HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

MINNESOTA

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership - Minnesota

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

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MCH Director	CYSHN Director	
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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	$9,099,446
State MCH Funds	$6,824,584
Local MCH Funds	$3,182,689
Other Funds	$8,140,948
Program Income	$14,174

FY 2014 Expenditures

Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$3,788,316	$7,561,436
Enabling Services	$1,531,676	$3,057,209
Public Health Services and Systems	$3,779,454	$7,543,750

FY 2014 Expenditures Federal

FY 2014 Expenditures Non-Federal

Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	78,600	$6,858,189	25.7%
Infants < 1 Year	60,858	$2,684,930	10.0%
Children 1-22 Years	1,584,083	$6,258,011	23.4%
CSHCN	236,953	$10,119,288	37.9%
Others *	1,081,944	$797,052	3.0%
Total	3,042,438	$26,717,470	100%

*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

FY 2014 Expenditures

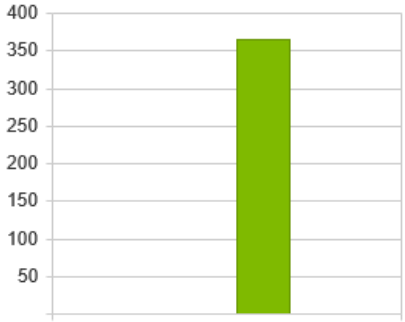
FY 2014 Individuals Served

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 15	Adequate Insurance	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	364
Other Toll-Free Calls:	0



Executive Summary

Minnesota (MN) is considered a medium-size state with an estimated population of 5,457,173. Historically, MN has had a relatively homogenous population. However, the composition of the state's population has been rapidly changing. African-Americans, American Indians, Asians and Hispanics currently make up 17 percent of the total MN population and make up almost 25 percent of MN children under age 18.

MN consistently ranks in the top ten for overall health according to America's Health Rankings, and ranked 5th in 2014 for overall child well-being by the Annie E. Casey Foundation. But, these ranking do not tell the whole story. For many populations the opportunity to be healthy is not available leading to significant and persistent disparities in health outcomes such as: MN's African American and American Indian babies die at twice the rate of White babies and women of color were two to three times more likely and American Indian women seven times more likely to receive inadequate or no prenatal care.

These are but a few statistics that are masked when looking at the state as a whole. They are alarming and will require significant efforts by all MN to assure that gaps in health disparities are narrowed and health equity achieved for mothers and children. Success will only be achieved through equal access to health care, excellent schools, economic opportunities, environmental quality, secure housing, good transportation, safe neighborhoods and a childhood without poverty, racism, abuse or violence. Title V is actively engaged in a number of national and state initiatives that are looking to move the needle to achieve health equity and improve health for those impacted by disparities:

Improving kindergarten readiness for at-risk young children was the focus of MN's Race to the Top grant. Awarded in late 2011, this $45 million grant was a joint partnership between the Departments of Education, Health and Human Services. Efforts targeted providing at-risk children access to high quality early childhood programs, improving the early childhood workforce, developing early learning standards, improving developmental and social-emotional screening, supporting health and safety in child care settings, and measuring our outcomes and progress.

The Children's Cabinet, brings the Departments of Education, Health and Human Services together to focus on working collaboratively to ensure MN children are healthy, safe and prepared to achieve their full potential. The Children's Cabinet, located in the Governor's Office plays a critical role in aligning state agency efforts to ensure every child is supported.

Adverse childhood events, toxic stress and trauma informed care are influencing how prevention efforts and service provision are being thought of in MN. Title V is moving to a more upstream approach working to reduce the number of adverse childhood events a child might be exposed to, strengthening the resilience of young children and their families and working on changing policies, systems and the environments to build a community that supports and enhances positive mental health. Partially funded by Title V, and housed in the Title V program area, a Mental Health Promotion Coordinator and a Resiliency and Adverse Child Experiences Planner were recently hired to support efforts in this area.

Engagement in the Systems Integration Academy to improve the system that serves children and youth with special health care needs with a focus on care coordination in the health care home. With this initiative, a family involvement coordinator has been hired to continually engage parents in the process and work.

Health disparities and health equity were core threads that ran throughout the needs assessment process. Using a health equity lens, assuring that community voices were included throughout the process, using a "health in all policies" approach and assuring that populations experiencing the greatest health needs had a voice in the solutions were the framework used to guide the process. Title V staff worked hard to reach out and engage consumers and stakeholders to assure active and ongoing involvement in the process. Building on previous state and local public health needs assessments, existing public health reports and active community and stakeholder involvement, the process identified current MCH and CYSHN priority needs in the six domains.

Women/Maternal Health

Priority Needs: Promote routine well-women visits to support the mental and physical health needs of women. Increase the proportion of pregnancies that are intended.

Maternal depression is a life course issue. Routine screening for maternal depression, especially for low-income women, has been a concern in MN as data indicates women of color are much more likely to experience perinatal mood disorders. PRAMS data indicates that African American women reported frequent postpartum depression symptoms after their child was born at double the rate of White women. Medicaid data indicates that while new mothers are good about scheduling and getting their newborn in for well child care, they are not as consistent about their post-partum visits. Efforts, supported by an Inter-Agency Agreement with the Department of Human Services, has worked, using a quality improvement process, to integrate maternal depression screening into the well child visit thus assuring more mothers are being screened, identified and referred to appropriate treatment. MN was also recently awarded a Bush Foundation grant to look at issues related to maternal mental health in women of color and American Indian women and to test possible solutions. The high prevalence of depression and/or anxiety in the perinatal period for women of color and American Indian women and the low rates of treatment are a concern. The project will propose innovative solutions from within cultural contexts that will be most accessible and useful to high-risk women.

Unintended pregnancy has long been recognized as associated with a number of adverse maternal behaviors that can impact pregnancy and infant outcomes. It is estimated that 40 percent of all pregnancies in MN are unintended. PRAMS data indicates that 28 percent of White women, 50.3 percent of African American women and 39 percent of Hispanic women did not plan to become pregnant at the time of their most recent pregnancy. Changes in the availability and access to contraceptives through ACA have

provided women more access with less out of pocket expenses. MN's Medicaid program allows presumptive eligibility for family planning services making it easier for women to get services when they need it without waiting for applications to be completed. The MN Legislature this year provided an additional $1 million dollars to Title V's family planning program allowing family planning clinics to offer longer term contraceptives that are recognized as being more effective in reducing the number of unintended pregnancies.

Perinatal/Infant Health

Priority Needs: Reduce infant mortality rate and racial and ethnic disparities in infant deaths.

Promote and support breastfeeding. MN consistently ranks among the states with the lowest infant mortality rates. Over the last 20 years, infant mortality rates in MN have declined for all racial and ethnic populations. However, in 2013 the infant mortality rates for African Americans and American Indian infants continue to be more than two times greater than for White infants. The causes of infant mortality vary by population: sleep-related causes are a primary source of infant deaths in the American Indian community, prematurity is the leading cause of death among African-Americans, and birth defects are the primary source of infant deaths in the Asian, Hispanic, and White populations.

To reduce disparities in infant mortality rates and to ensure that all infants survive beyond age one, Title V partnered in 2014 with a diverse group of stakeholders from public, private and non-profit sectors to develop an infant mortality reduction plan. The plan includes strategies that range from reducing sleep-related deaths and preterm births to improving health equity and addressing the social determinant of health that most significantly impact disparities in birth outcomes. This plan along with MNs involvement on the National and Regional COIIN to reduce infant mortality workgroups will help guide MN efforts over the coming years

Evidence of the impact of breastfeeding on the future health of both mother and baby is growing. Low-income women are at higher risk for not breastfeeding therefore the MN WIC program has taken the lead in working to improve breastfeeding rates. Over the last ten years, the WIC program, in collaboration with Title V staff in local public health agencies, has worked to improve WIC breastfeeding initiation. Through a variety of strategies, significant progress in breastfeeding rates among MN WIC participants has been made from 2001 (65 percent) to 2010 (74 percent). Even more exciting is the increase in breastfeeding rates among racial and ethnic populations. In these years, breastfeeding initiation increased by over 30 percent in African-American women, over 86 percent in Asian women, and 17 percent for White women. Hispanic women have consistently had the highest rates of breastfeeding among WIC participants and at 84 percent have met the Healthy People 2020 goal.

Child Health

Priority Needs: Promote developmental screening and appropriate follow-up to support social-emotional and physical health needs of children.

In 2013, an estimated 14.1 percent of MN children under age 18 were living in poverty. Growing research is demonstrating that children who are raised in families experiencing chronic stress created by long-term poverty are at much greater risk of significant and long-term health issues, including developmental and social and emotional problems. In MN, if you are an African American child you are 4.8 times more likely to live below the federal poverty line, if you are an American Indian child you are 3.9 more likely, a Hispanic child 3.1 times and an Asian child 2.1 times more than White children.

Title V is engaged in a number of strategies to improve access to developmental screening and appropriate follow-up. Strategies include participation on the state Leadership Team that is working with National Help Me Grow to plan for implementation of a comprehensive state wide system of referral, collaborating with the Department of Human Services on reaching out to and training providers who are currently not incorporating into their EPSDT clinic visits for Medicaid children, and working in partnership with the Departments of Education and Human Services to identify recommended screening tools and to implement an on-line screening pilot for parents and providers.

Children and Youth with Special Health Care Needs

Priority Needs: Promote a comprehensive, coordinated, and integrated system of services and supports for CYSHCN and their families.

There is an estimated 236,953 children in MN with special health care needs. This represents approximately 18.5 percent of MN's children from birth to age 18. MN's CYSHCN experience a wide range of disparities when compared to children without a special health need. CYSHCN are more likely to be overweight and have a higher percentage of parents who usually/always feel stress due to parenting.

According to the 2009/2010 National Survey for Children with Special Health Care Needs, a little over 20 percent of MN CYSHCN are served by systems that meet all age-relevant core outcomes. Only 54 percent of MN families receive care within a medical home and approximately 47 percent of youth are receiving necessary transition services.

Title V ongoing support to the implementation of Health Care Home legislation in Minnesota has been critical in assuring that needs of children and youth with special health care needs are considered as the program is implemented. Currently over 53 percent of all primary care clinics in the state are certified as Health Care Homes serving well over half of the state's population.

Significant Title V staff effort has gone into Minnesota's Olmstead plan. The plan is the result of many people working together, across and within state agencies and with stakeholders to ensure services to individuals with disabilities are in the most integrated setting appropriate to the individual. Work continues in clarifying roles, timelines and outcomes to meet court requirements.

Adolescent Health

Priority Needs: Strengthen the health system to better meet the mental and physical health needs of adolescents. Help communities engage and support young people to be connected to community, school and caring adults.

In 2011-2012, only about 77 percent of Minnesota adolescents had a preventive medical visit in the past year. Thus, opportunities for providers to discuss such things as pregnancy prevention, STI/HIV awareness and testing, alcohol and drug use, tobacco use, unhealthy dietary behaviors, inadequate physical activity and behaviors that result in unintentional or intention injury are less likely to occur.

While MN has seen a dramatic decline in teen pregnancies over the past 20 years significant racial disparities persist. In 2013 the White teen birth rate was 11.9 per 1,000 females 15-19, African American teen birth rate was 37.0; American Indian teen birth rate was 48.3; Asian teen birth rate was 24.1 and the Hispanic teen birth rate was 41.0. Efforts through Minnesota's federal Abstinence and PREP grants focus on implementing evidenced based teen pregnancy prevention programs; access to family planning services through Title XIX, Title X, Title V and state family planning grants, and efforts to reduce secondary teen pregnancies with our MIECHV and TANF funded home visiting programs have all contributed to the decline in teen pregnancies.

The Adolescent Health Action Plan is a statewide effort, let by Title V to bring together interested stakeholders and adolescent to work on what MN's plan for adolescent health should be.

Cross-cutting or Life Course

Priority Needs: Ensure adequate health insurance coverage for MCH populations.

Access to health care services is important to support the health of MN's MCH populations. Since the launch of MN's health insurance exchange, thousands of MNs have been enrolled in affordable health insurance. The Health Reform Monitoring Survey conducted on adults aged 18-64, indicates that MNs who were uninsured dropped from 10.7 percent in 2013 to 6.7 percent in 2014. The survey also reported that 900,000 individuals did not get needed care due to real or perceived costs. The numbers are heartening but the issue of medical care being delayed or ignored because of cost is troubling. Continued monitoring of ACA impact on MCH populations, particularly CYSHCN will be important.

For more information on key action steps and national performance measures, see the MN State Action Plan Table.