

Results First Service Inventory: Health

This inventory presents information about health programs, practices, and services in Minnesota. The "Rating" column in subsequent pages indicates the extent to which research provides causal evidence of effectiveness. Where available, we show the health outcomes impacted. The research includes outcomes verified by respected sources (Washington Institute of Public Policy, Cochrane Review, and Campbell Collaborative, amongst others).

Number of programs	Rating	Definitions
18	Proven Effective	A Proven Effective service or practice offers a high level of research on effectiveness for at least one outcome of interest. This is determined through multiple qualifying evaluations outside of Minnesota or one or more qualifying local evaluation. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.
23	Promising	A Promising service or practice has some research demonstrating effectiveness for at least one outcome of interest. This may be a single qualifying evaluation that is not contradicted by other such studies but does not meet the full criteria for the Proven Effective designation. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.
29	Theory Based	A Theory Based service or practice has either no research on effectiveness or research designs that do not meet the above standards. These services and practices may have a well-constructed logic model or theory of change. This ranking is neutral. Services may move up to Promising or Proven Effective after research reveals their causal impact on measured outcomes.
0	Mixed Effects	A Mixed Effects service or practice offers a high level of research on the effectiveness of multiple outcomes. However, the outcomes have both positive and negative effects on clients. This is determined through multiple qualifying studies outside of Minnesota or one or more qualifying local evaluation. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.
0	No Effect	A service or practice rated No Effect has no impact on the measured outcomes of interest. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.
0	Proven Harmful	A Proven Harmful service or practice offers a high level of research that shows program participation adversely affects outcomes of interest. This is determined through multiple qualifying evaluations outside of Minnesota or one or more qualifying local evaluation. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.
0	Category of services	These services represent groupings of settings, assessments, tools, and processes that a client may receive dependent on need. If the parent rating is Theory Based, some of the services within the category may be evidence-based, but the services have not been studied holistically. If the parent rating is something other than Theory Based, there is at least one qualifying study that assessed the effectiveness of the services holistically.
3	Culturally-informed intervention	Culturally-Informed Interventions are services that communities have created for themselves, imbued with culturally-based context and methods for effectiveness. These interventions may also be generic services that have been strategically adapted by a community with the service purveyor to more appropriately serve a cultural community. This does not include services delivered with cultural competence, as all models can be provided with cultural competence (e.g. language, religion).

	Other definitions
Favorable	Favorable impact on the outcome
Neutral	Neutral or contradictory evidence of impact on the outcome
Unfavorable	Unfavorable impact on the outcome
*	Adequate research is not available
Additional comment or expert opinion	Provides additional context from experts in the field.

Name	Program details	Category	Rating	Improve Health Outcomes	Reduce Hospitalization	Reduce Unintended Pregnancy	Other Outcomes	Source of Evidence	Additional comment or expert opinion
Behavioral Interventions to Reduce Obesity for Adults: Remotely-Delivered Programs	Behavioral interventions for obesity include behavioral counseling, therapy, and educational components, and often include diet and exercise components as well. This grouping of interventions for obese adults excludes programs that target diabetic populations. Target Population: Obese adults Frequency/Duration: Not specified	Chronic Disease	Proven Effective	Favorable (Reduced obesity)	Favorable (Reduced Hospitalization)	*	*	WSIPP	Minnesota has a similar program targeting pre-diabetic adults, including activities directed at reducing obesity. Obesity is directly linked to diabetes.
Chronic Disease Self-Management Program (CDSMP)	Chronic disease self-management (CDSM) programs support patients' active management of their condition in their daily life through education and behavioral interventions. Programs vary by specific disease but often focus on self-monitoring and medical management, decision making, or adoption and maintenance of health-promoting behaviors. Target Population: Adults with chronic health conditions who are comfortable using a computer and checking email. Frequency/Duration: 2 hours/week for 6 weeks	Chronic Disease	Proven Effective	Favorable	Favorable	*	Favorable (Increased Healthy Behaviors, Improved Quality of Life)	County Health Rankings	
Community Health Worker-Led Intervention to Control Blood Pressure	A multicomponent program to improve blood pressure control. The program includes (i) a community health worker-led, home-based component, in which health workers coach patients on lifestyle modifications to reduce blood pressure, home blood pressure monitoring, and medication adherence during monthly or bi-monthly home visits; (ii) physician training and certification in blood pressure management; and (iii) weekly, personalized text messages sent to patients to encourage medication adherence and health behavioral change. Target Population: Low-income, uninsured patients with hypertension Frequency/Duration: 18 months	Chronic Disease	Promising	Favorable (Reduced Blood Pressure)	*	*	*	Social Programs that Work	
Diabetes Prevention Program	A collaborative, community-based, lifestyle change program. The Minnesota Individuals and Communities Acting Now Prevent Diabetes (I CAN PD) offers type 2 diabetes prevention education and support for people with pre-diabetes as part of the National Diabetes Prevention Program (NDPP). It is based on the Centers for Disease Control and Prevention's curriculum and National Diabetes Prevention Recognition standards. Target Population: Individuals with pre-diabetes Frequency/Duration: Not Specified	Chronic Disease	Proven Effective	Favorable (Reduced Obesity, Fasting Glucose)	*	*	*	WSIPP	

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Healthy Home Environment Assessments	Healthy home environment assessments engage home visitors, often community health workers (CHWs), nurses, similarly trained asthma outreach workers, other professionals, paraprofessionals, or volunteers to assess and remediate environmental health risks within the home. Programs typically focus on improving asthma management or other conditions related to environmental factors in the home via low cost changes such as education/awareness, improved ventilation, integrated pest management, and other forms of allergen control. Programs may also provide low emission vacuums, allergen-impermeable bedding covers, air filters, cleaning supplies, and supplies for roach abatement. Target Population: Not specified Frequency/Duration: Not specified	Chronic Disease	Proven Effective	Favorable	Favorable	*	*	What Works for Health	
Medication Therapy Management for Hypertension	A pharmacist-delivered program to assist patients with medication challenges and self-management of chronic conditions, including hypertension, high blood cholesterol, and diabetes. Target Population: Minnesota Medicaid recipients with hypertension Frequency/Duration: As needed determined by the pharmacist and patient	Chronic Disease	Theory Based	*	*	*	*	Not at this time	
Self-Measured Blood Pressure Monitoring with Clinical Support	Self-measured blood pressure monitoring (SMBP) involves a patient's regular use of personal blood pressure monitoring devices to assess and record blood pressure across different points in time outside of a clinical, community, or public setting, typically at home. With clinical support, patients receive some support and follow-up from health care professionals to ensure that they are continuing the monitoring as instructed. Target Population: Hypertensive patients at Federally-Qualified Health Centers Frequency/Duration: Not specified	Chronic Disease	Promising	Favorable (Reduced blood pressure)	*	*	*	Cochrane	
Walk with Ease (group program and self-directed program)	A training program with both group and individual curricula to increase walking. The program is designed to decrease disability and improve arthritis symptoms, self-efficacy, and perceived control, balance, strength. Target Population: Community-dwelling older adults with arthritis and other chronic conditions, such as diabetes, heart disease and hypertension. Frequency/Duration: 6 weeks, 3 times a week for 1 hour (18 sessions); 12-15 participants; or self-directed (online).	Chronic Disease	Theory Based	*	*	*	*	Not at this time	National Council on Aging has identified this as an evidence-based program and its criteria for this designation generally aligns with our criteria. However, it is not of the outcomes our results that were used to justify their determination, so we are unable to determine whether the program is evidence-based.

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WISEWOMAN	The WISEWOMAN program aims to improve the delivery of heart disease and stroke prevention services by focusing on cardiovascular disease (CVD) risk factors, specifically improving blood pressure control. WISEWOMAN helps integrate innovative and evidence-based approaches to heart disease and stroke prevention within health care systems and throughout communities. Target Population: Low-income, uninsured, and underinsured women aged 40-64 Frequency/Duration: Not specified	Chronic Disease	Theory Based	*	*	*	*	Not at this time	
Case Managed Care for Community-Dwelling Frail Elders	In a case management model, health professionals, often nurses, manage multiple aspects of patients' long-term care (LTC), including status assessment, monitoring, advocacy, care planning, and linkage to services, as well as transmission of information to and between care providers. Target Population: Enrollees (generally elderly) designated for case management Frequency/Duration: Variable based on client circumstances.	Community Health	Promising	*	Favorable (Reduced Hospitalization)	*	Favorable (Reduced nursing home use, improved day-to-day functioning)	What Works for Health	
Civil Surgeon Green Card Program	Assisting immigrants complete required medical evaluations and immunization requirements for obtaining a green card or legal permanent residence status. Target Population: Immigrants seeking green card status Frequency/Duration: 1-3 visits	Community Health	Theory Based	*	*	*	*	Not at this time	
Communities for a Lifetime	Brings together residents, cities, local businesses, community organizations, and County staff to create networks of accessible, age-friendly communities. Target Population: Not Specified Frequency/Duration: Not Specified	Community Health	Theory Based	*	*	*	*	Not at this time	
Community-Specific Supports	Support group, individual case management/care coordination, community resource liaison for members of specific racial, ethnic, or cultural groups. Target Population: Members of particular group Frequency/Duration: Varies	Community Health	Theory Based (Culturally-Informed)	*	*	*	*	Not at this time	
Farmers Markets	A farmers market is a multiple vendor farm-to-consumer retail operation, where producers sell goods directly to consumers at a set outdoor or indoor location. Farmers markets usually sell fresh fruit and vegetables, though meat, dairy, grains, prepared foods, and other items may also be available. Target Population: All within a certain community Frequency/Duration: Typically once a week	Community Health	Promising	*	*	*	Favorable (Increased access to and consumption of fruits / vegetables)	What Works for Health	
Health Promotion Services	Provides health screening, services, and community partnerships to promote health and well-being. Public Health staff provide education on a variety of topics to clients, families and communities, conduct community health assessment, host community event screening, offer worksite wellness biometric screening, fluoride dental varnishing, blood pressure clinics, foot care clinics, blood lead testing, hearing and vision screening, and a public health service day clinic. Target Population: Not Specified Frequency/Duration: Varies	Community Health	Theory Based	*	*	*	*	Not at this time	

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Hospital-based violence intervention programs	Hospital-based violence intervention programs connect individuals in the hospital who are victims of violent assault to resources and support with a goal of reducing re-injury and re-hospitalization. Program provides immediate bedside support and intervention for participants and families along with follow-up and individual support when participants return to their community. Target Population: Youth and young adults ages 12-30 who are treated in the hospital for a violent assault injury (e.g. gunshot or stabbing). Frequency/Duration: 6 months, initial daily with variable follow-up visits	Community Health	Promising	*	Favorable (Reduced Repeat Hospitalization)	*	*	CDC	
Increase healthy food access at food shelves	Food bank and food pantry healthy food initiatives combine hunger relief efforts with nutrition information and healthy eating opportunities. Initiatives can include fruit and vegetable gleaning programs, farm Plant-a-Row efforts, and garden donations. Healthy food initiatives can also modify the food environment via efforts such as on-site cooking demonstrations and recipe tastings, produce display stands, or point-of-decision prompts. Target Population: Low-income individuals and families Frequency/Duration: Not specified	Community Health	Promising	*	*	*	Favorable (Healthy Food Consumption)	What Works for Health	
Matter of Balance Fall Prevention Classes	A structured group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels. Target Population: Older adults in community, long-term, or clinical settings Frequency/Duration: Varies	Community Health	Proven Effective	*	Favorable (Reduced Injuries)	*	Favorable (Reduced Falls)	What Works for Health	
Safe Routes to Schools	Safe Routes to Schools (SRTS) is a federally supported program that promotes walking and biking to school through education and incentives. The program also supports city planning and legislative efforts to make walking and biking safer and provides resources and activities to help communities build sidewalks, bicycle paths, and other pedestrian-friendly infrastructure. Target Population: Primarily elementary and secondary students, although there is a policy/planning component Frequency/Duration: Varies	Community Health	Proven Effective	*	Favorable (Reduced Injuries)	*	Favorable (Increased Active Transportation)	What Works for Health	Safe Routes to Schools has been shown to increase active transportation to schools. Active transportation is associated with healthier body composition and cardio fitness level.
School Health Program	Contract with school districts for Licensed School Nurse. The school health program is an organized set of activities designed to protect and promote the health and well-being of students and staff which include health services and screenings, healthful school environment, and health education. Target Population: Students Frequency/Duration: Not Specified	Community Health	Theory Based	*	*	*	*	Not at this time	
Screening and Assessment for Seniors	Initial screening and annual reassessment of seniors living in an institutional setting for changes in mental and physical health conditions. Target Population: Seniors living in institutional settings Frequency/Duration: At least annually	Community Health	Theory Based	*	*	*	*	Not at this time	
Simple Steps	Free walking program that allows participants to form walking teams and track the number of minutes they walk. Target Population: Not Specified Frequency/Duration: Not Specified	Community Health	Promising	*	*	*	Favorable (Steps Taken, Positive Affect Score)	RTIPs	

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All4You!	All4You! Has two primary instructional components: a skills-based HIV, other STD and pregnancy prevention curriculum and service-learning visits in the community. The goal of the program is to reduce the number of students having unprotected sexual intercourse and change key determinants related to sexual risk taking. Target Population: Alternative high school students ages 14-18	Family Health	Promising	*	*	*	Favorable (Contraceptive Use)	TPP	
Birth to 8	Identify children at risk of not reaching the state reading proficiency target by third grade and provide necessary support for them to succeed Target Population: Children Birth-Age 8 Frequency/Duration: Varies	Family Health	Theory Based	*	*	*	*		
Breastfeeding Promotion Programs	Breastfeeding promotion programs provide education and information about breastfeeding to women throughout pre- and post-natal care, and offer counseling from health care providers or trained volunteers, and support groups for nursing mothers. Programs often establish breastfeeding policies and supports in clinical settings such as hospitals and birth centers, as well as community settings such as workplaces and child care centers. Breastfeeding promotion programs can also provide information and education to doctors, nurses, midwives, nurse practitioners, nutritionists, lactation consultants, and other health care professionals . Target Population: Populations with lower breastfeeding rates Frequency/Duration: Not Specified	Family Health	Promising	Favorable (Improved Health Outcomes)	*	*	Favorable (Increased Breastfeeding)	What Works for Health	
Car Seat Distribution and Education Programs	Provide car seats or booster seats for children under age 2 and pregnant women, including education on the proper use of the car seat or booster seat. Target Population: Parents of children ages 0-2 Frequency/Duration: One Time	Family Health	Proven Effective	*	*	*	Favorable (Increased Use of Car Seats)	What Works for Health	
Child and Teen Checkups	Child and Teen Checkups (C&TC) is the name for Minnesota's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, a required service under Title XIX of the Social Security Act. C&TC is a comprehensive child health program to reduce the impact of childhood health problems by identifying, diagnosing, and treating health problems early, and to encourage the development of good health habits. It's also common to have an outreach component to assure access to appointments. Target Population: Children Ages 0-20 enrolled in Medical Assistance or MinnesotaCare Frequency Duration: At least one visit per year, depending on age	Family Health	Theory Based	*	*	*	*	Not at this time	In the Children's Mental Health inventory, similar programs were called "Assessment, Consolation, and Evaluation Services."
Circle of Security	Manualized content that provides parenting skills to high-risk populations. The program seeks to teach caregivers about child attachment and exploratory behavior. Target population: High-risk children showing behavioral disorders and their family. Frequency/Duration: Not Specified	Family Health	Promising	*	*	*	Favorable (Child Maltreatment; Child Mental Health)	CEBC	

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Condom Distribution Program	Condom distribution in multiple locations Target Population: Population at-risk for pregnancy Frequency/Duration: Not applicable	Family Health	Promising	*	*	*	Favorable (Condom Use, Condom Acquisition)	What Works for Health	
Dental Varnishing Program	Application of dental varnish to at-risk children Target Population: Children ages 0-5 not receiving fluoride varnish treatments through dentist or primary care clinic Frequency/Duration: Every 6 months ages 0-5	Family Health	Proven Effective	*	*	*	Favorable (Tooth Decay)	WSIPP	
Early Head Start - Home Visiting	Early Head Start is a federally-funded program for low-income pregnant women and families with infants or toddlers that aims to enhance children's development and health and strengthen families. Target Population: Low-income families with children ages 0-3 Frequency/Duration: Weekly visits lasting approximately 90 minutes	Family Health	Promising	Neutral	Neutral	*	Favorable (Child Wellbeing)	What Works for Health	
Early Hearing Detection and Intervention	Program ensures all newborns received needed hearing screening. Minnesota Statue section 144.966 mandates the reporting of newborn screening results and added hearing loss to the panel of more than 50 rare conditions for which every newborn in MN is screened unless parents opt-out. If screening is not completed or if follow-up is needed, local public health assist families with diagnosis or screening for hearing or birth defects. Target Population: Newborns Frequency/Duration: One-time	Family Health	Promising	*	*	*	Favorable (Early Identification)	NIH	Early Hearing screenings are required for newborns in Minnesota prior to leaving the hospital. Through screening, newborns with hearing impairments may access services sooner that could improve outcomes later in life.
Early Intervention Coordination with Schools	Provide interagency early intervention services to young children at risk for developmental delays, including identification of children at risk of developmental delays, home visits, assessments, referrals, and service coordination Target Population: Birth to Age 5 Frequency/Duration: Varies	Family Health	Theory Based	*	*	*	*	Not at this time	
Family Connects	Family Connects is a manualized postnatal nurse home visiting program that aims to improve infant and maternal health outcomes. Nurses evaluate families through a risk triage process and deliver educational interventions and community resource referrals as needed. Target Population: All families within a service area Frequency/Duration: Three visits when infant is 2-12 weeks old. Potential follow-up for services following those visits	Family Health	Promising	Favorable	Neutral	*	Favorable (Anxiety Disorder)	HOMVEE; WSIPP	
Family Spirit	Family Spirit is a culturally tailored home-visiting intervention for American Indian teenage mothers from pregnancy through 36 months postpartum. The intervention is designed to increase parenting competence (e.g., parenting knowledge and self-efficacy), reduce maternal psychosocial and behavioral risks that could interfere with effective parenting (e.g., drug and alcohol use, depression, externalizing problems), and promote healthy infant and toddler emotional and social adjustment (i.e., internalizing and externalizing behaviors) Target Population: High-risk American Indian teenage mothers Frequency/Duration: Varies	Family Health	Promising (Culturally-Informed)	*	*	*	Favorable (Externalizing Behavior Symptoms, Internalizing Symptoms)	WSIPP	Other high quality studies in the HomVEE clearinghouse have analyzed effects on child development, maternal health and parenting practices outcomes and have inconclusive evidence on the impact on those outcomes.

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Follow Along Program	Free program for children age birth to 3 years to monitor child growth and development with questionnaires sent on a prescribed schedule. Nurses may provide recommendations and referrals based on responses to the questionnaire. Target Population: Children Age Birth to 3 Frequency/Duration: Up to three years	Family Health	Theory Based	*	*	*	*	Not at this time	
Health Tracks Newsletters	Mailing of age-appropriate newsletter to parents; includes growth and development; recommended health services and immunizations; Target population: Parents of children ages 0-5 Frequency/Duration: Annual ages 2-5, more intensive ages 0-2	Family Health	Theory Based	*	*	*	*	Not at this time	
Healthy Families America	A network of programs aimed at reducing child maltreatment and promoting positive parent-child relationships. Includes weekly home visiting, parent support groups, and other services during a child's first months and years of life. Target population: High-risk and eligible parents Frequency/Duration: 1-hour visits weekly depending on child's age and need; up to age 5	Family Health	Proven Effective	*	Favorable	*	Favorable (Child or family wellbeing)	WSIPP	
Live It!	Culturally-specific curriculum uses cultural teachings, experiential learning, medical terminology, and activities to promote healthy decision-making when it comes to sexual activity among youth. Target Population: American Indian Youth, Ages 11-18 Frequency/Duration: Varies	Family Health	Theory Based (Culturally Informed)	*	*	*	*	Not at this time	
Making Proud Choices!	Making Proud Choices! Is an education curriculum that seeks to provide adolescents with knowledge, confidence, and skills to reduce their risk of sexually transmitted diseases, HIV and pregnancy by abstaining or using condoms. The intervention is rooted in cognitive-behavioral therapy. Target Population: Youth ages 12-18 Frequency/Duration: 10 sessions over the course of one year	Family Health	Promising	*	*	*	Favorable (Contraceptive Use)	TPP	
Minnesota Student Parent Support Initiative	This Initiative addresses the academic and health needs of non-traditional expectant and parenting students. Target Population: Pregnant and Parenting Students Frequency/Duration: Not Specified	Family Health	Theory Based	*	*	*	*	Not at this time	
Nurse-Family Partnership	Home visiting by nurses during a woman's pregnancy and the first two years after birth. The goal is to promote the child's development and provide support and instructive parenting skills to parents. Target Population: First-time, low-income mothers and their children Frequency/Duration: Approx. 1 hour visits weekly or every other week depending on child age and need, from pregnancy until child is age two	Family Health	Proven Effective	*	Neutral	*	Favorable (Child maltreatment, Crime, Enhancement in child or family wellbeing, Illicit drug use, Placement/permanency, Tobacco use/Underage alcohol use)	WSIPP	

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Other Home Visiting Programs for At-Risk Families	A group of long-term (longer than six months) home visiting programs that do not follow one of the specific models featured elsewhere in this inventory. Some programs use the same curricula as model home visiting programs, but have not completed the steps needed for accreditation by the model developers. Target Population: Varies by local program Frequency/Duration: Frequency of visits varies, typically less than six months	Family Health	Proven Effective	*	Neutral	*	Favorable (Child Maltreatment)	WSIPP	
Parenting Classes	Classes to promote children's social, emotional and academic competence using materials and resources from several curriculums (Incredible Years, Growing Great Kids). Includes group meal, childcare, developmental screening for children, group support. Target Population: At-risk families with children 0-5 years of age. Frequency/Duration: Weekly for six weeks	Family Health	Theory Based	*	*	*	*	Not at this time	Incredible Years is rated Proven Effective and favorably impacts child or family wellbeing and mental health symptoms
Parents as Teachers	An early childhood parent education, family support and well-being, and school readiness home visiting model. Based on theories of human ecology, empowerment, self-efficacy, attribution, and developmental parenting, Parents as Teachers involves the training and certification of parent educators who work with families using a comprehensive curriculum. Parent educators work with parents to strengthen protective factors and ensure that young children are healthy, safe, and ready to learn. Target Population: Parents/caregivers children ages 0-5 Frequency/Duration: Not Specified	Family Health	Promising	*	*	*	Favorable (Child Maltreatment)	CEBC	
Positive Alternatives	Promoting healthy pregnancy outcomes and assisting pregnant and parenting women in developing and maintaining family stability and self-sufficiency. Services include, but are not limited to: Medical care, nutrition services, housing assistance, adoption services, education and employment assistance, childcare assistance, and parenting education and support services Target Population: Pregnant and parenting women Frequency/Duration: Not Specified	Family Health	Theory Based	*	*	*	*	Not at this time	
Pregnancy Testing	Pregnancy Testing with education and referral to resources specific to results and client intention (family planning, prenatal care, infertility counseling, etc.) Target Population: As requested Frequency/Duration: One time visit	Family Health	Theory Based	*	*	*	*	Not at this time	
Reproductive Life Plan	Reproductive life plans (RLPs) provide a structured format for women and men to think about their desires related to having or not having children and establish goals based on those desires. RLPs are short statements that are consistent with personal values and current life circumstances. Health care providers can introduce RLPs and use that information to optimize health, prevent unintended pregnancies, and address other health needs prior to desired pregnancies. Target Population: Women of Childbearing Age Frequency/Duration: Not specified	Family Health	Theory Based	*	*	*	*	What Works for Health	Studies have shown that Reproductive Life Plans have increased preconception planning for participants, but there has not been evidence in outcomes such as birth outcomes or contraceptive use.

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Safer Choices	Multi-component STD, HIV, and teen pregnancy prevention program for junior and high school students. Seeks to motivate behavioral change by addressing factors such as attitudes and beliefs (including self-efficacy), social skills (particularly refusal and negotiation skills), functional knowledge, social and media influences, peer norms, and parent/child communication. Target Population: High School Students Frequency/Duration: Two years, frequency not specified	Family Health	Promising	*	*	*	Favorable (Contraceptive Use)	TPP Evidence Review	
Safer Sex Intervention	One-on-one in-person counseling from female health education in a clinical setting designed to reduce sexually risky behaviors including sex without a condom, multiple partners, and sex without contraception. Booster sessions are offered post-intervention. Target Population: Sexually active young women ages 13-23 Frequency/Duration: One-time 30-50 minute session, with the option of up to three booster sessions.	Family Health	Proven Effective	*	*	*	Favorable (Contraceptive Use)	TPP	The study found favorable outcomes after 9 months of the intervention. However, a follow-up at 18 months found no significant outcomes.
School-based Health Clinics	School-based health centers (SBHCs) provide elementary, middle, and high school students a variety of health care services on school premises or at offsite centers linked to schools. Teams of nurses, nurse practitioners, and physicians often provide primary and preventive care and mental health care; reproductive health services may be offered in middle and high schools, as allowed by district policy and state law. Providers at SBHCs often manage chronic illnesses such as asthma, mental health conditions, and obesity. Target Population: Students, typically uninsured or insured by Minnesota Health Care Programs Frequency/Duration: Ongoing care as needed	Family Health	Proven Effective	Favorable	*	*	*	What Works for Health	
Sexual Health and Adolescent Risk Prevention (SHARP)	Interactive education curriculum designed to reduce sexual risk behaviors among adolescents in juvenile detention facilities, incorporates, videos, lecture, group discussion and activities. Target Population: High-risk adolescents in juvenile detention facilities Frequency/Duration: One session lasting 3-4 hours	Family Health	Proven Effective	*	*	*	Favorable (Contraceptive Use)	TPP	
Talk, Read, Sing Program	Distribution and promotion of posters and tip sheets for parents to help enrich a child's early language experiences by providing research-based tips for talking, reading and singing with young children. Target Population: Families with young Children Frequency/Duration: Indirect	Family Health	Theory Based	*	*	*	*	Not at this time	

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Teen Outreach Program (Other sub-programs)	A volunteer service learning program for high school students. TOP consists of supervised community volunteer experience (e.g. in nursing homes, senior centers, child care centers) of between 20 to 40 hours per school year to increase students' social engagement with peers, teachers, and community adults. The volunteer service is coupled with classroom discussions of the volunteer experience as well as other topics (15% or less on sexuality) with trained teachers/facilitators. Trained program staff coordinate with community agencies to place students. Target Population: High-risk youth in grades 9-12 Frequency/Duration: Not Specified	Family Health	Proven Effective	*	*	Favorable	*	WSIPP	
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	The WIC Program is a Nutrition and Breastfeeding program that helps eligible pregnant women, new mothers, babies and young children eat well, learn about nutrition, and stay healthy. WIC provides nutrition education and counseling, nutritious foods, and referrals to health and other social services in the community. Target Population: low income women, infants and children Frequency/Duration: Ongoing while eligible	Family Health	Proven Effective	*	*	*	Favorable (Increased Breastfeeding, Increased Fruit and Vegetable Consumption)	What Works for Health	
Antibiotic stewardship programs in all skilled hospitals and nursing facilities	Antibiotic stewardship programs are coordinated efforts within hospitals and facilities to set strategy and review use of antibiotics at that facility. Health Regulations Division at MDH assesses compliance with CMS requirements. Target Population: Long-term care facilities and hospitals Frequency/Duration: Ongoing	Population Health	Promising	Favorable (Reduce infections)	*	*	*	CDC 6 18	
Infection Prevention Programs in all skilled hospitals and nursing facilities	Infection control programs are coordinated efforts within hospitals and facilities to set strategy for controlling the spread of infections in hospitals and facilities. Health Regulations Division at MDH assesses compliance with CMS requirements. Target Population: Long-term care facilities and hospitals Frequency/Duration: Ongoing	Population Health	Promising	Favorable (Reduce infections)	*	*	*	CDC 6 18	
Community Coalitions	Coalitions of stakeholders that work collaboratively to identify solutions to public health problems, including Early Childhood Initiatives, Towards Zero Deaths (zero road fatalities), Suicide Prevention, and sugary beverages. Target Population: Varies Frequency/Duration: Not Applicable	Population Health	Theory Based	*	*	*	*	Not at this time	
Disease Prevention and Control: Investigation and Case Management	A combination of interventions to reduce the incidence and spread of diseases such as tuberculosis and hepatitis B Target Population: Population-wide Frequency/Duration: Varies	Population Health	Theory Based	*	*	*	*	Not at this time	
Distribute Radon Testing Kits	Provide free radon test kits to residents, including postage-paid envelope to return for lab analysis mailed to the home. Programs may also include education on mitigation strategies along with the test results. Target Population: Not Specified Frequency/Duration: One-time	Population Health	Promising	Favorable	*	*	Favorable (Reduced Radon Exposure)	What Works for Health	Testing not studied, but mitigation strategies have impact

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Elevated Lead Follow-Up	Education and monitoring of children with elevated blood lead levels to promote appropriate ongoing testing; compliance with treatment; assist with mitigation resources, provide educational materials; help identify possible sources of lead, encourage developmental milestone screenings to identify potential developmental delays. Target Population: Children with elevated blood levels Frequency/Duration: Initial 1-3 visits, followed by 6-12 month contract for blood testing as needed.	Population Health	Theory Based	*	*	*	*	Not at this time	
Environmental Health	Assist cities, businesses and residents in mitigating environmental risks and hazards to prevent unhealthy living environments. Target Population: Not Specified Frequency/Duration: Not Specified	Population Health	Theory Based	*	*	*	*	Not at this time	
Lead Abatement	Lead paint abatement programs eliminate lead-based paint and contaminated dust by removing or encapsulating lead paint or removing lead painted fixtures and surfaces. Target Population: Residential units Frequency/Duration: Varies	Population Health	Proven Effective	Favorable	*	*	*	What Works for Health	
Minnesota Immunization Information Connection	A confidential system that stores electronic immunization records. Health care providers have access to patients' immunization records and the system intends to make keeping track of vaccinations easier, helping to ensure that Minnesotans receive the right vaccination at the right time. Local Public Health Boards provide support by encouraging use of the system. Immunization Information Connections typically facilitate three activities: client reminder and recall notices, provider assessment and feedback, and provider reminder systems. Target Population: Population-wide Frequency/Duration: Not applicable	Population Health	Proven Effective	Favorable (Increased Vaccination Rate)	*	*	*	Community Guide	Studies found evidence supporting the effectiveness of client reminder and recall and provider assessment and feedback.
Public Health Emergency Preparedness	Coordinate and develop public health plans to assure a rapid and effective response to public health emergencies Target Population: Not Specified Frequency/Duration: Not Specified	Population Health	Theory Based	*	*	*	*	Not at this time	
Water Kit Distribution	Distribute water testing kits and provide education and training on their use. Target Population: Residents using private wells Frequency/Duration: Recommended annually	Population Health	Promising	*	*	*	Favorable (Improved Use of Water Management Practices; Improved Water Quality)	What Works for Health	
Infection Control Assessment and Response Assessments and Gap Mitigation Across the Health Care Spectrum	Using CDC evidence-based assessments to work with acute care, long-term care, ambulatory care, dialysis facilities and emergency medical services on their infection prevention programs, promotion of antibiotic stewardship programs and infection prevention. The Infection Control Assessment and Response program promotes adoption of evidence-based infection prevention and infection reporting strategies. Target population: Healthcare professionals and general population Frequency/duration: ongoing	Population Health	Theory Based	*	*	*	*	Not at this time	Of 73 long-term care facilities participating in the MDH ICAR program, 96% agreed on a 6-month follow-up survey that participation has allowed them to make at least one significant improvement in practice.

Name	Program details	Category	Rating	Improve Health Outcomes	Reduce Hospitalization	Reduce Unintended Pregnancy	Other Outcomes	Source of Evidence	Additional comment or expert opinion
Antimicrobial Resistance Reporting and Public Health Lab and Laboratory Network	Selected multi-drug resistant organisms are reported to Minnesota Department of Health. Follow-up occurs to identify and respond to outbreaks, prevent disease transmission, and identify risk factors for infection. MDH Public Health Laboratory is the Central regional laboratory in the national Antibiotic Resistance Laboratory Network, providing regional support for antimicrobial resistance testing. Target population: Healthcare facilities and general population Frequency/duration: ongoing	Population Health	Theory Based	*	*	*	*	Not at this time	
Minnesota One Health Antibiotic Stewardship Collaborative	The Minnesota One Health Antibiotic Stewardship Collaborative (MOHASC) actively promotes the adoption of evidence-based strategies such as antibiotic stewardship programs. Provides a collaborative environment to promote judicious antibiotic use and stewardship and to reduce the impact of antibiotic-resistant pathogens of human, animal, and environmental health importance Target Population: Healthcare providers Frequency/Duration: Ongoing	Population Health	Theory Based	*	*	*	*	Not at this time	In a 2019 survey, 63/81 (78%) members believe that MOHASC influences antibiotic stewardship practices positively,. In addition, 59 (73%) have identified new resources to use in their own practice, and 62 (77%) have developed new or enhanced professional relationships in the stewardship field.
Public reporting of health care-associated infections	In accordance with MN Statute 62J.82, facilities publicly report data on health care-associated infections. Target Population: Acute care hospitals Frequency/Duration: Ongoing	Population Health	Promising	Favorable (Reduced Infections)	*	*	*	What Works for Health	