

Statewide Local Public Health Objectives Work Group

A joint work group of the

State Community Health Services Advisory Committee

and the

Maternal and Child Health Advisory Task Force

**Final Report
December 2010**



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December 17, 2010

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Dear Commissioner Magnan:

I am pleased to present to you the final report of the Statewide Local Public Health Objectives Work Group, a joint work group of the State Community Health Services Advisory Committee (SCHSAC) and the Maternal and Child Health Advisory Task Force. The MCH Advisory Task Force approved the report at its December 10, 2010 meeting, and the SCHSAC approved the report at its December 17, 2010 meeting.

The work group was charged to identify and recommend a new set of statewide local public health objectives to meet the requirements of the Local Public Health Act funding.

This report includes a new set of objectives and key indicators for each objective. It also provides the data sources and baseline data for each indicator, summarizes the issues discussed by the work group, and provides links to additional resources.

The report also includes a number of ways in which the Statewide Local Public Health Objectives may be used by Community Health Boards and local health departments, such as providing a framework that encourages coordination and collaboration on public health concerns. It is our hope that the use of these Statewide Objectives will ultimately lead to improved health for all Minnesotans. On behalf of the work group, I hope you will accept this report.

Sincerely,

A handwritten signature in black ink that reads "Nancy Schouweiler". The signature is fluid and cursive, with a large initial "N" and a stylized "S".

Nancy Schouweiler, Chair
Statewide Local Public Health Objectives Work Group
Dakota County Commissioner





Protecting, maintaining and improving the health of all Minnesotans

December 20, 2010

Nancy Schouweiler
Dakota County Commissioner
4000 90th Street East
Inver Grove Heights, MN 55076

Dear Commissioner Schouweiler:

Thank you for sending me the final report of the Statewide Local Public Health Objectives Work Group of the State Community Health Services Advisory Committee (SCHSAC).

The objectives and key indicators developed by the work group do an excellent job of covering a wide range of public health issues while focusing on some important priorities. I believe that the recommendations for the statewide objectives, with the potential uses identified in this report, will contribute to public understanding of priority issues and help improve the performance of Minnesota's public health system.

I applaud the Work Group for its ability to discuss and reach consensus on these objectives and key indicators. I appreciate the work you have done to promote and protect the health of all Minnesotans, and it is my pleasure to accept this report and its recommendations.

Sincerely,

A handwritten signature in black ink, reading "Sanne Magnan", followed by a horizontal line.

Sanne Magnan, M.D., Ph.D.
Commissioner
P.O. Box 64975
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December 13, 2010

Nancy Schouweiler, Chair
Statewide Local Public Health Objectives Work Group
Dakota County Commissioner
1590 Highway 55
Hastings, MN 55033

Dear Commissioner Schouweiler:

Thank you for your leadership of the joint State Community Health Services Advisory Committee (SCHSAC) and Maternal and Child Health Advisory Task Force work group on Statewide Local Public Health Objectives. The work group did a tremendous job of identifying a clear set of statewide objectives for local health departments.

The MCH Advisory Task Force approved the report and recommendations at our December 10th meeting. The members of the Task Force appreciated that the work group acknowledged the significant contribution local health departments play in promoting the health of pregnant women, infants, children and adolescents, as well as the early identification of children with special health needs.

Task Force members discussed the need to explore, over the next five years, the possibility of including an indicator on children's oral health and the role of local public health departments in addressing that issue. Representatives will bring this issue forward in the next iteration of these objectives.

Thank you for the opportunity to work with SCHSAC on this important project. We look forward to working with you in the future.

Sincerely,

A handwritten signature in black ink that reads 'Karen Adamson'.

Karen Adamson, RN, MPH
Chair, MCH Advisory Task Force
Hennepin County Public Health Department

Statewide Local Public Health Objectives Work Group

Final Report December 2010

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Statewide Local Public Health Objectives Work Group

Final Report

December 2010

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Statewide Local Public Health Objectives Work Group

Final Report

Introduction

Charge

The Statewide Local Public Health Objectives work group was convened by the State Community Health Services Advisory Committee (SCHSAC) to identify and recommend a new set of statewide local public health objectives to meet the requirements of the Local Public Health Act funding.

Membership

Representing Local Public Health	
Nancy Schouweiler, Chair Jennifer Deschaine Diane Winter Karen Adamson Julie Jagim Ann Stehn Carmen Reckard Beverly Wangerin	Dakota County Community Health Board Scott County Public Health Meeker County Public Health Hennepin County Human Services and Public Health St. Louis County Public Health and Human Services Kandiyohi County Public Health Human Services of Faribault-Martin Counties Meeker-McLeod-Sibley Community Health Board
Representing MDH	
Debra Burns Don Bishop April Bogard Chris Everson	Office of Performance Improvement Health Promotion and Chronic Disease Environmental Health Infectious Disease Epidemiology, Prevention and Control
Staff to the Work Group	
DeeAnn Finley Dorothy Bliss	Division of Family and Community Health Office of Performance Improvement

Background

Statutory requirement

In 2003, changes were made to the Local Public Health Act (MN Statute 145), which included directing the Commissioner of Health, in consultation with SCHSAC and the Maternal and Child

Health (MCH) Advisory Task Force, to develop a set of statewide public health measures for the local public health system every five years (see Appendix A for statutory language). These statewide local public health objectives are to be based on state and local assessment data regarding the health of Minnesota residents, the essential local public health activities, and Minnesota public health goals. The statute requires that statewide objectives must be established in each of the following public health areas:

- Preventing diseases.
- Protecting against environmental hazards.
- Preventing injuries.
- Promoting healthy behavior.
- Responding to disasters.
- Ensuring access to health services.

The statute also requires that every five years community health boards notify the commissioner in writing of the statewide objectives and local priorities that the board will address. The community health board must submit an annual report that documents progress toward the achievement of the statewide objectives to remain eligible for the local public health grant.

Work group history

The first SCHSAC work group to advise the Commissioner of Health on the statewide objectives met in March and July of 2003. The recommendations of this group, which were approved in December 2003, included that:

- The statewide objectives should be evaluated at an aggregated (state, not local) level.
- The statewide objectives should be reviewed and updated in 2005 and every five years thereafter.
- As the statewide objectives are updated, additional areas should be considered.

The next work group met in 2005. This group updated the objectives and combined them with objectives from the MCH Advisory Task Force (since MCH Block Grant funds were combined with the CHS funding). These statewide objectives were approved by SCHSAC in December 2005. The 2005-2009 objectives, developed for each area of public health responsibility (see box), focus on improving the public's health as well as the public health system.

The 2005 work group reaffirmed that the statewide objectives should be measured at the state level, rather than at the county level. The group also recommended the development of a set of intermediate outcomes, measured at the local level, as a bridge between the essential local public health activities (within each area of public health responsibility) and the statewide objectives. The intermediate outcomes that were developed led to a set of local public health performance measures, which are reported on annually through the local public health Planning and Performance Measurement Reporting (PPMRS) system.

<i>Areas of Public Health Responsibility</i>
<ul style="list-style-type: none">• Assure an adequate local public health infrastructure• Promote healthy communities and healthy behaviors• Prevent the spread of infectious disease• Protect against environmental health hazards• Prepare for and respond to disasters, and assist communities in recovery• Assure the quality and accessibility of health services

Current effort

A number of initiatives have taken place since 2005. Many of these informed the current effort; in other cases the work group recognized that the statewide LPH objectives need to fit with and complement these other important projects:

- A new local public health measurement reporting system for Minnesota, the Planning and Performance Measurement Reporting System (PPMRS), was established in 200_. This data system collects information on local public health issues, priorities, and program activities primarily on an annual basis.
- The MDH has been involved in a strategic planning process to identify goals and key indicators for the department.
- Standards for voluntary accreditation have been developed at the national level, for state, tribal and local public health departments.
- The University of Wisconsin Population Health Institute measurement project released a set of county-level indicators for every county in the U.S. as part of the County Rankings project.
- The MCH Advisory Task Force identified priority needs and measures for 2010-2014 based on the Title V Needs Assessment conducted by MDH (see Appendix B for an overview and outcomes of the Title V Needs Assessment).

Methodology

The Statewide Local Public Health Indicators Work Group met four times; once in person, and three times via webinar/conference call. The first meeting consisted of presentations on the background and history of the objectives, general discussion, a brainstorming session, and a sticky-wall/prioritization exercise (affinity diagram). These activities facilitated the selection of criteria for developing the objectives and key indicators. The work group also identified both the current and future potential uses of the objectives.

Criteria for statewide objectives

The work group determined that the statewide objectives should serve as a powerful summary of critical statewide public health issues for the period beginning January 1, 2011 through December 31, 2014. The periodic review of the objectives, according to the timeline established in statute, allows them to be regularly updated to reflect the most current priority public health issues.

The criteria established by the work group for selecting the statewide objectives include criteria for the individual objectives and criteria for the group of objectives as a whole. The criteria are:

- Local public health departments are a significant contributor in the efforts to address the objective.
- A variety of evidenced-based programs/activities and resources are available at the local level to address the objective.
- The objective is measurable.
- The objective has statewide importance.

- The objectives as a whole are linked to all six areas of public health responsibility.
- The objectives as a whole reflect current public health priorities, including local public health priorities identified through the Community Health Assessment and Action Planning process (CHAAP) and MCH priorities identified through the Title V Needs Assessment and planning process.
- The objectives as a whole are useful for communicating the role/scope of local public health.
- The objectives as a whole are useful for planning.

Criteria for key indicators

The key indicators provide the means to measure the statewide objectives. The work group selected the key indicators according to the criteria above. In addition, the key indicators:

- Reflect a representative or sentinel aspect of the objective.
- Are currently and regularly measured (i.e., data are available).

Potential uses of the Statewide Local Public Health Objectives

In their discussions, the work group generated a wide variety of ideas for using the statewide local public health objectives. The Statewide Local Public Health Objectives can be used:

- To develop logic models that show how local health departments are contributing to statewide public health goals.
- To identify content areas for technical assistance.
- To encourage coordination/collaboration; data may be used to gain support for coordination/collaboration with other partners to address priority public health issues.
- To monitor progress on priority public health issues and to identify health disparities in those priority issues.
- To provide a framework for reporting on general local public health efforts (e.g., to policy makers, stakeholders, Community Health Board, administration, the legislature, the public, community partners, etc.).
- To provide focus for communicating about public health and maternal and child health priority issues and health disparities with communities.
- To provide more in-depth education and information on the key indicators and on prevention, health promotion and opportunities to achieve health equity.
- As a framework for local public health planning around the priority issues.
- As an opportunity to discuss the kinds of resources, staffing, and funding needed to make progress on the key indicators.
- As a way to monitor and report on performance improvement in the issues covered through the statewide objectives, both statewide and at the local level.

Recommendations

The Statewide Local Public Health Objectives Work Group recommends the following to the State Community Health Services Advisory Committee and the Maternal and Child Health Advisory Task Force, to forward to the Commissioner of Health:

Recommendation 1: The objectives and indicators as listed in this report should be adopted as the new set of statewide local public health outcomes as required in statute.

Recommendation 2: MDH should collect and report the data on the key indicators for the statewide local public health objectives by December 31 of each year. The key indicators should be analyzed for racial and ethnic health disparities wherever possible.

Recommendation 3: Local public health departments and Community Health Boards should try to realize the potential of the Statewide Local Public Health Objectives by using them, as appropriate, in the ways listed in this report.

Recommendation 4: The cycle for updating the Statewide Local Public Health Objectives should be adjusted so that it takes place after the CHAAP and MCH needs assessments are complete.

Recommendation 5: The objectives and indicators for the statewide objectives should reflect the most current priorities of the local public health system, which are identified through CHAAP and the MCH needs assessment.

Recommendation 6: The Statewide Local Public Health Objectives should be linked to other work for the local public health system that is currently under development.

This work includes:

- **Eliminating health disparities and achieving health equity:** Minnesota's populations of color and American Indians experience poorer health and disproportionately higher rates of illness and death than the white population. Health disparities and health equity are important issues that are embedded within other public health issues; as such they can be difficult to identify and track. Efforts are underway to address the need for more detailed race and ethnicity data both nationally and in Minnesota; these efforts may be able to inform and improve the statewide local public health objectives over time.
- **Emergency preparedness:** A current SCHSAC Public Health Emergency Preparedness (PHEP) work group is charged with reviewing progress in the development of statewide local capacity for responding to public health emergencies. They will be making recommendations on issues related to the next phase of PHEP programs including grant

duties, funding formulas, organizational issues, the measurement of progress/outcomes, regional projects, and tier classifications.

- **National standards and performance improvement:** An additional objective may eventually be incorporated into the set of statewide objectives to reflect the new national standards for accreditation. The key indicator will be the degree to which local public health agencies are able to meet the national standards. The data for this objective will not be available until local health departments are able to complete a self-assessment using the new standards, which will not be released until sometime in 2011.
- **Healthy Minnesota 2020 statewide health plan:** National goals for public health were released in December 2010; Minnesota will conduct a statewide health status assessment and develop a statewide plan for the health of Minnesota in 2011. The statewide objectives will help to provide background and potential indicators for this work.

Summary of Statewide Local Public Health Objectives

Statewide Objectives	Key Indicators
Prevent and reduce alcohol and tobacco use	Percentage of adults ages 18 and older who binge drink (males having five or more drinks on one occasion, females having four or more drinks on one occasion).
	Percentage of youth in 9th grade who report using alcohol one or more times in the past year.
	Percentage of adults ages 18 and older who are current smokers.
	Percentage of youth in 9th grade who report smoking any cigarettes during the past 30 days.
Prevent and reduce obesity	Percentage of children ages 2 to 5 years, receiving WIC services, with a Body Mass Index (BMI) at or above the 85th percentile.
	Percentage of adults ages 18 and older who are overweight or obese.
	Percentage of adults ages 18 and older who are moderately physically active (30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week).
	Percentage of adults who have consumed fruits and vegetables five or more times per day.
Promote optimum mental health	Percentage of Minnesota children birth to 5 enrolled in Medicaid who received a mental health screening using a standardized instrument as part of their Child and Teen Checkup (C&TC) visit.
	Percentage of women with a live birth who indicate that a health provider talked to them about post partum depression.
Promote healthy child growth and development	The number of children enrolled in the Follow-Along Program.
	The percent of mothers who breastfeed their infants at 6 months of age.
	Percentage of children under the age of one year participating in early intervention through Part C of the Individuals with Disabilities Education Act.
Improve birth outcomes	Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.
Prevent and reduce injuries and violence	Rate of cases of child maltreatment per 1000 children age 17 years or younger.
	Rate of death to children age 14 years and younger caused by motor vehicle crashes per 100,000 children.
Reduce exposures to environmental health hazards	Percentage of establishments meeting frequency of inspections as required by statute (i.e. based on degree of health risk).
Prevent infectious disease	Percentage of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.
Strengthen public health preparedness	Percentage of local health department that have reviewed/updated their local public health department emergency response plans.
Improve access to health services	Average percentage of local health departments providing specific programs that refer clients in those programs to health insurance resources.

Individual Statewide Objectives and Indicators

This section of the report provides a detailed overview of each of the 10 statewide local public health objectives. This section provides the following information for each objective:

- Key indicators for the objective.
- Baseline data and the data source for each indicator.
- Whether the indicator data are available by race/ethnicity.
- Crosswalk for each objective.

The work group felt it was important to connect these objectives to frameworks familiar and useful to local public health. Each objective contains a “crosswalk” or summary of the connection of this objective to other local public health and MDH planning processes.

These include:

- The Community Health Assessment and Action Planning (CHAAP) process – Between 2005 and 2009 local health department undertook a comprehensive assessment and planning process to assess and prioritize the health needs of their communities. As part of that process, local health departments reported priority areas identified through this process to the MDH. Those health needs reported most frequently were considered in the selection of the statewide objectives.
- The Areas of Public Health Responsibility – With the passage of the Local Public Health Act in 2004, the six areas of public health responsibility were established as a set of responsibilities to which every local public health department should contribute.
- The Title V (Maternal and Child Health) Block Grant Needs Assessment and Planning Process – Every five years MDH must undertake a comprehensive, statewide assessment to identify the priority needs for pregnant women, mothers and infants, children and adolescents, and children and youth with special health care needs. This assessment was completed in July 2010 and identified seven priority MCH needs.
- A summary of the work group discussion that led to the selection of the objective and related indicators.
- Information on resources related to each objective. These resources are consolidated in Appendix C.

Statewide Local Public Health Objective 1

Statewide LPH Objective 1: Prevent and reduce alcohol and tobacco use.		
Key Indicators	Baseline Data	Data Source
Percentage of adults ages 18 and older who binge drink (males having five or more drinks on one occasion, females having four or more drinks on one occasion).	20.2% (2009)	Behavioral Risk Factor Surveillance System <i>Available by race</i>
Percentage of youth in 9th grade who report using alcohol one or more times in the past year.	32.1% (2010)	Minnesota Student Survey <i>Available by race</i>
Percentage of adults ages 18 and older who are current smokers.	16.8% (2009)	Behavioral Risk Factor Surveillance System <i>Available by race</i>
Percentage of youth in 9th grade who report smoking any cigarettes during the past 30 days.	10.2% (2010)	Minnesota Student Survey <i>Available by race</i>

Crosswalk

- Forty-seven local health departments identified **alcohol and other drug use** as a priority in their CHAAP planning process. Sixty-three identified **tobacco** as a priority.
- This objective is related to the **Promote Healthy Communities and Healthy Behaviors** area of public health responsibility.
- This objective is related to two priority areas identified in the Title V (MCH) needs assessment: **Improve birth outcomes** (e.g. alcohol and tobacco use among pregnant women); and **Improve the health of children and adolescents** (e.g. reduce substance use among adolescents).

Discussion Summary

The discussion around this objective focused on the role of local health departments in reducing alcohol and tobacco use in their communities. As reported in the PPMRS, 55 percent of local health departments have programs to address alcohol use and 66 percent have programs to reduce tobacco use. Generally, the alcohol-related programs focused on four areas: family home visiting – prenatal and post partum assessments of alcohol and tobacco use; participation in Safe Communities Coalitions (alcohol-related mortality prevention); underage drinking prevention; and ordinance/compliance checks (to reduce underage drinking). For tobacco, the focus was on the distribution of smoking information during FHV and WIC visits; reducing/prevention teen smoking (including diversion programs, compliance monitoring and vendor education); Tobacco Free Communities grants; Statewide Health Improvement Program (SHIP); and general public education.

When selecting the indicators for this measure, the work group wanted to address the reduction in alcohol and tobacco usage among both adults and youth and selected measures that represented both. The decision to measure alcohol and tobacco use among 9th graders is more reflective of the role of public health to focus on reducing risky behaviors early. Additionally, targeting the measurement of risky youth behaviors is supported by policy makers. Recent SHIP

funding to local communities is allowing for local programming to address environmental changes that are needed to reduce tobacco use. While much of this programming is target to youth, efforts are being made to broadly change community norms and also affect the health behaviors of adults.

For More Information

- Minnesota Student Survey: <http://www.health.state.mn.us/divs/chs/mss/>
- Behavioral Risk Factor Surveillance System: <http://www.cdc.gov/brfss/index.htm>
- Statewide Health Improvement Program: <http://www.health.state.mn.us/healthreform/ship/>
- MDH Tobacco Prevention and Control: <http://www.health.state.mn.us/divs/hpcd/tpc/>
- MDH Alcohol and Other Drugs Program: <http://www.health.state.mn.us/divs/hpcd/chp/cdr/alcohol/index2.html>
- Minority and Multicultural Health – Eliminating Health Disparities Initiative: <http://www.health.state.mn.us/ommh/grants/ehdi/index.html>
- Title V Needs Assessment: <http://www.health.state.mn.us/divs/cfh/na/>
- 2010 Title V Needs Assessment Fact Sheets: <http://www.health.state.mn.us/divs/cfh/na/2010FactSheets.html>
- Local Public Health PPMRS Analysis and Reports: <http://www.health.state.mn.us/ppmrs/analysis.html>

Statewide Local Public Health Objective 2

Statewide LPH Objective 2: Prevent and reduce obesity.		
Key Indicators	Baseline Data	Data Source
Percentage of children ages 2 to 5 years, receiving WIC services, with a Body Mass Index (BMI) at or above the 85th percentile.	29.9% (2009)	Minnesota WIC Program (MDH) <i>Available by race</i>
Percentage of adults ages 18 and older who are overweight or obese.	63.3% (2009)	Behavioral Risk Factor Surveillance System <i>Available by race</i>
Percentage of adults ages 18 and older who are moderately physically active (30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week).	52.7% (2009)	Behavioral Risk Factor Surveillance System <i>Available by race</i>
Percentage of adults who have consumed fruits and vegetables five or more times per day.	21.9% (2009)	Behavioral Risk Factor Surveillance System <i>Available by race</i>

Crosswalk

- Eighty local health departments identified **overweight, obesity, poor nutrition, and physical inactivity** as a priority in their CHAAP process. Thirty-four identified **chronic disease** as a priority.
- This objective is related to the **Promote Healthy Communities and Healthy Behaviors** area of public health responsibility.
- This objective is related to one priority areas identified in the Title V (MCH) needs assessment: **Improve the health of children and adolescents.**

Discussion Summary

As noted previously, recent SHIP funding to local health departments has provided significant resources to address obesity at the community level. A significant number of local health departments report programs that address nutrition and physical activity (63%). In addition, 95 percent of local health department provide or contract for WIC services. Addressing obesity is clearly a priority for local health departments. Several local health departments are involved in nutrition and physical activity promotion programs in the community, school and work place settings.

A smaller number of local health departments have programs to address conditions that arise from a lack of obesity prevention. Thirty-three percent of local health departments have programs to address cardiovascular disease and 27 percent have programs to address diabetes. Activities around these issues include health risk assessments, diabetes and blood pressure screening and education of adults/seniors in community settings.

Local health departments play a significant role in the *prevention* of obesity and its resulting chronic conditions. SHIP activities also are focused on prevention of obesity and changes in behaviors and community norms around nutrition and physical activity. For these reasons, work

group members chose to use key indicators focused on prevention as opposed to indicators of chronic disease. The indicators chosen address not only the resulting rates of obesity in children and adults, but also reflect adult physical activity and nutrition toward the prevention of obesity. The indicator on the BMI of children receiving WIC services is also a performance measure for the Title V (MCH) Block Grant.

For More Information

- Behavioral Risk Factor Surveillance System: <http://www.cdc.gov/brfss/index.htm>
- Statewide Health Improvement Program: <http://www.health.state.mn.us/healthreform/ship/index.html>
- Minnesota Physical Activity and Nutrition Program: <http://www.health.state.mn.us/divs/hpcd/chp/cdr/obesity/index.html>
- Minnesota Women, Infants, and Children (WIC) Program: <http://www.health.state.mn.us/divs/fh/wic/>
- Minnesota Diabetes Program: <http://www.health.state.mn.us/diabetes/>
- MDH Health Promotion and Chronic Disease Division: <http://www.health.state.mn.us/divs/hpcd/index.html>
- MDH Center for Health Promotion: <http://www.health.state.mn.us/divs/hpcd/chp/index.html>
- Minnesota Heart and Stroke Program: <http://www.health.state.mn.us/divs/hpcd/chp/cvh/index.htm>
- Minority and Multicultural Health – Eliminating Health Disparities Initiative: <http://www.health.state.mn.us/ommh/grants/ehdi/index.html>
- Title V Needs Assessment: <http://www.health.state.mn.us/divs/cfh/na/>
- 2010 Title V Needs Assessment Fact Sheets: <http://www.health.state.mn.us/divs/cfh/na/2010FactSheets.html>
- Local Public Health PPMRS Analysis and Reports: <http://www.health.state.mn.us/ppmrs/analysis.html>

Statewide Local Public Health Objective 3

Statewide LPH Objective 3: Promote optimal mental health.		
Key Indicators	Baseline Data	Data Source
Percentage of Minnesota children birth to 5 enrolled in Medicaid who received a mental health screening using a standardized instrument as part of their Child and Teen Checkup (C&TC) visit.	2.63% (2009)	Minnesota Department of Human Services <i>Unknown</i>
Percentage of women with a live birth who indicate that a health provider talked to them about post partum depression.	89.9% (2008)	Pregnancy Risk Assessment and Monitoring System (MDH) <i>Available by race</i>

Crosswalk

- Twenty-two local health departments identified **mental health** as a priority in their CHAAP process. Nineteen identified **access to mental health services** as a priority.
- This objective is related to the **Promote Healthy Communities and Healthy Behaviors** area of public health responsibility.
- This objective is related to one priority areas identified in the Title V (MCH) needs assessment: **Promote optimal mental health**.

Discussion Summary

The role of public health in promoting optimal mental health is a complex issue. Forty-two percent of local health department report having programs to address mental health. Their role includes screening of children to identify social/emotional issues early through WIC, Child and Teen Checkup services and outreach, and family home visiting programs. In addition, numerous local health departments reported providing prenatal and post partum depression screening during family home visits.

When selecting indicators for this objective, the work group discussed the significant role of public health in identifying mental health issues early – in both children and adults. The measures chosen reflect the role of public health in screening children, but also their role in working with providers to increase the number of health care providers conducting mental health screening. The first indicator is a performance measure for the Title V (MCH) Block Grant. It is anticipated that this indicator will increase as providers become more aware of recent changes in their capacity to bill for mental health screening of children as a separate service. Additionally, family home visiting allows local public health to screen women both prenatally and post partum to assure a healthy foundation for children.

The work group also discussed the capacity of public health to impact youth and adult suicide and depression in senior citizens. While acknowledging that these are significant issues, the work group noted that currently no funding is devoted specifically to mental health or suicide prevention, making it difficult for local health departments to make an impact on any indicators measuring those issues.

For More Information

- Pregnancy Risk Assessment and Monitoring System:
<http://www.health.state.mn.us/divs/cfh/prams/>
- MDH Child and Teen Checkups Program:
<http://www.health.state.mn.us/divs/fh/mch/ctc/index.html>
- Family Home Visiting: <http://www.health.state.mn.us/divs/fh/mch/fhv/index.html>
- Mental Health Promotion:
<http://www.health.state.mn.us/divs/cfh/connect/index.cfm?article=mentalhealth.welcome/index.html>
- Suicide Prevention Program:
<http://www.health.state.mn.us/divs/cfh/connect/index.cfm?article=suicideprevention.welcome>
- Title V Needs Assessment: <http://www.health.state.mn.us/divs/cfh/na/>
- 2010 Title V Needs Assessment Fact Sheets:
<http://www.health.state.mn.us/divs/cfh/na/2010FactSheets.html>
- Local Public Health PPMRS Analysis and Reports:
<http://www.health.state.mn.us/ppmrs/analysis.html>

Statewide Local Public Health Objective 4

Statewide LPH Objective 4: Promote healthy child growth and development.		
Key Indicators	Baseline Data	Data Source
The number of children enrolled in the Follow-Along Program.	33,338 (2009)	Minnesota Follow-Along Program (MDH) <i>Available by race</i>
The percent of mothers who breastfeed their infants at 6 months of age.	51.7% (2007 births)	Centers for Disease Control and Prevention <i>Unknown</i>
Percentage of children under the age of one year participating in early intervention through Part C of the Individuals with Disabilities Education Act.	0.743% (2009)	Minnesota Department of Education <i>Available by race</i>

Crosswalk

- Twenty-eight local health departments identified **child growth and development** as a priority in their CHAAP process.
- This objective is related to the **Promote Healthy Communities and Healthy Behaviors** area of public health responsibility.
- This objective is related to three priority areas identified in the Title V (MCH) needs assessment: **Improve the health of children and adolescents; Assure quality screening, identification and intervention;** and **Assure healthy youth development.**

Discussion Summary

Local health departments play a significant role in addressing the issue of child growth and development. Ninety-six percent of local health departments report having infant, child and adolescent growth and development programs. Additionally, all local health departments provide family home visiting services and Child and Teen Check-up outreach services and most provide WIC, Follow-Along and Early Intervention Services.

In identifying indicators for this objective, work group members focused on those areas most closely associated with local public health activities. Because most local health department participate in the Follow-Along Program and most provide WIC and family home visiting services (both of which strongly encourage breastfeeding), two measures were selected to reflect these activities. All three of these indicators are performance measures for the Title V (MCH) Block Grant. In addition, local health departments are involved in numerous activities and community collaboratives related to early intervention of children with special health care needs. This measure reflects the need to identify children as early as possible.

For More Information

- Centers for Disease Control and Prevention Breastfeeding Report Card: <http://www.cdc.gov/breastfeeding/data/reportcard.htm>
- Minnesota Women, Infants, and Children (WIC) Program: <http://www.health.state.mn.us/divs/fh/wic/>
- Minnesota Follow-Along Program: <http://www.health.state.mn.us/divs/fh/mcshn/fap.htm>

- Help Me Grow: <http://www.health.state.mn.us/divs/fh/mcshn/ecip.htm>
- Minnesota Department of Education Early Learning Services:
http://www.education.state.mn.us/mde/Learning_Support/Early_Learning_Services/index.html
- Title V Needs Assessment: <http://www.health.state.mn.us/divs/cfh/na/>
- 2010 Title V Needs Assessment Fact Sheets:
<http://www.health.state.mn.us/divs/cfh/na/2010FactSheets.html>
- Local Public Health PPMRS Analysis and Reports:
<http://www.health.state.mn.us/ppmrs/analysis.html>

Statewide Local Public Health Objective 5

Statewide LPH Objective 5: Improve birth outcomes.		
Key Indicator	Baseline Data	Data Source
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.	86.1% (2009)	Center for Health Statistics (MDH) <i>Available by race</i>

Crosswalk

- Thirty-seven local health departments identified **pregnancy and birth (including unintended pregnancies)** as a priority in their CHAAP process.
- This objective is related to the **Promote Healthy Communities and Healthy Behaviors** area of public health responsibility.
- This objective is related to two priority areas identified in the Title V (MCH) needs assessment: **Improve birth outcomes** and **Improve access to quality health care and needed services**.

Discussion Summary

Ninety-five percent of local health departments report having programs to address pregnancy and birth. This includes family home visiting programs (either universally or to at-risk women), nutrition education through WIC, and childbirth and prenatal education classes. All local health departments in Minnesota provide some type of family home visiting program. These services often begin prenatally.

In discussing this objective, work group members quickly focused on the indicator to increase prenatal care. This indicator is seen as a measure where local health departments can have the most impact. The indicator is a performance measure for the Title V (MCH) Block Grant.

For More Information

- MDH Center for Health Statistics: <http://www.health.state.mn.us/divs/chs/>
- MDH Infant Mortality Reduction Initiative: <http://www.health.state.mn.us/divs/fh/mch/mortality/>
- MDH Family Home Visiting Program: <http://www.health.state.mn.us/divs/fh/mch/fhv/>
- Minority and Multicultural Health – Eliminating Health Disparities Initiative: <http://www.health.state.mn.us/ommh/grants/ehdi/index.html>
- Title V Needs Assessment: <http://www.health.state.mn.us/divs/cfh/na/>
- 2010 Title V Needs Assessment Fact Sheets: <http://www.health.state.mn.us/divs/cfh/na/2010FactSheets.html>
- Local Public Health PPMRS Analysis and Reports: <http://www.health.state.mn.us/ppmrs/analysis.html>

Statewide Local Public Health Objective 6

Statewide LPH Objective 6: Prevent and reduce injuries and violence.		
Key Indicator	Baseline Data	Data Source
Rate of cases of child maltreatment per 1000 children age 17 years or younger.	3.7 (2009)	Minnesota Department of Human Services <i>Available by race</i>
Rate of death to children age 14 years and younger caused by motor vehicle crashes per 100,000 children.	2.3 (2009)	Injury and Violence Prevention Unit (MDH) <i>Available by race for multi-year grouping due to small data set</i>

Crosswalk

- Twenty-eight local health departments identified **unintentional injuries** as a priority in their CHAAP process.
- This objective is related to the **Promote Healthy Communities and Healthy Behaviors** area of public health responsibility.
- This objective is related to one priority areas identified in the Title V (MCH) needs assessment: **Reduce child injury and death.**

Discussion Summary

Seventy-one percent of local health departments have programs that address injury prevention and 36 percent have programs that address violence. The primary activities identified for injury prevention programs were car seat safety and distribution program, child passenger education, and home safety through family home visiting. There are also some activities related to traffic and bike safety and fall prevention efforts for seniors. Violence prevention activities related to participation in violence free/sexual violence prevention community initiatives, family home visiting programs, assessment for domestic violence through multiple public health programs, participation in child protection teams, and child abuse prevention initiatives.

The work group members strongly supported the indicator to monitor child maltreatment. Given the extensive family home visiting programs and the amount of work being done around the prevention of child maltreatment, this measure was seen as a good indicator of public health activities. The work group noted that there are several measures for youth and not many for the elderly (e.g. fall prevention). However when reviewing the criteria for selection of an indicator, the work group members felt that public health had the strongest focus on child maltreatment prevention and child motor vehicle injury prevention (due to family home visiting programs and car seat safety programs). Both of these indicators are performance measures for the Title V (MCH) Block Grant.

For More Information

- Minnesota Department of Human Services: <http://www.dhs.state.mn.us>
- MDH Family Home Visiting Program: <http://www.health.state.mn.us/divs/fh/mch/fhv/>

- MDH Injury and Violence Prevention Unit:
<http://www.health.state.mn.us/injury/index.cfm>
- Minority and Multicultural Health – Eliminating Health Disparities Initiative:
<http://www.health.state.mn.us/ommh/grants/ehdi/index.html>
- Minnesota Office of Traffic Safety, Child Passenger Safety:
http://www.dps.state.mn.us/ots/CPS_Program/childhome.asp
- Title V Needs Assessment: <http://www.health.state.mn.us/divs/cfh/na/>
- 2010 Title V Needs Assessment Fact Sheets:
<http://www.health.state.mn.us/divs/cfh/na/2010FactSheets.html>
- Local Public Health PPMRS Analysis and Reports:
<http://www.health.state.mn.us/ppmrs/analysis.html>

Statewide Local Public Health Objective 7

Statewide LPH Objective 7: Reduce exposures to environmental health hazards.		
Key Indicator	Baseline Data	Data Source
Percentage of establishments meeting frequency of inspections as required by statute (i.e. based on degree of health risk).	To be determined	Environmental Health Division (MDH) <i>Not needed by race</i>

Crosswalk

- Multiple environmental health priorities were identified by local health departments during the CHAPP process:
 - Forty-three identified **water quality**
 - Forty-one identified **household environmental threats (including lead and mold)**
 - Thirty-eight identified **air quality**
 - Thirty-four identified **public health nuisance**
- This objective is related to the **Protect against Environmental Health Hazards** area of public health responsibility.

Discussion Summary

The public health issues encompassed in this objective are very broad. The role of local health departments in addressing environmental health issues (i.e. public health nuisances, food safety, drinking water quality) varies greatly among local jurisdictions. The work group initially discussed indicators related to food safety and drinking water quality. Twenty-six (39%) of the 66 of the local health departments with a food, beverage and lodging (FBL) delegation agreements say they collect data on the average number of foodborne illness risk factors per establishment. However, the work group discussed that the number of risk factors per establishment is not an accurate indicator of food safety. For that reason, a more accurate indicator of food safety was established.

The work group discussed if the indicator should measure only frequency of inspection for establishments in local jurisdictions with FBL delegation agreements or all establishments, including those inspected by MDH. The decision was made to include all establishments. Current FBL delegation agreements cover approximately half of the state's population, and 50 percent are inspected by MDH. While not all local health departments are involved in inspections, they do have a role in monitoring the frequency of inspections for their jurisdictions and working with MDH to assure the recommendations are met.

For More Information

- MDH Food Business Licensing Program: <http://www.health.state.mn.us/divs/eh/food/license/index.html>
- MDH Environmental Health Division: <http://www.health.state.mn.us/divs/eh/index.html>
- Local Public Health PPMRS Analysis and Reports: <http://www.health.state.mn.us/ppmrs/analysis.html>

Statewide Local Public Health Objective 8

Statewide LPH Objective 8: Prevent infectious disease.		
Key Indicator	Baseline Data	Data Source
Percentage of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.	91.1% (2009)	Immunization, Tuberculosis and International Health (MDH) <i>Available by race</i>

Crosswalk

- Fifty-nine local health departments identified **vaccine preventable diseases and immunizations** as a priority in their CHAAP process. Thirty-two identified **sexually transmitted diseases/infections** as a priority.
- This objective is related to the **Prevent the Spread of Infectious Disease** area of public health responsibility.
- This objective is related to one priority areas identified in the Title V (MCH) needs assessment: **Improve the health of children and adolescents.**

Discussion Summary

Local health departments are heavily involved in activities to prevent infectious diseases. Ninety percent of local health departments provide immunizations to children and 97 percent provide immunizations to adults. Almost all (99%) local health departments provide immunization clinics. Additionally, 82 percent of local health departments provide direct observed therapy for TB.

When reviewing possible indicators, work group members overwhelming chose the indicator on childhood immunizations. Minnesota has a long history of high immunization levels and public health significantly contributes to that success. This indicator is also a performance measure in the Title V (MCH) Block Grant.

For More Information

- Immunization Program: <http://www.health.state.mn.us/divs/idepc/immunize/index.html>
- Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division: <http://www.health.state.mn.us/divs/idepc/index.html>
- Minority and Multicultural Health – Eliminating Health Disparities Initiative: <http://www.health.state.mn.us/ommh/grants/ehdi/index.html>
- Title V Needs Assessment: <http://www.health.state.mn.us/divs/cfh/na/>
- 2010 Title V Needs Assessment Fact Sheets: <http://www.health.state.mn.us/divs/cfh/na/2010FactSheets.html>
- Local Public Health PPMRS Analysis and Reports: <http://www.health.state.mn.us/ppmrs/analysis.html>

Statewide Local Public Health Objective 9

Statewide LPH Objective 9: Strengthen public health preparedness.		
Key Indicator	Baseline Data	Data Source
Percentage of local health department that have reviewed/updated their local public health department emergency response plans.	99% (2009)	Local Public Health Planning and Performance Measurement Reporting System <i>Not needed by race</i>

Crosswalk

- Thirty-two local health departments identified **public health workforce preparedness** as a priority in their CHAAP process. Twenty-two identified **personal and household preparedness** as a priority.
- This objective is related to the **Prepare for and Respond to Disasters, and Assist Communities in Recovery** area of public health responsibility.

Discussion Summary

As noted in the baseline data, 99 percent of local health departments have reviewed/updated their local public health department emergency response plans. Due to federal funding for public health emergency preparedness activities, local health departments have made significant progress in planning for disasters.

A current SCHSAC Public Health Emergency Preparedness (PHEP) work group is charged with reviewing progress in the development of statewide local capacity for responding to public health emergencies and making recommendations on issues related to the next phase of PHEP programs including grant duties, funding formula, organizational issues, measurement of progress/outcomes, regional projects, and tier classifications. Staff to this work group recommended that this indicator be used to for this objective until the work of the PHEP group is completed.

For more information

- Local Public Health PPMRS Analysis and Reports: <http://www.health.state.mn.us/ppmrs/analysis.html>
- MDH Office of Emergency Preparedness: <http://www.health.state.mn.us/oep/index.html>

Statewide Local Public Health Objective 10

Statewide LPH Objective 10: Improve access to health services.		
Key Indicator	Baseline Data	Data Source
Average percentage of local health departments providing specific programs that refer clients in those programs to health insurance resources.	90.6% (2009)	Local Public Health Planning and Performance Measurement Reporting System <i>Not needed by race</i>

Crosswalk

- Twenty-one local health departments identified **cultural competency of health services** as a priority in their CHAAP process.
- This objective is related to the **Assure the Quality and Accessibility of Health Services** area of public health responsibility.
- This objective is related to one priority areas identified in the Title V (MCH) needs assessment: **Improve access to quality health care and needed services.**

Discussion Summary

Work group members had some difficulty selecting an indicator for this objective. Initially, there was discussion about including indicators that measured the number of Minnesotans insured or the reasonableness of insurance costs. However, work group members felt that it was unclear if public health could significantly impact either of those indicators. In addition, it is still unclear how dramatically recent health care reform legislation at the federal level will affect the number of insured Minnesotans.

For the reasons noted above, work group members selected a measure that reflects local public health activities related to access to health care services. The indicator is a composite of seven programs that are provided by more than 80 percent of all local health departments. Column 1 is the percentage of local health departments that provide each of these programs. Column 2 is the percentage of these local health departments that refer the clients in each program to health insurance resources. These percentages were then averaged to develop the indicator baseline.

Service	Column 1: Percentage of LHD providing service	Column 2: Percentage of those providing service that refer to health insurance resources
<i>2009 PPMRS data</i>		
Early intervention service coordination for children with special health needs, including MN Children with Special Health Needs	86%	92%
WIC Clinics	95%	93%
Immunization Clinics	99%	90%
Family Home Visiting	99%	94%
C&TC Outreach	99%	85%
Follow-Along Program	95%	86%
Long Term Care Consultations	89%	94%
Average		90.6%

For More Information

- Local Public Health PPMRS Analysis and Reports:
<http://www.health.state.mn.us/ppmrs/analysis.html>
- MDH Health Care Coverage (Insurance) Information:
<http://www.health.state.mn.us/healthcare.html#ehealth>
- Minnesota's Health Reform Initiative: <http://www.health.state.mn.us/healthreform/>
- Minnesota Health Access Survey: <https://pqc.health.state.mn.us/mnha/Welcome.action>
- Title V Needs Assessment: <http://www.health.state.mn.us/divs/cfh/na/>
- 2010 Title V Needs Assessment Fact Sheets:
<http://www.health.state.mn.us/divs/cfh/na/2010FactSheets.html>

Appendix A

MN Statutes Relating to the Statewide Local Public Health Objectives (Chapter 145A)

The following are excerpts from the various pieces of legislation that reference the statewide outcomes, now known as the Statewide Local Public Health Objectives:

145A.12 POWERS AND DUTIES OF COMMISSIONER.

Subd. 7. **Statewide outcomes.**

(a) The commissioner, in consultation with the State Community Health Advisory Committee established under section 145A.10, subdivision 10, paragraph (a), shall establish statewide outcomes for local public health grant funds allocated to community health boards between January 1, 2004, and December 31, 2005.

(b) At least one statewide outcome must be established in each of the following public health areas:

- (1) preventing diseases;
- (2) protecting against environmental hazards;
- (3) preventing injuries;
- (4) promoting healthy behavior;
- (5) responding to disasters; and
- (6) ensuring access to health services.

(c) The commissioner shall use Minnesota's public health goals established under section 62J.212 and the essential public health services under section 145A.10, subdivision 5a, as a basis for the development of statewide outcomes.

(d) The statewide maternal and child health outcomes established under section 145.8821 shall be included as statewide outcomes under this section.

(e) By December 31, 2004, and every five years thereafter, the commissioner, in consultation with the State Community Health Advisory Committee established under section 145A.10, subdivision 10, paragraph (a), and the Maternal and Child Health Advisory Task Force established under section 145.881, shall develop statewide outcomes for the local public health grant established under section 145A.131, based on state and local assessment data regarding the health of Minnesota residents, the essential public health services under section 145A.10, and current Minnesota public health goals established under section 62J.212.

History:

1987 c 309 s 12; 1Sp2003 c 14 art 8 s 24-26

145A.10 POWERS AND DUTIES OF COMMUNITY HEALTH BOARDS.

Subd. 5a. **Duties.**

(a) Consistent with the guidelines and standards established under section 145A.12, and with input from the community, the community health board shall:

(1) establish local public health priorities based on an assessment of community health needs and assets; and

(2) determine the mechanisms by which the community health board will address the local public health priorities established under clause (1) and achieve the statewide outcomes established under sections 145.8821 and 145A.12, subdivision 7, within the limits of available funding. In determining the mechanisms to address local public health priorities and achieve statewide outcomes, the community health board shall seek public input or consider the recommendations of the community health advisory committee and the following essential public health services:

- (i) monitor health status to identify community health problems;
- (ii) diagnose and investigate problems and health hazards in the community;
- (iii) inform, educate, and empower people about health issues;
- (iv) mobilize community partnerships to identify and solve health problems;
- (v) develop policies and plans that support individual and community health efforts;
- (vi) enforce laws and regulations that protect health and ensure safety;
- (vii) link people to needed personal health care services;
- (viii) ensure a competent public health and personal health care workforce;
- (ix) evaluate effectiveness, accessibility, and quality of personal and population-based health services; and
- (x) research for new insights and innovative solutions to health problems.

(b) By February 1, 2005, and every five years thereafter, each community health board that receives a local public health grant under section 145A.131 shall notify the commissioner in writing of the statewide outcomes established under sections 145.8821 and 145A.12, subdivision 7, that the board will address and the local priorities established under paragraph (a) that the board will address.

(c) Each community health board receiving a local public health grant under section 145A.131 must submit an annual report to the commissioner documenting progress toward the achievement of statewide outcomes established under sections 145.8821 and 145A.12, subdivision 7, and the local public health priorities established under paragraph (a), using reporting standards and procedures established by the commissioner and in compliance with all applicable federal requirements. If a community health board has identified additional local priorities for use of the local public health grant since the last notification of outcomes and priorities under paragraph (b), the community health board shall notify the commissioner of the additional local public health priorities in the annual report.

145A.131 LOCAL PUBLIC HEALTH GRANT.

Subd. 3. Accountability.

(a) Community health boards accepting local public health grants must document progress toward the statewide outcomes established in section 145A.12, subdivision 7, to maintain eligibility to receive the local public health grant.

(b) In determining whether or not the community health board is documenting progress toward statewide outcomes, the commissioner shall consider the following factors:

(1) whether the community health board has documented progress to meeting essential local activities related to the statewide outcomes, as specified in the grant agreement;

(2) the effort put forth by the community health board toward the selected statewide outcomes;

(3) whether the community health board has previously failed to document progress toward selected statewide outcomes under this section;

(4) the amount of funding received by the community health board to address the statewide outcomes; and

(5) other factors as the commissioner may require, if the commissioner specifically identifies the additional factors in the commissioner's written notice of determination.

Appendix B

2010 Title V Needs Assessment: Overview and Outcomes

About the MCH Block Grant

The Title V Maternal and Child Health Services Block Grant is the key source of support for promoting the health of all mothers and children. Each state is required to conduct a statewide needs assessment every five years. The focus of the needs assessment is on three target populations:

- Pregnant Women, Mothers and Infants;
- Children and Adolescents; and
- Children and Youth with Special Health Care Needs.

The 2010 needs assessment guides Title V activities. This overview provides highlights of the needs assessment process in Minnesota, the resulting priorities and the final state performance measures.

Goals for the Needs Assessment

The goals for the needs assessment process in Minnesota were to:

- Determine priority needs for the maternal and child health and children and youth with special health care needs populations;
- Enhance stakeholder and staff commitment to identifying the priority needs; and
- Increase the state's commitment to addressing the final priorities.

Minnesota's Priority Needs

Minnesota identified two overarching goals and seven priority needs for the Title V target populations that reflect the comprehensive nature of the Title V block grant and the complexity and inter-relatedness of the target populations.

OVERARCHING GOAL 1: Increase health equity and reduce health disparities for pregnant women, mothers and infants, children and adolescents, and children and youth with special health care needs.

OVERARCHING GOAL 2: Focus efforts on activities that result in positive outcomes across the lifespan.

Priority Need 1: Improve birth outcomes.

Priority Need 2: Improve the health of children and adolescents.

Priority Need 3: Promote optimal mental health.

Priority Need 4: Reduce child injury and death.

Priority Need 5: Assure quality screening, identification and intervention.

Priority Need 6: Improve access to quality health care and needed services.

Priority Need 7: Assure healthy youth development.

Who was involved?

Leadership for the needs assessment was provided by a leadership team under the guidance of the MCH Advisory Task Force. In addition, numerous stakeholders representing state and local government, schools, community organizations, parents and families, and MDH staff were involved in the process. Effort was made throughout the needs assessment process to build partnerships and strengthen collaboration.

Process for Conducting the Needs Assessment

The process for conducting the needs assessment was a series of steps designed to assure a thoughtful, comprehensive, inclusive, and thorough process. The process used a number of decision points that gradually narrowed the priorities. Highlights include:

- The list of potential priorities for Minnesota began with over 100 issues. These issues were organized by the target populations.
- The list of issues became part of a web-based survey that was broadly distributed to approximately 2000 individuals and groups.
- Following the completion of the needs assessment survey by 867 respondents, the survey results were analyzed and the list of issues was narrowed to 21.
- These 21 issues were prioritized by stakeholders at a day-long stakeholder retreat.
- The remaining issues were compared with current national performance measures.
- The issues and national performance measures were organized into the final two overarching goals and seven broad priority needs for Minnesota.

State Performance Measures

Ten issues were selected to be measured as state performance measures. These state measures are not intended to be the only measure for that priority need, but fill a gap in the measures to monitor Minnesota's progress in addressing the priority needs. The final state performance measures include:

State Performance Measure 1: Percentage of women who did not consume alcohol during the last three months of pregnancy. (Priority Need 1)

State Performance Measure 2: Percentage of children enrolled in Medicaid who receive at least one recommended Child and Teen Checkup (C&TC) visit (EPSDT is known as C&TC in Minnesota). (Priority Need 2)

State Performance Measure 3: Percentage of Minnesota children birth to 5 enrolled in Medicaid who received a mental health screening using a standardized instrument as part of their Child and Teen Checkup (C&TC) visit. (Priority Need 3)

State Performance Measure 4: Rate of cases of child maltreatment. (Priority Need 4)

State Performance Measure 5: The number of children enrolled in the Follow-Along Program. (Priority Need 5)

State Performance Measure 6: Percentage of children under the age of one year participating in early intervention through Part C of the Individuals with Disabilities Education Act. (Priority Need 5)

State Performance Measure 7: Percentage of participants in Minnesota's family home visiting program referred to community resources that received a family home visitor follow-up on that referral. (Priority Need 6)

State Performance Measure 8: Percentage of children and youth with special health care needs that have received all needed health care services. (Priority Need 6)

State Performance Measure 9: Percentage of families of children age 0-17 that report costs not covered by insurance are usually or always reasonable. (Priority Need 6)

State Performance Measure 10: By 2013, collaborate with other state agencies to identify a state performance measure and benchmark to monitor positive youth development in Minnesota. (Priority Need 7)

To view the full 2010 Minnesota Title V Needs Assessment, go to:
www.health.state.mn.us/divs/cfh/na/2010NeedsAssessment.html.

For more information on the Minnesota's Title V needs assessment, contact DeeAnn Finley at 651-201-3874 or deeann.finley@state.mn.us.

Appendix C

Resources and Databases

- Minnesota Student Survey: <http://www.health.state.mn.us/divs/chs/mss/>
- Behavioral Risk Factor Surveillance System: <http://www.cdc.gov/brfss/index.htm>
- Statewide Health Improvement Program: <http://www.health.state.mn.us/healthreform/ship/>
- MDH Tobacco Prevention and Control: <http://www.health.state.mn.us/divs/hpcd/tpc/>
- MDH Alcohol and Other Drugs Program: <http://www.health.state.mn.us/divs/hpcd/chp/cdr/alcohol/index2.html>

- Minority and Multicultural Health – Eliminating Health Disparities Initiative: <http://www.health.state.mn.us/ommh/grants/ehdi/index.html>
- Title V Needs Assessment: <http://www.health.state.mn.us/divs/cfh/na/>
- 2010 Title V Needs Assessment Fact Sheets: <http://www.health.state.mn.us/divs/cfh/na/2010FactSheets.html>
- Local Public Health PPMRS Analysis and Reports: <http://www.health.state.mn.us/ppmrs/analysis.html>
- Minnesota Physical Activity and Nutrition Program: <http://www.health.state.mn.us/divs/hpcd/chp/cdrr/obesity/index.html>
- MDH Health Promotion and Chronic Disease Division: <http://www.health.state.mn.us/divs/hpcd/index.html>
- MDH Center for Health Promotion: <http://www.health.state.mn.us/divs/hpcd/chp/index.html>
- Minnesota Heart and Stroke Program: <http://www.health.state.mn.us/divs/hpcd/chp/cvh/index.htm>
- Minnesota Women, Infants, and Children (WIC) Program: <http://www.health.state.mn.us/divs/fh/wic/>
- Minnesota Diabetes Program: <http://www.health.state.mn.us/diabetes/>
- Pregnancy Risk Assessment and Monitoring System: <http://www.health.state.mn.us/divs/cfh/prams/>
- MDH Child and Teen Checkups Program: <http://www.health.state.mn.us/divs/fh/mch/ctc/index.html>
- Family Home Visiting: <http://www.health.state.mn.us/divs/fh/mch/fhv/index.html>
- Mental Health Promotion: <http://www.health.state.mn.us/divs/cfh/connect/index.cfm?article=mentalhealth.welcome/index.html>
- Suicide Prevention Program: <http://www.health.state.mn.us/divs/cfh/connect/index.cfm?article=suicideprevention.welcome>
- Centers for Disease Control and Prevention Breastfeeding Report Card: <http://www.cdc.gov/breastfeeding/data/reportcard.htm>
- Minnesota Follow-Along Program: <http://www.health.state.mn.us/divs/fh/mcshn/fap.htm>
- Help Me Grow: <http://www.health.state.mn.us/divs/fh/mcshn/ecip.htm>
- Minnesota Department of Education Early Learning Services: http://www.education.state.mn.us/mde/Learning_Support/Early_Learning_Services/index.html
- MDH Center for Health Statistics: <http://www.health.state.mn.us/divs/chs/>

- MDH Infant Mortality Reduction Initiative: <http://www.health.state.mn.us/divs/fh/mch/mortality/>
- Minnesota Department of Human Services: <http://www.dhs.state.mn.us>
- MDH Injury and Violence Prevention Unit: <http://www.health.state.mn.us/injury/index.cfm>
- Minnesota Office of Traffic Safety, Child Passenger Safety: http://www.dps.state.mn.us/ots/CPS_Program/childhome.asp
- MDH Food Business Licensing Program: <http://www.health.state.mn.us/divs/eh/food/license/index.html>
- MDH Environmental Health Division: <http://www.health.state.mn.us/divs/eh/index.html>
- Immunization Program: <http://www.health.state.mn.us/divs/idepc/immunize/index.html>
- Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division: <http://www.health.state.mn.us/divs/idepc/index.html>
- MDH Office of Emergency Preparedness: <http://www.health.state.mn.us/oep/index.html>
- MDH Health Care Coverage (Insurance) Information: <http://www.health.state.mn.us/healthcare.html#ehealth>
- Minnesota's Health Reform Initiative: <http://www.health.state.mn.us/healthreform/>
- Minnesota Health Access Survey: <https://pqc.health.state.mn.us/mnha/Welcome.action>



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