Mothers, Babies, Children, Youth and Children and Youth with Special Health Needs Assessment Inquiry Session

Overview
Every five years the Minnesota Department of Health is asked to complete a comprehensive assessment of the health of Mothers, Babies, Children, Youth and Children and Youth with Special Health Needs in the state to fulfill a requirement of the Title V Block Grant (also referred to as the Maternal and Child Health Block Grant).

The focus of the health assessment is on:
- Maternal/Women’s Health;
- Perinatal/Infant Health;
- Child Health;
- Adolescent and Young Adult Health;
- And Children and Youth with Special Health Needs

Definition of health: Health is a state of complete physical, social, and mental well-being and not merely the absence of disease or infirmity. Health is created in the community through social, economic and environmental factors as well as individual behaviors and biology.

Please answer the following inquiry questions using the frame of the specific population(s) you list on page three.

The objective of this inquiry is to:
- Identify priorities for addressing the health needs of children, mothers, and families in the state of Minnesota. These priorities will be used in the state’s application for the Maternal and Child Health Block Grant.
- Identify health barriers, strengths, disparities, and gaps in service, care, or systems.

This health assessment will help identify priorities which will be used to inform future health work in Minnesota. Thank you in advance for providing input that will help inform this health assessment.

All online submissions or paper forms are due by January 4, 2015.

Please use this link to access the survey online:
http://www.health.state.mn.us/divs/cfh/na/MCHNeedsAssessment.html

If you are submitting by mail, please mail to:
Tessa Wetjen
Minnesota Department of Health
Maternal & Child Health Section
P.O. Box 64882
St. Paul, MN  55164

Contact us with questions or concerns at 651-201-3625 or Tessa.wetjen@State.mn.us
Name/Facilitator's Name (if done in a group): ______________________________

Is this completed in a group setting?  Yes  OR  No

Which level(s) are you providing information? Select all that apply.

- Individual
- Agency
- Committee Group
- Community
- State/Government
- Tribe

If you are answering these questions using responses from a group or committee, what is the name of the group or committee?

________________________________________________

How many people were involved in the discussion? ________

If done in a group setting: The group will briefly brainstorm answers to the following questions. The facilitator should document their feedback on this work sheet. It may be helpful to debrief with the group about what themes are emerging from the discussion. If possible, please document the themes of the group discussion.
Communities represented for this inquiry session—may also include communities you are speaking on behalf of or serve (check all that apply):
Keep these populations in mind when answering the questions.

**Populations (check all that apply):**
- Mothers
- Fathers/family members of children or youth
- Youth
- Mothers/fathers/family members of children and/or youth with special health needs
- Youth with special health needs

**Race/Ethnicity (check all that apply):**
- Hispanic
- Non-Hispanic
- African American
- African, please specify: _____________
- Asian or Pacific Islander, please specify: _____________
- Caucasian
- American Indian, please specify: _____________
- Latino, please specify: _____________
- other________________________________________________________

**Rural/Urban**
- Rural
- Urban non Twin Cities
- Metro Twin Cities
- Tribe/Reservation

**Sexual Orientation/Gender Identity (check all that apply):**
- Heterosexual (straight)
- Gay or Lesbian
- Bisexual
- Cisgender (not transgender)
- Trans female / Trans woman
- Trans male/ Trans man
- Genderqueer / Gender non-conforming
- Other Identity or Orientation, please specify: _____________

**Primary E-mail contact:** _________________________________

The email will not be shared. We will send a draft of the survey results, in order to receive feedback on the report. If additional members of the group would like to receive the draft of the survey results, please write those in below.
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As a reminder... Health is a state of complete physical, social, and mental well-being and not merely the absence of disease or infirmity. Health is created in the community through social, economic and environmental factors as well as individual behaviors and biology. Please answer from the perspective of the populations you selected, and use examples or stories if possible.

Questions:

1. Keeping in mind the definition of health, what do you think are the most important health issues facing mothers, babies, children, youth, and children and youth with special health needs (CYSHN)? Be specific. For example, rural young people need more access to mental health services, or that African American moms need better prenatal care, etc.

2. What specific projects, programs, or efforts help mothers, babies, children, youth, and children and youth with special health needs (CYSHN) to be healthy?

3. What specific projects, programs, or efforts should be improved to help mothers, babies, children, youth, and CYSHN be healthy?

4. Do you have an idea for something new or different you’d like to see in your community to help mothers, babies, children, youth, and CYSHN be healthy?

5. Are there specific laws, policies, or rules that get in the way of mothers, babies, children, youth, and CYSHN getting or staying healthy?
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6. When you have a health care need, where do you go?

7. Has the way you or people you know get health insurance or health care changed recently? If so, how has it changed?

8. What could be done to support individuals and families in making their own health decisions?

9. What could be done to support individuals and families to be involved in making an impact on improving health (for example, through advocacy or policy making) in your community or in Minnesota?

10. Please share a story of how your health or the health of a mom, baby, child, or youth in your community was impacted by those around them or the care they received?

11. Please add any other ideas or comments you would like to share.

Thank you for leading this Maternal & Child Health Assessment inquiry session. The Minnesota Department of Health Staff will share the information collected in the Title V Maternal & Child Health Assessment via online communication.