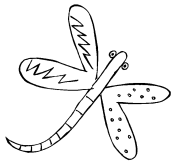


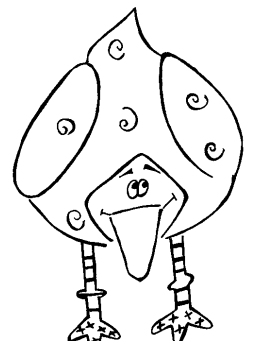
Follow Along Program



2008 Report

(January 1, 2008 to December 31, 2008)

(For Informational and Policy Purposes)



The Story of Annie

A girl was enrolled at 2 months of age with no risks. At 12 months of age, issues with feeding were identified and she failed the SE. She would only eat pureed foods and would gag on anything with texture. The mother and the physician were not interested in a referral. At 16 months the issues were again identified. Mom was considering the referral but the physician was not concerned. At 24 months she passed the SE but the feeding issues continued. This time the referral was accepted and the child was evaluated and diagnosed with an oral sensitivity issue. She has been receiving therapy and doing much better. At the last visit the child was seen eating a graham cracker. Mom stated, "I am so glad I finally did it and sorry I did not do it sooner."

OVERVIEW OF THE FOLLOW ALONG PROGRAM (FAP)

A major obstacle to the timely delivery of early intervention services is the early and accurate identification of infants and young children who have developmental delays, social emotional or health issues. The goal of comprehensive child find programs is to separate accurately the infants and young children who require more extensive evaluation from the children who do not. Screening programs need to be able to assess large numbers of children and use screening measures or procedures that are easy to administer at a low cost and are appropriate for diverse populations.

What is the Follow Along Program? The FAP provides periodic monitoring and screening of infants and toddlers at risk¹ for health, social emotional or developmental problems to ensure early identification, help, and services. Some agencies offer FAP to all newborns in the county. Other agencies track only at risk children and their families. The FAP is a partnership between state and local public health agencies. The FAP at the state is funded by Part C (IDEA-Individuals with Disabilities Education Act) and Title V. The funding for local agencies comes from a combination of Part C, MCH Block Grants, Collaboratives, LPHG (Local Public Health Grants), local tax dollars and private funds. Local county funds support over half the cost of the FAP. Local managing agencies participate in regional steering committees to guide decisions regarding FAP policies and procedures.

FAP is offered to families as a way to track the development of their children and to learn about normal growth and development. Families are referred to the program from a variety of resources. They are enrolled in the program and ASQ's (Ages and Stages Questionnaires) are mailed to families at 4, 8, 12, 16, 20, 24, 30, 36 months.² and sometimes a 42 month and the ASQ-SE (Ages and Stages Questionnaire-Social Emotional) at 6,12,18,24,30,36 months are mailed to the family. Families complete the questionnaires and return them to the agency. The questionnaire is scored and the family contacted if there are concerns about the child and decisions are made between the professional and the family as to the next steps. Families of children who pass are sent a letter informing them of the passing score, along with activity sheets which describes activities that families can do with their child until the next developmental questionnaire is sent. At 36 months the child is sent information regarding the next step, Early Childhood Screening.

The goals of FAP are to:

The Story of Sarah and James

Sarah failed the 8 month ASQ and James failed the 18 month ASQ in the Communication domain. The PHN made a home visit and discovered a severely depressed mother who was pregnant with her 3rd child. Mom stated that she did not enjoy being a mom anymore. Mom had a doctor's appointment for that afternoon. The PHN called the physician who had no idea that this mother was severely depressed. Mom saw the physician and is under treatment. These children's scores are probably due to mom's depression.

¹ Some local FAP managing agencies have a system in place to track all children regardless of risk factors.

² Other ASQ's are available from Brookes Publishing Company. They are: 6,10,14,18,22,27,30,33,42,48,54,60 months.

- 1 Support families in their caregiving role to their children by learning about normal child development and by facilitating early access to health, education, and human service programs as needed.
- 2 Provide a simple and easy way for parents and health care providers to exchange information about the growth and development of children who have special health needs.
- 3 Encourage parents to keep their children under the care of a primary care physician.
- 4 Facilitate the timely identification and assessment of children with suspected delays to assure services as soon as possible.
- 5 Facilitate local, regional, and statewide planning efforts by compiling and disseminating data on children with special health needs.
- 6 Enhance ongoing efforts to increase interagency collaboration.

HISTORY

In **1988** the Infant Follow Along Program (IFAP) began in 18 SW MN Counties. The FAP was initially funded through a grant from the Interagency Planning Project For Young Children with Handicaps. The risk factors for the program were based on Blackman's work "Warning Signals". Activities were guided by a regional advisory task force made up of representatives from the public and private sector. In **1998** marketing and outreach began to those counties not involved in FAP. Planning was initiated to give incentive money to local agencies to implement or continue FAP. At this point there were 76 counties participating in some kind of tracking program. (60 counties – FAP, 13 counties - Communities Caring for Children, 1 county –348 TOTS). In **1999**, federal carry forward dollars were awarded to counties to implement, enhance or expand the FAP. As a result there were 84 counties and 2 reservations participating in the program. Since then Stearns and Crow Wing counties have discontinued their programs due to budget cuts but Lake county has joined the FAP. In **2005** we started using the ASQ-SE. In **2007** Crow Wing reinstated their FAP and Mille Lacs Band of Ojibawe joined the FAP. In **2008** the software was upgraded to include the capacity to email participants and direct them to a password protected website to download the forms and answer the questions in the email which are returned and scored by the agency. Having email addresses has also helped local agencies contact families who move. The Risk Definition Manual was updated to include social emotional risk factors.

Follow Along Program and Public Health

Public health has a broad responsibility: to improve the health status of the population through early identification and intervention. This includes activities to provide outreach to all children and their families to assure that they are connected to the services they need.

Public health provides population based services which are activities or targeted prevention activities to assure the health of groups of people rather than client by client or need by need.

Public health engages in prevention activities to negate (Primary Prevention), impede the progress (Secondary Prevention), or remediate (Tertiary Prevention) the effects of disease, disability, injury, behavioral risks, lack of access to health services, etc.

The FAP is a core public health, population based service which seeks to negate (primary prevention) or impede the progression (secondary prevention) of risk factors for health, social emotional or developmental issues in children birth to 3.³

The FAP fulfills the requirement of an essential activity in the Local Public Health Act “Assure a system is in place to identify, monitor and track infants and young children with, or at risk of, poor health and developmental outcomes”. It also meets some of the Maternal and Child Health Bureau six core outcomes for community based system of services for children which include: All children with special health care needs will receive coordinated ongoing comprehensive care within a medical home; All families of children with special health care needs will have adequate private and/or public insurance to pay for the services they need; and **All children will be screened early and continuously for special health care needs.**

Public Health’s Child Find Role In An Interagency Coordinated System (The Follow Along Program as a Child Find Strategy)

The Follow Along Program is considered in some communities to be a solely a Part C child find activity to identify ECSE eligible children. Under the management of public health, it is used as part of a community based comprehensive child find strategy. The FAP, as well as other public health programs, identify children eligible for Part C and other community based programs. While a small number will be eligible for ECSE (2%) a larger number may be eligible for less intensive community based services. This early identification and intervention may prevent some children from needing more intensive interventions.

Public health has a broad responsibility to improve the health status of the population through prevention, early identification and intervention. Some of these services under public health are: the high risk birth registry, CTC (child and teen checkup), WIC, home visiting, immunizations and immunization registries newborn hearing screening, newborn metabolic screening, lead screening, birth defects surveillance system, assistance with preschool screening activities, etc. These activities are provided through public health resources as one of their roles in an interagency coordinated system.

Many agencies have as their child find activity the identification of only those who are eligible to receive only their agency’s services. The FAP identifies children in need of any service from any agency and assists the family in connecting or linking to these services. Public health refers potentially eligible children to services such as: Part C, schools, medical assistance, Mn Care, ECFE (Early Childhood Family Education), child protection, crisis nursery, mental health/family counseling/therapy services, food shelf, food stamps, head start, MFIP, physicians, social security, etc. In addition many children are connected to other public health services including home visiting.

The Follow Along Program (FAP) is one public health child find strategy performed for and on the behalf of the all systems to assist in the identification of children with disabilities and their families to assure early identification and referral to appropriate services in a timely manner. Like other public health programs the FAP identifies children in need of community based services and assures that children and families are connected or linked to these services.

³ Some local agencies include children above the age of 3.

Evaluation of Family Satisfaction with the Follow Along Program

The FAP provides parents support at a critical time and promotes normal growth and development. Simply by completing the questionnaires, families learn about normal child development.

In 2000, Hennepin Co. conducted a scientifically based study of the FAP. Families were asked: "What actions have you taken as a result of what you have learned from the FAP? Their responses were:

1. I am able to assess my child's developmental level - 65%
2. I use toys to teach my child - 48%
3. I am improving my parenting skills - 40%
4. I play more with my child - 40%
5. I talk with my medical provider about health and development concerns - 38%

Other agencies have found in their evaluations that the FAP:

1. Provides helpful information on an on-going basis about how the child is developing.
2. Helps families understand developmental stages.
3. Provides info on age appropriate activities that encourage families to interact with their child in a positive manner.
4. The activity sheets are user friendly and provide good ideas for play.

FAP Statewide Costs and Funding

In 1995 an analysis of the FAP cost was conducted. The direct costs of personnel, supplies and mileage cost \$38 per child per year. Direct plus indirect costs (overhead, utilities, telephone, computer, managerial costs) were \$46 per child per year. The average cost of a home visit was \$78. With the cost of a home visit, the average cost of tracking one child for one year was \$94.

In 2005, the statewide average cost per child was \$41.19 per child per year. The cost per participant in the FAP ranged from \$8 per child to \$125 per child per year. Twenty six (26) agencies reported a range of \$8 to \$30 dollars per child per year, 14 reported a range of \$31 to \$61 and 7 reported a cost of more than \$62 per year. Cost varies depending on the whether or not the agencies include the cost of a home visit as a FAP cost.

Data Analysis

Each managing agency is asked to electronically submit their personal but not identifiable data to the MN Department of Health every year. Some of the caveats on this data include:

- In 1995 the software was revised without the capability to convert the old data into the new version. Therefore only new clients were entered into the new software. The data from prior to 1995 is not included in this analysis.
- Not all agencies enter data into all of the data fields available in the software.
- The services data are new and only available from about December 2002.
- The newborn hearing data are new as of December 2002

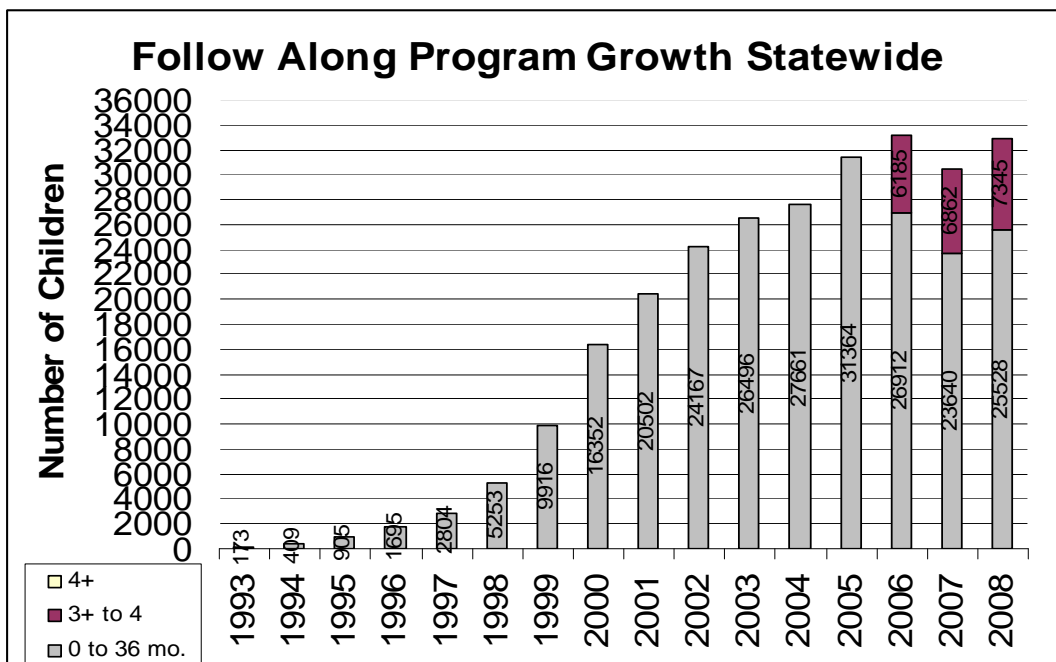
- Some of the risk factors are new as of December 2002, 2007 and 2008.

Number of Children – Active, Newly Enrolled, Graduated

As of the most current export, more than 101,517 children have participated in the Follow Along Program statewide since 1995. Three agencies data are missing from this state report and three counties do not participate in FAP (Stearns, Faribault and Martin).

- 32,895 children were active at some time during 2008.
 - 25,528 children were birth thru 36 months and.
 - 7370 children were 37 thru 60 months.
- 11,668 children had been newly enrolled in the last 12 months.
 - 11,418 children were 0 thru 36 months.
 - 250 children were 37 thru 60 months.
- 6,264 children graduated from the program this year.
- The 25,528 children enrolled in the FAP represent about 12 % of Minnesota's birth to three population.

Some variables have impacted the number of children identified as enrolled in the FAP. In 2007, seven agencies did not submit their data for inclusion in the state report. It was also a year of yet another postal rate increase. This led some agencies to inactivate children whose families were not returning the questionnaires. Also, due to an upgrade to the software it was much easier to identify those children who could be inactivated. In 2008 only 3 agencies did not submit their data. Also the number of children enrolled may have hit a plateau in part due to funding issues.



How Many Children Birth to Three are involved in the Follow Along Program?

Statewide 12% of children birth to three were active in the Follow Along Program in 2008. There are variations by county and by region. (See appendix for the county data). Statewide data by region is depicted in the following table.

Percentage of Children Birth to Three Active in the Follow Along Program (By Region - 2008)	
Metro	4%
Northwest	25%
Northeast	20%
Southeast	22%
Southwest	29%
West Central	26%
Statewide	12%

Universal vs High Risk Tracking Counties

In 2008, 55 agencies were doing universal tracking, 15 were high risk tracking and 7 agency's tracking status is unknown.

Has there been research on the Follow Along Program?

Yes, in 1999 about half the counties were participating in FAP, half were not. Findings included that in counties with the FAP, Part C had 4 or more children eligible for Part C than in counties that did not have a FAP.⁴

The Story of Andrew

The PHN made a home visit to the child of parents who have developmental delays. At 4 months this child had delays and eye issues as well as unusual behaviors. A referral was made to the physician who did not concur with a referral for a assessment. The nurse continued to send a letter to the physician after each home visit. At 24 months the child was not walking or feeding himself. The family did not want a home visit so the ECSE teacher and the nurse met the family at the nurse's office for an assesement. The child qualified for Part C. This information was sent to the physician who referred the child to specialists.

⁴ Chan,B., Ohnsborg, F.,"Issues in Part H Access In Minnesota", Infants and Young Children,1999:12(1) 82-90

Birth Weight

One of the data elements collected on children enrolled in the FAP is birth weight. Of the children birth to three, 379 children had birth weights of less than 1500 grams. Children under 1500 grams are considered by Part C to have a high probability of resulting in a developmental delay and eligible for Part C. This data are available by county in the appendix.

Birth Weight Range Totals By Region and Statewide Birth to Three 2007

Region	Not Entered	< 500 grams	500 - 750 grams	751 - 1000 grams	1001 - 1250 grams	1251 - 1500 grams	1501 - 2500 grams	2501 - 3500 grams	3501 - 4500 grams	> 4500 grams	State Total
M	306	1	10	14	31	38	599	2405	1750	80	5234
NE	52	3	7	11	16	19	216	1608	1207	60	3199
NW	755	3	5	7	9	8	117	646	452	18	2020
SE	105	5	7	12	22	20	321	2215	1574	64	4345
SW	62	1	6	12	15	31	379	2905	2063	77	5551
WC	138	3	10	16	15	22	372	2675	1860	65	5176
State Total	1418	16	45	72	108	138	2004	12454	8906	364	25525

Gestational Age

Gestational ages of children are collected on all children as it is used to calculate when to send out developmental questionnaires. Eight percent or 1987 of the children were less than 36 weeks and 23488 children were 36 weeks or more.

Gestational Age Total By Region and Statewide Birth to Three 2008

Region	<= 23 wk	24 - 27 wk	28 - 31 wk	32 - 35 wk	36 - 37 wk	38 - 47 wk	State Total
M	1	21	101	437	667	4007	5234
NE	6	16	43	168	358	2608	3199
NW	1	12	29	104	150	1724	2020
SE		26	48	218	516	3537	4345
SW	2	17	70	293	699	4470	5551
WC	2	22	63	287	592	4210	5176
State Total	12	114	354	1507	2982	20556	25525

Race/Ethnicity

Eighty percent of the children are white. The remaining 20% are with Black, Hispanic, Asian or Native American.

Gender

As of 2005 analysis, statewide 52% percent were boys and 48% were girls.

Return Rate

In the past, the FAP has encouraged local agencies to maintain an 80% return rate. They have offered families incentives and inactivated families who did not return the questionnaires in order to achieve this goal. However, recently several counties have evaluated the families who were not returning their child's developmental questionnaires. Their goal was to try to improve their return rate. They found that families were not returning the questionnaires because their children were developing appropriately and they were not concerned. The families wanted to continue to receive the questionnaires because they were using the questionnaires as anticipatory guidance materials and as a resource to know what to do with their children. Other agencies have found that if they notify families that they are going to discontinue sending the questionnaires that families will call and ask to keep sending them as they use the questionnaires as a resources to let them know what is "normal" and what to expect from their children. In addition, keeping in touch with the families assure that that family has a contact point if they ever have questions or concerns. As a result, we are no longer as concerned about the return rate. As an interesting detail, agencies report that families tend to return the ASQ-SE more frequently than the ASQ. The data are included here for informational purposes only

The following table displays the return rate since 1995. (Updated in 2008.)

Return of Questionnaires			
ASQ Period	ASQ/SE's Sent	ASQ/SE's Returned	Percentage Returned
4	51825	47714	92%
8	49808	45423	91%
12	44127	38940	88%
16	39492	34193	87%
20	34902	30392	87%
24	32010	27627	86%
30	26222	22317	85%
36	22102	18581	84%
42	2595	2382	92%
Total	303083	267569	88%

The Story of John

This child's mom was concerned about her child's speech. He scored close to the cutoff on the ASQ. The ECSE and PHN made a joint visit. Child was diagnosed with sleep apnea due to large tonsils. As a result of this sleep apnea he was napping all day. He had his tonsils removed and he will have further assessment including hearing.

Who Refers to the Follow Along Program?

The majority of referrals to the FAP are generated through public health programs. Some of these are as a result of referrals to public health from community agencies for whom the Follow Along Program is the program of choice for the child and the family. It does vary across regions. For metro and NW most of the children for the FAP are identified by birth certificate information. In NE, SW and WC most of the children are identified through public health services. In SE the children are referred by the public health home visiting program.

Referral Sources By Region and Statewide Birth to Three 2008

Referral Sources	M	NE	NW	SE	SW	WC	State Total
Birth certificate/MDH referral	605	238	141	47	17	180	1228
Child and Teen Checkup (CTC)	1	1	97	6		3	108
Child care provider			1				1
Community Action	35	1			8		44
Community Health Services/Public Health	253	483	38	180	927	461	2342
ECFE - Early Childhood Family Education	71			2	5	15	93
ECSE - Early Childhood Special Education	43	7		8	8	12	78
Family, relative, or friend	163	3	4	29	6	59	264
Head Start/Early Head Start	5		74	1		1	81
Hospital	9		100	231	55	154	549
IEIC - Interagency Early Intervention Committee	64		3	2	3	1	73
MCSHN - MN Children with Special Health Needs						1	1
Neonatal intensive care unit (NICU)			2		4	15	21
Newborn Metabolic Screening	4						4
Other referral source	163	2	20	29		28	242
Physician/clinic	9	2		8	3	2	24
Private Home Health Agency						30	30
Public Health - Contracted Services	12		3		4		19
Public Health - Home Health	3	30	4	13	18	21	89
Public Health - Home Visiting	599	239	114	543	318	123	1936
Public Health - Non specific	16	98	27	8	110	429	688
Social services/Human services agency	233		5	3	5	10	256
Universal Tracking	139		157	18	3	130	447
WIC - Women Infants and Children	19	103	7	304	32	212	677
State Total	2446	1207	797	1432	1526	1887	9295

The following counties had no data to report

Leech Lake Health Division

Mille Lacs Band of Ojibwe

Pine Co Health and Human Services

Stearns Co Hum Services PH Dept(On Hold)

ASQ Information

The Follow Along Program uses the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire – Social Emotional as the screening tool. The ASQ screens in five domains. (communication, fine motor, gross motor, personal social and problem solving). The cutoffs for passing/failing are set at 2 standard deviations below the mean for all areas, except for communication on some of the ASQ's (14,16,18,20,22,24,27,30,33). On these

questionnaires, the communication domain is set at 1 standard deviation below as there only 6 questions in this area. Three questions are receptive and three are expressive. If the cutoff was set at 2 standard deviations, children could fail all three receptive questions or all three expressive questions, and still pass. We have always seen a pattern of high fails in the area of communication especially at the 16 and 20 months interval. It is recommended that the children who fail at these months receive follow-up. This is a critical time for language development and fails in this area have led to diagnosis of autism, oral motor delays, etc. The pass/fail data are displayed in the following tables.

**ASQ Pass Fail
Statewide
Birth thru 36 months
2007 and 2008**

**ASQ Fails by Period and Domain
Statewide
2007 and 2008**

(Shaded Areas are FAP supported Periods- Unshaded Areas are Optional)

2007						2008					
ASQ Period	Domain	Fail	Pass	Total ASQ's	Percent Fails	ASQ Period	Domain	Fail	Pass	Total ASQ's	Percent Fails
4	Communications	136	5033	5169	3%	4	Communications	132	4954	5086	3%
4	F_Motor	137	5032	5169	3%	4	F_Motor	118	4968	5086	2%
4	G_Motor	149	5020	5169	3%	4	G_Motor	157	4929	5086	3%
4	Personal Social	123	5046	5169	2%	4	Personal Social	123	4963	5086	2%
4	Problem Solving	105	5064	5169	2%	4	Problem Solving	98	4988	5086	2%
6	Communications	3	152	155	2%	6	Communications	1	165	166	1%
6	F_Motor	8	147	155	5%	6	F_Motor	4	162	166	2%
6	G_Motor	4	151	155	3%	6	G_Motor	13	153	166	8%
6	Personal Social	4	151	155	3%	6	Personal Social	5	161	166	3%
6	Problem Solving	5	150	155	3%	6	Problem Solving	3	163	166	2%
8	Communications	227	4761	4988	5%	8	Communications	225	4671	4896	5%
8	F_Motor	81	4907	4988	2%	8	F_Motor	92	4804	4896	2%
8	G_Motor	83	4905	4988	2%	8	G_Motor	91	4805	4896	2%
8	Personal Social	89	4899	4988	2%	8	Personal Social	94	4802	4896	2%
8	Problem Solving	80	4908	4988	2%	8	Problem Solving	79	4817	4896	2%
10	Communications	7	76	83	8%	10	Communications	5	93	98	5%
10	F_Motor	2	81	83	2%	10	F_Motor	1	97	98	1%
10	G_Motor	11	72	83	13%	10	G_Motor	16	82	98	16%
10	Personal Social	2	81	83	2%	10	Personal Social	3	95	98	3%
10	Problem Solving	2	81	83	2%	10	Problem Solving	2	96	98	2%
12	Communications	179	4165	4344	4%	12	Communications	165	4305	4470	4%
12	F_Motor	60	4284	4344	1%	12	F_Motor	42	4428	4470	1%
12	G_Motor	176	4168	4344	4%	12	G_Motor	202	4268	4470	5%
12	Personal Social	111	4233	4344	3%	12	Personal Social	110	4360	4470	2%
12	Problem Solving	128	4216	4344	3%	12	Problem Solving	118	4352	4470	3%

		2007							2008				
ASQ Period	Domain	Fail	Pass	Total ASQ's	Percent Fails		ASQ Period	Domain	Fail	Pass	Total ASQ's	Percent Fails	
14	Communication	43	1185	1228	4%		14	Communication	44	1154	1198	4%	
14	F_Motor	2	57	59	3%		14	F_Motor	4	62	66	6%	
14	G_Motor	11	48	59	19%		14	G_Motor	6	60	66	9%	
14	Personal Social	3	56	59	5%		14	Personal Social	5	61	66	8%	
14	Problem Solving	4	55	59	7%		14	Problem Solving	4	62	66	6%	
16	Communications	718	3187	3905	18%	*	16	Communications	788	3300	4088	19%	
16	F_Motor	104	3801	3905	3%		16	F_Motor	122	3966	4088	3%	
16	G_Motor	130	3775	3905	3%		16	G_Motor	147	3941	4088	4%	
16	Personal Social	100	3805	3905	3%		16	Personal Social	95	3993	4088	2%	
16	Problem Solving	99	3806	3905	3%		16	Problem Solving	110	3978	4088	3%	
18	Communications	32	41	73	44%	*	18	Communications	49	75	124	40%	
18	F_Motor	1	72	73	1%		18	F_Motor	2	122	124	2%	
18	G_Motor	2	71	73	3%		18	G_Motor	3	121	124	2%	
18	Personal Social	1	72	73	1%		18	Personal Social	2	122	124	2%	
18	Problem Solving	3	70	73	4%		18	Problem Solving	3	121	124	2%	
20	Communications	640	2860	3500	18%	*	20	Communications	627	3114	3741	17%	
20	F_Motor	90	3410	3500	3%		20	F_Motor	89	3652	3741	2%	
20	G_Motor	80	3420	3500	2%		20	G_Motor	102	3639	3741	3%	
20	Personal Social	154	3346	3500	4%		20	Personal Social	149	3592	3741	4%	
20	Problem Solving	72	3428	3500	2%		20	Problem Solving	65	3676	3741	2%	
22	Communications	15	52	67	22%	*	22	Communications	18	51	69	26%	
22	F_Motor		67	67	0%		22	F_Motor		69	69	0%	
22	G_Motor		67	67	0%		22	G_Motor	3	66	69	4%	
22	Personal Social	3	64	67	4%		22	Personal Social	1	68	69	1%	
22	Problem Solving	1	66	67	1%		22	Problem Solving	2	67	69	3%	
24	Communications	337	2809	3146	11%	*	24	Communications	339	3045	3384	10%	
24	F_Motor	86	3060	3146	3%		24	F_Motor	73	3311	3384	2%	
24	G_Motor	80	3066	3146	3%		24	G_Motor	66	3318	3384	2%	
24	Personal Social	133	3013	3146	4%		24	Personal Social	115	3269	3384	3%	
24	Problem Solving	102	3044	3146	3%		24	Problem Solving	97	3287	3384	3%	
27	Communications	4	47	51	8%	*	27	Communications	7	59	66	11%	
27	F_Motor	1	50	51	2%		27	F_Motor	7	59	66	11%	
27	G_Motor	2	49	51	4%		27	G_Motor	3	63	66	5%	
27	Personal Social	1	50	51	2%		27	Personal Social	4	62	66	6%	
27	Problem Solving		51	51	0%		27	Problem Solving	3	63	66	5%	
30	Communications	96	2170	2266	4%	*	30	Communications	107	2337	2444	4%	
30	F_Motor	84	2182	2266	4%		30	F_Motor	128	2316	2444	5%	
30	G_Motor	24	2242	2266	1%		30	G_Motor	24	2420	2444	1%	
30	Personal Social	69	2197	2266	3%		30	Personal Social	82	2362	2444	3%	
30	Problem Solving	58	2208	2266	3%		30	Problem Solving	68	2376	2444	3%	
33	Communications	5	19	24	21%	*	33	Communications	3	15	18	17%	
33	F_Motor	3	21	24	13%		33	F_Motor	2	16	18	11%	
33	G_Motor		24	24	0%		33	G_Motor		18	18	0%	
33	Personal Social		24	24	0%		33	Personal Social		18	18	0%	
33	Problem Solving	1	23	24	4%		33	Problem Solving		18	18	0%	

		2007				2008					
ASQ Period		Fail	Pass	Total ASQ's	Percent Fails	ASQ Period	Domain	Fail	Pass	Total ASQ's	Percent Fails
36	Communication	43	1185	1228	4%		Communication	44	1154	1198	4%
36	F_Motor	56	1172	1228	5%	36	F_Motor	56	1142	1198	5%
36	G_Motor	15	1213	1228	1%	36	G_Motor	13	1185	1198	1%
36	Personal Social	21	1207	1228	2%	36	Personal Social	29	1169	1198	2%
36	Problem Solving	49	1179	1228	4%	36	Problem Solving	61	1137	1198	5%
42	Communications	1	243	244	0%	42	Communications	6	259	265	2%
42	F_Motor	3	241	244	1%	42	F_Motor	4	261	265	2%
42	G_Motor		244	244	0%	42	G_Motor		265	265	0%
42	Personal Social		244	244	0%	42	Personal Social	3	262	265	1%
42	Problem Solving		244	244	0%	42	Problem Solving	2	263	265	1%
48	Communications	3	107	110	3%	48	Communications	2	106	108	2%
48	F_Motor	4	106	110	4%	48	F_Motor	3	105	108	3%
48	G_Motor	4	106	110	4%	48	G_Motor	1	107	108	1%
48	Personal Social	1	109	110	1%	48	Personal Social		108	108	0%
48	Problem Solving	1	109	110	1%	48	Problem Solving	1	107	108	1%
54	Communications		1	1	0%	54	Communications		1	1	0%
54	F_Motor		1	1	0%	54	F_Motor		1	1	0%
54	G_Motor		1	1	0%	54	G_Motor		1	1	0%
54	Personal Social		1	1	0%	54	Personal Social		1	1	0%
54	Problem Solving		1	1	0%	54	Problem Solving		1	1	0%

*The ASQ screens in five domains and the cutoffs are set at 2 standard deviations except in the area of communication. At these intervals, the cutoff is set at 1 standard deviation which accounts for a high number of fails at these intervals. This decision was made by the developers due to the fact that there are only 6 questions in the area of communication. Three are receptive and 3 are expressive. If the cutoff was set at 2 standard deviations, a child could fail all of the receptive or all of the expressive and still pass in this area.

The Story of William

A child was born to a family with a history of learning disabilities on the father's side. Because of this history, the mother was concerned about her child and she enrolled the child in the FAP. The child passed at 4 months but he was not doing a lot. The process was started for a referral for Part C and he qualified. The child was kept on the FAP and at 8 months the child failed 2 area and later failed all 5. By age 2 he passed everything and has made great strides as a result of the early intervention he received. He still has sensory issues and has "meltdowns" but the family is able to cope with these as they understand his needs.

**Failures in 0, 1, 2, 3, 4, 5, Domains
Statewide By ASQ Period
2008 Data**

ASQ Period	0 Fails	1 Fail	2 Fails	3 Fails	4 Fails	5 Fails
4	4635	331	83	23	8	6
6	149	11	4	1	1	
8	4472	329	54	24	8	8
10	77	16	4	1		
12	4016	333	80	27	7	7
14	38	20	6	1	1	
16	3122	777	121	40	17	11
18	72	48	2	1	1	
20	2984	583	108	35	18	11
22	51	14	3		1	
24	2907	343	80	28	17	7
27	54	6	2	2	2	
30	1883	137	51	15	8	9
33	9	2				
36	521	30	11	4	3	1
Total	24990	2980	609	202	92	60

Characteristics of Children Who Fail the ASQ

The Follow Along Program software allows local agencies to enter risk factors for the children enrolled in the program. The risk factors are categorized by: Developmental, Prenatal-Maternal, Environmental and Medical risk factors. Children with developmental and medical risk factors are most likely to fail an ASQ. In September 2008 we added social emotional risk factors to the FAP which only allowed 3 months to collect data in these categories.

Characteristics of children birth through 36 months who are most likely to fail an ASQ are noted in the next table. The more risk factors a child has, the more likely they are to fail an ASQ. Boys are more likely to fail than girls.

Risk Factors of Children Who Fail an ASQ
2008

Note: Review cell size prior to interpretation *Some of the risk factors are new as of 9/2008 RISK FACTOR	Yes= Have This Risk Factor	ASQ's completed	Number of ASQ's with No Fails	Number of ASQ'S with One or More Fails	Percentages
NICU Grad?	No	13808	11148	2660	19.3%
NICU Grad?	Yes	1155	777	378	32.7%
Any medical risk factors?	None	10987	9017	1970	17.9%
Any medical risk factors?	1 or more	3976	2908	1068	26.9%
Does child have any risk factors?	No	292	235	57	19.5%
Does child have any risk factors?	Yes	8681	6692	1989	22.9%
Number of risk categories	One	9220	7099	2121	23.0%
Number of risk categories	Two	2693	2002	691	25.7%
Number of risk categories	Three	889	634	255	28.7%
Other developmental risk(s)	No	13889	11134	2755	19.8%
Other developmental risk(s)	Yes	1074	791	283	26.4%
Prenatal care (3 or less visits starting in the 2nd trimester)	No	14828	11822	3006	20.3%
Prenatal care (3 or less visits starting in the 2nd trimester)	Yes	135	103	32	23.7%
History of other drug use during pregnancy (specify usage)	No	14701	11743	2958	20.1%
History of other drug use during pregnancy (specify usage)	Yes	262	182	80	30.5%
History of communicable disease during pregnancy	No	14916	11889	3027	20.3%
History of communicable disease during pregnancy	Yes	47	36	11	23.4%
Maternal metabolic disorders	No	14696	11719	2977	20.3%
Unreliable means of transportation	No	14695	11716	2979	20.3%
Unreliable means of transportation	Yes	268	209	59	22.0%
Difficulty with Protection	No	14963	11925	3038	20.3%
Difficulty with Protection	Yes	0	0	0	
Exposure to secondhand smoke	No	14100	11226	2874	20.4%
Exposure to secondhand smoke	Yes	863	699	164	19.0%
Blood lead levels	No	14924	11893	3031	20.3%
Blood lead levels	Yes	39	32	7	17.9%
Other environmental risk	No	14184	11260	2924	20.6%
Retinopathy of prematurity	No	14920	11910	3010	20.2%
Retinopathy of prematurity	Yes	43	15	28	65.1%
Microcephaly - head circumference < 3rd percentile	No	14949	11921	3028	20.3%

Note: Review cell size prior to interpretation					
*Some of the risk factors are new as of 9/2008	Yes= Have This Risk Factor	ASQ's completed	Number of ASQ's with No Fails	Number of ASQ'S with One or More Fails	Percentages
RISK FACTOR					
Microcephaly - head circumference < 3rd percentile	Yes	14	4	10	71.4%
Macrocephaly - head Circumference > 97th percentile	No	14955	11921	3034	20.3%
Macrocephaly - head Circumference > 97th percentile	Yes	8	4	4	50.0%
Serious congenital or acquired infection	No	14912	11891	3021	20.3%
Serious congenital or acquired infection	Yes	51	34	17	33.3%
Significant respiratory distress	No	14557	11665	2892	19.9%
Central nervous system insult	No	14955	11919	3036	20.3%
Central nervous system insult	Yes	8	6	2	25.0%
Gestational age < or = 36 weeks	No	13566	10951	2615	19.3%
Gestational age < or = 36 weeks	Yes	1397	974	423	30.3%
Hyperbilirubinemia	No	13969	11160	2809	20.1%
Hyperbilirubinemia	Yes	994	765	229	23.0%
Intracranial hemorrhage	No	14943	11910	3033	20.3%
Intracranial hemorrhage	Yes	20	15	5	25.0%
Possible FAE/FAS	No	14959	11923	3036	20.3%
Gender	Male	7685	5905	1780	23.2%
Gender	Female	7276	6018	1258	17.3%
Gender	Unknown	2	2	0	0.0%
Race - partial or all white	Yes	12909	10280	2629	20.4%
Race - partial or all white	No	2054	1645	409	19.9%
Race - partial or all black	Yes	602	512	90	15.0%
Race - partial or all black	No	14361	11413	2948	20.5%
Race - partial or all hispanic	Yes	1202	939	263	21.9%
Race - partial or all hispanic	No	13761	10986	2775	20.2%
Any developmental risk factors?	None	13661	11024	2637	19.3%
Any developmental risk factors?	One or more	1302	901	401	30.8%
Any prenatal-maternal risk factors?	None	10556	8544	2012	19.1%
Any prenatal-maternal risk factors?	One or more	4407	3381	1026	23.3%
Number of risk categories	Four	365	252	113	31.0%
Suspected hearing loss	No	14888	11884	3004	20.2%
Suspected hearing loss	Yes	75	41	34	45.3%
Atypical or delayed development	No	14881	11890	2991	20.1%
Atypical or delayed development	Yes	82	35	47	57.3%

Note: Review cell size prior to interpretation					
*Some of the risk factors are new as of 9/2008	Yes= Have This Risk Factor	ASQ's completed	Number of ASQ's with No Fails	Number of ASQ'S with One or More Fails	Percentages
RISK FACTOR					
Suspected visual impairment	No	14915	11900	3015	20.2%
Suspected visual impairment	Yes	48	25	23	47.9%
Suspected speech delay	No	14873	11889	2984	20.1%
Suspected speech delay	Yes	90	36	54	60.0%
Maternal metabolic disorders	Yes	267	206	61	22.8%
Family History of permanent childhood hearing loss	No	14796	11808	2988	20.2%
Family History of permanent childhood hearing loss	Yes	167	117	50	29.9%
Other prenatal/maternal risk(s)	No	12790	10308	2482	19.4%
Other prenatal/maternal risk(s)	Yes	2173	1617	556	25.6%
* INACTIVE * Maternal age (specify age)	No	14157	11303	2854	20.2%
* INACTIVE * Maternal age (specify age)	Yes	806	622	184	22.8%
Lack of safe, stable place to live	No	14861	11850	3011	20.3%
Lack of safe, stable place to live	Yes	102	75	27	26.5%
Other environmental risk	Yes	779	665	114	14.6%
Birthweight < 2500 grams (5 lbs. 8 ozs)	No	13802	11139	2663	19.3%
Birthweight < 2500 grams (5 lbs. 8.2 ozs)	Yes	1161	786	375	32.3%
Apgar score - six or less at 5 minutes	No	14808	11825	2983	20.1%
Apgar score - six or less at 5 minutes	Yes	155	100	55	35.5%
Neonatal seizures - any type	No	14940	11913	3027	20.3%
Neonatal seizures - any type	Yes	23	12	11	47.8%
Chronic illness	No	14942	11912	3030	20.3%
Chronic illness	Yes	21	13	8	38.1%
Significant respiratory distress	Yes	406	260	146	36.0%
Clinical impression of possible neurological abnormality	No	14937	11909	3028	20.3%
Clinical impression of possible neurological abnormality	Yes	26	16	10	38.5%
Major congenital anomalies or possible syndromes	No	14851	11871	2980	20.1%
Major congenital anomalies or possible syndromes	Yes	112	54	58	51.8%
Familial disorder with developmental implications	No	14911	11891	3020	20.3%
Familial disorder with developmental implications	Yes	52	34	18	34.6%
Evidence of growth deficiency, nutritional problems, anemia, failure to thrive	No	14869	11873	2996	20.1%

Note: Review cell size prior to interpretation					
*Some of the risk factors are new as of 9/2008	Yes= Have This Risk Factor	ASQ's completed	Number of ASQ's with No Fails	Number of ASQ'S with One or More Fails	Percentages
RISK FACTOR					
Evidence of growth deficiency, nutritional problems, anemia, failure to thrive	Yes	94	52	42	44.7%
Possible FAE/FAS	Yes	4	2	2	50.0%
Hypoglycemia	No	14872	11859	3013	20.3%
Hypoglycemia	Yes	91	66	25	27.5%
Prenatal maternal smoking	No	13971	11121	2850	20.4%
Prenatal maternal smoking	Yes	992	804	188	19.0%
Not enough money to buy nutritious food or necessary clothing	No	14555	11586	2969	20.4%
Not enough money to buy nutritious food or necessary clothing	Yes	408	339	69	16.9%
Inability to pay medical bills	No	14313	11431	2882	20.1%
Inability to pay medical bills	Yes	650	494	156	24.0%
Social isolation	No	14805	11808	2997	20.2%
Social isolation	Yes	158	117	41	25.9%
Suspected abuse of alcohol or drugs	No	14809	11810	2999	20.3%
Suspected abuse of alcohol or drugs	Yes	154	115	39	25.3%
Lack of familial support system	No	14700	11716	2984	20.3%
Lack of familial support system	Yes	263	209	54	20.5%
Significant inadequate hygiene	No	14957	11920	3037	20.3%
Significant inadequate hygiene	Yes	6	5	1	16.7%
Difficulty with ongoing, stable, positive relationship with child	No	14926	11904	3022	20.2%
Other difficulty with caregiving	No	14856	11841	3015	20.3%
Other difficulty with caregiving	Yes	107	84	23	21.5%
* INACTIVE * Family member with serious physical disability or mental disability	No	14767	11791	2976	20.2%
* INACTIVE * Family member with serious physical disability or mental disability	Yes	196	134	62	31.6%
History of repeated or accidental injuries	No	14961	11923	3038	20.3%
History of repeated or accidental injuries	Yes	2	2	0	0.0%
Concerns about physical, verbal or sexual abuse	No	14903	11879	3024	20.3%
Concerns about physical, verbal or sexual abuse	Yes	60	46	14	23.3%
Other family stress condition	No	13933	11121	2812	20.2%
Difficulty with Caregiving	No	14963	11925	3038	20.3%
Difficulty with Caregiving	Yes	0	0	0	
Other difficulty with protection	No	14900	11879	3021	20.3%
Other difficulty with protection	Yes	63	46	17	27.0%

Note: Review cell size prior to interpretation					
*Some of the risk factors are new as of 9/2008					
RISK FACTOR	Yes= Have This Risk Factor	ASQ's completed	Number of ASQ's with No Fails	Number of ASQ'S with One or More Fails	Percentages
Other	No	14963	11925	3038	20.3%
Other	Yes	0	0	0	
History of alcohol use during pregnancy	No	14821	11819	3002	20.3%
History of alcohol use during pregnancy	Yes	142	106	36	25.4%
Family History of visual impairment	No	14820	11823	2997	20.2%
Head Trauma	No	14939	11907	3032	20.3%
Head Trauma	Yes	24	18	6	25.0%
Exposure to:	No	14952	11915	3037	20.3%
Exposure to:	Yes	11	10	1	9.1%
Positive newborn hearing screen with no followup	No	14955	11918	3037	20.3%
Positive newborn hearing screen with no followup	Yes	8	7	1	12.5%
Maternal age UNDER 18 (specify age)	No	14921	11888	3033	20.3%
Maternal age UNDER 18 (specify age)	Yes	42	37	5	11.9%
Maternal age OVER 35 (specify age)*	No	14917	11894	3023	20.3%
*Difficulty providing care because of disabling medical condition	No	14962	11925	3037	20.3%
*Difficulty providing care because of disabling medical condition	Yes	1	0	1	#####
*Difficulty providing care because of disabling mental health condition	No	14963	11925	3038	20.3%
*Difficulty providing care because of disabling mental health condition	Yes	0	0	0	#####
*Family Factors	No	14963	11925	3038	20.3%
*Family Factors	Yes	0	0	0	#####
*Parental Delinquent behaviors	No	14963	11925	3038	20.3%
*Parental Delinquent behaviors	Yes	0	0	0	#####
*Large Family	No	14961	11923	3038	20.3%
*Neighborhood Factors	No	14963	11925	3038	20.3%
*Neighborhood Factors	Yes	0	0	0	#####
*Overcrowding	No	14963	11925	3038	20.3%
*Overcrowding	Yes	0	0	0	#####
*Low-income, high rise dwelling	No	14963	11925	3038	20.3%
*Low-income, high rise dwelling	Yes	0	0	0	#####
*Child Factors	No	14963	11925	3038	20.3%
*Child Factors	Yes	0	0	0	#####
*Difficult to handle/tempermental difficulties	No	14962	11924	3038	20.3%
*Maternal ratings of infant difficulties	No	14963	11925	3038	20.3%

Note: Review cell size prior to interpretation					
*Some of the risk factors are new as of 9/2008					
RISK FACTOR	Yes= Have This Risk Factor	ASQ's completed	Number of ASQ's with No Fails	Number of ASQ'S with One or More Fails	Percentages
*Maternal ratings of infant difficulties	Yes	0	0	0	#####
*Behavior problems	No	14963	11925	3038	20.3%
*Behavior problems	Yes	0	0	0	#####
*Excessive crying	No	14963	11925	3038	20.3%
*Excessive crying	Yes	0	0	0	#####
Difficulty with ongoing, stable, positive relationship with child	Yes	37	21	16	43.2%
* INACTIVE * Difficulty providing care because of disabling medical or mental condition	No	14918	11893	3025	20.3%
* INACTIVE * Difficulty providing care because of disabling medical or mental condition	Yes	45	32	13	28.9%
Difficulty Meeting Basic Needs	No	14963	11925	3038	20.3%
Difficulty Meeting Basic Needs	Yes	0	0	0	#####
Other difficulty meeting basic needs	No	14557	11607	2950	20.3%
Other difficulty meeting basic needs	Yes	406	318	88	21.7%
Family Stress Conditions	No	14963	11925	3038	20.3%
Family Stress Conditions	Yes	0	0	0	#####
Other family stress condition	Yes	1030	804	226	21.9%
Family without steady souce of income	No	14465	11533	2932	20.3%
Family without steady souce of income	Yes	498	392	106	21.3%
Parental education (specify final grade level)	No	14452	11516	2936	20.3%
Parental education (specify final grade level)	Yes	511	409	102	20.0%
Absence of regular professional health supervision	No	14949	11917	3032	20.3%
Absence of regular professional health supervision	Yes	14	8	6	42.9%
Other medical risk(s)	No	13293	10712	2581	19.4%
Other medical risk(s)	Yes	1670	1213	457	27.4%
Family History of visual impairment	Yes	143	102	41	28.7%
Pregnancy Induced Hypertension	No	14275	11405	2870	20.1%
Pregnancy Induced Hypertension	Yes	688	520	168	24.4%
Recurrent/persistent otitis media with effusion for a least 3 mos.	No	14885	11876	3009	20.2%
Recurrent/persistent otitis media with effusion for a least 3 mos.	Yes	78	49	29	37.2%
Ototoxic medications(Aminoglycosides alone/or with loop diuretics)	No	14959	11921	3038	20.3%

Note: Review cell size prior to interpretation					
*Some of the risk factors are new as of 9/2008	Yes= Have This Risk Factor	ASQ's completed	Number of ASQ's with No Fails	Number of ASQ'S with One or More Fails	Percentages
RISK FACTOR					
Ototoxic medications(Aminoglycosides alone/or with loop diuretics)	Yes	4	4	0	0.0%
Positive Newborn Metabolic Screening	No	14935	11901	3034	20.3%
Positive Newborn Metabolic Screening	Yes	28	24	4	14.3%
Maternal age OVER 35 (specify age)	Yes	46	31	15	32.6%
Gestational Diabetes	No	14956	11920	3036	20.3%
Gestational Diabetes	Yes	7	5	2	28.6%
*Family member with serious physical disability	No	14958	11922	3036	20.3%
*Family member with serious physical disability	Yes	5	3	2	40.0%
*Family member with serious mental health disability	No	14938	11908	3030	20.3%
*Family member with serious mental health disability	Yes	25	17	8	32.0%
*Maternal Depression	No	14958	11921	3037	20.3%
*Maternal Depression	Yes	5	4	1	20.0%

Comorbidities of children who fail the ASQ

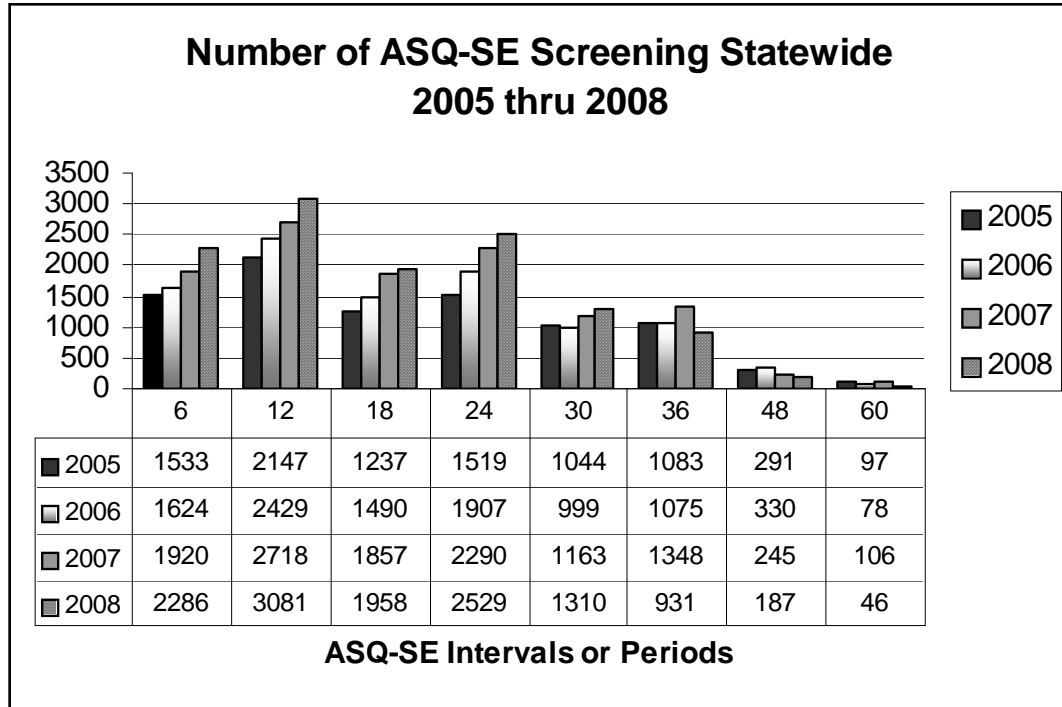
Children in the FAP have an average of 2 risk factors. Analysis of the most frequently occurring pairs of risk factors indicates that medical risk factors seem to be the most frequently occurring. For example, gestational age less than 36 weeks and hyperbilirubinemia, birthweight of less than 2500 grams (5 lbs. 8.2 ozs) and gestational age less than 36 weeks occur frequently. There are also environmental risk factors such as parent education, maternal age and family stress conditions.

The Story of Dakota

Dakota was enrolled in the FAP with no risk factors. He passed the 4 and 12 months ASQ. At 16 months mom wrote "knows several words but doesn't talk much". At 20 months he failed communication and personal social. Mom wrote "uses non verbal ways to get what he wants and doesn't seem to want to learn to talk more". The PHN spoke with the mother and they identified that Dakota had regressed. The mother agreed to a referral and he qualified for Part C and received speech therapy. Mom wished to stay on the FAP and at 24 months he failed communication, personal social and fine motor. After another evaluation he was diagnosed with autism. He is reported to be doing well.

ASQ-SE Screening

In 2008, local FAP agencies conducted 12,328 screenings statewide this is up from 8951 in 2005, 9932 in 2006 and 11,647 in 2007. The number of screenings per ASQ-SE interval or period is depicted in the chart below.

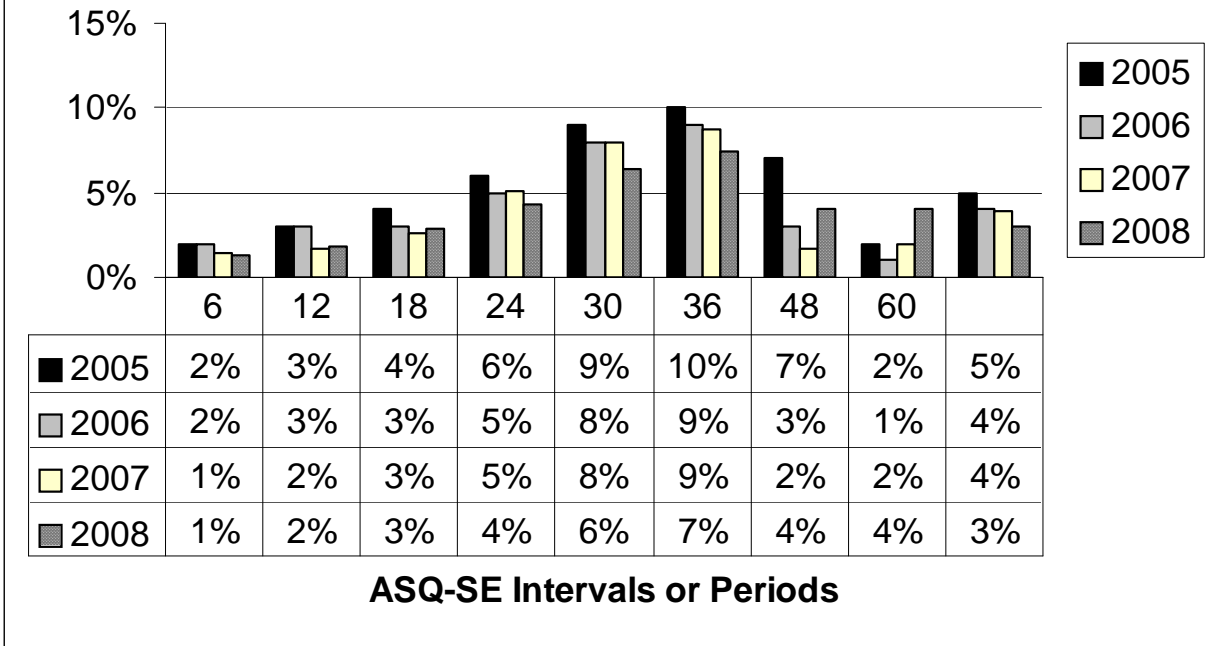


ASQ-SE Failed Screenings

Of the 12,328 screenings in 2008, 412 (3%) were classified as failed. This is a drop from the 1995 baseline year of 5%. In addition to the fails based on the cutoff scores, there are children whose results on the ASQ-SE indicate that there are concerns for this child. This child may be referred for evaluation or be followed up by public health regardless of the score.

FAP managing agencies reported that the number of children who failed the 6 and 12 months intervals have remained the same. They also noted that the numbers of children who were failing at the older ages seemed to be decreasing. They felt it was due to finding and providing interventions to the children, for whom there were concerns, at earlier ages. An analysis of the data indicates that the numbers of screenings are increasing (Birth to three) and the number of fails are decreasing (Birth to Three). The data from 2005 thru 2008 is displayed in the chart below.

Percentage of ASQ-SE's Failed Statewide 2005 Thru 2008



Characteristics of Children Who Fail the ASQ-SE

A preliminary analysis of who is most likely to fail an SE indicates that children with environmental risk factors, who have a family member with a serious physical disability or mental disability (17%), suspected speech delay (10%), prenatal Care (3 or less visits starting in the 2nd trimester (12%), lack of a safe stable place to live (11%), Neonatal seizure (18%), chronic illness (20%), familial disorder with developmental implications (12%), social isolation (14%), suspected abuse of alcohol or drugs (10%), atypical or delayed development (11%), suspected hearing loss (8%), major congenital anomalies or possible syndromes (13%), difficulty providing care because of disabling medical or mental health condition (13%) are most likely to fail. See Chart below for others.

The story of Andrew

Andrew passed his 4 month ASQ but mom was concerned about his hearing. She stated that he had a hearing loss. Upon checking the nurse discovered that the MDH newborn hearing screening report said he had passed newborn screening but the hospital chart said he had failed. He had not been referred for an evaluation. The PHN referred to an audiologist. Mom reports that he has an 80% deficit. The PHN has not received the official report yet.

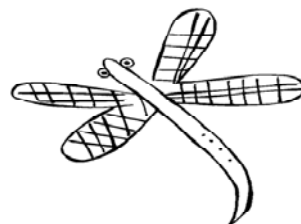
Selected Characteristics of Children
Birth to Three
Who Failed an ASQ-SE
2008

Note: Review cell size prior to interpretation *Some of the risk factors are new as of 9/2008					
Risk Factor	Yes = The child has the risk factor.	Number Completed	Number with No Fails	Number with One Plus Fails	Percentage with Fails
NICU Grad?	No	7463	7208	255	3.4%
NICU Grad?	Yes	606	574	32	5.3%
Any developmental risk factors?	None	7272	7030	242	3.3%
Any developmental risk factors?	One or more	797	752	45	5.6%
Any environmental risk factors?	None	6072	5894	178	2.9%
Any environmental risk factors?	One or more	1997	1888	109	5.5%
Any medical risk factors?	None	5934	5741	193	3.3%
Any medical risk factors?	One or more	2135	2041	94	4.4%
Suspected visual impairment	No	8055	7770	285	3.5%
Suspected visual impairment	Yes	14	12	2	14.3%
Suspected speech delay	No	8011	7730	281	3.5%
Suspected speech delay	Yes	58	52	6	10.3%
Prenatal care (3 or less visits starting in the 2nd trimester)	No	7995	7717	278	3.5%
Prenatal care (3 or less visits starting in the 2nd trimester)	Yes	74	65	9	12.2%
Lack of safe, stable place to live	No	8026	7744	282	3.5%
Lack of safe, stable place to live	Yes	43	38	5	11.6%
Unreliable means of transportation	No	7940	7662	278	3.5%
Unreliable means of transportation	Yes	129	120	9	7.0%
Neonatal seizures - any type	No	8058	7773	285	3.5%
Neonatal seizures - any type	Yes	11	9	2	18.2%
Chronic illness	No	8059	7774	285	3.5%
Chronic illness	Yes	10	8	2	20.0%
Retinopathy of prematurity	No	8052	7766	286	3.6%
Retinopathy of prematurity	Yes	17	16	1	5.9%

Note: Review cell size prior to interpretation					
*Some of the risk factors are new as of 9/2008					
Risk Factor	Yes = The child has the risk factor.	Number Completed	Number with No Fails	Number with One Plus Fails	Percentage with Fails
Microcephaly - head circumference < 3rd percentile	No	8059	7773	286	3.5%
Microcephaly - head circumference < 3rd percentile	Yes	10	9	1	10.0%
Familial disorder with developmental implications	No	8043	7759	284	3.5%
Familial disorder with dev. implications	Yes	26	23	3	11.5%
Social isolation	No	7992	7716	276	3.5%
Social isolation	Yes	77	66	11	14.3%
Suspected abuse of alcohol or drugs	No	7987	7708	279	3.5%
Suspected abuse of alcohol or drugs	Yes	82	74	8	9.8%
Gender	Male	4176	3997	179	4.3%
Gender	Female	3891	3783	108	2.8%
Gender	Unknown	2	2	0	0.0%
Does child have any risk factors?	Yes	4747	4551	196	4.1%
Number of risk categories	One	4995	4786	209	4.2%
Number of risk categories	Two	1454	1377	77	5.3%
Number of risk categories	Three	446	416	30	6.7%
Number of risk categories	Four	199	187	12	6.0%
Suspected hearing loss	No	8021	7738	283	3.5%
Suspected hearing loss	Yes	48	44	4	8.3%
Atypical or delayed development	No	8022	7740	282	3.5%
Atypical or delayed development	Yes	47	42	5	10.6%
History of other drug use during pregnancy (specify usage)	Yes	151	140	11	7.3%
Family History of permanent childhood hearing loss	No	7998	7714	284	3.6%
Family History of permanent childhood hearing loss	Yes	71	68	3	4.2%
Exposure to secondhand smoke	Yes	455	424	31	6.8%
Serious congenital or acquired infection	No	8051	7767	284	3.5%
Serious congenital or acquired infection	Yes	18	15	3	16.7%
Clinical impression of possible neurological abnormality	No	8056	7771	285	3.5%

Note: Review cell size prior to interpretation					
*Some of the risk factors are new as of 9/2008					
Risk Factor	Yes = The child has the risk factor.	Number Completed	Number with No Fails	Number with One Plus Fails	Percentage with Fails
Clinical impression of possible neurological abnormality	Yes	13	11	2	15.4%
Major congenital anomalies or possible syndromes	No	8023	7742	281	3.5%
Major congenital anomalies or possible syndromes	Yes	46	40	6	13.0%
Intracranial hemorrhage	No	8061	7775	286	3.5%
Intracranial hemorrhage	Yes	8	7	1	12.5%
Possible FAE/FAS	No	8066	7780	286	3.5%
Possible FAE/FAS	Yes	3	2	1	33.3%
Prenatal maternal smoking	No	7531	7279	252	3.3%
Prenatal maternal smoking	Yes	538	503	35	6.5%
Lack of familial support system	Yes	126	110	16	12.7%
Significant inadequate hygiene	No	8066	7780	286	3.5%
Significant inadequate hygiene	Yes	3	2	1	33.3%
Difficulty with ongoing, stable, positive relationship with child	No	8050	7769	281	3.5%
Difficulty with ongoing, stable, positive relationship with child	Yes	19	13	6	31.6%
* INACTIVE * Difficulty providing care because of disabling medical or mental condition	No	8045	7761	284	3.5%
* INACTIVE * Difficulty providing care because of disabling medical or mental condition	Yes	24	21	3	12.5%
* INACTIVE * Family member with serious physical disability or mental disability	No	7958	7690	268	3.4%
* INACTIVE * Family member with serious physical disability or mental disability	Yes	111	92	19	17.1%
Absence of regular professional health supervision	No	8060	7775	285	3.5%
Absence of regular professional health supervision	Yes	9	7	2	22.2%
Other difficulty with protection	No	8033	7749	284	3.5%
Other difficulty with protection	Yes	36	33	3	8.3%
Positive Newborn Metabolic Screening	No	8057	7771	286	3.5%
Positive Newborn Metabolic Screening	Yes	12	11	1	8.3%
Family member with serious mental health disability	No	8051	7765	286	3.6%

Note: Review cell size prior to interpretation					
*Some of the risk factors are new as of 9/2008					
Risk Factor	Yes = The child has the risk factor.	Number Completed	Number with No Fails	Number with One Plus Fails	Percentage with Fails
Family member with serious mental health disability	Yes	18	17	1	5.6%
Maternal Depression	No	8066	7779	287	3.6%
Maternal Depression	Yes	3	3	0	0.0%
Concerns about physical, verbal or sexual abuse	No	8032	7751	281	3.5%
Concerns about physical, verbal or sexual abuse	Yes	37	31	6	16.2%
Other family stress condition	No	7561	7303	258	3.4%
Other family stress condition	Yes	508	479	29	5.7%
Family without steady source of income	No	7805	7535	270	3.5%
Family without steady source of income	Yes	264	247	17	6.4%
History of alcohol use during pregnancy	No	7984	7705	279	3.5%
History of alcohol use during pregnancy	Yes	85	77	8	9.4%
Family History of visual impairment	No	7996	7713	283	3.5%
Family History of visual impairment	Yes	73	69	4	5.5%
Recurrent/persistent otitis media with effusion for a least 3 mos.	No	8052	7768	284	3.5%
Recurrent/persistent otitis media with effusion for a least 3 mos.	Yes	17	14	3	17.6%
Gestational Diabetes	No	8065	7779	286	3.5%
Gestational Diabetes	Yes	4	3	1	25.0%



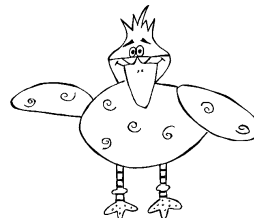
Children who fail the ASQ and the ASQ-SE

Most of the children who failed both the ASQ and the SE, failed in the communication domain. The following tables show the number of children statewide who failed both questionnaires by ASQ domain who were birth thru 36 months.

Number of Children Who Failed Both The ASQ and SE by Domain Birth to Three 2006-2007-2008			
ASQ domain	2006 SE Fails	2007 SE Fails	2008 SE Fails
Communications	98	92	95
Fine Motor	46	54	53
GrossMotor	31	34	41
Personal Social	69	54	55
Problem Solving	63	51	53
State Total	307	285	297

The story of David

David was enrolled in FAP with no risk factors. He passed the 4 and 8 month ASQ. Upon receipt of the 12 month ASQ the mother called the PHN at home on a weekend. Mom noted that David could not do quite a few things in the areas of gross motor and fine motor. Mom stated that the changes were slow and gradual and she did not notice them until she received the ASQ. The child was diagnosed with a muscle degenerative disease. He is receiving therapy and PH home visiting.



Number of Children Who Failed The ASQ and ASQ-SE by Period and Domain Birth to Three 2006-2007				
ASQ Period	ASQ Domain	SE Fails 2006	SE Fails 2007	SE Fails 2008
Period 06	Communications	6	6	4
Period 06	Fine Motor	4	3	8
Period 06	Gross Motor	6	2	9
Period 06	Personal Social	3	4	8
Period 06	Problem Solving	3	3	6
Period 12	Communications	11	5	6
Period 12	Fine Motor	10	2	4
Period 12	Gross Motor	10	4	5
Period 12	Personal Social	14	5	4
Period 12	Problem Solving	15	6	6
Period 18	Communications	34	33	31
Period 18	Fine Motor	8	14	13
Period 18	Gross Motor	5	6	11
Period 18	Personal Social	16	12	7
Period 18	Problem Solving	10	11	7
Period 24	Communications	29	43	36
Period 24	Fine Motor	9	25	16
Period 24	Gross Motor	6	21	12
Period 24	Personal Social	27	28	26
Period 24	Problem Solving	21	27	21
Period 30	Communications	15	16	18
Period 30	Fine Motor	12	15	12
Period 30	Gross Motor	4	4	4
Period 30	Personal Social	7	14	10
Period 30	Problem Solving	10	13	13
Period 36	Communications	3	10	9
Period 36	Fine Motor	3	10	2
Period 36	Gross Motor	1	1	2
Period 36	Personal Social	2	10	7
Period 36	Problem Solving	4	11	8

Services

One of the roles public health plays in the community is to link people to need services. The Follow Along Program assists families in locating services in their communities. This is accomplished in a variety of ways. Information about community resources and events may be included with the developmental questionnaires. When families have a concern about their child or any other member of their family, public health assists that family in locating the resource to address the concern. Examples include financial assistance, mental health assistance, evaluation for developmental concerns, domestic abuse resources, assistance with arranging or paying for medical/dental care, fuel or food assistance, etc.

Agencies vary in the way they complete the services information in the software. However, the large numbers give us information on how public health assists families in linking them to appropriate services.

The most frequently services that public health referred to directly or gave information about were: Early Childhood Special Education (ECSE-Part C), Child and Teen Check-up (CTC), Child Care Assistance, Community Education, Dental Services, Early Childhood Family Education (ECFE), Food Shelf, Food Stamps, Fuel Assistance, Head Start, Medical Assistance, MN Family Investment Program (MFIP), Physicians for a Well Child Visit, Public Health Services, and Women Infants and Children (WIC).

Number of Referrals to Services on Children Active During 2008 Statewide

Service	Utilized at the Time of Enrollment	Continue	Referred Directly	Referred Gave Information	Qualified	Not Qualified	Wanted	Declined	Refused	Unavailable
Adoption Subsidy	15			2	1	1	5	2		
Audiology	180	12	6	27	3	1	53	2	1	1
Blind/visually handicapped services	3			4		4	1	2		
Child and Teen Check-Ups (ESPDT)	1262	73	172	1030	57	76	64	17	2	
Child care Assistance	167	11	14	143	11	17	184	2		1
Child protection	116	16	4	6	10	1	2	1		7
Community Education	59	5	33	144	1		12	2		1
Crisis Nursery	15	1	2	86	2	1	12	3		
Deaf/hard of hearing services	14			8	3	1	8	1		
Dental Services	311	6	18	140	5	1	126			
Early Childhood Family Education (ECFE)	673	81	215	1642	11	5	268	24		1
Early Childhood Screening	45	2	11	42	3		18		1	

Service	Utilized at the Time of Enrollment	Continue	Referred Directly	Referred Gave Information	Qualified	Not Qualified	Wanted	Declined	Refused	Unavailable
Early Childhood Special Education (ECSE)	231	20	311	108	206	95	29	21	27	1
Family counseling/therapy	52	2	2	27			26	3	2	
Food Shelf	245	9	15	187	13	8	46	6	1	
Food Stamps	356	13	8	90	24	27	29	4		
Foster care	48	2		2			2		1	
Fuel Assistance	68	1	11	135	3	9	29		1	
Genetic Evaluation	21	1	4	12			18	2		
Head Start/EarlyHead Start	138	2	19	286	12	3	141		1	1
Interpreter	122		2	6	1		3			
Medical Assistance	3330	229	39	167	104	70	82	14	4	2
Mental Health	36		2	14	1	3	5	2	1	
MFIP (Minnesota Family Investment Program)	387	17	19	105	20	42	43	7		
Minnesota Care	231	19	4	37	2	32	46	8		
Other education services	114		4	95	1		15		1	
Other FAP program due to move	11	1	23	1	3					
Other financial services	62		9	31	1	7	15		1	
Other health/medical service	94	44	8	35	2		15		1	
Other social services	130	2	8	40	1		12	2	1	
Parent support services	246		14	71	4	1	17	50	1	
Physician-Well Child Visit	3479	139	27	224	8	1	23	1		3
Private Home Care	40		2	19			4			
Public Health Nursing-Contracted Services	25	6	1	6	1	2	3	3		
Public Health Nursing-Home Health	214	10	2	9	4	6	5	98	1	2
Public Health Nursing-Home Visiting	3218	50	70	195	20	16	41	215	18	14
Public Health Services	584	30	19	107	4	1	103	41		1
Respite care	16	1		5	1		4	1		
Social Security/SSDI	42	1	2	3	1	3	25	1	1	
Social worker/case management	366	19	3	12	2		11	1		
Supplemental Security Income (SSI)	57	1	2	1	1	3	11	1		
Therapy - Occupational therapy	37	5		5	1	1	4			
Therapy - Physical therapy	66	7	1	1	2	1	5	1		
Therapy - Speech/language	62	4	3	6	2	3	23	1		
Transportation Assistance	81	4	3	44		2	21	3	1	
WIC (Women,Infants, and Children)	4514	450	107	507	139	249	73	41	4	1

Utilized- Service family was using at the time of enrollment.

Referred Directly- The child/family name and information was given to the referral source and a formal request for services was made.

Referred Gave Information - The family was given the information about services and asked to contact the resource themselves.

Qualified - The child is eligible for the service.

Not Qualified - The child is not eligible for the service

Declined - The family was offered a referral to this service but they did not want the service
Refused - The referral source would not take the referral
Unavailable - This service was not in this county
Wanted – Family requested information about this service
Continue –The child continued to eligible for this service

Summary

The FAP provides a resource to identify children early and assure that children and families receive information on normal child development and are connected to resources they need to assure early intervention and prevention or reduction of disabilities.

The number of children enrolled in the FAP depends on the financial resources available to public health to implement the program. As long as funding remains available, local public health agencies will be able to continue the program on behalf of the community to assure that children and families are linked to the services they need.

2009 Goals

1. Encourage local agencies to implement and maintain universal tracking.
2. Encourage local agencies to add more ASQ-SE intervals and increase the number of screenings.
3. Provide technical assistance to local agencies.
4. Facilitate the expansion of the FAP to counties not currently involved, including reservations.
5. Maintain and update the FAP website.
6. Provide training on the FAP software to local users.
7. Develop a password protected website for families and agencies to access to acquire the developmental questionnaires and activity sheets.
8. Promote screening activities in medical homes.
9. Provide training on the developmental questionnaires.
10. Facilitate transition from the ASQ to the ASQ-3.
11. Encourage local agencies to work with local Part C programs to assure that children not eligible are referred to the FAP for ongoing monitoring.
12. Encourage local agencies to refer all children born at 1500 grams or less to Part C.

Appendix

FAP Active Cases by County

2008

County	Birth thru 36 months	37 thru 60 months	Total
Aitkin	189	40	229
Anoka	453	186	639
Becker	1256	326	1582
Beltrami	33	35	68
Benton	240	149	389
Blue Earth	400	187	587
Brown	745	273	1018
Carlton	469	265	734
Carver	683	200	883
Cass	248	64	312
Chippewa	366	68	434
Chisago	450	163	613
Clay	426	141	567
Clearwater	129	43	172
Cook	17	19	36
Cottonwood/Jackson	158	71	229
Crow Wing	19	1	20
Dakota	849	294	1143
Dodge	56	22	78
Douglas	648	109	757
Fillmore	127	80	207
Fond Du Lac	162	101	263
Freeborn	257	108	365
Goodhue	344	79	423
Grant	92	42	134
Hennepin	1836	300	2136
Houston	176	59	235
Hubbard	56	15	71
Isanti	387	46	433
Itasca	461	114	575
Kanabec	490	21	511
Kandiyohi	187	32	219
Kittson	31	8	39
Koochiching	102	7	109
Lake	26	35	61
Lake of the Woods	67	24	91
Le Sueur	157	41	198

County	Birth thru 36 months	37 thru 60 months	Total
LLMP	814	172	986
Mahnomen/Becker	127	10	137
Marshall	101	120	221
McLeod	334	65	399
Meeker	292	146	438
Mille Lacs	229	188	417
Morrison	607	227	834
Mower	139	25	164
Nicollet	694	158	852
Nobles/Rock	321	41	362
Olmsted	1030	155	1185
Otter Tail	1163	247	1410
Pennington	57	29	86
Polk	114	21	135
Pope	175	15	190
Ramsey	151	26	177
Redwood	214	43	257
Renville	57	1	58
Rice	553	123	676
Roseau	49	24	73
Saint Louis	217	98	315
Scott	215	47	262
Sherburne	435	273	708
Sibley	388	279	667
Steele	465	79	544
Stevens	212	44	256
Todd	285	128	413
Traverse	43	15	58
Wabasha	565	123	688
Wadena	315	12	327
Waseca	116	24	140
Washington	1047	390	1437
Watonwan	308	63	371
Wilkin	104	57	161
Winona	633	92	725
Wright	164	42	206
Statewide Total	25525	7370	32895

Children Birth to 3 Enrolled in the Follow Along Program
 Compared to the Total Population Birth to Three
 Universal and High Risk Tracking Counties
 Statewide and by County⁵
 2007 and 2008

County	Births 2005	Births 2006	Births 2007	Total Birth to Three	2008 # of Children Enrolled in FAP	2008 % of Children Birth to 3 Enrolled in FAP	2008 Universal Tracking	2007 # of Children Enrolled in FAP	2007 Universal Tracking
Aitkin	145	162	157	464	189	41%	Yes	38%	Yes
Anoka	4,363	4,471	4,543	13,377	453	3%	No	3%	No
Becker	406	432	429	1,267	1256	99%	Yes	82%	Yes
Beltrami	656	725	734	2,115	33	2%	No	2%	?
Benton	599	620	615	1,834	240	13%	Yes	17%	No
Countryside	517	548	546	1,611	366	23%	Yes	17%	No
Blue Earth	745	792	800	2,337	400	17%	Yes	23%	Yes
Brown	286	331	281	898	745	83%	Yes	77%	Yes
Carlton	421	429	413	1,263	469	37%	Yes	36%	Yes
Carver	1,237	1,338	1,269	3,844	683	18%	Yes	20%	Yes
Cass	405	371	354	1,130	248	22%	Yes	21%	Yes
Cottonwood/Jackson	243	254	267	764	158	21%		22%	Yes
Chisago	718	696	681	2,095	450	21%	Yes	11%	Yes
Clay	715	757	782	2,254	426	19%	Yes	17%	Yes
Clearwater	116	127	118	361	129	36%	Yes	40%	Yes

⁵ Data Resource - <http://www.health.state.mn.us/divs/chs/Trends/200307vstrends.xls>

County	Births 2005	Births 2006	Births2007	Total Birth to Three	2008 # of Children Enrolled in FAP	2008 % of Children Birth to 3 Enrolled in FAP	2008 Universal Tracking	2007 # of Children Enrolled in FAP	2007 Universal Tracking
Cook	49	47	53	149	17	11%	Yes	23%	Yes
Crow Wing	774	812	809	2,395	19	1%		No data	No data
Dakota	5,424	5,664	5,592	16,680	849	5%	No	5%	No
Dodge	270	297	270	837	56	7%	No	7%	?
Douglas	432	421	413	1,266	648	51%	Yes	55%	Yes
Fillmore	289	283	309	881	127	14%	No	21%	No
Freeborn	372	378	361	1,111	257	23%	No	16%	No
Goodhue	552	601	589	1,742	344	20%	Yes	17%	Yes
Grant	64	80	73	217	92	42%	Yes	63%	?
Hennepin	16,348	16,780	16,848	49,976	1836	4%	Yes	3%	Yes
Houston	225	255	233	713	176	25%	Yes	29%	Yes
Hubbard	226	236	215	677	56	8%	Yes	6%	Yes
Isanti	473	533	514	1,520	387	25%	Yes	20%	Yes
Itasca	450	514	528	1,492	461	31%	Yes	29%	Yes
Kanabec	168	210	212	590	490	83%	Yes	84%	Yes
Kandiyohi	574	608	625	1,807	187	10%	Yes	8%	Yes
Kittson	38	42	43	123	31	25%	Yes	29%	Yes
Koochiching	122	114	122	358	102	28%	Yes	20%	Yes
Lake	112	103	110	325	26	8%	Yes	14%	Yes

County	Births 2005	Births 2006	Births2007	Total Birth to Three	2008 # of Children Enrolled in FAP	2008 % of Children Birth to 3 Enrolled in FAP	2008 Universal Tracking	2007 # of Children Enrolled in FAP	2007 Universal Tracking
Lake of the Woods	43	38	47	128	67	52%	Yes	70%	Yes
Le Sueur	365	402	367	1,134	157	14%	Yes	15%	Yes
LLMP	627	683	676	1,986	814	41%	No	38%	No
McLeod	509	563	505	1,577	334	21%	Yes	21%	Yes
Marshall	92	95	123	310	101	33%	Yes	41%	Yes
Meeker	336	323	326	985	292	30%	Yes	37%	Yes
Mille Lacs	405	371	372	1,148	229	20%	Yes	24%	?
Morrison	443	443	442	1,328	607	46%	Yes	39%	Yes
Mower	538	575	549	1,662	139	8%	Yes	7%	No
Nicollet	372	439	419	1,230	694	56%	Yes	58%	Yes
Nobles/Rock	450	478	513	1,441	321	22%	Yes	23%	Yes
Norman/Mahnomen	188	143	166	497	127	26%	No	No data	No data
Olmsted	2,179	2,210	2,347	6,736	1030	15%	Yes	15%	Yes
Otter Tail	602	632	666	1,900	1163	61%	Yes	58%	Yes
Pennington/Red Lake	218	241	250	709	57	8%	Yes	8%	No
Polk	378	395	389	1,162	114	10%	No	11%	No
Pope	124	120	137	381	175	46%	Yes	47%	Yes
Ramsey	7,309	7,578	7,693	22,580	151	1%	No	No data	No data
Redwood	202	227	212	641	214	33%	Yes	38%	Yes
Renville	182	226	160	568	57	10%	No	2%	No

County	Births 2005	Births 2006	Births2007	Total Birth to Three	2008 # of Children Enrolled in FAP	2008 % of Children Birth to 3 Enrolled in FAP	2008 Universal Tracking	2007 # of Children Enrolled in FAP	2007 Universal Tracking
Rice	794	842	796	2,432	553	23%	Yes	25%	Yes
Roseau	223	195	206	624	49	8%	No	8%	No
St. Louis	2,106	2,167	2,107	6,380	217	3%	No	3%	No
Scott	2,169	2,118	2,179	6,466	215	3%	No	2%	No
Sherburne	1,329	1,385	1,388	4,102	435	11%	Yes	13%	Yes
Sibley	206	215	203	624	388	62%	?	60%	No
Steele	520	541	549	1,610	465	29%	Yes	28%	Yes
Stevens	108	122	123	353	212	60%	Yes	73%	Yes
Todd	325	319	356	1,000	285	29%	Yes	24%	Yes
Traverse	35	44	37	116	43	37%	Yes	59%	Yes
Wabasha	272	256	290	818	565	69%	Yes	69%	Yes
Wadena	196	196	187	579	315	54%	Yes	38%	?
Waseca	260	272	260	792	116	15%	Yes	15%	Yes
Washington	2,870	2,960	2,943	8,773	1047	12%	No	10%	?
Watonwan	146	160	183	489	308	63%	Yes	70%	?
Wilkin	64	74	88	226	104	46%	Yes	51%	Yes
Winona	552	538	562	1,652	633	38%	Yes	32%	Yes
Wright	2,023	2,152	2,183	6,358	164	3%	Yes	2%	Yes
Statewide	68,294	70,769	70,907	209,970	25363	12%		13%	
Fondulac					162		Yes		
					25525				

Birth Weight Range Totals

Age Cutoff 0 thru 36 months
 Active During 01/01/2008 thru 12/31/2008
 Entry Range 01/01/1980 thru 04/02/2009

Region	Not Entered	< 500 grams	500 - 750 grams	751 - 1000 grams	1001 - 1250 grams	1251 - 1500 grams	1501 - 2500 grams	2501 - 3500 grams	3501 - 4500 grams	> 4500 grams	State Total
M	306	1	10	14	31	38	599	2405	1750	80	5234
NE	52	3	7	11	16	19	216	1608	1207	60	3199
NW	755	3	5	7	9	8	117	646	452	18	2020
SE	105	5	7	12	22	20	321	2215	1574	64	4345
SW	62	1	6	12	15	31	379	2905	2063	77	5551
WC	138	3	10	16	15	22	372	2675	1860	65	5176
State Total	1418	16	45	72	108	138	2004	12454	8906	364	25525

County	Not Entered	< 500 grams	500 - 750 grams	751 - 1000 grams	1001 - 1250 grams	1251 - 1500 grams	1501 - 2500 grams	2501 - 3500 grams	3501 - 4500 grams	> 4500 grams	State Total
Aitkin	1		1	4	2	1	5	99	71	5	189
Anoka	16		1	1	6	5	63	221	138	2	453
Becker	596	1		3	6		20	350	266	14	1256
Beltrami	2		2	1		2	7	15	4		33
Benton				1	1	1	22	129	85	1	240
Blue Earth	8		1		1	4	27	208	146	5	400
Brown	11		1			2	36	380	306	9	745
Carlton	3		1	1	1	2	22	234	197	8	469
Carver	6		1		1	3	44	314	300	14	683
Cass	1					2	12	127	105	1	248
Chippewa	3	1				6	36	206	107	7	366
Chisago	10	1		1	2	2	23	202	201	8	450
Clay	11	1	5	3	3	4	50	218	125	6	426
Clearwater	24					1	6	51	46	1	129
Cook							3	5	9		17
Cottonwood/Jacks	4				1		14	80	59		158

County	Not Entered	< 500 grams	500 - 750 grams	751 - 1000 grams	1001 - 1250 grams	1251 - 1500 grams	1501 - 2500 grams	2501 - 3500 grams	3501 - 4500 grams	> 4500 grams	State Total
Crow Wing	1						6	5	7		19
Dakota	14		4	5	8	9	140	419	238	12	849
Dodge					1		8	26	20	1	56
Douglas	18		1	1	1	4	32	351	235	5	648
Fillmore	2						8	65	50	2	127
Fond Du Lac	3				1	1	9	84	59	5	162
Freeborn	1	1			3	1	32	153	63	3	257
Goodhue	13		2	1		1	31	176	116	4	344
Grant	2						9	39	41	1	92
Hennepin	26	1	4	6	8	9	217	893	645	27	1836
Houston				1			9	81	78	7	176
Hubbard	2		2			1	7	28	15	1	56
Isanti	2		1	1	5	4	35	205	128	6	387
Itasca	20		1		3	1	30	238	161	7	461
Kanabec	4	2	3		1	3	20	270	180	7	490
Kandiyohi	2				2	1	14	80	82	6	187
Kittson	1						1	17	12		31
Koochiching	4			1		1	8	49	37	2	102
Lake				1			5	10	9	1	26
Lake of the Woods	1						4	30	32		67
Le Sueur					1		12	91	51	2	157
LLMP	3		3	6	3	5	62	466	256	10	814
Mahnomen/Becker	110						1	9	7		127
Marshall	16						9	51	25		101
McLeod	6			2	2	1	19	195	108	1	334
Meeker						1	13	147	125	6	292
Mille Lacs	3			1	1	3	15	115	87	4	229
Morrison	30		1	1		5	64	321	176	9	607
Mower	1			1	1	5	21	69	40	1	139

County	Not Entered	< 500 grams	500 - 750 grams	751 - 1000 grams	1001 - 1250 grams	1251 - 1500 grams	1501 - 2500 grams	2501 - 3500 grams	3501 - 4500 grams	> 4500 grams	State Total
Nicollet			1	2	2	5	42	330	302	10	694
Nobles/Rock					1	2	33	174	110	1	321
Olmsted	8	3	3	6	5	4	84	507	398	12	1030
Otter Tail	51		2	2	1	2	42	608	439	16	1163
Pennington	3	2		1		1	19	28	3		57
Polk				1	3	2	27	49	30	2	114
Pope	5						16	88	62	4	175
Ramsey	139					2	5	3	2		151
Redwood	6			1			14	117	74	2	214
Renville	2						9	24	22		57
Rice	11		1	1	4	2	44	291	195	4	553
Roseau			1	1		1	16	18	12		49
Saint Louis	2			1		1	41	97	68	7	217
Scott	3				1	3	31	91	85	1	215
Sherburne				4	6	2	45	213	163	2	435
Sibley	11			1		2	26	188	153	7	388
Steele	7			1	3	2	22	261	165	4	465
Stevens	2				1		7	107	91	4	212
Todd		1	1	1			21	149	105	7	285
Traverse	2						3	22	16		43
Wabasha	26			1	3	1	24	268	231	11	565
Wadena	11					1	20	157	120	6	315
Waseca	4					2	14	57	35	4	116
Washington	102			2	7	7	99	464	342	24	1047
Watonwan	2				2		8	162	127	7	308
Wilkin		1		1			6	54	41	1	104
Winona	36	1	1		2	4	38	318	218	15	633

County	Not Entered	< 500 grams	500 - 750 grams	751 - 1000 grams	1001 - 1250 grams	1251 - 1500 grams	1501 - 2500 grams	2501 - 3500 grams	3501 - 4500 grams	> 4500 grams	State Total
Wright	4			2	2	1	17	87	49	2	164
State Total	1418	16	45	72	108	138	2004	12454	8906	364	25525

Gestation Age Range Totals

Age Cutoff 0 thru 36 months
 Active During 01/01/2008 thru 12/31/2008
 Entry Range 01/01/1980 thru 04/02/2009

Region	<= 23 wk	24 - 27 wk	28 - 31 wk	32 - 35 wk	36 - 37 wk	38 - 47 wk	State Total
M	1	21	101	437	667	4007	5234
NE	6	16	43	168	358	2608	3199
NW	1	12	29	104	150	1724	2020
SE		26	48	218	516	3537	4345
SW	2	17	70	293	699	4470	5551
WC	2	22	63	287	592	4210	5176
State Total	12	114	354	1507	2982	20556	25525

County	<= 23 wk	24 - 27 wk	28 - 31 wk	32 - 35 wk	36 - 37 wk	38 - 47 wk	State Total
Aitkin		3	5	11	17	153	189
Anoka		2	10	45	64	332	453
Becker		4	8	18	50	1176	1256
Beltrami		2	4	7	7	13	33
Benton		1	6	22	41	170	240
Blue Earth	2		7	16	61	314	400
Brown			4	36	102	603	745
Carlton		3	2	20	46	398	469
Carver		2	7	22	86	566	683
Cass			3	7	25	213	248
Chippewa			9	28	49	280	366
Chisago	1	2	3	21	33	390	450
Clay		8	7	49	41	321	426
Clearwater			2	10	9	108	129
Cook				2	1	14	17
Cottonwood/Jackson			2	9	33	114	158
Crow Wing			2	3	1	13	19
Dakota		6	28	130	154	531	849
Dodge		1		7	5	43	56
Douglas	1	1	9	28	88	521	648
Fillmore			1	4	14	108	127
Fond Du Lac		1	4	7	15	135	162
Freeborn		2	2	22	46	185	257
Goodhue		2	5	20	41	276	344
Grant				5	9	78	92
Hennepin		7	33	133	210	1453	1836
Houston			1	5	19	151	176
Hubbard	1	1	2	7	3	42	56
Isanti	1	3	10	24	50	299	387
Itasca			7	20	65	369	461
Kanabec	4	1	2	11	61	411	490
Kandiyohi			4	11	18	154	187

Gestation Age Range Totals

Age Cutoff 0 thru 36 months
 Active During 01/01/2008 thru 12/31/2008
 Entry Range 01/01/1980 thru 04/02/2009

County	<= 23 wk	24 - 27 wk	28 - 31 wk	32 - 35 wk	36 - 37 wk	38 - 47 wk	State Total
Kittson				1	5	25	31
Koochiching		1	1	9	5	86	102
Lake		1		3	4	18	26
Lake of the Woods			1	2	7	57	67
Le Sueur		1		10	18	128	157
LLMP		9	16	49	96	644	814
Mahnomen/Becker						127	127
Marshall			1	7	13	80	101
McLeod		2	4	13	48	267	334
Meeker			2	13	29	248	292
Mille Lacs		1	6	10	29	183	229
Morrison		1	5	45	78	478	607
Mower		4	3	21	12	99	139
Nicollet		3	9	24	79	579	694
Nobles/Rock			4	26	54	237	321
Olmsted		9	15	63	107	836	1030
Otter Tail		3	7	32	123	998	1163
Pennington		3	1	20	22	11	57
Polk		1	9	20	20	64	114
Pope				15	30	130	175
Ramsey		2		4	4	141	151
Redwood		1		14	27	172	214
Renville			1	7	6	43	57
Rice		3	8	26	79	437	553
Roseau		1	1	12	14	21	49
Saint Louis			3	30	32	152	217
Scott	1	1	5	20	28	160	215
Sherburne		3	12	38	48	334	435
Sibley		1	4	20	32	331	388
Steele			6	15	67	377	465
Stevens		1		6	16	189	212
Todd		1	4	15	35	230	285
Traverse			1	1	4	37	43
Wabasha		3	4	13	58	487	565
Wadena			1	7	16	291	315
Waseca			2	10	17	87	116
Washington		1	18	83	121	824	1047
Watonwan			2	7	30	269	308
Wilkin	1	1	1	5	13	83	104
Winona		2	3	22	68	538	633
Wright		2	5	9	24	124	164
State Total	12	114	354	1507	2982	20556	25525

