



Overview of the Maternal and Child Health Advisory Task Force

February 2015

Purpose: The Maternal and Child Health Advisory Task Force ([2012 Session Law Chapter 247, Article 2, Section 7](#)) was created by the Minnesota Legislature in 1982 and reestablished in 2012 to advise, consult with and make recommendations to the Commissioner of Health on:

1. The health care needs of Minnesota's mothers and children, including children and youth with special health care needs;
2. The type, frequency and impact of MCH services in the state;
3. Program guidelines and criteria considered essential to providing an effective MCH care program to low-income populations and high risk persons and fulfilling the purposes of the state and federal MCH statutes;
4. The use of federal and state funds available to meet MCH needs;
5. Priorities for funding MCH services; and
6. Establish, in consultation with the commissioner and the State Community Health Advisory Committee, statewide outcomes that will improve the health status of mothers and children.

Membership: Fifteen members, five each representing MCH professionals, MCH consumers, and Community Health Boards (MN Stat 145A.02) are appointed by the Commissioner of Health to four year terms. Eight of the terms are coterminous with the governor's term (ending in early January) and seven end one year later. Applications are made through the Secretary of State's Office of Open Appointments.

Due to the expansive scope of maternal and child health services and the need to assure representation from key partners with specific expertise, the Task Force also has a number of ex-officio task force members. Currently, the members represent the Minnesota Departments of Human Services and Education, the University of Minnesota School of Public Health, Family Voices of Minnesota, Healthy Start, Pacer Center HealthPartners, and the Minnesota Chapter of the March of Dimes.

Meeting Schedule: By statute the full Task Force must meet four times a year. The calendar of meetings is established at the beginning of each calendar year. Depending on the work plan, work group meetings may also be scheduled. Generally, the full Task Force meetings are held from 9:30 am to 2:30 pm.

Reimbursement: Lunch is provided to members. Expenses members incur to attend these meetings are reimbursed; however, no per diem is provided.

Agendas: The agenda for each meeting generally includes remarks by the Commissioner of Health or his designee, such as the Assistant Commissioner, a report from the Community and Family Health Division, and reports from Task Force work groups and related committees. Each member provides an update on MCH-related activities. Topical and program presentations and discussions offer members the latest information on programs and an opportunity for members to provide input on program development.

Annual Work Plan: The Task Force annual work plan includes activities specific to maternal and child health priorities of current year. Each year the Task Force and the Commissioner of Health also present the Betty Hubbard MCH Leadership Awards. These awards recognize individuals or groups for work of statewide significance and work at the community level.

Annual Report: Each year the Task Force presents a brief annual report of activities, projects and concerns to the Commissioner of Health. The annual report is based on the work plan and includes suggestions for future Task Force involvement. Other reports may be prepared on specific topics as requested by the Commissioner of Health and/or determined necessary by the Task Force in consultation with MDH staff.

Federal Title V (MCH Block Grant) Application and Annual

Report: The Maternal and Child Health Block Grant application is Minnesota's application to the federal government for federal Title V Maternal and Child Health Services Block Grant funding. It contains a report of expenditures and activities conducted in the current year, and budget and activity plans proposed for next year. The report and plan components are organized by 18 federal performance measures and 10 state performance measures. Data tables demonstrate the progress Minnesota is making toward its performance measures. The document also describes the process, data, and priorities of a five year needs assessment, which will guide administration of the program for the next five years. The MDH provides a progress report on the Title V Block Grant to the Task Force annually.

More Information: Support of the Task Force is provided by the Maternal and Child Health Section in collaboration with the Children and Youth with Special Health Needs Section. Agendas, minutes and materials from the previous meeting are posted on the Task Force website and a notice sent to members and other interested parties approximately ten days prior to each meeting.

For more information about the Maternal and Child Health Advisory Task Force visit the Task Force website at: www.health.state.mn.us/divs/cfh/program/mchatf/ or contact Bonika Peters at 651/201-5719 or bonika.peters@state.mn.us.