interest and capacity to pilot ▪ Conduct train the trainer classes with local public health agency staff ▪ Train health care providers to implement SBIRT ▪ Expand the referral list to include additional community-based resources.

Recommendations

OSHII is drafting a report that provides more information about the pilot programs, key findings and lessons learned. Pilot program participants developed the following draft recommendations regarding the roles of local public health agencies and MDH in addressing the opioid epidemic through SHIP and other public health efforts: **Local public health agencies:**

- Act as a convener of an “opioid action team” that includes health care systems, public safety, mental health providers, drug treatment centers, schools and community organizations to better coordinate and support efforts to address the opioid epidemic.
- Provide technical assistance in relation to SBIRT, Safe Disposal and Prescriber guidelines.
- Take on the role of the “trainer of trainers” for SBIRT and provide continued support to the trainers and staff doing the screening.
- Raise awareness of safe disposal sites and assess gaps in safe disposal.

Minnesota Department of Health:

- Provide continued technical assistance.
- Coordinate opioid reduction efforts that are occurring within MDH.

- Provide financial support to opioid reduction efforts.

How can an indigenous evaluation framework be applied to tribal grants?

OSHII has an established evaluation and monitoring plan that assesses the breadth and scope of SHIP work across Minnesota. In 2019, that work expanded with the implementation of an indigenous evaluation framework (modeled after the American Indian Higher Education Consortium) in partnership with North Dakota State University's American Indian Public Health Resource Center.

Because few indigenous evaluations are available in peer-reviewed literature, OSHII collaborated with NDSU and 10 Minnesota tribes to develop and apply an indigenous evaluation framework for the Tribal Grants programs.

The framework:

- incorporates strategies that discuss indigenous ways of knowing
- explores cultural values and connects them to evaluation practice
- includes the community in the evaluation process
- explores questions that guide and seek answers through responsive evaluation design and methods
- considers how to best collect data to understand the ongoing story
- identifies ways to celebrate the story of the evaluation to the community and funders.



What are some of the root causes of health inequities in Minnesota communities?

A Health Equity Data Analysis is an assessment process rooted in health equity that examines not only a disparity in a health behavior or outcome, but looks upstream at the root causes of the disparity through community engagement and qualitative data collection.

From 2016-2018, OSHII provided training and technical assistance to 42 local SHIP offices to conduct a Health Equity Data Analysis in their communities. Local public health offices identified inequities between population groups using local surveillance data, and used a range of methods, including key informant interviews, focus groups and engagement activities to collect qualitative data about the root causes of the differences.

Understanding health inequities

Through the data analysis, each local public health partner uncovered conditions and causes of health inequities in their communities. Communities determined focus areas based on priorities (see Table 2).

Table 2: Health inequity focus areas

Topic	Number of projects
Chronic Conditions by Income	10
Obesity, Physical Activity or Nutrition by Income	9
Tobacco Use by Income	6
Mental Health Status by Income	4
Chronic Conditions by Race/Ethnicity	4
Obesity, Physical Activity or Nutrition by Race/Ethnicity	4
Breastfeeding by Income	3
Chronic Conditions by Education	1
Mental Health Status by Age	1

Causes and conditions

While Healthy Equity Data Analysis projects are local by design, each exploring a unique health difference through engagement within communities, there were similarities in the root causes of the health disparities. These common themes are the living and working conditions that create health disparities, often called the social determinants of health.

- Income.** Many projects identified income and lack of a livable wages as contributing factors to the difference in health outcomes. Lack of economic opportunity limited access to transportation, healthy foods, stable and healthy housing, and education, and contributed to stress and isolation. Participants with chronic conditions discussed the compounding factor that low income had on their conditions, including the expense of medications and materials needed to control type 2 diabetes, and the expense of routine medical care.
- Transportation.** Transportation was identified as a barrier to health in some projects. WIC clients, adults with lower incomes, and other participants noted that lack of transportation created barriers to healthy foods, medical care, physical activity and economic opportunities.
- Access to healthy foods.** Participants in many projects cited lack of access to healthy foods as a contributing factor to chronic disease inequities in their communities. Affordability of healthy foods, the location of grocery stores and access to transportation all contributed to lack of access to healthy foods. Some projects also cited lack of nutrition education and food skills as contributing factors to health inequities.
- Access to physical activity opportunities.** Lack of access to opportunities for physical activity was a contributing factor to health inequities. Some participants noted community safety as a barrier to getting physical activity outdoors, whereas others cited lack of community resources, like trails or gyms, or transportation to those resources as barriers.

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- **Access to educational opportunities.** Groups identified lack of access to higher education as a barrier to a livable income. People who identified this issue ranged from men with type-2 diabetes, food shelf clients and families participating in WIC.

In addition to examining the conditions that created differences in health outcomes, several HEDA projects surfaced deeper root causes of the differences in living and working conditions. These include structural and institutional prejudice, harmful laws and policies, and community norms.

Intrinsic value of this work

Operationalizing the Health Equity Data Analysis has been valuable to both MDH and local staff. Among the benefits, this work has expanded the capacity to:

- Understand health equity including the multiple conditions of health
- Build and strengthen partnerships
- Use qualitative data to understand inequities.

Part 5: Preparing for the next phase of SHIP

It's an exciting time for chronic disease prevention efforts in the state. SHIP is preparing to launch its next grant cycle in November 2020; Tribal SHIP launched its new five-year grant cycle in November 2019.

Indeed, Minnesota has embraced SHIP as a statewide strategy to improve health in its communities. With continued momentum and support, the work will reach deeper, further reduce the burden chronic disease has on families and create healthier, more vibrant communities – places where people have an opportunity to reach their full potential.

In 2019, the Legislature made several changes to the SHIP statute. Two of the changes pertain to evaluation and the evidence base and are described below. Another language change permits SHIP to expand to address additional health issues.

Aligning SHIP with Results First Minnesota

In 2019, the Minnesota Legislature amended the SHIP statute to align SHIP with the objectives of Results First Minnesota, which focuses on ensuring that Minnesota is a leader in implementing evidence-based policies and programs. The goal is to implement programs that are based on rigorous research, local expertise and data. The SHIP statute has always called for evidence-based approaches; the Results First initiative provides further guidance on classifying and applying evidence-based approaches.

Two specific statute changes were made to align SHIP to Results First classifications of evidence:

- Language was added stating that SHIP shall award grants to community health boards and tribal governments to convene, coordinate and implement proven effective, promising practice strategies, or theory-based strategies that can be evaluated using experimental or quasi-experimental design. Up to 100 percent of tribal grants and up to 25 percent of the grants awarded to community-health boards can be theory-based strategies that are culturally or ethnically focused.
 - **Proven-effective** means a strategy or practice that offers a high level of research on effectiveness for at least one outcome of interest.
 - **Promising practice** or activity means a practice or activity that is supported by research demonstrating effectiveness for at least one outcome of interest.
 - **Theory based** means a strategy or activity that has no research on effectiveness but has a well-constructed logical model or theory of change.
- The evaluation must use the most appropriate experimental or quasi-experimental design suitable for the grant activity or project.

- **Experimental design** means a method of evaluating the impact of a strategy that uses random assignment to establish statistically similar groups, so that any difference in outcomes found at the end of the evaluation can be attributed to the strategy being evaluated.
- **Quasi-experimental design** means a method of evaluating the impact of a strategy that uses an approach other than random assignment to establish statistically similar groups, so that any difference in outcomes found at the end of the evaluation can be attributed to the strategy being evaluated.

During 2019, OSHII staff worked closely with Results First Minnesota staff to increase understanding of the Results First Initiative, understand methods for conducting literature reviews to learn how SHIP activities align with Results First categories of evidence, and to plan for how this new guidance will be addressed in future SHIP grant and evaluation activities.

The collaboration occurred through joint meetings, a formal methods training that focused on identifying the evidence base for SHIP activities, and training on randomized and quasi-experimental design. OSHII staff participated in the inventory process Results First completed of a select set of public health programs—this report was published in December 2019. In addition, Results First staff attended work plan meetings to provide input into the planning for the next SHIP grant cycle.

Responding to local needs and priorities

Planning is under way for the next grant cycle for SHIP, which starts in fall 2020. Local public health staff, public health directors and community partners are participating in the planning process for next five years of SHIP. This is an opportunity for OSHII to engage with SHIP stakeholders throughout the planning process.

Work groups, focusing on active living, healthy eating, commercial tobacco exposure and community well-being, are drafting and proposing a framework of a shared vision for SHIP work. The framework will include a theory of change, a logic model and proposed core strategies that sequence activities over five years.

Key considerations in designing the framework include:

- being responsive to and reflective of local needs
- consideration of work in communities, schools, workplaces and health care
- readiness and capacity to implement
- opportunities for integration across content areas

These additional work groups will begin convening in January 2020: evaluation; communications; technical assistance and training; scope of work and requirements; and community engagement and equity.

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Appendix A: SHIP in your community

The documents below provide examples of SHIP efforts in each Senate district.

- **District 1** – [Fostering a bike friendly community in Thief River Falls \(PDF\)](https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/one.pdf)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/one.pdf>)
- **District 2** – ‘Farm to School’ grows roots in the North Country (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twofarm.pdf>)
- **District 2** – ‘Farmacy’ provides resource to help manage type 2 diabetes (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twofarmacy.pdf>)
- **District 3** – Hermantown becomes regional leader for tobacco prevention (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/three.pdf>)
- **District 4** – Workplace wellness initiatives taking hold across multiple sites (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/four.pdf>)
- **District 5** – SHIP supports hunger relief in Cass County (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/five.pdf>)
- **District 6** – Expanding students’ access to healthy food and physical activity (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/six.pdf>)
- **District 7** – Making breastfeeding easier at work in Northeastern Minnesota (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/seven.pdf>)
- **District 8** – Healthy food is good for residents, good for business (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/eight.pdf>)
- **District 9** – Little Falls Garden to School initiative is long-term success (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/nine.pdf>)
- **District 10** – Crow Wing energized by choice model (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/ten.pdf>)
- **District 11** – Promoting health at Lakes and Pines Community Action Council (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/eleven.pdf>)
- **District 12** – Creating rural food access: Tokens for Tomatoes (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twelvetomato.pdf>)
- **District 12** – Expanding healthy food access in Hoffman (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twelvehoffman.pdf>)
- **District 13** – Holdingford students dig into school-based agriculture (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/thirteen.pdf>)
- **District 14** – Supporting healthy eating for youth in St. Cloud (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fourteen.pdf>)
- **District 15** – Moms have a place to breastfeed at Foley Public Schools (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fifteen.pdf>)
- **District 16** – Creating rural food access: Tokens for Tomatoes (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/sixteen.pdf>)
- **District 17** – Supporting Willmar as a more bikeable community (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/seventeen.pdf>)

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- **District 18** – Living Well with Diabetes makes an impact in Sibley County (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/eighteen.pdf>)
- **District 19** – Community farm and SHIP serve fresh food to those in need (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/nineteen.pdf>)
- **District 20** – Manufacturer goes all-in to support nursing mothers (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twenty.pdf>)
- **District 21** – Safer walking and biking at Zumbrota-Mazeppa schools (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twentyonewab.pdf>)
- **District 21** – Making it safer to bicycle in Cannon Falls (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twentyonegood.pdf>)
- **District 22** – Promoting employee wellness at Midwest Fire & Equipment (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twntytwoswst.pdf>)
- **District 22** – Active living plans address physical activity barriers in rural communities (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twentytwo.pdf>)
- **District 23** – Helping residents live smoke-free (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twentythree.pdf>)
- **District 24** – Healthier food options more available for seniors (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twentyfourrice.pdf>)
- **District 24** – Detention center and food shelf partnership expand food access (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twentyfourstle.pdf>)
- **District 25** – Trail system improvements also support safe routes to school (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twentyfive.pdf>)
- **District 26** – Building healthy pathways for youth at Minnesota’s first bicycle playground (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twentsix.pdf>)
- **District 27** – Making it easier to be active at work (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twentsvnfbrn.pdf>)
- **District 27** – A room for breastfeeding mothers at Mower County fairgrounds (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twentsvnmower.pdf>)
- **District 28** – Full steam ahead for Fillmore County food access partnership (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twentyeightflm.pdf>)
- **District 28** – Goodview farmers market celebrates successful season (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twentyeightgvw.pdf>)
- **District 28** – Healthy on-the-go is new at Winona Hy-Vee (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twentyeighthv.pdf>)

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- **District 28** – Promoting walking among new Winona County residents (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twentyeightfine.pdf>)
- **District 28** – Houston County SHIP partner supports breastfeeding mothers (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twentyeighthstn.pdf>)
- **District 29** – Increasing breastfeeding-friendly practices across Wright County (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/twenty-nine.pdf>)
- **District 30** – Promoting tobacco-free parks in Sherburne County (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/thirty.pdf>)
- **District 31** – Promoting tobacco-free parks in Sherburne County (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/thirtyone.pdf>)
- **District 32** – Chisago SHIP helps life work center students gain healthy living skills (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/thirtytwo.pdf>)
- **District 33** – Baby Café helps moms reach breastfeeding goals (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/thirtythree.pdf>)
- **District 34** – Spicing up school lunches in Osseo (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/thirtyfour.pdf>)
- **District 35** – Supporting ways for Anoka-Hennepin students to move more (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/thirtyfive.pdf>)
- **District 36** – Expanding youth sports access in Brooklyn Park, Brooklyn Center (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/thirtysix.pdf>)
- **District 37** – Supporting ways for Anoka-Hennepin students to move more (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/thirtyseven.pdf>)
- **District 38** – Forest Lake Area Schools’ staff make strides toward wellness (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/thirtyeight.pdf>)
- **District 39** – Helping to ensure all students have the opportunity to be healthy (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/thirtynine.pdf>)
- **District 40** – Students use their voices in support of healthier communities (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/forty.pdf>)
- **District 41** – Parkview Villa: Protecting residents from secondhand smoke (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fortyone.pdf>)
- **District 42** – Making it safer to walk to school in Little Canada (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fortytwo.pdf>)
- **District 43** – Helping to ensure all students have the opportunity to be healthy (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fortythree.pdf>)
- **District 44** – Providing healthy food access at Three Rivers Park District (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fortyfour.pdf>)
- **District 45** – Avivo takes action to create a culture of health (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fortyfive.pdf>)
- **District 46** – Students learn to expand their taste buds (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fortysix.pdf>)
- **District 47** – STAR students get active in Carver County (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fortyseven.pdf>)

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- **District 48** – Improvements to Eden Prairie food shelf make waves in the community (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fortyeight.pdf>)
- **District 49** – Workplace wellness is launched in the hospitality industry (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fortynine.pdf>)
- **District 50** – Workplace wellness is launched in the hospitality industry (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fifty.pdf>)
- **District 51** – Community network supports Latino child care providers in Dakota County (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fiftyoneffn.pdf>)
- **District 51** – Dakota County efforts are part of state’s active living initiatives (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fiftyoneal.pdf>)
- **District 51** – Protecting residents from the dangers of secondhand smoke (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fiftyonetfl.pdf>)
- **District 51** – Dakota County worksites are becoming healthier (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fiftyonework.pdf>)
- **District 52** – Community network supports Latino child care providers in Dakota County (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fiftytwoffn.pdf>)
- **District 52** – Dakota County efforts are part of state’s active living initiatives (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fiftytwoal.pdf>)
- **District 52** – Dakota County worksites are becoming healthier (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fiftytwowork.pdf>)
- **District 52** – Supporting healthy food access at neighborhood convenience stores (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fiftytwoetail.pdf>)
- **District 53** – Helping to ensure all students have the opportunity to be healthy (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fiftythree.pdf>)
- **District 54** – Helping to ensure all students have the opportunity to be healthy (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fiftyfour.pdf>)
- **District 55** – Working together to support Scott County food shelves (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fiftyfive.pdf>)
- **District 56** – Protecting residents from the dangers of secondhand smoke (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fiftysix.pdf>)
- **District 57** – Dakota County efforts are part of state’s active living initiatives (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fiftyseven.pdf>)
- **District 58** – Dakota County worksites are becoming healthier (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fiftyeight.pdf>)
- **District 59** – Engaging city of Minneapolis employees in wellness (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fiftyninewkp.pdf>)
- **District 59** – Educating the community about Tobacco 21 (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/fiftyninetob.pdf>)
- **District 60** – Advocating for a safer crosswalk to promote health (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/sixty.pdf>)
- **District 61** – Educating the community about Tobacco 21 (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/sixtyone.pdf>)
- **District 62** – Avivo takes action to create a culture of wellness (PDF)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/sixtytwo.pdf>)

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- **District 63** – [Helping make fresh produce more accessible in South Minneapolis \(PDF\)](https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/sixtythree.pdf)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/sixtythree.pdf>)
- **District 64** – [Connecting residents to neighborhood assets \(PDF\)](https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/sixtyfour.pdf)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/sixtyfour.pdf>)
- **District 65** – [Making Saint Paul public housing a smoke-free community \(PDF\)](https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/sixtyfive.pdf)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/sixtyfive.pdf>)
- **District 66** – [Students grow their own fresh produce and eat it, too \(PDF\)](https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/sixtysix.pdf)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/sixtysix.pdf>)
- **District 67** – [Stop for Me raises pedestrian safety awareness \(PDF\)](https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/sixtyseven.pdf)
(<https://www.health.state.mn.us/communities/ship/reports/docs/districtsheets/sixtyseven.pdf>)

Appendix B: SHIP evaluation studies

OSHII has conducted several focused evaluation studies, or deep dives, to assess the impact of SHIP's evidence-based activities by measuring behavioral outcomes and other impacts of PSE changes made by SHIP partners across the state.

To learn more about SHIP evaluation studies, visit:

- [Active Schools Minnesota Report](https://www.health.state.mn.us/communities/ship/reports/schoolreport.html)
(<https://www.health.state.mn.us/communities/ship/reports/schoolreport.html>)
- [Child Care Training and Technical Assistance Report](https://www.health.state.mn.us/communities/ship/reports/childcarereport.html)
(<https://www.health.state.mn.us/communities/ship/reports/childcarereport.html>)
- [Smoke-Free Housing Policies Report](https://www.health.state.mn.us/communities/ship/reports/housingreport.html)
(<https://www.health.state.mn.us/communities/ship/reports/housingreport.html>)
- [Workplace Wellness Report](https://www.health.state.mn.us/communities/ship/reports/wrkpreport.html)
(<https://www.health.state.mn.us/communities/ship/reports/wrkpreport.html>)