Health Plan Roles
in Supporting Essential
Public Health
Service Functions

Putting Commitments into Practice

September 2000

Minnesota Council of Health Plans

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Introduction

In April 1998 the Minnesota Council of Health Plans issued a document titled "Health Plan Roles in Supporting Essential Public Health Service Functions." It built on the list of 10 essential public health services identified by the U.S.Public Health Service Essential Public Health Services Work Group of the Core Public Health Function Steering Committee (1994).

Our "health plan roles"document serves as a menu of options for health plans to support public health and to shape collaborative partnerships.To bring life to that document, we offer this supplement to illustrate the many ways health plans implement their roles. This compilation is not an exhaustive compendium of the many projects Minnesota health plans have undertaken to support public health. Rather, it highlights several different approaches — large and small, multifaceted and singly focused — that have proved useful. In the interest of brevity, we list only one example for each point illustrated. We hope that this partial list helps demonstrate the breadth and creativity of commitment that the council's members bring to supporting public health improvement in Minnesota.

Categorizing these projects was a challenging and subjective task.Many of the projects clearly support more than one essential public health service,though we limited ourselves to listing each project only once.To streamline our presentation, we've summarized each project in the appendix.Moreover, each project is just a snapshot in time.Collaborative ventures are by their nature evolutionary, and readers familiar with a particular project may note that partners have since changed or goals have since been refined.

About the council: Established in 1985,the Minnesota Council of Health Plans, formerly the Minnesota Council of HMOs,is a nonprofit trade association representing health care organizations.While our membership is very diverse,all council members have either a licensed health maintenance organization (HMO) or a community integrated service network (CISN) product.The council promotes the delivery of high-quality, affordable health care.Our members are active in the areas of health care reform, research-based guidelines development,community health and prevention, medical technology assessment and health data collection.

The council accomplishes much of its work through committees comprising representatives who work in different parts of their health plans.The committees include a Community Health Committee (described on pages 7 and 21 of this document);a Medical Issues Committee,comprising health plans'medical directors and members of their staffs;a Policy & Government Programs Committee,which works to develop consensus on public policy and regulatory issues;and a Communications Committee,which works to improve the ways in which health plans communicate.

Additional copies of this document are available on the World Wide Web at www.mnhealthplans.org or by contacting Ellie Garrett,director of community affairs, at garrett@mnhealthplans.org.

Essential Public Health Service #1

Monitor health status to identify and solve community health problems

In general, the health plans' role is to share information and resources and to assist with developing goals.

Specific health plan roles that support Essential Public Health Service #1	Specific examples illustrating how health plans put their roles into practice
Share aggregate, population-based health information gleaned from health data and monitoring systems.	Using Health Plan Employer Data and Information Set (HEDIS) measures,health plans submit information on select utilization statistics and quality measures (such as childhood immunizations and breast and cervical cancer screening) on an annual basis to the Minnesota Department of Health (MDH).MDH,health plans and others use these data to analyze process improvements in the public and private sectors of the state's health care system.
Assist with planning and developing public health goals in a routine, predictable process, in order to promote broad-based support for community health goals and develop consensus about accountability boundaries for stakeholders.	As part of the Minnesota Health Improvement Partnership (MHIP), the council and its members helped define Minnesota's public health improvement goals for 2004. The MHIP process also allowed participants to identify many strategies to improve public health and to define potential roles for various stakeholders.
Actively seek the input of the public health community in setting internal health plan priorities.	Health plans participating in the Center for Population Health (CPH) agree that they will incorporate the priorities mutually set at the center into their own internal health plan priorities.

Essential Public Health Service #2

Diagnose and investigate health problems and health hazards in the community

In general, the health plans' role is to support and communicate.

Specific health plan roles that support Essential Public Health Service #2	Specific examples illustrating how health plans put their roles into practice
Comply with testing and reporting protocols and proactively identify potential problems.	Health plan representatives serve on MDH's Refugee Health Advisory Group, whose goal is to improve the quality of health care for newly arrived refugees by developing (1) communicable disease clinical assessment guidelines for providers and (2) an improved infrastructure for collecting health data from and delivering health care to refugees.
Identify health consequences of perceived social problems, through health plans' relationships with providers and other resources.	The Minnesota Council of Health Plans is represented on the Minnesota Health Improvement Partnership's Action Team on Social Conditions and Health.This multidisciplinary action team is developing strategies and tools that public,private and nonprofit organizations can use both to deepen their understanding of the social conditions that affect the health of Minnesotans and to identify action steps the partners can take to address these issues.
Use health plan data and other information to assist public health with identifying and quantifying health problems.	Health plan representatives serve on MDH's Lead Screening Project and Blood-Lead Screening Work Group.The work group is developing a statewide childhood blood-lead screening plan.The goal is to protect children from the damaging effects of lead poisoning by directing screening services effectively to identify and test children at greatest risk of exposure.

Essential Public Health Service #3

Inform, educate and empower people about health issues

In general, the health plans' role is to improve their constituencies' and communities' understanding through education and information.

Specific health plan roles that support Essential Public Health Service #3	Specific examples illustrating how health plans put their roles into practice
Incorporate public health goals into health plan initiatives and communications, as well as quality improvement initiatives and outcome monitoring.	The Diabetes Quality Improvement Collaboration is a partnership between Metropolitan Health Plan,UCare Minnesota and the Minnesota Diabetes Control Program.Its mission is to promote and support a primary care clinical improvement model that incorporates evidence-based guidelines;continuous quality improvement concepts;population-based approaches;user-friendly tools;tailored support and resources;culturally appropriate materials;and uniform measures.
Draw on the health plans' relationships with the business community, members and providers by	
(1) bringing more physicians, nurses and other health professionals into public health planning processes and encouraging them to talk with their patients about public health issues;	Using the American Medical Association's Guidelines for Adolescent Preventive Services as a model of best practices in adolescent health care,Metropolitan Health Plan's Adolescent Health Care Collaborative convened a group of network physicians and collaborative members to develop consensus around the 10 key elements of adolescent health care.The collaborative then convened focus groups of parents and adolescents to learn their perceptions of preventive health,access,barriers and most effective ways to communicate adolescent health issues.
(2) educating enrolled members about public health issues and priorities, emphasizing particular ways in which disease and injury can be prevented;	In order to decrease the number of children below the age of 5 who are killed or injured in vehicle accidents,UCare Minnesota partners with local public health agencies,Minnesota Safe Kids:Buckle Up! (Safety Council) and Safe America Foundation,to offer the Car Seat Program, which provides free car seats to eligible families and educates them in their proper use.

Essential Public Health Service #3

Cont'd:

Inform, educate and empower people about health issues

Specific health plan roles that support Essential Public Health Service #3	Specific examples illustrating how health plans put their roles into practice
(3) talking with the business community about the long-term benefits of addressing public health issues and existing constraints;seeking the business community's support for public health policy issues, emphasizing in particular the importance of prevention-oriented strategies;and educating purchasers about public health funding needs and about the importance of covering services that improve and protect the public's health.	HealthPartners' work site health promotion program — The Partners for Better Health Employer Initiative — provides employer groups with effective health improvement programs aligned with HealthPartners'mission "to improve the health of our members and community." The initiative is based on principles of population health management,behavior change theory and "systems"thinking to improve the health of the population within a work site setting.This program brings the employer into the health equation by using company-specific population data to deliver targeted health improvement strategies at the work site.
Draw on the public health community's expertise in developing communication materials to educate, in conjunction with others, members and the general public regarding public health issues and needs.	To improve infant and toddler immunization rates,the council convened a task force comprising public health and health plan representatives to identify immunization barriers and shape appropriate interventions. The Immunization Birth Packets are a product of that collaboration.
Design and implement public health interventions that meet the varying needs of the commercial and government programs-enrolled populations.	The product of a collaboration involving health plans,providers,public health professionals, researchers and the Minnesota Department of Human Services (DHS), the Minnesota Pregnancy Assessment Form is a tool designed to meet the needs of providers,health plans and DHS for both commercial and government programs populations.

Essential Public Health Service #4

Mobilize community partnerships and action to identify and solve health problems

In general, the health plans' role is one of support, partnership, initiative and leadership.

Specific health plan roles that support Essential Public Health Service #4	Specific examples illustrating how health plans put their roles into practice
Help identify areas needing coordination or collaboration.	Many health plan representatives participate in the various committees of the Health Care Coalition on Violence to collaboratively address violence prevention and intervention across health systems.Some products of these joint efforts include "Family Violence Prevention Program: A Step-by-Step Guide for Clinics and Hospitals"; "E-codes: A System for Tracking Injuries in the Health Care System"; "A Review of the Research on Home Visiting: A Strategy for Preventing Child Maltreatment";and "Family Violence Prevention: A Prenatal Educator's Guide."
Provide unique geographical and member population perspectives on which priorities merit public/private collaboration.	As a partner in the Bridge to Health collaborative in northeastern Minnesota and northwestern Wisconsin, First Plan of Minnesota serves as a co-facilitator with local public health agencies in a regional, multistakeholder effort to improve health.Relying on data from a jointly sponsored, regional health survey, partners agreed to work to reduce tobacco use.
Collaborate with public and private partners further to analyze health priorities and implement effective programs for specific communities; identify, participate in or sponsor community forums and campaigns to address public health goals.	HealthPartners and McFarlane Media Interests have formed the Insight Health Partnership to improve the health of communities of color through health information featured in the news publications of the Minnesota Media Coalition.
Use access to providers, employers and members to bring them into collaboration processes.	The MN-DAK Public Health Consortium includes public health,provider and health plan representatives in west central Minnesota and North Dakota.The consortium's 1999-2000 focus is to develop and test promising practices for prevention of alcohol and tobacco use among youth as a Community Integrated Services System pilot project site.

Essential Public Health Service #4

Cont'd:

Mobilize community partnerships and action to identify and solve health problems

Specific health plan roles that support Essential Public Health Service #4	Specific examples illustrating how health plans put their roles into practice
Work with collaboration partners to evaluate collaborative interventions' successes and difficulties; share data and other information relevant to this evaluation process.	Health plan representatives are active members of the Northeastern Minnesota Public Health Cooperative, which facilitates the coordinated development of recommendations for collaboration on areas of public health priority and identifies where health plans' expertise and involvement can best address public health needs. The cooperative's members drafted specific criteria to guide them in selecting priorities for collaboration after reviewing data from the Community Health Services (CHS) assessment process and health plan areas of common interest.They develop a collaborative work plan and monitor the outcomes of the cooperative's joint activities.

Essential Public Health Service #5

Develop policies and plans that support individual and community health efforts

In general, health plans can use a systemwide approach to support and complement individual and community health efforts.

Specific health plan roles that support Essential Public Health Service #5	Specific examples illustrating how health plans put their roles into practice
At the level of individual members' care, implement clinical guidelines that reflect the community's health priorities.	Mayo Health Plan in partnership with Mayo Clinic has initiated universal domestic violence screening of all patients 18 years and older in Urgent Care and Emergency Departments in the Rochester facilities.This has included training for staff in cooperation with the local women's shelter.
Develop effective community involvement programs that address public health goals.	As a community partner in Fitness Fever, Blue Cross and Blue Shield/Blue Plus of Minnesota inspires children and their families to be healthy through this award-winning project.
Work to ensure the clinical integration of social and public health services at the clinic/provider level and provide information about social service resources.	A number of health plan representatives participate in Minnesota Healthy Beginnings. This coalition encompasses four project sites around the state to pilot an MDH-funded program of universally offered home visits for pregnant women and their newborns. A key component of the protocol is to ensure that women and their newborns are accessing the health and social services they need.
Regularly review and revise internal work plans, priorities and policies (including reimbursement policies as appropriate) to support public health goals.	With their respective Family Health Protocols, Blue Cross and Blue Shield/Blue Plus of Minnesota and Allina Health System/Medica Health Plans have developed and regularly update clear protocols for contracting with public health agencies for a broad array of services that address public health goals.
Invite public health input on health plan advisory bodies.	The Minnesota Council of Health Plans' Community Health Committee meets regularly to discuss and coordinate health plan responses to emerging public health issues.Public health representatives are invited to participate in these meetings from time to time,and in particular when the agenda calls for an in-depth discussion of an issue of mutual concern.

Essential Public Health Service #5

Cont'd:

Develop policies and plans that support individual and community health efforts

Specific health plan roles that support Essential Public Health Service #5	Specific examples illustrating how health plans put their roles into practice
At the community level, lend policy and political support to public health officials, and give voice to health care providers in public health policy debates.Identify coalition and systems partners (e.g., schools, community-based organizations, health care purchasers).Serve on public health advisory bodies.	By participating in a wide range of civic and community activities,such as the Covering Kids–Minnesota project,health plan personnel work to improve the health of their communities.The Covering Kids–Minnesota coalition, working closely with the Ventura administration and the Minnesota Department of Human Services,will identify key issues and strategies for increasing health care access on a statewide basis.

Essential Public Health Service #6

Enforce laws and regulations that protect health and ensure safety

In general, the health plans' role is one of compliance and input.

Specific health plan roles that support Essential Public Health Service #6	Specific examples illustrating how health plans put their roles into practice
Comply with public health laws and regulations, and provide policy and operational input into the drafting of laws and regulations.	Three health plan representatives serve on the board of the Minnesota Smoke-Free Coalition, a grassroots organization that works to prevent and reduce tobacco use in Minnesota,in part by strengthening state and local laws regarding youth access to tobacco.
Health plans do not have an enforcement role, but they do have internal education, compliance and reporting roles in relation to their provider networks.	Two health plan representatives serve on MDH's Tuberculosis Advisory Committee, a multidisciplinary group that assesses and prioritizes tuberculosis issues in the state and that is developing a Tuberculosis Elimination Plan for Minnesota. A subcommittee is working to enhance provider expertise and compliance with tuberculosis screening and follow-up services.

Essential Public Health Service #7

Link people to needed personal health services and ensure the provision of health care when otherwise unavailable

In general, Minnesota's health plans are each responsible for paying for their enrolled members' health care according to their contracts, and some also provide care directly.

Specific health plan roles that support Essential Public Health Service #7	Specific examples illustrating how health plans put their roles into practice
Advocate for appropriate public health policies, funding and health care access programs.Mobilize public action to support public health services and programs.Advocate for universal coverage, and work with public health and other stakeholders to identify creative and workable solutions that will reduce the number and percentage of uninsured Minnesotans.	The Minnesota Council of Health Plans actively lobbies to support Legislation to Expand Access to Health Care, Improve the Affordability of Private Health Coverage, and Improve and Adequately Fund Minnesota's Government-Sponsored Health Care Programs.
Participate in government programs designed to provide care to special-needs patients, persons who cannot otherwise afford insurance and the elderly.	With the Campaign for Coverage, several health plans and other partners reached out to residents of Montrose in Wright County to enroll them in government programs such as Medicaid and MinnesotaCare.
When non-network providers (e.g., school-based health services and public health clinics) provide services to health plan members, facilitate and share accountability for communication with the providers.	Immunization registries are essential tools to effectively exchange immunization information among providers and to ensure the timely administration of age-appropriate immunizations.Health plans participate in immunization registry development throughout the state.One example is the public/private partnership that cooperatively developed the Southwest Minnesota Immunization Information System.This is a fully functional registry that has linked 22 counties in the southwest region of the state.Nearly 100 percent of the region's providers participate.

Essential Public Health Service #8

Ensure a competent public health and personal health care work force

In general, the health plans' role is to ensure high standards for their providers and employees and continually improve those standards.

Specific health plan roles that support Essential Public Health Service #8	Specific examples illustrating how health plans put their roles into practice
Beyond minimum licensure standards, continue to improve credentialing standards.	Minnesota's health plans contract with health care providers to be part of their respective networks,and the credentials required to join a network exceed state licensing requirements. For example,PreferredOne's Credentialing Standards require residency/fellowship training for primary care and specialty providers,and its network reflects a mix of culturally and linguistically competent health care providers.
Support and provide continuing educational opportunities for health professionals.	HealthPartners and UCare Minnesota partnered with their interpreter service vendors to organize and sponsor an eight-hour interpreter orientation training for interpreters used by their language service vendors to enhance the interpreters'core competencies.

Essential Public Health Service #9

Evaluate effectiveness, accessibility and quality of personal and population-based health services

In general, the health plans' role is to evaluate the effectiveness of their personal and public health interventions and to document and disseminate this information.

Specific health plan roles that support Essential Public Health Service #9	Specific examples illustrating how health plans put their roles into practice
Health plans continually evaluate the success of their own interventions, many of which relate to public health priorities.Much of this learning could be shared with the community.	Allina Health System/Medica Health Plans' Chronic Disease Management in Lincoln Park School Students project assesses chronic health conditions among low-income students.The project is designed to use data to (1) develop effective community involvement programs that address public health goals,(2) promote health for all children,adolescents and their families,and (3) promote early detection and improved management of noninfectious disease and chronic conditions.
Partner with public health organizations to identify meaningful data to collect (e.g., immunization criteria).	Health plan representatives serve on the Minnesota Population Health Assessment Work Group and its subgroups that are asked to examine existing population health assessment methodologies and develop a long-term vision for population health assessment and intelligence in Minnesota.

Essential Public Health Service #10

Research for new insights and innovative solutions to health problems

In general, health plans acknowledge and support the need to continue to improve prevention, intervention, practice and technology.

Specific health plan roles that support Essential Public Health Service #10	Specific examples illustrating how health plans put their roles into practice
Publish and otherwise share their practice guidelines, innovations and other learnings.	The Institute for Clinical Systems Improvement is a collaboration between HealthPartners and 18 medical groups in Minnesota and western Wisconsin,dedicated to championing and improving health care quality by identifying and accelerating the implementation of best clinical practices.More than 45 health care guidelines and over 50 technology assessment reports have been developed,and most are available online.
Assist with developing, and advocate for, sound funding systems for core public health functions, medical research, medical education and public assistance programs. Continue individual and collaborative work to fund and conduct research.	During the Minnesota Legislature's biennial budget years,the council has supported legislative appropriations for core public health funding, including support for the local public health endowment in the most recent budget session and previously to support increased state funding to replace declining federal funds.The council also supports funding for medical education and research.

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Project Summaries

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Project Summary

Adolescent Health Care Collaborative

(see page 3)

In 1998,Metropolitan Health Plan (MHP) convened a group of network physicians and collaboration members to identify and agree upon 10 key elements of adolescent health care. MHP then convened a work group to develop methods to communicate the 10 key elements as a desirable product for adolescents and their parents.The group decided to conduct focus groups drawn from diverse groups of adolescents and of parents of adolescents.MHP conducted 19 focus groups of adolescents and parents from five ethnic groups.Each group of adolescents was homogeneous by ethnicity and gender and ranged in age from 14 to 17.The focus groups of parents included both men and women and were homogeneous by ethnicity. Fifteen of the focus groups were conducted in Minneapolis.The other four were conducted in Coon Rapids, Blaine and Anoka.Each focus group comprised 8–10 participants.The ethnic composition was as follows:

Adolescent Females	Adolescent Males	Parents
African-American	African-American	African-American
Asian	Asian	Asian
Euro-American	Euro-American	Euro-American
Latino	Latino	Latino
Native American	Native American	Native American

The collaborative is currently analyzing focus group results and developing plans to proceed.

Core public health function(s) served	Assessment and policy development
Council member(s) involved	Metropolitan Health Plan
Other project partner(s)	Minnesota Department of Health;City of Minneapolis;Hennepin County Community Health Department;Bloomington Health Department
Public health issue(s)	Adolescent health care
Project goal(s)	Learn about health care access from adolescents and their parents and identify barriers to address within our community and the health care system.
Geographic area	Anoka,Carver, Hennepin and Scott counties
Target population	Adolescents;parents of adolescents;providers
Timeline	1998-present (building on a coalition formed in 1995)
Outcomes	Adolescents'and parents'perception of preventive health,access,barriers and most effective ways to communicate have been documented.The health plan is in the process of incorporating this information into a communication plan.

APPENDIX

Project Summary

Bridge to Health

(see page 5)

Through the Bridge to Health collaborative,stakeholders in northeastern Minnesota and northwestern Wisconsin identified as a common priority the need to reduce tobacco use among area residents. They have developed an action plan and a set of intervention strategies,including working with providers and grassroots community organizations.

Core public health function(s) served	Assessment,assurance and policy development
Council member(s) involved	Allina Health System/Medica Health Plans; First Plan of Minnesota
Other project partner(s)	Public health representatives;hospitals; clinics;mental health providers;American Lung Association;American Cancer Society;the University of Minnesota–Duluth
Public health issue(s)	Tobacco reduction,prevention and cessation
Project goal(s)	1.Health care providers will improve tobacco-use intervention skills,from primary prevention to assessment,within their respective settings. 2.Promote and ensure awareness of tobacco cessation resources in the region. 3.Encourage community efforts that reduce the use of tobacco,with an emphasis on reducing youth access and increasing the prevalence of smoke-free environments.
Geographic area	Nine counties in northeastern Minnesota (Aitkin,Carlton,Cook,Itasca,Kanabec, Koochiching, Lake,Pine and St.Louis),and seven counties in northwestern Wisconsin
Target population	Entire population,with an emphasis on youth,pregnant women and women of child-bearing age
Timeline	1996–present
Outcomes	Stakeholders performed a health assessment in 1999 and are working to help providers improve tobacco-use intervention skills,from primary prevention to assessment,within their respective settings.

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Project Summary

Campaign for Coverage

(see page 10)

The project was designed to lower the rates of uninsured residents specifically in the city of Montrose located in Wright County. The initial project was a community health fair with many "giveaways" and health promotion activities. The fair provided attendees with an opportunity to discuss health care options, including Medicaid and MinnesotaCare. County financial workers were available to answer questions and to assist with completing application forms on site. The city of Montrose had been previously identified as a low-income community with a high rate of uninsured families.

Core public health function(s) served	Assurance
Council member(s) involved	Allina Health System/Medica Health Plans;Blue Cross and Blue Shield/Blue Plus of Minnesota; UCare Minnesota
Other project partner(s)	Montrose Elementary School;Wright County Public Health and Social Services;Minnesota Department of Human Services;Buffalo Hospital
Public health issue(s)	Access to health care
Project goal(s)	Reduce the number of uninsured families and individuals and increase access to health care for low-income persons
Geographic area	Wright County
Target population	Uninsured,low-income residents of Wright County

APPENDIX

Project Summary

Car Seat Program

(see page 3)

Each year, approximately 110 passengers under age 11 are killed or severely injured in motor vehicle crashes in Minnesota.Seventy percent of these fatalities and injuries could be prevented with proper use of child restraints in vehicles;however, public safety officials estimate that 85 percent of restraints are misused. Additionally, UCare Minnesota found that many families couldn't afford car seats. Therefore,UCare Minnesota partnered with the organizations listed below to achieve these objectives:

Program Objectives:

1. Increase number of families able to access and use child safety seats.
2. Increase knowledge and skills regarding proper use of safety seats.
3. Increase perceived benefits of using restraints.
4. Increase percent of children below the age of 5 properly restrained on every trip in a motor vehicle.

Process Objectives:

1. Work with the Safe America Foundation to purchase safety seats for eligible members.
2. Partner with public health agencies to distribute car seats and educate parents in appropriate installation (via classes or home visits).
3. Sponsor training of public health nurses in installation (partner with Minnesota Safe Kids:Buckle Up! Program to offer training).
4. Work with agencies to accommodate members who speak languages other than English.

Core public health function(s) served	Assurance
Council member(s) involved	UCare Minnesota
Other project partner(s)	Local public health agencies in 54 counties;Minnesota Safe Kids:Buckle Up! (Safety Council); Safe America Foundation
Public health issue(s)	Injury prevention
Project goal(s)	Improve the safety of children in UCare Minnesota's service area through the Car Seat Program. Outcome objective:Decrease the number of children below the age of 5 who are injured or killed in motor vehicle crashes.
Geographic area	54 counties encompassing more than half of UCare Minnesota's service area
Target population	All eligible UCare Minnesota members
Timeline	1997–present
Outcomes	To date, over 3,600 seats have been distributed,and parents have been educated about how to use them correctly. Beyond more families having access to car seats and using them appropriately, public health partners have indicated that this intervention has led to the provision of additional public health services needed by the families.

APPENDIX

Project Summary

Center for Population Health

(see page 1)

The Center for Population Health (CPH) comprises more than 28 partners. Partners include public and private entities responsible or accountable for the health of populations (e.g.,community health service agencies,HMOs,hospitals and health systems,community organizations).CPH's mission is to maintain and improve the health of the population through public/private initiatives in the seven-county metro area.To carry out this mission,the center's functions include the following:

- Assessment and Evaluation:Through the creative use of databases belonging to partner and nonpartner organizations,partners help target collective efforts to address population health and evaluate the effect of those interventions.
- Policy Formation,Development and Monitoring: Partners collectively identify and recommend policy with the potential to improve population health and forward those policies to partner organizations and others for action. Recommendations may include organizational or public policy changes.
- Collaborative Initiatives: Partners set priorities,plan programs and design interventions for specific health issues.

Core public health function(s) served	Assessment,assurance and policy development
Council member(s) involved	Health plans serving the seven-county metropolitan area (Allina Health System,Blue Cross and Blue Shield/Blue Plus of Minnesota,HealthPartners,Metropolitan Health Plan,UCare Minnesota)
Other project partner(s)	Hospitals/health systems,local public health agencies and other partners such as United Way, Minnesota Department of Health,University of Minnesota School of Public Health,Boynton Health Services (College Health) and Minnesota Public Health Association
Public health issue(s)	CPH members identify key population health topic areas to discuss each year to determine the unique role of CPH partners in cooperatively addressing the selected public health goals. Current priorities include developing a metro immunization registry, promoting screening for domestic violence,preventing tobacco use among youth,addressing social conditions that improve health,and promoting adolescent health.
Project goal(s)	Maintain and improve the health of the population through public/private initiatives
Geographic area	Seven-county metro area
Target population	Population-based focus
Timeline	1995–present
Outcomes	CPH has facilitated many discussions on the following topics: • Disparities in Health Status Among Populations of Color • Public Health Goals,Collaboration and Medical Assistance Purchasing Contracts

Project Summary

Center for Population Health (cont'd)

- Adolescent Health
- Role of Business in Supporting Community Health
- Population Health Assessment
- Understanding and Promoting Social Conditions that Support Health (Healthy Minnesotans Public Health Goal 18)

CPH has coordinated projects that led to the following accomplishments (most recent listed first):

- Successfully urged Commissioner of Health to convene a statewide Immunization Registry Funding Task Force to develop a comprehensive plan for statewide registry funding.
- Developed language for the metro-area public health goals section of the Prepaid Medical Assistance Program (PMAP) contracts between DHS and health plans in 1999 and 2000 (Ad Hoc Work Group on Public Health Goals,Collaboration and PMAP Contracts).
- Selected priorities for collaborative public health activities for the metro area, reflecting them in both CPH's work plan and the health plans'statutorily required collaboration plans for 1997 and 1999.
- Developed and distributed a position statement on adolescent health and opportunities for action.This document was used to shape legislation on adolescent health in the 1999 legislative session (Ad Hoc Work Group on Adolescent Health).
- Hired a Metro Immunization Registry Project Coordinator in 1997 to staff a task force and work groups. Accomplishments include the following:
  1.Building organizational support for the Metro Immunization Registry.
  2. Developing the framework for the registry and achieving consensus on its functional design.
  3.Securing short-term funding to continue the registry's development.CPH transitioned leadership for the registry to Hennepin County as lead agency as of September 1999.
- Participated in the Minnesota Health Improvement Partnership and its Action Teams (see pages 1,2,39 and 40).
- Conducted pilot studies (including administration of immunizations) on the effectiveness of collaboratively providing hepatitis B immunization to adolescents in selected school settings in Minneapolis and Carver County. The pilot study tested different models of delivery in middle and high schools (West Metro Adolescent Hepatitis B Project — final evaluation report by Wilder Foundation is available).
- Supported the efforts of the East Metro Health Promotion Cooperative to promote the use of bicycle helmets in east metro counties (project brochure is available).

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Project Summary

Chronic Disease Management in Lincoln Park School Students (see page 12)

This project was designed to assess the prevalence of chronic health conditions among low-income students attending Lincoln Park School and develop interventions to address identified needs.These interventions would be delivered through a neighborhood clinic that opened adjacent to Lincoln Park School in the spring of 1999.

Technical assistance is available for funding a consultant to develop survey and interview tools and to assist with data analysis and program planning.

Core public health function(s) served	Assessment and assurance
Council member(s) involved	Allina Health System/Medica Health Plans
Other project partner(s)	St.Mary's/Duluth Clinic Health System;Lincoln Park School
Public health issue(s)	Chronic health conditions
Project goal(s)	Assess the prevalence of chronic health conditions among low-income students and develop intervention to address identified needs
Geographic area	Lincoln Park School District in Duluth
Target population	Low-income students with chronic health conditions in the Lincoln Park School District

APPENDIX

Project Summary

Community Health Committee

(see page 7)

The Minnesota Council of Health Plans'Community Health Committee serves as the council's liaison to state and local public health agencies and representatives.It works to improve understanding between the public and private sectors of health care by enhancing relationships and communication.It also facilitates council members'input into many public/private collaborations to improve health.The council's Immunization Task Force,described on page 30 of this document, reports to the Community Health Committee.

The committee has worked to refine its own understanding of how health plans can best support public health improvement and has developed this document and the previous version,published in April 1998,to define and illustrate the roles of Minnesota's health plans in relation to essential public health services.

Core public health function(s) served	Policy development
Council member(s) involved	All council members,i.e.,Allina Health System/Medica Health Plans;Altru Health Plan;Blue Cross and Blue Shield/Blue Plus of Minnesota; First Plan of Minnesota;HealthPartners;Mayo Health Plan;Metropolitan Health Plan;PreferredOne;Sioux Valley Hospitals & Health System; UCare Minnesota
Other project partner(s)	Not applicable
Public health issue(s)	Recent topics of discussion have included public health financing,collaboration planning and a myriad of public/private collaborations focused on wide-ranging issues such as tobacco cessation and prevention;social determinants of health;and disparities in health of minority populations.
Project goal(s)	Improve council members'understanding of public health issues and develop consensus regarding those issues
Geographic area	Statewide
Target population	All Minnesotans
Timeline	1995–present
Outcomes	Publication of this document and the previous version;improved understanding of and consensus on public health issues

APPENDIX

Project Summary

Covering Kids–Minnesota

(see page 8)

One example of the many committees and boards on which health plan personnel serve is the Covering Kids–Minnesota project. Forty-nine states,including Minnesota,are participating in the Robert Wood Johnson Foundation-funded,three-year Covering Kids project.The Children's Defense Fund is the project convener in Minnesota.The main goals of this national initiative are identifying and enrolling potentially eligible children in health insurance;simplifying processes (e.g.,the application process);and coordinating systems and programs that serve the same income-eligible groups.The Covering Kids–Minnesota coalition, working closely with the Ventura administration and the Minnesota Department of Human Services (DHS),will identify key issues and strategies for increasing health care access on a statewide basis.

Core public health function(s) served	Assurance
Council member(s) involved	Allina Health System/Medica Health Plans;Blue Cross and Blue Shield/Blue Plus of Minnesota; Metropolitan Health Plan;UCare Minnesota
Other project partner(s)	Children's Defense Fund;hospitals and health systems;local and state public health departments;community-based organizations;service organizations;minority councils;public schools;Legal Services;Minnesota Business Partnership;Minnesota Hospital and Healthcare Partnership;MetroEast Program for Health;Neighborhood Health Care Network;Health Care Auxiliary of Minnesota;Minneapolis Foundation;Governor's Office;DHS
Public health issue(s)	Ensuring health care coverage for children
Project goal(s)	1.Reduce the number of uninsured children by half. 2.Build a statewide network for assisting families with children to enroll. 3.Collect data on barriers to health coverage. 4.Advocate for a shorter application form. 5. Work with the state to assist families in a smooth transition between coverage programs.
Geographic area	Statewide
Target population	Children who need significant help with enrollment in a health program
Timeline	1999–present
Outcomes	Formation of a multi-stakeholder coalition with organizational support from the highest levels of the membership;outcomes will be measured in future years

APPENDIX

Project Summary

Credentialing Standards

(see page 11)

Minnesota's health plans contract with health care providers to be part of their respective networks.The credentials required to join a network exceed state licensing requirements,similar to hospitals requiring proof of high professional standards for physicians to obtain privileges to practice at hospitals. For example,PreferredOne's credentialing standards require residency/fellowship training for primary care and specialty providers,and its network reflects an appropriate mix of culturally and linguistically competent health care providers.

The council has worked with other partners to streamline the process by which health care professionals apply for credentials with Minnesota's health plans.Though each health plan retains its ability to decide independently with which health care providers to contract,all council members now use the same set of forms for the credentialing process. The council is also working with the Minnesota Hospital and Healthcare Partnership and Minnesota Medical Association to develop a uniform process for independently verifying the information contained in these forms.

Core public health function(s) served	Assurance
Council member(s) involved	All health plans have credentialing standards in place that exceed state licensing requirements; the particular example in this case is PreferredOne.
Other project partner(s)	While health plans decide independently on the professional credentials needed to contract with the plan,collectively through the council they are working with the Minnesota Hospital and Healthcare Partnership and Minnesota Medical Association to improve the process by which professional standards are independently verified.
Public health issue(s)	To improve the quality of health care by maintaining high professional standards
Project goal(s)	Maintain high standards of professionalism and quality within health plan networks
Geographic area	PreferredOne's service area,which encompasses the Twin Cities metropolitan area, much of central and southwestern Minnesota and other states
Target population	Members enrolled in PreferredOne
Timeline	Ongoing
Outcomes	Improved health care provided through a highly credentialed network;improved efficiency via uniform set of credentialing forms

APPENDIX

Project Summary

Diabetes Quality Improvement Collaboration

(see page 3)

The Diabetes Quality Improvement Collaboration is a public health/health plan partnership that provides opportunities to promote mutual public/private diabetes goals within diverse health care systems.Its mission is to promote and support a primary-care clinic improvement model that incorporates the following:

- evidence-based guidelines
- quality improvement concepts
- population-based approaches
- user-friendly tools
- tailored support and resources
- culturally appropriate materials
- uniform measures

Core public health function(s) served	Assurance
Council member(s) involved	Metropolitan Health Plan,UCare Minnesota (two health plans serving primarily Medicaid/public program recipients)
Other project partner(s)	The Minnesota Department of Health's Minnesota Diabetes Control Program
Public health issue(s)	Improving diabetes care in Minnesota clinics
Project goal(s)	1.Improve the preventive care given to people with diabetes in ambulatory care settings. 2.Learn which strategies are effective in improving diabetes care. 3.Transfer successful strategies across clinics within health plan delivery systems. 4.Define new roles for public health and health plans in support of these activities.
Geographic area	Twin Cities metropolitan area
Target population	Persons with diabetes
Timeline	1995–present
Outcomes	Sharing quality improvement expertise and resources and building on common goals,the partnership developed a support package for diabetes guideline implementation.The resulting clinic guide provides hands-on tools and resources and was tested in clinics prior to wider distribution in 1999.Evaluation of clinic guide is currently in process.

APPENDIX

Project Summary

Family Health Protocols

(see page 7)

Blue Plus and Allina Health System/Medica Health Plans have each established a list of home visits for Prepaid Medical Assistance Program (PMAP) and MinnesotaCare members called "Family Health Protocols," which were developed as preventive health services to aid members in achieving healthy outcomes.If a referral for the services is obtained from the member's primary care clinic,and the service is listed on the "Family Health Protocols," a prior authorization is not necessary.

Core public health function(s) served	Assurance and policy development
Council member(s) involved	Allina Health System/Medica Health Plans;Blue Cross and Blue Shield/Blue Plus of Minnesota
Other project partner(s)	Participating home health agencies and public health agencies
Public health issue(s)	Prevention and intervention for families
Project goal(s)	Aid members in achieving healthy outcomes
Geographic area	Statewide
Target population	All PMAP and MinnesotaCare members enrolled in the participating health plans
Timeline	1997-present
Outcomes	Work to identify families at risk for poor health outcomes,and work to improve the health and well-being of PMAP and MinnesotaCare enrollees and their families

APPENDIX

Project Summary

Fitness Fever

(see page 7)

Fitness Fever encourages healthful exercise and nutritional lifestyles and is improving health outcomes.A Minnesota Department of Health study, funded by the Centers for Disease Control and Prevention, found that students who participated in Fitness Fever increased their level of activity and ate more fruits and vegetables.Students like the program, because it is focused on fun. For the fourth consecutive year, Fitness Fever spread through work sites and families.More than 100 companies have participated in the program.

Core public health function(s) served	Assessment and assurance
Council member(s) involved	Blue Cross and Blue Shield/Blue Plus of Minnesota
Other project partner(s)	Minnesota Department of Children, Families and Learning;Minnesota Service Cooperatives; Minnesota Department of Health
Public health issue(s)	Encourages a lifetime of healthful behaviors for kids and families
Project goal(s)	Motivate,educate and foster improved health outcomes with a fun, focused education campaign
Geographic area	Statewide
Target population	Children and their families
Timeline	1995–present
Outcomes	Increase students'consumption of fruit and vegetables.Increase students'level of physical activity. Increase the knowledge of healthy behaviors and lifestyle as it relates to nutrition and exercise for program participants.

APPENDIX

Project Summary

Health Care Coalition on Violence

(see page 5)

In 1995 health plan leaders approached Gov. Arne Carlson suggesting the formation of a task force to examine violence as a public health problem.The governor did so that year, inviting health plan and hospital executives,legislators, physicians and law enforcement professionals to examine violence as a health care epidemic.Out of that task force, which reported its recommendations in 1996, grew the broader-based Health Care Coalition on Violence.The coalition is charged with implementing an action plan,of which the following are key elements:

- Violence-related data collection and research initiatives
- A workplace violence strategy
- A plan to improve health care coverage and payment policies related to violence
- Primary violence prevention initiatives
- Violence-related service coordination and referral
- Coordination of health care-related efforts with other violence initiatives
- Funding strategies

The council is an active coalition member, working toward improvement with its coalition partners in all of these areas.

Core public health function(s) served	Assessment,assurance and policy development
Council member(s) involved	All council members,i.e.,Allina Health System/Medica Health Plans;Altru Health Plan;Blue Cross and Blue Shield/Blue Plus of Minnesota; First Plan of Minnesota;HealthPartners;Mayo Health Plan;Metropolitan Health Plan;PreferredOne;Sioux Valley Hospitals & Health System; UCare Minnesota
Other project partner(s)	Children's Hospitals and Clinics; Fairview Hospital and Healthcare Services;HealthSystem Minnesota;St. Paul Ramsey Health Department;CentraCare Health Foundation;Ridgeview Medical Center;HealthEast; various community-based organizations (including many advocates on violence-related issues);physicians and other providers,hospitals and health systems;policy-makers;law enforcement representatives
Public health issue(s)	Violence prevention
Project goal(s)	Working with public and community health representatives statewide,the coalition's goal is to identify and implement violence prevention strategies for the private health care system that will ultimately help mitigate the impact of violence in Minnesota.
Geographic area	Statewide
Target population	All Minnesotans
Timeline	1996–present
Outcomes	Established "Violence Prevention: An Achievement Award for Health Care Organizations," an annual award that recognizes health care organizations involved in violence prevention

Project Summary

Health Care Coalition on Violence (cont'd)

Published

- "Family Violence Prevention: A Prenatal Educator's Guide to Primary Prevention"
- "A Review of the Research on Gun Injuries:Promising Prevention Strategies for Health Care"
- "A Review of the Research on Home Visiting:A Strategy for Preventing Child Maltreatment"
- "Family Violence Prevention: A Step-by-Step Guide for Hospitals and Clinics"

Developed a resource kit for participants who attended training sessions on workplace violence;training sessions conducted throughout the state in 1997 and 1998.

Improved E-code reporting for causes of injuries statewide from under 40 percent to 90 percent.Data will be available statewide in 2000.

APPENDIX

Project Summary

Health Plan Employer Data and Information Set (HEDIS)

(see page 1)

The Health Plan Employer Data and Information Set (HEDIS) is a set of standardized performance measures designed to assess the quality of health care and services provided by health plans.Using HEDIS measures,health plans submit information about utilization and quality on an annual basis to the Minnesota Department of Health (MDH).MDH,health plans and others use these data to analyze process improvements in the public and private sectors of the state's health care system.

Core public health function(s) served	Assessment and assurance
Council member(s) involved	All council members,i.e.,Allina Health System/Medica Health Plans;Altru Health Plan;Blue Cross and Blue Shield/Blue Plus of Minnesota; First Plan of Minnesota;HealthPartners;Mayo Health Plan;Metropolitan Health Plan;PreferredOne;Sioux Valley Hospitals & Health System; UCare Minnesota
Other project partner(s)	Not applicable
Public health issue(s)	Health plans currently submit HEDIS data to MDH that relate to the following public health priorities:improving birth outcomes and early childhood development;promoting health for all children,adolescents and their families;promoting,protecting and improving mental health; promoting the well-being of the elderly and those with disability, disease and/or chronic illness; promoting early detection and improved management of noninfectious disease and chronic conditions;ensuring access to and improving the quality of health services.
Project goal(s)	Provide aggregate health-related data to MDH to assist in evaluation of progress toward achieving public health goals
Geographic area	Statewide
Target population	All health plan members
Timeline	Ongoing
Outcomes	The number of measures that are collected continues to grow, and measurement methodology continues to be refined.In general,HEDIS rates for Minnesota's health plans exceed national averages and are steadily improving.

APPENDIX

Project Summary

Immunization Birth Packets

(see page 4)

Since 1993 the council and the Minnesota Department of Health,through the council's Immunization Task Force,have produced and disseminated folders of information about childhood immunization for new parents. Various local public health agencies also participated during the project's initial design phase.The folders,printed in seven languages,are distributed freely to nearly all hospitals in the state,which in turn distribute them freely to new mothers.The English-language version is updated each spring,in conjunction with annually updated childhood immunization schedules.

The Immunization Task Force reports to the council's Community Health Committee,which is described in the introduction and on pages 7 and 21 of this document.

Core public health function(s) served	Assessment and assurance
Council member(s) involved	All council members,i.e.,Allina Health System/Medica Health Plans;Altru Health Plan;Blue Cross and Blue Shield/Blue Plus of Minnesota; First Plan of Minnesota;HealthPartners;Mayo Health Plan;Metropolitan Health Plan;PreferredOne;Sioux Valley Hospitals & Health System; UCare Minnesota
Other project partner(s)	Minnesota Department of Health;during the project's initial design phase, various local public health agencies;beginning in 1999 Merck Vaccine Division provided an unconditional education grant to help fund the project
Public health issue(s)	Prevention of disease by improving immunization status of Minnesota infants and toddlers, regardless of health plan affiliation
Project goal(s)	Educate parents about immunizing their children promptly and appropriately; remove barriers to immunization
Geographic area	Statewide
Target population	All mothers of babies born in Minnesota hospitals
Timeline	1993–present
Outcomes	Nearly 90 percent of the state's new parents (birth rate has grown to approximately 65,000 births per year) receive the folders.Since the project's inception,the task force has surveyed hospitals and new mothers to evaluate the folders'utility and appeal.The folders are very popular with both hospitals and new mothers,and in response to these periodic evaluations, the task force has improved the folders over time.

APPENDIX

Project Summary

Insight Health Partnership

(see page 5)

In order to reduce health disparities,HealthPartners and McFarlane Media Interests produce and distribute reliable, culturally framed information to improve knowledge about health,health risk reduction and health care services.The partnership also urges people of color to consider careers in the health industry and celebrates the accomplishments and contributions of health care professionals who excel in serving communities of color. HealthPartners brings to this relationship recognized leadership knowledge in healthful lifestyles,prevention,health risks and health care.McFarlane Media Interests brings cultural competence and credible communications vehicles that are known, respected and trusted in communities of color.

Core public health function(s) served	Assurance
Council member(s) involved	HealthPartners
Other project partner(s)	McFarlane Media Interests (publisher of Insight News) and the Minnesota Minority Media Coalition (a coalition of nine publications and radio stations owned and operated by communities of color in Minnesota,with a combined circulation of more than 150,000)
Public health issue(s)	Reducing health disparities for people of color through health education and reduction of health risk behaviors
Project goal(s)	1.Reduce health risk behaviors and increase interest in health industry careers on the part of African-Americans through weekly publication of Insight Health, a four- to six-page Section B of Insight News, a newspaper produced by and for the African-American community with a distribution of 35,000. Insight Health includes culturally framed health and wellness information,profiles of African-American health leaders and classified ads featuring employment opportunities in the health industry. 2.Reduce health risk behaviors and increase interest in health industry careers on the part of people from other communities of color through quarterly publication of Health and Culture.This publication is similar in design and content to Insight Health and contains articles that are culturally appropriate for all of the various communities of color in Minnesota. Health and Culture appears in all of the newspapers of the Minnesota Minority Media Coalition. 3.Celebrate and hold up as models people who demonstrate excellence in serving communities of color through annual sponsorship of the Communities of Color Health Leadership Awards and Luncheon.This annual event brings in nationally recognized speakers in improving health care services for people of color and recognizes each year's six winners of the Communities of Color Health Leadership Awards.
Geographic area	Statewide
Target population	All communities of color in Minnesota

Project Summary

Insight Health Partnership (cont'd)

Timeline	1997–present
Outcomes	Regular publication of Insight Health and Health and Culture, resulting in decreases in health risks through improved knowledge and changed behaviors

APPENDIX

Project Summary

Institute for Clinical Systems Improvement

(see page 13)

The Institute for Clinical Systems Improvement (ICSI) promotes health care quality improvement by

- providing a solid scientific base for improvement efforts through creation of practice guidelines and technology assessments;
- using collaboration and learning to enable medical groups to become adept at implementing quality-improvement methods;and
- being a champion for the benefits of evidence-based medicine and clinical quality improvement and readily sharing its learnings,guidelines and technology assessments.

ICSI provides intensive health care quality improvement services to 18 medical groups affiliated with HealthPartners. The combined medical groups represent nearly 2,500 physicians.Through ICSI's program,participating medical groups annually commit to at least four areas of patient care for intensive improvement work.ICSI supports their goals by providing them with education,counsel and scientific research and information.ICSI sponsors action groups — structured forums in which clinics and staff share information,strategies and experiences on implementing specific guidelines.ICSI also creates and offers seminars, workshops,courses and conferences on different aspects of clinical quality improvement.

ICSI has produced more than 40 health care guidelines in areas such as preventive services,diabetes, hypertension, asthma,prenatal care and attention deficit hyperactivity disorder.These guidelines,as well as ICSI's technology assessment reports,are publicly available,and most are posted on its Internet site:www.icsi.org.

Core public health function(s) served	Assessment and assurance
Council member(s) involved	HealthPartners
Other project partner(s)	Eighteen medical groups and other founding partners:Mayo Clinic;HealthSystem Minnesota; Buyers Health Care Action Group
Public health issue(s)	Obtain significant health care improvements through evidence-based medicine
Project goal(s)	1.Develop and regularly update ICSI guidelines and technology assessments to provide a solid scientific base for improvement efforts. 2.Provide medical groups with structured collaboration and learning experiences that support their efforts to improve specific services and become adept at using quality improvement methods. 3.Inform the community about evidence-based medicine and the benefits they reap from the medical groups'health care improvement efforts.
Geographic area	Central and southern Minnesota and western Wisconsin
Target population	All HealthPartners members and their communities
Timeline	1993–present
Outcomes	Improved health care through development and implementation of evidence-based guidelines, technology assessments and quality improvement methods in clinical settings

APPENDIX

Project Summary

Interpreter Orientation Training

(see page 11)

Culture and language have considerable impact on how patients access and respond to health care services. To ensure equal access to quality health care by people with limited English proficiency, health plans have been working in partnership with the Interpreter Standards Advisory Committee — comprising community representatives — to develop recommendations for training, certification and use of spoken language interpreters in Minnesota. In the meantime, HealthPartners and UCare Minnesota have jointly sponsored a training and orientation session for interpreter agencies and staff interpreters who serve the heath plans' members. The University of Minnesota Program in Translation and Interpreting, which provided the instruction, brings special expertise and commitment to this project.

Core public health function(s) served	Assurance
Council member(s) involved	HealthPartners;UCare Minnesota
Other project partner(s)	University of Minnesota Program in Translation and Interpreting;Regions Hospital International Services. A variety of organizations participated in the training, including Kim Tong Translation Service;Accutrans; ITS, Inc.; Jewish Community Center;Metropolitan Visiting Nurse Association Interpreters; Women's Association of Hmong and Lao;and the Bridge World Language Center
Public health issue(s)	Ensuring access to health services by improving the quality of spoken language interpreter services for people with limited English proficiency
Project goal(s)	1. Increase core competencies of spoken language interpreters through an eight-hour training and orientation session. Spoken language interpreter agencies provide a multitude of languages upon request 24 hours a day through both face-to-face and telephone interpretation. 2. Increase spoken language interpreters' basic understanding of professional ethics guidelines for confidentiality, impartiality, professionalism and boundaries with both colleagues and clients. Begin to develop some consistency in the way these services are offered. 3. Provide better access and quality care leading to better health outcomes. Clear communication in a trusting and respectful environment will ensure informed consent, more accurate diagnosis and follow-through with medications and treatment regimens.
Geographic area	Statewide
Target population	People with limited English proficiency
Timeline	1999–2000
Outcomes	Improved competency of interpreters

APPENDIX

Project Summary

Lead Screening Project and Blood-Lead Screening Work Group

(see page 2)

In a series of meetings held from November 1998 through November 1999,a work group met to discuss and debate protocols for testing children for elevated blood-lead levels. This work group comprised a diverse group of professionals representing health care and housing issues in Minnesota.

The group discussed potential blood-lead screening guidelines for Minnesota and made recommendations on the guidelines to the Minnesota Department of Health (MDH).

Core public health function(s) served	Assurance and policy development
Council member(s) involved	Blue Cross and Blue Shield/Blue Plus of Minnesota;HealthPartners;UCare Minnesota
Other project partner(s)	Local public health agencies;Minnesota House of Representatives and Senate;MDH;hospitals; Minnesota Visiting Nurses Association;Minnesota Medical Association;Greater Minneapolis Day Care Association;Minnesota Department of Human Services
Project goal(s)	Development of screening guidelines for health professionals and other health care providers with instructions on screening children for elevated blood-lead levels
Geographic area	Universal screening of children in Minneapolis and St. Paul.Screening is also recommended for all children who receive medical assistance,who are recent arrivals to Minnesota from other countries or major metropolitan areas within the last 12 months or whose parent expresses concern about lead or asks that the child be tested for blood-lead poisoning.
Target population	Screening children at 1 and 2 years of age and children up to 6 years of age who have not previously been screened
Timeline	1998–1999
Outcomes	Work group made recommendations on the new blood-lead screening guidelines for Minnesota. MDH issued the new guidelines in 2000.

APPENDIX

Project Summary

Legislation to Expand Access to Health Care, Improve the Affordability of Private Health Coverage, and Improve and Adequately Fund Minnesota's Government-Sponsored Health Care Programs (see page 10)

The council strongly supports the goal of universal coverage. Minnesota's safety net of government programs for the poor, those with special needs and those who are otherwise uninsurable is among the reasons that Minnesota's rate of uninsurance is dramatically lower than the national average. The council was among the first supporters of HealthRight, which was later named MinnesotaCare.The council has supported expansions of MinnesotaCare,as well as increased funding and structural improvements for other programs, such as Medical Assistance,General Assistance Medical Care, the Minnesota Comprehensive Health Association and the Minnesota Senior Health Options program.The council also helped design and advocate for the state's private insurance reforms that improved access for small employers and individuals through state laws requiring modified community rating,underwriting reforms,guaranteed issuance for small employers and other reforms.

Core public health function(s) served	Policy development
Council member(s) involved	All council members,i.e.,Allina Health System/Medica Health Plans;Altru Health Plan;Blue Cross and Blue Shield/Blue Plus of Minnesota; First Plan of Minnesota;HealthPartners;Mayo Health Plan;Metropolitan Health Plan;PreferredOne;Sioux Valley Hospitals & Health System; UCare Minnesota
Other project partner(s)	All other supporters of the proposed legislation,including state and local public health departments
Public health issue(s)	Universal coverage and access to health care
Project goal(s)	Ensure that all Minnesotans have coverage and access to health care
Geographic area	Statewide
Target population	All Minnesotans
Timeline	Ongoing
Outcomes	Passage of significant legislation to expand access,improve affordability, and improve and adequately fund government-sponsored health care programs

Project Summary

Legislative Appropriations for Core Public Health Funding

(see page 13)

During the Minnesota Legislature's biennial budget years,the council has supported legislative appropriations for core public health funding.In recent decades,core public health functions were greatly supported by federal funds through Medicaid fee-for-service payments.Local public health agencies stretched their Medicaid funds both to cover actual Medicaid services and to support core public health.During the early 1990s federal funds were cut back,and fewer funds were available to support core public health. At the same time,Minnesota began to expand its Prepaid Medical Assistance Program (PMAP),through which council members contract with the state to serve clients enrolled in medical assistance and related programs.PMAP was not designed to address state or local public health agencies'core public health functions or funding needs,nor did the participating council members receive funds once paid by the federal government to support core public health.To meet the void created by lost federal funds,the council supported increased state funding for core public health.During the most recent budget session,the council renewed its support for a local public health endowment,urging that funds be appropriated and tied to a clear statement of expected outcomes, measurable benchmarks for success and accountability for achievement.

Core public health function(s) served	Policy development
Council member(s) involved	All council members,i.e.,Allina Health System/Medica Health Plans;Altru Health Plan;Blue Cross and Blue Shield/Blue Plus of Minnesota; First Plan of Minnesota;HealthPartners;Mayo Health Plan;Metropolitan Health Plan;PreferredOne;Sioux Valley Hospitals & Health System; UCare Minnesota
Other project partner(s)	All other supporters of the proposed legislation,including state and local public health departments
Public health issue(s)	Funding for public health infrastructure
Project goal(s)	Ensure that state and local public health departments receive adequate funding to support their core functions
Geographic area	Statewide
Target population	All Minnesotans
Timeline	Ongoing
Outcomes	Passage of funding legislation

APPENDIX

Project Summary

MN-DAK Public Health Consortium

(see page 5)

Public health agencies in western Minnesota and eastern North Dakota have brought together a broadly based multistakeholder group,including schools,health plans and providers.Named the MN-DAK Public Health Consortium,it has addressed several topics,such as child and teen check-ups,immunizations and adult care.The consortium examines current services in the community and discusses how partners can work together to meet community needs.The consortium received a Community Integrated Services Systems (CISS) demonstration grant and is focusing on Promising Practices for Alcohol and Tobacco Prevention Among Youth.

Core public health function(s) served	Assessment and policy development
Council member(s) involved	Allina Health System;Blue Cross and Blue Shield/Blue Plus of Minnesota;UCare Minnesota
Other project partner(s)	Clay County Public Health; Fargo-Cass Public Health;Multi-County Nursing Service;Otter Tail Health Department;Richland County Health Department;Wilkin County Public Health Nursing Service;MeritCare;Dakota Clinic;Migrant Health
Public health issue(s)	Alcohol and tobacco use
Project goal(s)	Prevent alcohol and tobacco use among youth
Geographic area	In Minnesota:Becker, Clay, Mahnomen,Norman,Otter Tail and Wilkin counties.In North Dakota: Cass and Richland counties
Target population	Youth
Timeline	1997–present
Outcomes	Consortium participants completed a CISS evaluation and recently reviewed the report's results.Each partner has been asked what it can do to reduce alcohol and tobacco use among youth.The group will be reviewing the evaluation more closely and will select strategies to use in addressing alcohol and tobacco prevention among youth.

APPENDIX

Project Summary

Minnesota Health Improvement Partnership

(see page 1)

In mid-1997 Minnesota Commissioner of Health Anne Barry called together leaders from 26 statewide organizations, including the Minnesota Council of Health,to form the Minnesota Health Improvement Partnership (MHIP).Its charge was to develop statewide public health goals for 2004.MHIP successfully extended the agenda for improving the public's health beyond those areas for which the state and local government public health system has direct responsibility.

In 1999 new Commissioner of Health Jan Malcolm reconvened and expanded MHIP, toward the purpose of developing coordinated public,private and nonprofit efforts to improve the health of Minnesota residents.Its work is grounded in the vision of health as a shared responsibility and is focused on achieving jointly developed health goals and priorities through the use of evidence-based strategies. MHIP provides an organized structure for statewide discussions of policy and system-level issues and projects that cross the boundaries between the state and local public health system,managed care organizations and other health care providers,educational institutions,state agencies and community-based organizations,particularly with respect to the identification of appropriate roles that each entity can play in health improvement efforts.MHIP has also formed two action teams on which health plan representatives actively participate.The action teams focus on social conditions and health (see pages 2 and 40) and adolescent health.

Core public health function(s) served	Assessment,assurance and policy development
Council member(s) involved	All council members,i.e.,Allina Health System/Medica Health Plans;Altru Health Plan;Blue Cross and Blue Shield/Blue Plus of Minnesota; First Plan of Minnesota;HealthPartners;Mayo Health Plan;Metropolitan Health Plan;PreferredOne;Sioux Valley Hospitals & Health System; UCare Minnesota
Other project partner(s)	Forty statewide organizations,including representatives from state and local public health, other governmental agencies,community-based organizations,and providers
Public health issue(s)	Those contained within the 18 Healthy Minnesotans Public Health Improvement Goals 2004
Project goal(s)	MHIP's charge is to identify and promote health improvement activities among Minnesota's public,private and nonprofit sectors,and to advise the commissioner on activities that MDH should take to facilitate public/private/nonprofit health improvement efforts and advance the vision of health as a shared responsibility.
Geographic area	Statewide
Target population	All Minnesotans
Timeline	1997–present
Outcomes	Collaboratively developed statewide public health goals;creation of an organized partnership among public and private stakeholders to forge consensus on public health issues

APPENDIX

Project Summary

Minnesota Health Improvement Partnership's Action Team on Social Conditions and Health (see pages 1, 2, 19 and 39)

The Minnesota Health Improvement Partnership (MHIP) has formed an action team on social conditions and health.The action team is charged with developing strategies and tools that public,private and nonprofit organizations can use to deepen their understanding of the social conditions that affect the health of Minnesotans,and to identify action steps the MHIP member organizations and Minnesota Department of Health (MDH) can take to address these issues. Potential products include a critical review of research;a model of health incorporating the best research and thinking about the most critical determinants of health;a communications plan,including tools to communicate with other state agencies and other constituencies about findings and recommendations; recommendations regarding new goals, objectives and/or a process for developing MHIP goals;and identification of next steps.

Core public health function(s) served	Assessment,assurance and policy development
Council member(s) involved	Allina Health System/Medica Health Plans;UCare Minnesota
Other project partner(s)	Minnesota Chamber of Commerce and other representatives of Minnesota's business community; representatives from area foundations,minority councils, faith communities,the University of Minnesota,Minnesota Food Share,the Minnesota Legislature,local public health agencies,MDH and other state agencies
Public health issue(s)	Goal 18 of the Healthy Minnesotans Public Health Improvement Goals 2004
Project goal(s)	Foster understanding and promotion of the social conditions that support health
Geographic area	Statewide
Target population	All Minnesotans
Timeline	1999–present
Outcomes	Improved understanding of and support for goal 18 among public and private stakeholders

APPENDIX

Project Summary

Minnesota Healthy Beginnings

(see page 7)

Minnesota Healthy Beginnings is responsible for the universally offered home visiting pilot program created in Minnesota Statute 145A.16 that makes home visits available to all families with children from the prenatal period to age 1 in designated service areas.The program's primary purpose is to ensure that all families have access to information and support services that strengthen families,promote health and improve developmental outcomes for all children. An additional goal is to identify families who need sustained support and link them to additional services,based on the family's needs and wants.The program is being piloted in four sites that received Minnesota Department of Health program grants.

Core public health function(s) served	Assurance and policy development
Council member(s) involved	Allina Health System;Blue Cross and Blue Shield/Blue Plus of Minnesota;HealthPartners;UCare Minnesota
Other project partner(s)	Minnesota Department of Health;local public health departments;hospitals/health systems; health care providers;Early Childhood Family Education;HeadStart;schools
Public health issue(s)	Prevention and intervention for newborns and their families
Project goal(s)	Promote optimal health and development for all babies;assist parents in meeting the health and developmental needs of their babies;promote successful community coalitions in participating counties and communities that coordinate services for families with babies
Geographic area	Lake County, St.Louis County and portions of Dakota County encompassing Inver Grove Heights,South St. Paul and West St. Paul
Target population	All expectant parents and families with newborns
Timeline	1998–present
Outcome	Health plan representatives actively participate in the pilot site's community coalitions and support the offering of universal home visits to newborns and their families.

APPENDIX

Project Summary

Minnesota Population Health Assessment Work Group

(see page 12)

The Minnesota Population Health Assessment Work Group's charge is to convene recognized technical experts from public health agencies,academic research institutions, managed care organizations and other health care provider groups to examine existing population health assessment methodologies and develop a long-term vision of population health assessment and intelligence in Minnesota.

Specifically, the work group is responsible for

- identifying factors that have the most impact on the quality and quantity of healthy years of life for all Minnesota residents;identifying areas where methods of preventing or reducing negative impact on health have been recognized and evaluated;and identifying areas where measurement capabilities to understand the impact of public health action on that condition,behavior or exposure risk are available;and
- recommending a research agenda to improve the state of the art of population health assessment methodology, so that better assessment data are available to serve as the basis for developing future policy and program decisions.

Core public health function(s) served	Assessment and policy development
Council member(s) involved	Allina Health System/Medica Health Plans;Blue Cross and Blue Shield/Blue Plus of Minnesota; HealthPartners;UCare Minnesota
Other project partner(s)	Minnesota Department of Health;local public health representatives;HealthSystem Minnesota; Minnesota Department of Human Services;Dayton-Hudson Corp.;University of Minnesota School of Public Health;Minnesota Health Data Institute;Minnesota Department of Children, Families & Learning
Public health issue(s)	Those contained within the 18 Healthy Minnesotans Public Health Improvement Goals 2004
Project goal(s)	Improve and coordinate population health assessment data in Minnesota
Geographic area	Statewide
Target population	All Minnesotans
Timeline	1997–present
Outcomes	The work group has formed ad hoc groups specifically to address data needs in the following areas:tobacco,diabetes,and maternal and child health.

APPENDIX

Project Summary

Minnesota Pregnancy Assessment Form

(see page 4)

The council initiated a collaborative effort to design a uniform pregnancy assessment tool,so that health plans and the Minnesota Department of Human Services could accept the same form for all pregnant women in Minnesota.The committee comprised providers,payers and public health representatives.The form reflected the most up-to-date science regarding risk assessment.The committee developed a training manual enabling providers to obtain continuing medical or other professional education credit for learning about the state of risk assessment science and how best to implement the form in their clinical practices.To address some providers' reticence about identifying social risks not amenable to a provider's intervention,the committee,in conjunction with public health nurses across the state,also developed a list of resources and support services in each county.

Core public health function(s) served	Assessment and assurance
Council member(s) involved	All council members,i.e.,Allina Health System/Medica Health Plans;Altru Health Plan;Blue Cross and Blue Shield/Blue Plus of Minnesota; First Plan of Minnesota;HealthPartners;Mayo Health Plan;Metropolitan Health Plan;PreferredOne;Sioux Valley Hospitals & Health System; UCare Minnesota
Other project partner(s)	Council members;Bethesda Clinic;Neighborhood Health Network;Minnesota Department of Human Services;Hennepin County Medical Center; Park Nicollet;Mayo Clinic;Minnesota Department of Health; Fairview Family Physicians;University of Minnesota Medical School's Department of Family Practice and Community Health;Minnesota Medical Association; Minnesota Nurses Association;Minnesota Society of Obstetrics and Gynecology;Minnesota Academy of Family Physicians;Allina Medical Education and Research;public health nurses throughout Minnesota
Public health issue(s)	Prevention of poor pregnancy outcomes
Project goal(s)	The project mission was to revise the previous pre-term birth risk assessment form.The goal was to make the form a uniform,practical,easy-to-implement form for statewide use, reflecting the current state of pregnancy risk assessment science,including medical and social risks.
Geographic area	Statewide
Target population	Pregnant women covered by council members or by government programs (whether prepaid or fee-for-service);a secondary audience included pregnant women not covered by council members or government programs — committee members hoped that the practitioners would find the screening tool useful enough that they would adopt it for all pregnant patients, regardless of insurance status.
Timeline	1995–1997 (use of the form continues to the present)
Outcomes	Development of a state-of-the-science assessment form and supporting materials to streamline and improve the quality of pregnancy assessment in clinical settings

APPENDIX

Project Summary

Minnesota Smoke-Free Coalition

(see page 9)

The Minnesota Smoke-Free Coalition is a grassroots voice for the state's tobacco control movement.Its board members include the Minnesota chapters of the American Cancer Society, the American Heart Association and the American Lung Association.It advocates for strong policies to prevent and reduce disease and death caused by tobacco in Minnesota.

Core public health function(s) served	Assurance and policy development
Council member(s) involved	Coalition board members include representatives from Allina Health System,Blue Cross and Blue Shield/Blue Plus of Minnesota,and HealthPartners
Other project partner(s)	Coalition officers and board members include representatives from the American Cancer Society–Minnesota Division;American Heart Association–Minnesota Affiliate;American Lung Association of Minnesota;Community Prevention Coalition; Fairview Health Services;Hazelden Foundation;HealthSystem Minnesota;Hennepin County Community Health Department; Hennepin Medical Society Foundation;Mayo Clinic;Minnesota Medical Association;Minnesota Society for Respiratory Care;Olsen,Thielen & Co.,Ltd.;University of Minnesota;University of Minnesota Cancer Society; Veterans Administration Medical Center
Public health issue(s)	Tobacco use
Geographic area	Statewide
Target population	All Minnesotans
Timeline	1984–present
Outcomes	In collaboration with its member organizations,the Minnesota Smoke-Free Coalition has provided a leadership role in legislative efforts resulting in the passage of important state laws providing tobacco-free schools,smoke-free hospitals,health care facilities and day care,laws restricting youth access to tobacco,increases in the state tobacco excise tax,and most recently the establishment of the $490 million tobacco prevention endowment.The Minnesota Smoke-Free Coalition has trained more than 350 teens to use media and advocacy to fight the tobacco industry's efforts to recruit young smokers.The coalition has taught more than 6,000 kindergarten children about the clear benefits of choosing a smoke-free lifestyle.

Project Summary

Northeastern Minnesota Public Health Cooperative

(see page 6)

The Northeastern Minnesota Public Health Cooperative's Senior Immunization Project assessed the need to provide accurate data about individuals receiving immunization in northeastern Minnesota. After regional data were compiled,it was apparent that long-term care facilities in the region lacked standard policies and procedures for providing immunization information.Cooperative partners worked together to develop and implement a plan to educate and assist providers in the region.

Core public health function(s) served	Assessment and assurance
Council member(s) involved	Allina Health System;Blue Cross and Blue Shield/Blue Plus of Minnesota; First Plan of Minnesota;UCare Minnesota
Other project partner(s)	Public health representatives from seven-county region
Public health issue(s)	Vaccine-preventable disease
Project goal(s)	Increase pneumococcal,diphtheria/tetanus and flu immunization rates among individuals greater than 65 years of age
Geographic area	Seven counties in northeastern Minnesota (Aitkin,Carlton,Cook,Itasca, Koochiching,Lake and St.Louis)
Target population	Individuals living in long-term care facilities;seniors (over age 65)
Timeline	1997–present
Outcomes	Completed a pilot project to improve influenza immunization tracking activities in Aitkin county, resulting in recommendations that could be replicated in other counties;coordinated an initiative to improve policies and practices regarding adult immunization in long-term care facilities in the region.Local public health representatives visited long-term care facilities in the fall of 1999 to disseminate the Minnesota Department of Health's new pneumococcal resource tool kit.

APPENDIX

Project Summary

The Partners for Better Health Employer Initiative

(see page 4)

This program was designed to improve the health of populations by enlisting the support of their employers. The program focuses on reducing the risk for developing disease and on improving health status, regardless of where an individual resides on the health risk continuum. Consumers want to be healthy, so they can do what they want in their lives. Employers want healthy employees, because they are more productive and create a healthy company. HealthPartners recognizes the value in assisting employers to manage the health of their employees through health promotion, disease prevention, prevention of disease progression, self-care and disease management.

Core public health function(s) served	Assessment and assurance
Council member(s) involved	HealthPartners
Other project partner(s)	Over 1,500 employer groups
Public health issue(s)	Assessing health risks of the population and providing individual follow-up regarding risk; identifying and implementing population strategies to address health risks and improve health
Project goal(s)	1. Work collaboratively and in a manner that creates long-term relationships between strategic stakeholders: the employer, the health plan, the clinical care provider and the employee. 2. Assess the health of the population, identify at-risk individuals and provide intervention based on that risk. Health improvement programs are provided to individual employees and their dependents at home, using implementation approaches at the work site and clinic, and via member-direct strategies originated by the health plan. 3. Provide a comprehensive, targeted, strategic approach to health improvement through claims and utilization review, environmental surveys, preventable cost analysis, health risk assessments, disease management identification and follow-up (provider-specific and highly confidential), and a company-specific aggregate report. 4. Improve the health of the population by addressing areas of highest priority identified in the above assessment phase. Behavior change programs designed around the Transtheoretical Model include on-site, mail-based, telephone-based and clinic-based components that reach employees at the most opportune times. 5. Evaluate programs at regular intervals to assess the effectiveness of intervention on improving the health of the targeted population.
Geographic area	Statewide
Target population	Employees and dependents of the 1,500 enrolled employer groups
Timeline	1995–present
Outcomes	Two thousand employer groups have enrolled to date, and health improvement interventions have reached 12 percent of the health plan's total membership. Lifestyle behavior change programs have seen overall weight loss, tobacco cessation and improved nutrition among participants.

APPENDIX

Project Summary

Refugee Health Assessment Advisory Group

(see page 2)

Since 1979,an average of 2,000 refugees have resettled in Minnesota annually. During this time,additional medical requirements to enter the United States became effective.The Minnesota Department of Health's (MDH) Minnesota Refugee Health Program convened a Refugee Health Assessment Advisory Group to make recommendations to MDH's Division of Disease Prevention and Control.The advisory group seeks to improve the quality of health care for newly arrived refugees by (1) developing clinical communicable disease assessment guidelines for providers and (2) developing an improved infrastructure,including health care delivery and data collection systems.The advisory group issued a report in November 1999 summarizing its strategies to ensure that all new refugee arrivals receive the recommended refugee health assessment in a timely manner.

Core public health function(s) served	Assurance
Council member(s) involved	Blue Cross and Blue Shield/Blue Plus of Minnesota;UCare Minnesota
Other project partner(s)	Representatives from communities with large refugee populations; refugee resettlement agencies;community-based organizations;public health agencies;professional organizations; educational institutions; clinics;Minnesota Department of Human Services;MDH
Public health issue(s)	Prevention and control of acute disease
Project goal(s)	1.Provide input regarding the recommended refugee health assessment components. 2.Evaluate the statewide refugee health assessment data collection system and recommend improvements. 3.Develop strategies to enhance collaboration with identified refugee health and resettlement partners. 4.Develop and disseminate guidelines for providers regarding refugee health assessment. 5.Make recommendations for policy and funding to support a public health system that ensures refugee access to health services.
Geographic area	Statewide
Target population	Newly arrived refugees in Minnesota
Timeline	1998–1999
Outcomes	In November 1999 the advisory group issued a report of recommendations titled "Refugee Health Assessment Advisory Group Work Plan and Strategies," which was disseminated to public and private partners serving new refugees. Advisory group members are in the process of implementing a number of the recommendations.

Project Summary

Southwest Minnesota Immunization Information System

(see page 10)

One of the most important things parents can do for their children is protect them from preventable diseases.Like car seats, vaccinations give life-saving protection.Children can be protected against 10 diseases:measles, mumps and rubella (MMR), chicken pox (varicella),diphtheria,tetanus and whooping cough (DtaP),polio (IPV & OPV),hepatitis B (HBV) and Haemophilus influenza type B (HIB).These preventable diseases have not been eradicated — they still occur when children do not get their shots when needed.

The Southwest Minnesota Immunization Information System (SIIS) tracks vaccinations received by children in the region, by having doctors and public health staff report the shots they administer to SIIS.SIIS also sends parents/guardians reminders about shots that are due or shots that have been missed.

Core public health function(s) served	Assurance and policy development
Council member(s) involved	Blue Cross and Blue Shield/Blue Plus of Minnesota
Other project partner(s)	Public health agencies; clinics and physicians
Public health issue(s)	Prevention and intervention for families
Project goal(s)	Ensure that all children get life-saving immunizations,send reminders about shots to parents/guardians and retain accurate immunization information in one centralized location
Geographic area	Twenty counties in southwest Minnesota
Target population	Children
Timeline	1994–present
Outcomes	SIIS supports medical clinics and local public health departments to have technology appropriate to access a current and accurate immunization record for children 0–6 years of age and a reminder and recall system that supports the recommended child immunization schedule.SIIS works to improve immunization rates and to decrease the incidence of morbidity and mortality for vaccine preventable diseases.

APPENDIX

Project Summary

Tuberculosis Advisory Committee

(see page 9)

Although the number of tuberculosis (TB) cases in Minnesota remains relatively low, the state's percentage of TB cases in foreign-born persons is currently the second highest in the nation.The Minnesota Department of Health (MDH) convened a Tuberculosis Advisory Committee to provide direction, feedback and support for new TB initiatives.The committee works to prevent and control tuberculosis infection and disease in Minnesota by providing statewide leadership in

- planning,implementing and evaluating TB prevention and control activities;
- communicating and disseminating information about TB; and
- developing a TB elimination plan.

This is accomplished through

- working collaboratively with individuals and agencies statewide that have invested in TB prevention and intervention,drawing on their expertise and diversity;and
- using creativity, innovation and critical thinking.

Core public health function(s) served	Assurance and policy development
Council member(s) involved	Blue Cross and Blue Shield/Blue Plus of Minnesota;UCare Minnesota
Other project partner(s)	MDH;local public health departments;health care providers,including hospitals, clinics and health systems;American Lung Association; refugee resettlement agencies;community-based organizations;Minnesota Department of Corrections;schools
Public health issue(s)	TB prevention and intervention
Project goal(s)	Prevent and control TB infection and disease in Minnesota by providing statewide leadership in planning,implementing and evaluating TB prevention and control activities;communicating and disseminating information about TB;and developing a TB elimination plan
Geographic area	Statewide
Target population	Population groups at risk for TB infection
Timeline	1999–present
Outcomes	The TB Advisory Committee meets quarterly to provide direction, feedback and support for TB initiatives of the MDH.

APPENDIX

Project Summary

Universal Domestic Violence Screening

(see page 7)

Mayo Health Plan — in collaboration with Mayo Medical Center, the Southeastern Minnesota Collaborative Committee and the Southeastern Minnesota Domestic Violence Project Steering Committee — works to increase individuals', communities'and medical personnel's awareness and responsibility in the area of domestic violence.Health plan and medical center staff participate in committees and initiatives to prevent and reduce domestic violence in the communities the plan serves.

The goals for the universal domestic violence screening strategy are

- to provide a regional,communitywide initiative to increase the understanding of, and appropriate response to, domestic violence;and
- to support collaborative roles for the public,private and nonprofit sectors to ensure a broadened,community-based, interdisciplinary approach to domestic violence.

Physicians at Mayo Medical Center and the hospital's emergency room have adopted policies and clinical guidelines in assessing and intervening for domestic violence. Mayo Health Plan collects and reports E-codes in an effort to assist in the statewide efforts to reduce the incidents of domestic violence and provides other support to the Southeastern Minnesota Domestic Violence Project Steering Committee.

Mayo Health Plan will continue to participate and support the domestic violence initiative during the 1999–2001 collaboration planning cycle.

Core public health function(s) served	Assessment,assurance and policy development
Council member(s) involved	Mayo Health Plan
Other project partner(s)	Mayo Medical Center;Southeastern Minnesota Collaborative Committee; Southeastern Minnesota Domestic Violence Project Steering Committee
Public health issue(s)	Violence
Project goal(s)	Prevention and reduction of domestic violence in the communities the plan serves
Geographic area	Southeastern Minnesota
Target population	All members of Mayo Health Plan and patients of Mayo Medical Center
Timeline	1998–present
Outcome	The Southeastern Minnesota Domestic Violence Project continues to meet on a quarterly basis. The Steering Committee is currently conducting a survey to determine the use of "Improving our Community Response to Domestic Violence," a manual distributed throughout southeastern Minnesota. The Steering Committee continues to promote use of the domestic violence resource/safety cards as well as universal screening for domestic violence in the health care setting.

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