

Discovery Survey Needs Assessment Webinar Transcript

Slide 1 - Title Slide

We are going to go ahead and get started – thank you all for joining us today!

We are excited to be with you today to share the results of the Title V Maternal & Child Health Needs Assessment Discovery Survey.

A couple of quick logistical items:

Your lines are muted. To get through the content we won't be stopping for questions during the webinar, but we encourage you to use the chat box to leave questions as you have them during the presentation. You're also invited to follow up with us via email after the presentation; our contact information will be provided at the end of the presentation.

For anyone who wasn't able to join today, this webinar is also being recorded and will be posted on our website if you'd like to share it or reference it at a later date.

Slide 2 - Introduce Team

Today you'll be hearing from myself, Blair Olson, Title V Needs Assessment Coordinator, Molly Meyer, Title V Data Coordinator, and Sarah Cox, Title V Children and Youth with Special Health Needs Coordinator. We will start with a quick introduction of the Title V block grant, a brief overview of the Title V needs assessment, and then dive into the Discovery Survey results. We will wrap up the webinar by discussing how we are using the information you shared and what the next steps are in the needs assessment process.

For those of you tuning in that responded to the Discovery Survey this summer, we want to say thank you again for your participation and for sharing your thoughts. When we first developed the survey, our goal was to hear from 100 people; we ended up hearing from nearly 2,800 people from across the state of Minnesota and have been intensively reading, analyzing, and digesting everything you shared over the last several months.

Slide 3 - The Title V MCH Block Grant

With that – I'd like to introduce Sarah Cox, Title V Children and Youth with Special Health Needs Coordinator, who will give an overview of the Title V Block grant.

Slide 4 - What is Title V?

The Title V Maternal and Child Health Block Grant is one of the oldest and largest block grant programs in the nation.

The Block Grant is a Federal-State Partnership that provides a foundation for promoting and improving the health and wellbeing of the nation's mothers, children, including children with special health needs, and their families.

The Maternal and Child Health Bureau, within the Health Resources and Services Administration – which is part of the Federal Department of Health and Human Services – coordinates the block grant at the federal level. They grant states funding based upon a formula, which considers the proportion of low-income children in that state compared to the total number of low-income children in the US. The Community and Family Health Division of the Minnesota Department of Health manages the grant at the state level. Two-thirds of the state's Title V award is distributed to Minnesota's Community Health Boards. Community health boards are the legal governing authority for local public health in Minnesota, and work in partnership with the Minnesota Department of Health to promote and protect public health.

Slide 5 - Background and History

The work of Maternal and Child Health is often considered as beginning with the creation of the Federal Children's Bureau in 1912 and then the Sheppard-Towner Maternity and Infancy Act in 1921. These both were critical in developing the public health infrastructure for MCH and Title V.

Title V as we know it began as Title V of the 1935 Social Security Act, which offered grants to states focused on child welfare and children with special health needs. You might remember the Social Security Act as a part of the "New Deal" of Franklin Roosevelt, which was aimed at helping the nation combat the effects of the Great Depression.

In 1981, Title V became a Block Grant under the Reagan Administration, which shifted the responsibility for Title V to the states but had limitations due to the lack of requirements on the funding. Therefore, in 1989, the Omnibus Budget Reconciliation Act helped to increase accountability for Title V.

These requirements for accountability have continued to increase over the past few decades, which brings us to the block grant of today. With the current block grant cycle, increased accountability of the grant has occurred with the introduction of MCH 3.0, which is a new performance measure structure of the grant.

Slide 6 - Population Domains

The focus of the Title V MCH Block Grant federally and within Minnesota falls within five population domains, which include: women and maternal health, perinatal and infant health, child health, adolescent health, and children with special health needs.

For the purposes of the block grant, children with special health needs are defined as "those who have or are at risk for a chronic physical, developmental, behavioral, or emotional

condition, and who also require health and related services of a type or amount beyond that required by children generally.”

An additional domain of focus is related to cross-cutting or systems-building issues – This domain includes things that either branch across multiple domains or that help to build the workforce or infrastructure.

In all our work, we utilize a life course approach, which takes into consideration the spectrum of factors that impact health across the life.

Slide 7 - Current Title V MCH Block Grant 5-Year Cycle

The Title V MCH Block Grant runs on a five-year cycle. We are in Year 4 of the current block grant cycle. Every year we are responsible for completing narrative and financial annual reports and plans. We are required to conduct an in-depth needs assessment in which we identify state MCH priorities during Year 1 of each block grant cycle. Ongoing assessment activities are required every other year of the cycle. The Discovery Survey that is being discussed on today’s webinar is a part of our next in-depth needs assessment, which will be due in Year 1 of the next 5-year cycle.

Blair will provide a bit more information on the needs assessment next.

Slide 8 - The Title V Needs Assessment

What is a Needs Assessment?

Fun fact: Minnesota was home to one of the most awesome national leaders in public health needs assessment work, Donna Petersen, who wrote the book (literally) on how to do a needs assessment. Per her definition, needs assessments: provide and share scientifically-credible information that can be used to identify existing and emerging needs and to ensure that effective and accountable programs, services and policies are available to meet those needs”.

Slide 9 - Title V Needs Assessment

The primary goals of the Title V needs assessment are to improve maternal and child health outcomes and to strengthen partnerships to ensure the effective implementation of strategies that address the needs of the Minnesota’s women, children and families.

Our Title V Needs Assessment is collecting information about Minnesota’s public health system (which includes the Minnesota Department of Health at the state level, and local public health at the city and county levels). We are also evaluating the many different services provided to women, children, children and youth with special health needs, and families.

To conduct the needs assessment, we are using a mixed methods approach, informed by best practices, evidence-based science, and practice-based evidence. In conducting needs assessment activities, the division of Child & Family Health will operate from a trauma-informed intersectional framework that aims to advance health equity and acknowledge the strengths of our state’s communities.

Slide 10 - Guiding Principles

The needs assessment is driven by a set of guiding principles, which are in light blue here. I'm going to go into a bit more detail on one of them here – if you're interested in learning more about these, we will be directing you to our website towards the end of the presentation which has a link to our needs assessment plan, and you can read all about all of them there if you'd like.

Slide 11 - Trauma-Informed Needs Assessment Work

So the one principle that I would like to highlight here, is that our work strives to be trauma-informed. This means that we acknowledge that trauma is one of those great equalizers – it affects all of us and its impact on women, children and families in Minnesota is significant. In doing data work, it is especially important to acknowledge that communities and individuals have experienced harm in reporting information to the government and others, therefore we promise to be transparent and truthful about what we are collecting and why, and to protect the privacy of individuals who partner with us in this work.

Another key part of conducting a trauma-informed needs assessment is to be very intentional about not re-traumatizing individuals and communities when we do our work. The Discovery Survey is an example of this- we asked individuals to share their thoughts on the greatest unmet needs in their communities, and we know that to share those thoughts can require accessing painful memories and/or discussing current injustices and suffering being experienced. We sought to create a survey that honored peoples lived experiences and that made people feel safe, and take the responsibility of receiving so many intimate stories and personal responses incredibly seriously. In fact many of you in your responses reminded us, that in sharing your thoughts, you had an expectation that we do something with what we learned. And we promise you, that we will.

Slide 12 - 2020 Needs Assessment Process

So just a quick look at timeline – needs assessment work started in 2017, and will continue through the submission of the report in 2020. This is a long project, and we are currently in the Data and Capacity Assessment Stage.

The Discovery Survey has not been the only data activity this year, in addition to the survey:

- We have conducted extensive literature reviews to see what is already known
- We have connected with experts to receive guidance on the methods we're using
- We held three listening sessions at MDH, attended by fifty health professionals
- We have conducted subject matter expert key informant interviews with community organizations and members and those running programs that serve women, children and families
- We have worked with our children and youth with special health needs parent work group at the department of health

This stage prepares us for prioritization, which Molly will talk about after we've shared Discovery Survey results with you.

Slide 13 - The Discovery Survey

The Discovery Survey was open for about 6 weeks this summer, it was web-based with the exception of a pilot in a Stearns County WIC clinic where we distributed paper copies of the survey in English, Somali and Spanish.

The survey had two main purposes:

- 1) To hear Community voice
- 2) To use a tool that would let us measure if we were being inclusive – as an example, we can do a literature review and learn about what has been shared, but we don't necessarily know who contributed or who was involved – asking demographic questions on the survey let us see if we missed any key groups of people we might want to hear from, and then do targeted follow-up and outreach with them

Slide 14 - Planning for the Discovery Survey

In planning for the survey, our Title V team, CFH sections, CYSHN parent work group, and community members generated a list of potential stakeholders to contact to distribute the survey (see in this picture here); that's what you see here, a brainstorming session of "who might be willing to send this thing out?"

The survey was posted on the MDH internal website and social media platforms; and then we relied on snowball sampling using message template that was sent out by our colleagues

101 professional organizations/listservs/'groups' received the Discovery Survey

Another outreach method we used was to contact first responders across the state after receiving feedback from a parent work group that emergency medical responders would have critical insights into the needs of women, children and families in their communities. We worked with two student interns to create a contact list for fire and police departments in every county of the state, and invited those fire and police chiefs to share the survey with their officers, firefighters, and other first responder staff.

Slide 15 - Structural Inequality Statement

I swear we are almost to the good stuff: But before we dive in – any time a needs assessment data product- a report, a presentation- highlights health disparities or differences in outcomes between groups, you'll see this statement.

When we report data on health disparities and community needs, data/information may have the opposite effect we hope it does; it can reinforce negative stereotypes or incite victim-blaming.

Structural violence, those generational systems-level power levers, create poor outcomes and have a much greater influence than a person's individual choices and behavior.

All Minnesotans benefit when we reduce disparities.

Slide 16 - Discovery Survey Results

So- let's get into results. I'd like to introduce Molly Meyer, Title V Data Coordinator, who will start us off.

Slide 17 - Discovery Survey | By the numbers

Of the nearly 2,800 responses we received, 2,716 were complete and able to be included in our analysis. We are so grateful for all the individuals, professional organizations and groups that shared our Discovery Survey. It's because of all of you that we received so many diverse responses.

Another cool number to mention is that 784 of you chose to provide your contact information and asked to be included in needs assessment updates and calls to action moving forward. If you'd like to be added to that contact list you can email Blair and she will add your information so that you are kept in the loop!

Slide 18 - Interpretive Limitations

One of our strengths from the discovery survey was it open to anyone and everyone who wanted to provide input. Another strength came from leaving our questions open ended, to not lead individuals to specific answers or limit the input they wanted to provide. These strengths also provides interpretive limitations to consider as we go over the discovery survey responses.

The first limitation is **Voluntary Response Bias**. This bias occurs when random sampling doesn't occur and anyone is allowed to respond to the survey. Issues with voluntary response bias include having no control over the make-up of the sample (which can cause a non-representative sample) and the sample is likely to be comprised of strongly opinionated people. Results from the Discovery survey show our respondent's mirror our population in both proportion by region and race/ethnicity but it wasn't representative by gender.

Another limitation is possible **Response Bias**. Response bias occurs when the wording of the question may be loaded in some way to unduly favor one response over another.

As one insightful survey respondent stated - *"This question seems too simplistic. We would have found the answer and solved it, had there been one unmet need that would make all the difference."*

Slide 19 - Who responded to the Discovery Survey?

So – who responded to the survey? Our survey allowed respondents to self-select multiple demographic characterizes. These questions were entirely optional and about 9% of respondents choose to not provide any demographic information.

Here is a look at some of the demographics of who responded to the survey –

- Almost 40% of all respondents self-identified as a community member
- Most of our respondents were between the ages of 25 and 64 and we had a very small amount of adolescent respondents
- We also had diverse representation from professional affiliations, including community-based organizations/non-profits, healthcare professionals, local public health, state works, and policy makers.

Slide 20 - Who responded to the Discovery Survey continued...

As I mentioned earlier our survey results were representative by race/ethnicity but are not representative by gender. Only 7% of the survey respondents self-reported being male, while 85% reported female, and 8% didn't respond.

The table on the left shows the proportion of respondents that self-selected each race category in the Discovery survey compared to the proportion of each race in Minnesota's population as a whole based on US Census data. It is really awesome and valuable that our respondents mirror Minnesota population by race/ethnicity. It shows a great connection between our partners who helped distribute the survey and the communities they live, work, and belong.

We also had 5% of our respondent identified as LGBTQ plus.

Slide 21 - Geographic Distribution of Responses

This slide is displaying the geographic distribution of the survey responses. Over half of our responses were from outside of the metro area. When comparing survey responses by region to Minnesota's population, we are able to see that we had a very representative set of survey responses.

Achieving good geographic representation was entirely due to the incredible outreach done by our partners with their greater Minnesota networks. Without collaboration, this survey would not have had the number of responses, or been as representative of the state as it is.

Slide 22 - Discovery Survey

If you recall, the Discovery Survey itself was only two questions. The first asked what is the most important thing women, children and families need to live their fullest lives, the second asked about unmet needs in your communities. We analyzed the responses from the second question to determine the top 20 themes of needs. Even though we are displaying the top 20 themes here today, know that our team has read every single response, often more than once, and will be working our best to capture as much as we can in our final report due in 2020.

Slide 23 - Top Themes

And this is what we heard – these were the top 20 themes across the responses.

Childcare was mentioned as the greatest unmet need 814 times, housing 752, access to affordable healthcare 672, financial security 546 times, and well-being 371 times.

We are going to go into more detail on the top 10 for you today, but if you have any questions about the other commonly mentioned needs – or what else was shared that isn't on this list – again I encourage you to email myself, Blair, or Molly; we will be happy to connect.

For each of the top ten themes, we are going to share a definition of that theme, how many times it was mentioned in the Discovery Survey, and some additional relevant information. We will also share one or two quotes from the survey related to that topic. Because this is a needs assessment, much of what we will discuss today focuses on deficits and gaps- though we will mention current strategies and successes at times. But don't let it get you down- there is incredible work happening all over the state in each of these areas, we just couldn't begin to share all of that with you today in the hour we have together.

Slide 24 – Childcare

So again, childcare was the number 1 talked about theme with 814 mentions in the survey.

Childcare should be safe, affordable, accessible and available when families need it. When talking about the need for better childcare, people mentioned daycare, pre-k, and school-aged children's childcare. We also heard about the need for flexible and off hours care, quality settings, curriculums and providers, and addressing shortages. Infant care specifically was mentioned across the state.

According to a 2017 report from the national Child Care Aware organization, Minnesota ranks as the fifth least affordable state in the country for infant care, with an average cost of \$15,340 per year. That's higher than in-state tuition for a University of Minnesota freshman.

Minnesotans are paying more for childcare than college. The cost of infant care is over half of a single parents median income. In addition to affordability, we know from the survey and from a recent legislative report, simply finding infant care at all is nearly impossible, with shortages impacting much of the state. The shortage is so significant in some areas, parents plan when to have babies around when there will be openings for infant care.

Impacting the infant care shortage is a general shortage in in-home care. A 2017 legislative report showed the number of in-home providers in our state dropped nearly 30 percent between 2005 and 2014, a loss of about 36,500 child care spaces. In the twin cities, a surge of center-based child care covered the losses felt by less in-home options, but that same effect was not seen in Greater Minnesota, where there was still a net loss of over 15,000 child care spaces.

Slide 25 – Housing

The second most commonly shared need was housing, with 752 mentions. This theme includes the key components of adequate housing: safety, affordability, cleanliness, and stability, as well as specific types of housing: transitional, subsidized, low-income, and rental housing. It also includes survey responses related to homelessness.

By far the largest subset of responses we received related to housing were around affordable housing.

We are going to talk about affordable housing in Minneapolis for a moment. Since 2000, Minneapolis has lost approximately 15,000 affordable housing units, and during that the same time frame, household incomes overall have gone down – but unequally across racial groups. White and Asian households in Minneapolis have actually seen increases in household income, while black households have experienced an approximately 40% decrease in income since 2000. Rising housing costs in the face of decreased income means that for many residents of Minneapolis, particularly people of color, fewer, if any, housing units are affordable.

The cost of housing has resulted in a greater number of cost-burdened households (which are households where more than 30% of income goes toward housing). Again, we see large disparities here across racial groups. While only one in three white households are cost-burdened, over 50% of black and American Indian households are.

It is important to note that racial disparities in housing are not new, and they are not the outcome of individual behaviors and choices: they persist and are the result of racially discriminatory housing practices and policies. The Minneapolis 2040 plan describes how multiple generations of Minneapolis residents were affected by racist federal housing policies, zoning regulations, and discriminatory lending practices that aimed to keep certain groups of people in certain areas in certain types of housing. These policies and regulations from early in the 20th century left a lasting effect on the neighborhoods of Minneapolis, with the zoning map for much of the city remaining largely unchanged from the era of intentional racial segregation. The opportunities and financial security of those who live there has and continues to be shaped by where people live.

To address these issues, the Minneapolis City Council voted in December to support a comprehensive plan promising significant changes in affordable housing. The [Minneapolis 2040](#) plan includes 14 goals, largely centered around housing, including radical rezoning.

Slide 26 - Accessible and Affordable Healthcare

Accessible and Affordable Healthcare was mentioned 672 times, and includes access to comprehensive, quality health care services necessary for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all Minnesotans. It included responses that talked about insurance coverage, access to and affordability of health services, timeliness of care, and preventative services including well child visits.

In 2017, Minnesota saw one of the largest one-time increases in its uninsurance rate, from 4.3 percent in 2015 up to 6.3 percent, leaving approximately 349,000 Minnesotans without health insurance coverage. Historical disparities in coverage that had been experienced by certain population groups persisted in 2017. While the uninsurance rate for the state was about 6%, 11% of young adults (ages 18-34) were uninsured in 2017, 11.3% of those with incomes below 200 percent of the federal poverty level, 12% of people with a high school education or less, and 14% of people of color and American Indians.

The 2017 Minnesota Health Access Survey showed that the uninsured were more likely to report being in only fair or poor health, experience more unhealthy days related to their mental health, lack confidence in getting needed care, and not receiving needed care due to costs. While 46% of those who were uninsured reported forgoing care due to cost.

One survey respondent said “Health care costs are so outrageous that my family can’t afford health care, and because I work 3 jobs to pay the bills I do not qualify for deductions of assistance in costs. Therefore we go without healthcare unless it is an emergency, and then I end up paying for that for years. I’m still paying on the birthing costs of my son who is now 13 years old.”

Slide 27 - Financial Security

Financial security refers to the peace of mind you feel when you aren't worried about your income being enough to cover your expenses, and was mentioned 546 times in the survey. It also means that you have enough money saved to cover emergencies and your future financial goals.

Discovery Survey responses related to financial security included mentions of employment, financial assistance, earning a livable income, receiving financial management education, and job training. In addition to livable income, equal pay was mentioned often as well.

Today, women in Minnesota earn just 83 cents for every dollar that men do. College-educated Millennial women (who are more likely to have a college degree than men), will lose more than a million dollars to the wage gap if they work full-time, year-round, every year between the ages of 25 and 60.

It is much worse for women who take time off to care for children or serve as caregivers to others. And even worse for women of color. Black women working full time year round make (on average in the US) 61 cents for every dollar their white male counterparts do, American Indian women make 58 cents, and Latinas make only 53 cents on the dollar.

Wage inequality for women means lower pay, less family income, and more children and families living in poverty. The Institute for Women’s Policy Research makes the following recommendations on strategies for achieving equal pay: Strengthen our equal pay laws, Increase the availability of high-quality, affordable child care, Establish scheduling practices that allow employees to meet caregiving responsibilities, Provide paid family and medical leave, and Provide women with access to contraception and family planning resources.

One of our male survey respondents hit on equal pay in his response to the question about the greatest unmet needs of women, children and families in his community. He said:

“I’m not sure, I am a male without children. Perhaps a lack of support for victims of domestic abuse, or a lack of professional development opportunities--I know a fair amount of young, female, professionals that could use a raise! Again, I’m a male without a family. Trust whatever they tell you!”

Slide 28 - Mental Well-Being

Well-being is more than the absence of illness; it is about having fulfilling relationships, contributing to community, and being resilient. Mental well-being is essential for success in school, work, health, and community life.

Well-being was mentioned 371 times, with specific components being the achievement of optimal mental health, having strong healthy relationships and community support, having a positive self-identity and feeling empowered.

The Minnesota Department of Health evaluates youth well-being based on responses to the Minnesota Student Survey. The Minnesota Student Survey is a primary source of comprehensive data on youth at the state, county and local level. The things we measure for well-being are reported by 8th, 9th, and 11th grade students. Well-being is an important factor for health and health behaviors such as: suicide, self-injury, early sexual intercourse, alcohol consumption, and overall health status.

One aspect of well-being is the presence of positive relationships. Safe, stable, and nurturing relationships are the foundation of healthy development. Relationships shape youths' skills, identity, hopes and other components of well-being. Statewide, 92 percent of youth report at least one caring adult in their life. Youth with a caring family member are the least likely have to poor health outcomes and engage in risky behaviors. For example, youth were 8 times less likely to have suicidal attempts or thoughts in the past year when they have at least one caring family member.

While there are well-being domains that some youth thrive in, significant disparities exist as well:

Youth experiencing economic hardship report dramatically lower rates of well-being than youth not experiencing economic hardship. Overall non-Hispanic whites report experiencing higher rates of well-being components, with the exception of educational engagement, which is higher among Hmong and Asian/Pacific Islanders. And finally, youth who identify as LGBTQ report dramatically lower rates of well-being than their straight peers.

Slide 29 - Education

Next we have education- mentioned 303 times- which is the process of facilitating learning throughout one's life.

This theme includes access to high quality schools, affordable higher education, supports for mothers and older adults to acquire new skills, non-traditional and family friendly post-secondary education, and education for immigrants and refugees.

Education is critical to social and economic development and has a profound impact on health. Research based on decades of work has shown that educational status, especially the status of the mother, is a major predictor of health outcomes for the child. Over time, the trend in the relationship between health and educational attainment has only become more remarkable in the United States. We also know that a mother's education level influences the educational achievement of her children. One example from Minnesota's Early Childhood Longitudinal Data System (ECLDS) is the impact of maternal education on the child's school proficiency in 3rd

grade. 70% of the children of mothers who did not have a high school diploma at the time of their birth were not proficient in reading in third grade, compared to only 30% of children whose mothers had a high school diploma.

Achieving optimal health is made easier by having access to excellent schools and achievement in school, which leads to economic opportunities, environmental quality, and secure housing. These social determinants of health are inequitably distributed, with minority populations receiving less access to what they need to be healthy.

These intergenerational effects of health bring attention to the powerful connection between individuals and the historical and socioeconomic context in which our lives unfold. In education, Two-Generation Approaches target low-income children and parents from the same household, to interrupt the cycle of poverty. These approaches emphasize education, economic supports, social capital, and health and well-being to create generational economic security.

Slide 30 – Transportation

Transportation provides economic opportunity through access to education and jobs, as well as helps people meet their basic needs, and was mentioned 285 times in the discovery survey.

In their September 2018 Report, the Minnesota Transportation Alliance emphasized that current funding for transportation is insufficient to meet the state's growing transportation needs. This was reflected in the discovery survey as we heard from across the state about the need for public transportation, particularly by rural respondents. The continued funding gap in transportation also leads to increased safety hazards, traffic, missed economic and job opportunities, and increased social costs as people face barriers in getting where they need to go without good transportation options. In addition to public transportation, the transportation theme includes mentions of individual-level transportation needs, like having a car that works and is affordable to own.

As part of our needs assessment work, we conducted a key informant interview with an organization called Esther Homes, which houses mother's in crisis. The homes serve as a safe place for women to receive financial management education, resources and support as they journey through pregnancy and parent their children. One of the most prominent issues shared by their Director of Community Development was the damaging effect of predatory lenders on the financial security of their residents. The following is a quote from the interview: "After six months of payments totaling \$2,000, a single mother in the Esther Homes program still owes \$5,000 on a car acquired through a loan program that was sold to her with battery over 5 years old, steering issues, and bald tires, among other safety issues. The battery died while she was on the road with her child. Any missed payments (she hasn't missed one yet!) would cause significant hardship due to the loan's interest structure. We have applied for funding to help cost-share repairs and are partnering with volunteers and auto repair professionals who can donate labor. We want women in our program to say 'yes' to career and education advancement without worrying whether they will make it to their shift or college class *and* be able to maintain childcare, prenatal care, county appointments, etc. that support their goals and overall family well-being. We know reliable personal transportation is key."

Slide 31 – Food

The next theme was food, mentioned 273 times. Everyone should have access to food- and survey responses included not just obtaining food, but having knowledge of nutrition and cooking. These responses also included accessing food support programs like SNAP, WIC and free and reduced lunch in schools.

In Minnesota, 20% of families with children face hunger or food insecurity. This is in part the result of many jobs in Minnesota not paying enough for families to be able to afford healthy food, and people lacking reliable, affordable transportation to get to food shelves and grocery stores.

One thing worth highlighting with this theme was that there were a significant number of mentions of having ‘safe access’ to food. Which should give us all pause, especially considering that Minnesota has fewer grocery stores per capita than most states, ranking in the bottom third of states nationwide. Almost 900,000 Minnesota residents, including over 200,000 kids live in lower-income communities with insufficient grocery store access. Safety issues- like having to walk after dark to a convenience store to get food- can severely limit access to healthy food, or food at all.

For more information about the current state of food accessibility and affordability, along with strategies to overcome the barriers identified, I encourage you to check out the Minnesota Food Charter; which is a roadmap designed to guide policymakers and community leaders in making sure all Minnesotans have access to affordable, safe, and healthy food regardless of where they live.

I also want to mention here – we have been connecting somewhat relentlessly with our colleagues at MDH to see how what we learned might help other programs with their planning and evaluation. SHIP, the Statewide Health Improvement Partnership, is one such program that we are very excited to continue working with to review responses related to food, and to use the information to impact work beyond what we will do in Title V.

Slide 32 - Access to Behavioral Health Services

The 9th most commonly mentioned theme was behavioral health. Behavioral health includes the prevention and treatment of mental illness, substance use, and other addictions. This theme was mentioned 263 times in the survey, with call outs for specific populations like adolescents and those living in greater Minnesota, and for specific services such as crisis care, inpatient and residential programs, options for women who are pregnant and/or have children, and the continued integration of behavioral health into schools, employment and traditional medical care.

Two topics under the behavioral health umbrella that we’ll discuss here are suicide and opioid use.

In December the Minnesota Department of Health released new data showing that in 2017, 783 Minnesotans died by suicide, a 5% increase from 2016. The increase was driven by a 9% increase in male suicides, with the male suicide rate increasing 18% in the seven-county metro area. Suicide is the 8th leading cause of death in Minnesota, compared to 10th nationally. In the

first six months of 2018, over 14,000 Minnesotans called the national suicide prevention lifeline. 2,400 calls a month. Minnesota Commissioner of Health Jan Malcolm has said “Minnesota faces a growing public health challenge related to suicide. There are resources available to those facing a crisis, but these new data show we all need to do more to help.”

An example of an innovative strategy to address mental health is the launching of a new unit in 2018 by the Saint Paul police department to help support individuals with mental health issues, after reporting that police calls involving mental health had doubled. The goal of the unit is to connect people in distress to mental health services. The unit coordinator was quoted as saying “This is new to law enforcement, and we’ve been thinking outside of the box of what we can do to help people get connected with services, keep them in their homes, keep them stable and reduce those police calls for service, reduce those EMS runs to the hospital, and reduce those ER visits.”

Onto opioid use:

In May 2018, the Minnesota Department of Health reported that Minnesota saw a surge of deaths in 2017 caused by fentanyl, a synthetic opioid. The number of synthetic opioid involved deaths increased 74% from 2016 to 2017. Of the 172 deaths involving synthetic opioids, 91% had fentanyl listed as contributing to the death. The growing impact of fentanyl is so great, it is outweighing progress in other areas, such as decreases in prescription opioid and heroin deaths. In 2017, there were 401 opioid-involved deaths and 694 drug overdose deaths in Minnesota.

One strategy to combat the opioid epidemic in Minnesota is a partnership between the Department of Health and the Minnesota Business Partnership (MBP) that developed and released an *Opioid Epidemic Response: Employer Toolkit*. The co-chair of the Minnesota Business Partnership Health Policy Committee said: “Employers are deeply concerned about the opioid crisis and its impact on the health of employees and the State of Minnesota. We need to be proactive in preventing addiction, reducing stigma and supporting treatment. This toolkit is an important first step.” The Minnesota Business Partnership plans to use the tool kit to engage over 400,000 Minnesotans.

Another employer-driven strategy is the use of peer support specialists, such as Recovree, to support their employees. Recovree is a tech-based peer support platform through which recovery coaches, people in long-term recovery with certified training to help others find a recovery pathway that works best for them, provide guidance, empathy and support to people who are seeking recovery.

Slide 33 - Parent Support & Education

The parent support and education theme included responses that called for greater support for single parents, support for parents and families in general, education for parents, and peer (or parent-to-parent) support. Parent support was mentioned 147 times in the survey. I do want to point out that one of our important lessons learned with the survey was that we did not include an option for respondents to identify as grandparents and/or primary caregivers as grandparents; and this is something we will strongly consider changing moving forward. While the parent support and education theme does reflect specific mentions of supports for mothers

and fathers from the survey, we want to acknowledge the importance of supporting all primary caregivers and individuals interacting with and caring for children.

The parent-child relationship and the environment of the family- which includes all primary caregivers- are foundational to a child's well-being and healthy development. The impact of parents is critical during the first years of life when a child's experiences are almost entirely created and shaped by caregivers and their family environment. Parents' knowledge of child development has been shown to lead to more quality parent-child interactions and engagement in practices that promote their child's healthy development.

Parents and caregivers who have resources and support are more likely to provide safe and healthy homes for their children and families. Parents need a network of supportive relationships, strategies for coping with stress, resources, knowledge and an understanding of child development. Unfortunately, a lack of these critical supports can cause otherwise well-intentioned parents to engage in abuse or neglect.

After substantial increases in Minnesota in both the number of child maltreatment reports and alleged victims over the last few years, 2017 showed a leveling-off, with the number of maltreatment reports made and investigated decreasing by a few percentage points from 2016. In 2017, Minnesota child protection agencies received 84,148 reports of child maltreatment. 80% of reports were made by mandated reporters. Children age 8 and younger represented the majority involved in completed maltreatment assessments and investigations. There were 21 child deaths and 17 life-threatening injuries determined to be a result of maltreatment in 2017.

One intervention aimed at protecting children when abuse or neglect is confirmed, is out of home placement, or foster care.

Entering out-of-home care can be a traumatic experience for some children. Those in out-of-home care have been found more likely to have difficulties in school and to have emotional and behavioral problems. Placement in out-of-home care during particularly important developmental periods can cause attachment problems for children.

In 2017, 16,593 children experienced one or more days in out-of-home care; a 10.6% increase from 2016. Parental drug abuse is the most common primary reason for new out-of-home placement, accounting for 29% of all new episodes. Children under the age of 2 and those between 15 and 17 years of age were the most likely age groups to experience out-of-home care. Minnesota's re-entry rate into foster care in 2017 was 17.2 percent; much higher than the federal standard of 8.3 percent.

When we support parents, we support family stability.

Slide 34 - The importance of intersectionality

Intersectionality is a term that was originally developed by Professor Kimberle Crenshaw in 1989 to explain the oppression of African American women – she explains that intersectionality is a lens through which we see where power collides and where it interlocks and intersects. Intersectionality would say something is not simply a race problem here, a gender problem there; it is a complex interaction of many things. When we look at the needs reported in the discovery survey, we aren't talking about a money problem here or a housing problem there-

the needs are cumulative and have dynamic relationships that are not easily understood in conventional, discrete ways of thinking.

We talked about the top ten needs individually, but I want share quote that says “There is no such thing as a single-issue struggle because we do not live single issue lives.” The needs we just discussed do not exist in silo, or on their own– which is important to remember when we start thinking about how we might approach solutions (don’t exist in silo, shouldn’t try to solve in silo). In addition to the needs themselves being intersectional, we also need to consider the intersecting processes by which power and inequity are produced, reproduced, and actively resisted when doing this work.

This causal loop diagram shows the very beginning thoughts of how these things are related, but this was just the start of connecting these issues – so as you look at it you’re probably thinking, but this should connect to this, and this should connect to this, and you’re probably right!

An example of intersectionality from a survey response was:

“Food deserts create financial insecurity because people are spending more money on over-priced food from convenience stores.”

As financial security goes down, food insecurity goes up; and as food insecurity goes up, financial security goes down; which creates a reinforcing loop that can be challenging to break.

Another example is just in how we know these things interact and have causal relationships with each other:

Housing unaffordability leads to problems with housing quality and instability, which can have negative effects on the health of families and children. The burden of housing costs reduces families’ resources and can restrict the neighborhoods where low-income families can afford live. This can then impact education options, with unequal access to high-performing schools worsening educational gaps that start early in life, and have lifelong, generational consequences.

When we look at things in isolation, we risk employing a trickle down approach to social justice and public health issues, which ultimately, solve nothing.

Slide 35 - Sub-Analyses

Now we are going to take some time to share some interesting results from the sub-analyses we did, examining the greatest needs by region and demographic characteristics. We examined more sub-analyses than will be presented here today. Make sure to get in contact with Blair or me, if you want additional analysis on demographic characteristics not covered here.

Slide 36 - Top Theme by Region

When reviewing the greatest unmet need by region (looking at just the number one listed theme) we see that the metro, central Minnesota, and southeast Minnesota all responded with housing as the greatest need, while communities in greater Minnesota unanimously reported that childcare is the greatest need.

Slide 37 - Top Ten Themes of Parents and Guardians of Children & Youth with Special Health Needs

289 survey respondents identified themselves as being the parent or guardian of a child or youth with special health needs. While the top ten themes were not different between the parents or guardians of a child or youth with special health needs and all survey respondents, the order of the top needs were. The overall population responded with childcare followed by housing as the top #1 and #2 needs, with access to affordable healthcare as #3, the parent or guardian of a child or youth with special health needs said access to healthcare was the greatest unmet need. And while the overall population had behavioral health at #9, this group had it as the sixth greatest unmet need.

Slide 38 - Top Ten Themes by Race/Ethnicity

When we look at the top ten themes by race/ethnicity there are some noticeable differences in what was identified as the #1 need. Individuals that identified as African American/Black, American Indian, and Hispanic identified Housing as the #1 need, Asian/Pacific Islanders identified Accessible and Affordable Healthcare as the #1 need, and non-Hispanic white respondents identified childcare as the #1 need.

When you look through all the top 10 themes you can see that for African American/Black and American Indian respondents, the theme 'culture of safety – abuse of power' rose to the top ten. This theme includes mentions of sexual violence, domestic violence, harassment, safety, discrimination, historical trauma, human trafficking, stalking, and gun violence. This covers a lot but we think it's important to point out these things are confounded by structural inequities. Structural inequity is when some groups of people are given unequal choices, rights, and opportunities. Research has shown inequity can lead to higher risk of violence, racism, and extremism.

Additionally, you can see Asian/Pacific Islander and Hispanic respondent's identified culturally appropriate care in the top 10. Culture affects everything and every choice we make every day. It not only relates to cultural differences but also the dress, food and celebrations of a certain community. There needs to be effective, sensitive, non-discriminatory communication, positioning the understanding of health from the patients' experience, values or perspective, and openness to the creative application of services.

We also examined respondents that identified as more than 1 race. Their top 10 was identical to the non-Hispanic whites.

Slide 39 - What do women, children and families need to live their fullest lives?

While the results we've shared come from question 2 of the Discovery Survey, we received incredibly insightful and informative responses related to the first question, which asked what women and children and families need to live their fullest lives, and want to spend a minute sharing some of those responses.

Slide 40 - The Role of Fathers

Respondents talked about fathers. First, we want to acknowledge that we received feedback from the community and respondents that they felt like fathers were not included based on the way the survey questions were worded. That was not intentional, the language reflects the requirements of the Title V grant, however, because we too value men and fathers, we used the word 'families' to make the language more inclusive to fathers and other guardians beyond moms in families.

Slide 41 - Supporting Women

Respondents also talked about supporting women so that they can live their fullest lives. "A secure home, freedom from worry of losing housing or domestic violence. A path to move forward in their lives and hope for a brighter future and the opportunity to improve their standard of living through better jobs, more education, and freedom from any type of discrimination. Last, reasonable access to healthcare without worry of losing coverage and having pre-existing conditions limit medical insurance and healthcare."

Slide 42 - Community Connectedness

And lastly, there was considerable attention given to the importance of community connectedness. "The most important thing for women, children and families to live their life to the fullest is a strong community, or feeling like you belong and are supported by a community."

Slide 43 - Next Steps

We'd also like to briefly go over what our next steps are in this process and in using the information we gained from the Discovery Survey to inform the top needs.

Slide 44 - Selecting Minnesota's Priorities

Using data gathered from the Discovery Survey, Key Informant Interviews, and internal MDH forums with Subject Matter Experts we will determine the top 40-50 possible priorities (i.e. themes) to be considered.

This summer, we will be hosting multiple prioritization activities to select the top 7 to 10 priorities for our Minnesota's Title V Maternal and Child Health Block Grant.

The community will be invited to participate in voting exercises in July and August 2019 where community members review information and vote on what you think the most important priorities are in our work to support women, children and families. These community forums will happen in person, as well as having fully remote options. The community will narrow down a list of domain-specific priorities that will be ultimately chosen by our Needs Assessment Leadership Team which includes the Maternal and Child Health Advisory Task Force. However the community will be the group who makes the final selection of state priorities for cross-

cutting domain. The cross-cutting domain covers basically everything in the top 20 of the survey: childcare, housing, finances, education, transportation, etc.

If you'd like to make sure you're on the contact list for invitations to forums, please contact Blair. Otherwise we will be posting information on our website as it comes available.

Slide 45 - Data Stories

To inform the prioritization process, we are creating 40-50 data stories (which will look like this). These will provide information about the need, and assist in providing data and information so community members and our Needs Assessment Leadership Team can best rank the most important priorities for Minnesota's women, children and families.

Slide 46 - Our Plan

To learn more about our plan, we encourage you to access the guidance document you see here which is available on our website. It includes detailed information about our prioritization process, guiding principles, who is part of our Needs Assessment Leadership Team, and more.

Slide 47 - Check out our website for updates

Make sure to check out our website for updates. We will be posting a copy of this presentation, our full transcript, and a recording of this webinar in the near future.

Slide 48 - Quote

With that, we want to thank you again for partnering with us in this work and for being engaged. We look forward to the next steps, and to hearing any recommendations and/or thoughts you might have.

Slide 49 - Thank you

Again, we encourage you to leave any questions you have right now on the message board, and or email information is being provided if you'd like to follow-up at a later time.

Have a great day everyone!

Minnesota Department of Health
Community and Family Health
PO Box 64882
St. Paul, MN 55164-0882
Blair.Olson@state.mn.us
www.health.state.mn.us

01/03/2019

To obtain this information in a different format, call: 651-201-3650. Printed on recycled paper.