

CITY OF MINNEAPOLIS

2015 Mayor's recommended budget

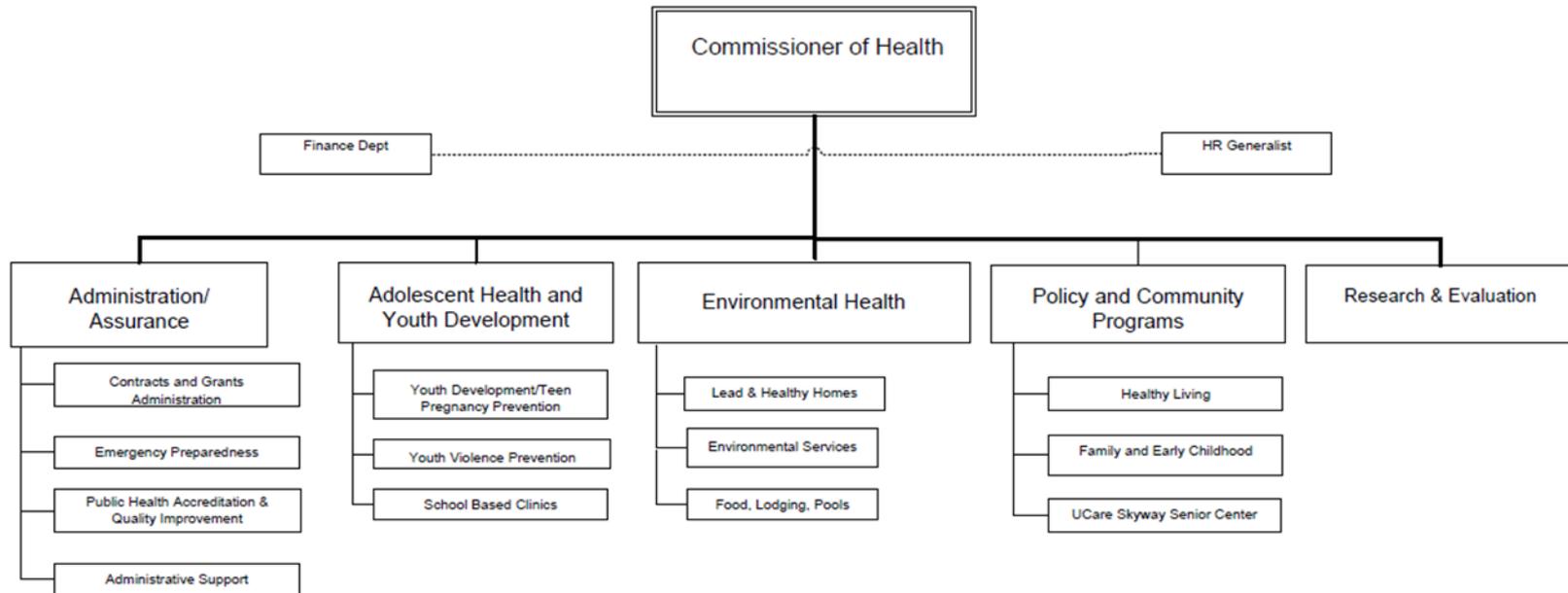
Health

September 16, 2014



Department organizational chart

Minneapolis Health Department Organizational Chart – June 2014



Recommended budget program overview

Program name	Current funding		Recommended Enhancements (new dollars)		FTEs		Select type of funding	
	General fund	Non- general fund	General fund	Non- general fund	Current	Add'l	One time	On-going
Family & Early Childhood	\$481,930	\$2,781,492			4.0			
School Based Clinics	\$225,184	\$2,596,985	\$50,000		23.3	.5		X
Youth Development & Sexual Health	\$355,914	\$986,464	\$125,000		1.3			X
Youth Violence Prevention	123,062	\$434,666	\$100,000		3.5			X
Senior Services	\$70,000	\$201,256			1.1			
Lead Poisoning & Healthy Homes	\$300,414	\$882,434	\$140,000		8.0	1.0	X	
Emergency Preparedness & Infectious Disease Prevention	\$37,700	\$465,268			2.7			
Food Lodging & Pools	\$2,068,223	\$0	\$350,000		19.0	3.0		X

Recommended budget program overview

Program name	Current funding		Recommended Enhancements (new dollars)		FTEs		Select type of funding	
	General fund	Non- general fund	General fund	Non- general fund	Current	Add'l	One time	On-going
Environmental Services	\$1,315,627	\$0	\$110,000		10.5	1.0		X
			\$25,000				X	
Minneapolis Healthy Living Initiative	\$0	\$843,209	\$72,000		6.35	1.0	X	
Core Public Health Infrastructure/CARS	\$764,945	\$923,857	\$225,000		14.55			
Internal Service Allocation			\$1,498,782					

Family and early childhood

Maternal and Child Health home visiting programs (including Healthy Start) promote healthy birth outcomes, positive parent-child interaction, child growth and development, family self-sufficiency, nutrition education, family planning and connection to early childhood education. In 2013, home visiting funding equaled \$2,828,000. In 2012, MHD programs provided 9,984 visits to 3,547 families.

- **We target our efforts**
- **We use best and promising practices**
- **We evaluate and research**

Promoting school-ready children includes early childhood screening programs, increasing school readiness by partnering with Way to Grow and Minneapolis Public Schools; and the MFIP Innovations pilot, serving pregnant and parenting teens on MFIP with project goals of academic achievement.

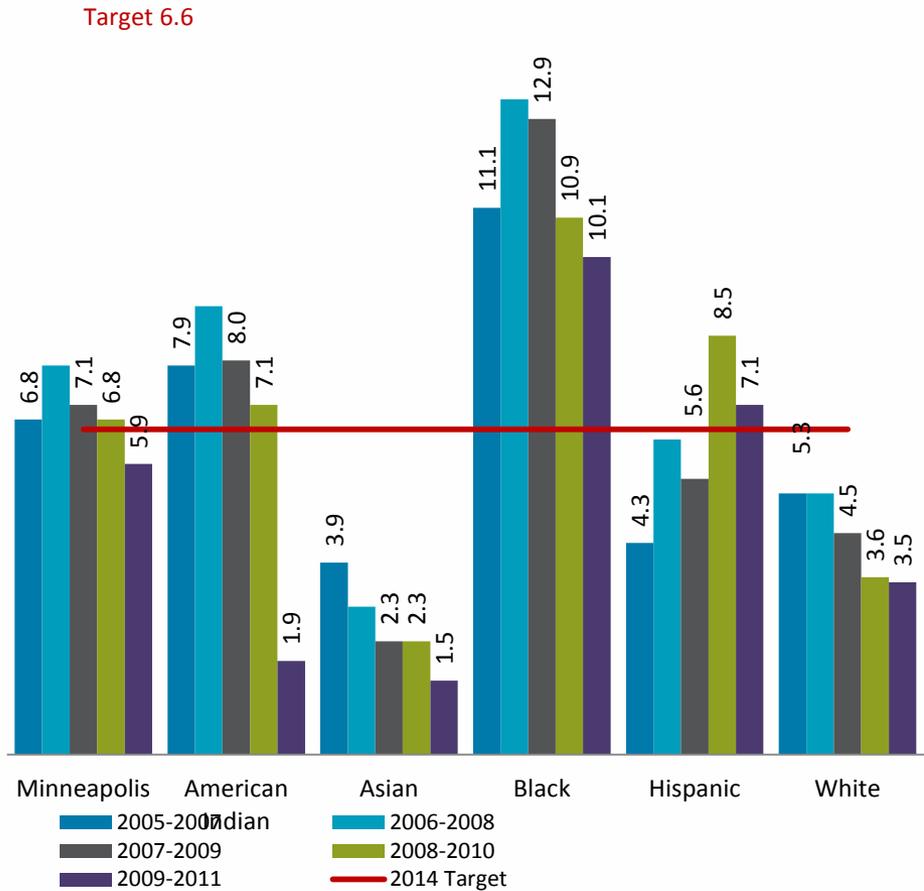
- **We work with and through community based organizations.**
- **Brain development starts before babies are born.**

Goals: One Minneapolis
A City that Works

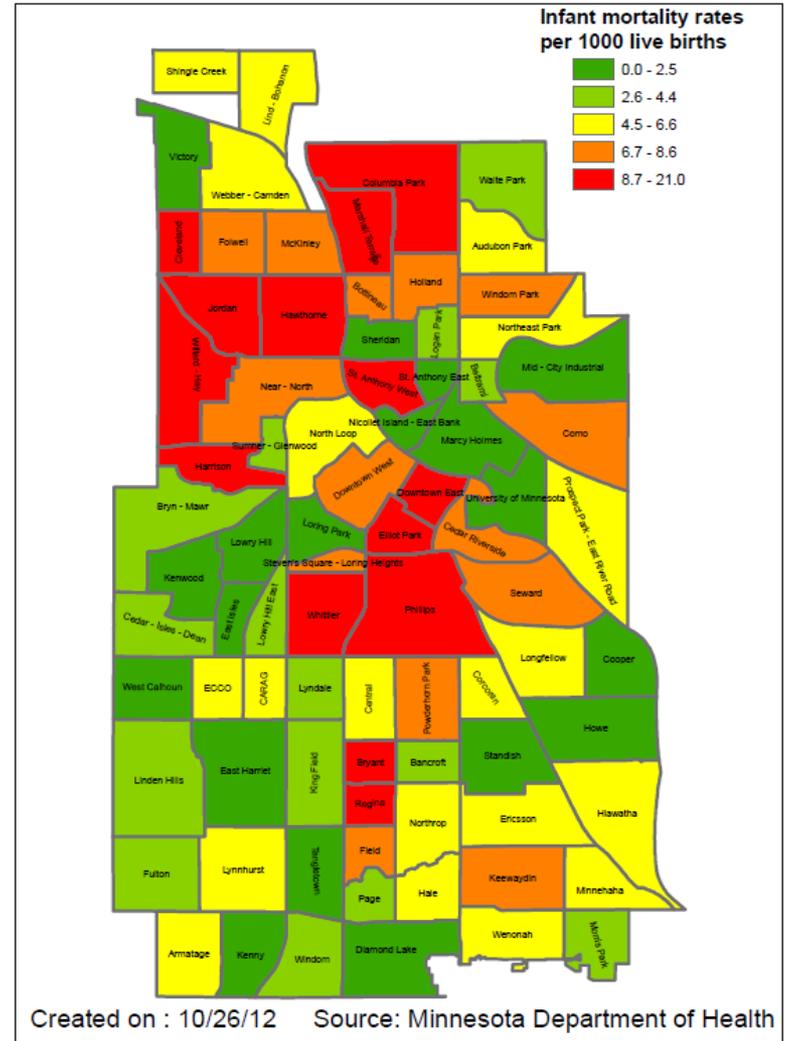
Values: Health
Equity

Justification: Measures

Infant Mortality Rate by Race/Ethnicity

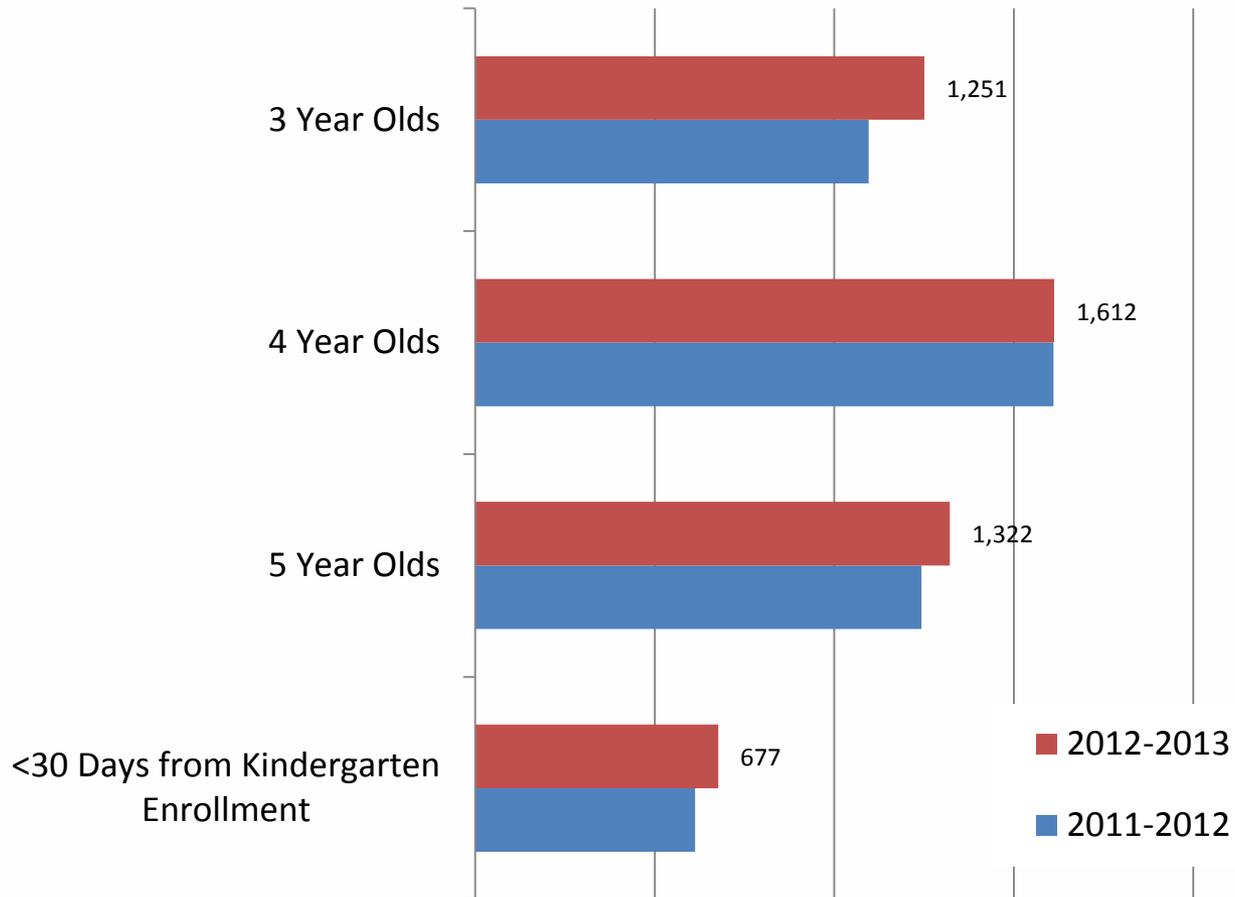


Infant Mortality rates by neighborhoods, 2001-2010



Justification: Measures

Age of children screened by Minneapolis Public Schools



School based clinic program

Comprehensive services are provided to students at 7 Minneapolis Public High Schools. Over 2,600 teens made more than 10,500 visits in 2013. Particular attention is focused on mental and reproductive health because of their critical importance during adolescent development.

- Any student can receive SBC services.
- We target those who are low income, uninsured, or in need of confidential health care.
- Over 78% of students served are a race/ethnicity other than white.
- The majority of SBC clients are low income.

Goals: One Minneapolis
A City that Works

Values: Health
Equity

School based clinic program *enhancement*

Mayor Recommended:

\$50,000 for a 0.5 FTE Mental Health Counselor to maintain adequate Mental Health services at Roosevelt High School

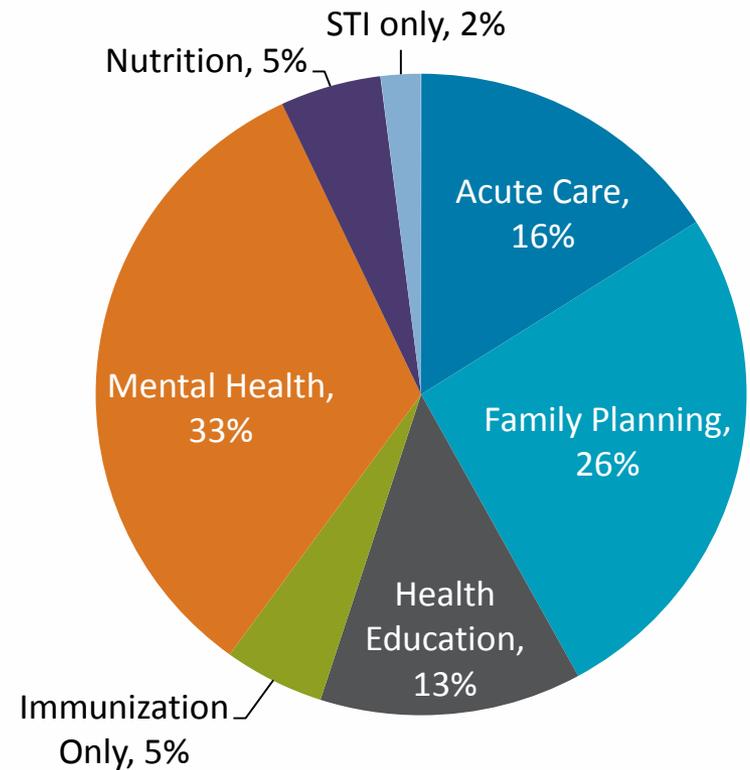
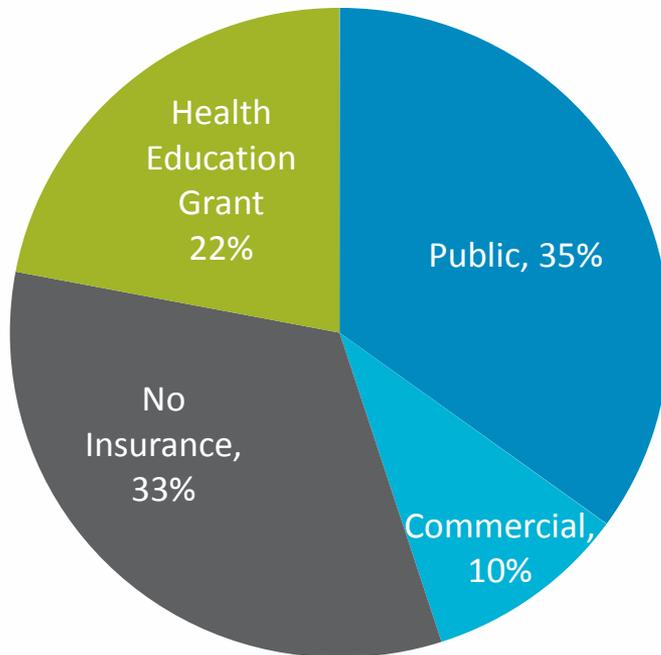
Rationale:

Research indicates that between 14-20% of children and adolescents experience a mental, emotional or behavioral disorder each year.

- School data collected through the Minneapolis Mental Health collaborative indicates that this service decreased school suspensions and office referrals and increased attendance.
- A grant targeting Latino teens at Roosevelt which ends in 2014 allowed us to understand the need for these services due to lack of insurance and access to services.

Justification: *Measures* *SBC Insurance Breakdown*

Payment by Visit



Youth development and sexual health

This program includes policy work and out-of-school time services for low income youth; collaborative partnerships with schools, county and community based agencies; technical assistance and training to youth workers, teachers and volunteers; culturally competent sexuality education; and coordination of the City's prevention response to the Safe Harbors Act.

- Significant disparities exist for young people of color in health and opportunities.
- Investing in supports to keep young people in school and healthy yields competent taxpaying residents in the future.
- This program helps to cultivate youth leaders and ensures a youth voice in planning and implementation.
- Return on investment for out-of-school time programming averages \$3 for every \$1 spent. Return on investment for youth intervention programs averages \$14 for every \$1 spent.

Goals: One Minneapolis
A City that Works
Great Places

Values: Health
Safety
Equity

Youth development and sexual health enhancements

Mayor Recommended:

\$70,000 to contract for education and support for parents of adolescents.

\$55,000 contract with Youth Coordinating Board for Downtown Team of youth workers

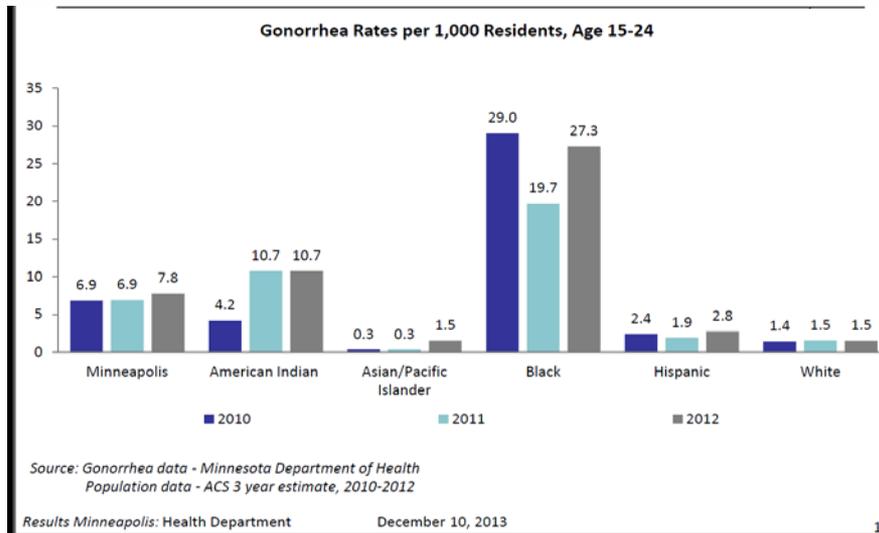
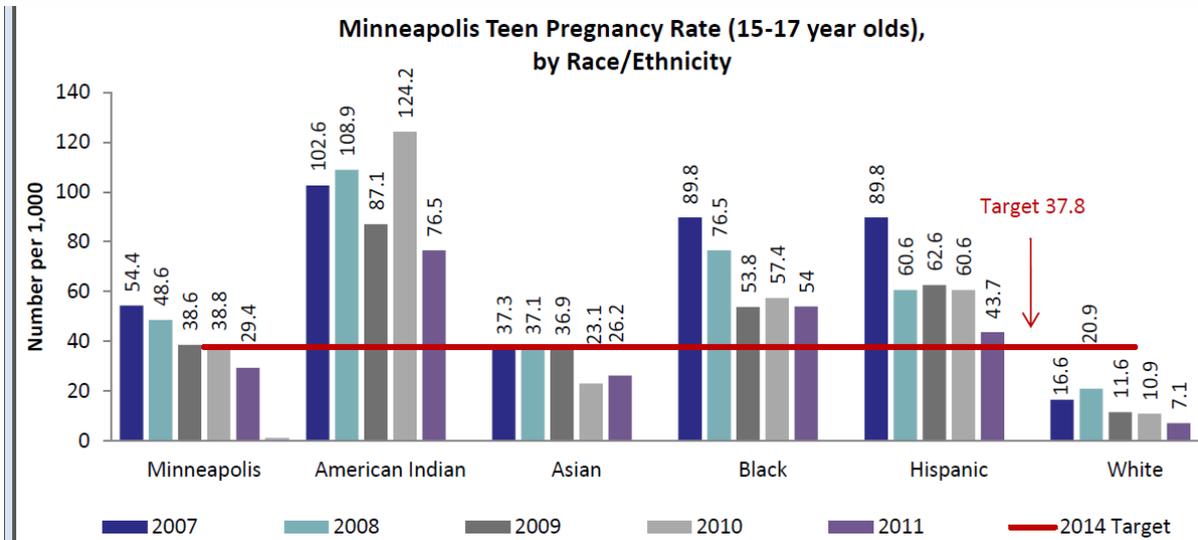
Rationale for Parent Support:

- Culturally specific parent education and support provides parents of teens with opportunities to increase parenting skills through education, individualized coaching, and parent-peer support.
- Research indicates that improving the parenting skills has positive effects on adolescent behaviors.
- A recommended best practice in the Minneapolis Youth Violence Prevention Blueprint.

Rationale for YCB:

- Additional funding expands the availability of the Downtown Team of youth workers from May to October. The Team works with MPD and the Downtown Improvement District to create a safe environment by engaging youth in activities. Approximately half the costs for the team are provided through DID.

Justification: *Measures*



Youth violence prevention

The Health Department leads and coordinates citywide efforts to implement the Youth Violence Blueprint for Action through policy, planning, community support, and programming.

Activities include:

- planning and service coordination with jurisdictional partners;
- technical assistance to community-based agencies;
- oversight of the Juvenile Supervision Center for curfew, truancy, and low-level offenders; and,
- individualized case management and mentoring for youth at risk of involvement with violence.

Goals: One Minneapolis
A City that Works

Values: Safety
Equity

Youth violence prevention enhancement

Mayor Recommended:

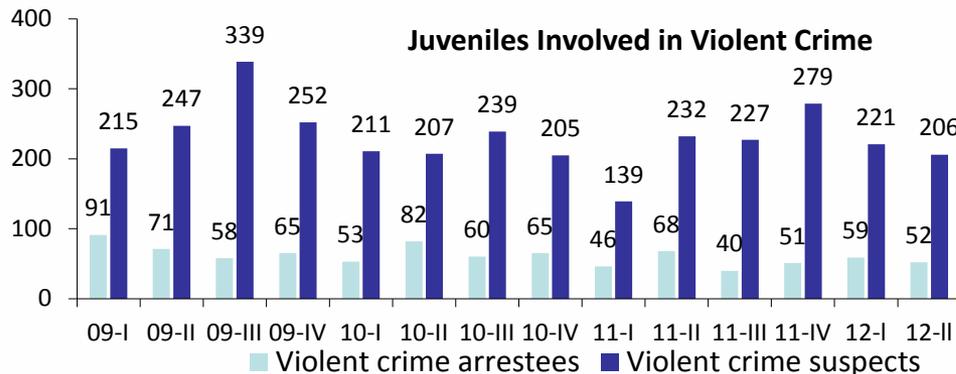
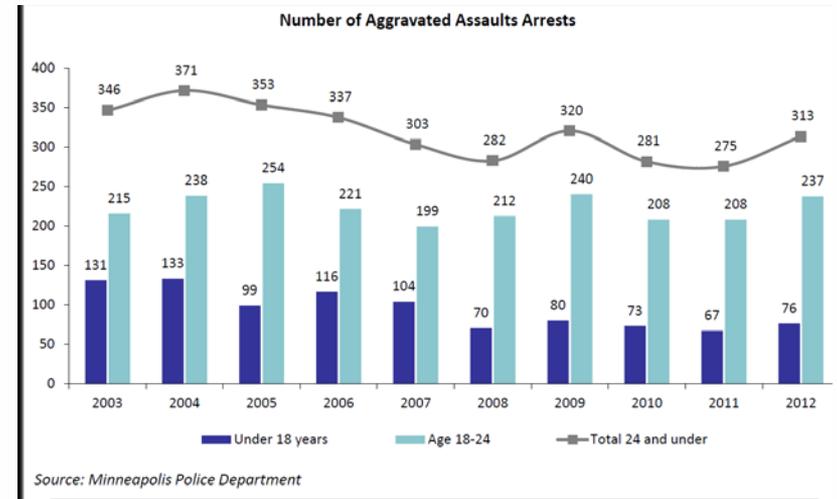
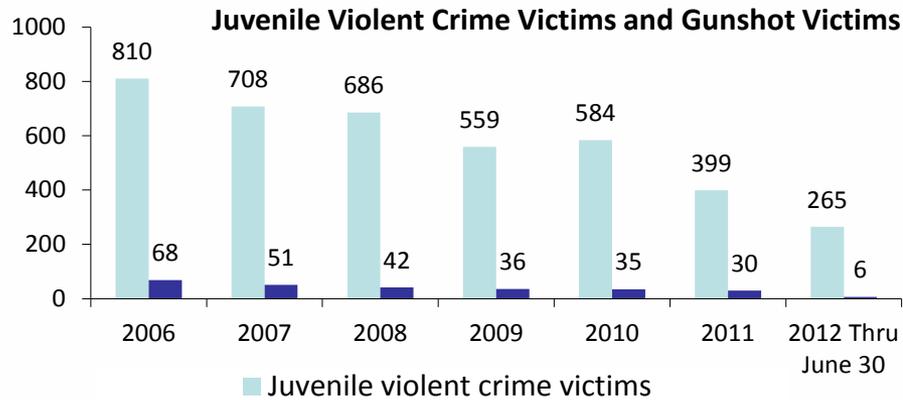
\$100,000 for case management contract services for high-risk youth

Rationale:

The 2014, the City budget included ongoing funding for a Senior Public Health Specialist to develop a program for high-risk youth. Programming is currently in a pilot phase in partnership with Tubman (supported by one-time funding from the General Fund and a small supplemental grant). A retrospective analysis using police, human services, and education data will be completed by October 2014. **Funding is needed to support case management services to identified high-risk youth and evaluate long-term effectiveness.**

Anticipated impact is reduced engagement in violent activity and reduce violent injuries. Anticipated outcomes are increased school attendance, increased protective factors, decreased behavior issues in school, decreased criminal activity, decreased alcohol and drug use, and decreased risk factors.

Justification: Measures



Source: Results Minneapolis Youth Violence Prevention June 2013

Senior services

UCare Skyway Senior Center

- 15,500 seniors served annually
- 27% of members are non-white
- UCare and the Friends of the Skyway Senior Center provide almost all of the Center's funding.

The Minnesota Visiting Nurse Agency

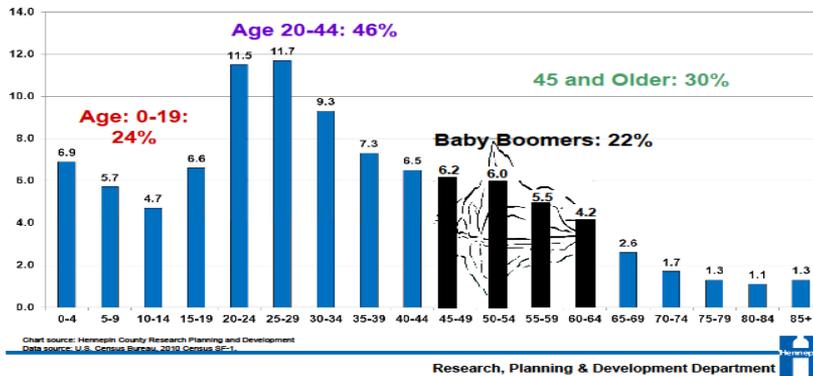
- provides skilled nursing and therapy visits and home health aid/homemaker visits.
- 60% of home health clients served in 2013 were non-white.

Goals: One Minneapolis
A City that Works
Living Well

Values: Health
Equity
Connected
Growth

Justification: Hennepin County Aging Initiative measures

City of Minneapolis: Percent of 2010 residents by age group
Total population = 382,578



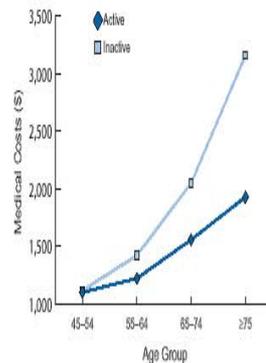
Chronic disease: Hennepin County and Minneapolis

	Hennepin County			Minneapolis		
	Young boomer (45-54)	Older boomer (55-64)	Seniors (65+)	Young boomer (45-54)	Older boomer (55-64)	Seniors (65+)
Arthritis/Rheumatism	16.5%	30.3%	48.7%	18.2%	34.9%	46.7%
Diabetes	6.6%	9.6%	15.2%	7.6%	11.9%	16.8%
Hypertension	18.3%	31.4%	52.8%	18.4%	34.6%	54.9%
Heart disease	4.5%	6.7%	19.1%	5.2%	11.3%	22.1%
High blood cholesterol	41.3%	54.2%	59.3%	35.5%	53.7%	58.2%
At least one of the above chronic diseases	59.4%	73.1%	88.0%	56.3%	75.1%	86.3%

Table source: Hennepin County Research Planning and Development
Data source: Hennepin County Human Services and Public Health Department, SHAPE 2010, Survey of the Health of All the Population and the Environment, Minneapolis, Minnesota

Research, Planning & Development Department

Figure 5. Annual Medical Costs of Active and Inactive Women (Aged 45 or Older) Without Physical Limitations



Source: Centers for Disease Control and Prevention. Promoting Active Lifestyles Among Older Adults. National Center for Chronic Disease Prevention and Health Promotion. Nutrition and Physical Activity.
http://www.cdc.gov/nccdphp/dnpa/physical/recommendations/older_adults.htm

Lead poisoning and healthy homes

Lead

Assures residential homes are safe from lead hazards by conducting inspections for children with diagnosed lead poisoning. Repairs lead hazards to protect children from exposure to lead which interferes with brain development during a critical stage. In Minneapolis 87% of lead-poisoned children are children of color, 92% are low income, and 73% live in rental housing. CDBG and general funds have leveraged \$15 million from HUD over the past 15 years for Lead Hazard Control and Healthy Home grants, repairing health and safety hazards in over 2,600 homes.

Return on investment:

- The average lifetime cost per lead-poisoned child is \$97,080.
- For every dollar spent on controlling lead hazards, \$17–\$221 is returned in health benefits.

Healthy Homes

A Federal grant supports efforts to address other hazards such as mold, radon, and falls among the elderly.

Goals: One Minneapolis
A City that Works
Living Well
Great Places

Values: Safety
Equity
Health

Lead poisoning and healthy homes enhancements

Mayor Recommended:

\$110,000 in one time funding for a 1.0 FTE Lead Inspector to respond to new federal and state directives on lead poisoning in children

\$30,000 in one-time funding for work on asthma policy development to reduce asthma-related hospitalizations

Rationale Lead:

In 2014, the Minnesota Department of Health revised their definition of lead poisoning and reduced the Elevated Blood Lead (EBL) level of risk to half the previous level to align with new CDC recommendations. The Health Department needs additional resources to respond to these new recommendations. Current capacity allows response only to the higher levels

Rationale Asthma:

A consultant would work with the Minnesota Departments of Human Services and Health, and health plans, to facilitate medical reimbursement for Healthy Homes Specialists to conduct in-home assessments of asthmatic children and provide products that reduce asthma triggers in their homes. While medical treatment is currently covered by insurance, public health interventions are not. A Minneapolis study showed a 70% decrease in school absenteeism due to asthma when public health interventions were provided. If successful, the City would be able to provide these services *without* using general and CDBG funds.

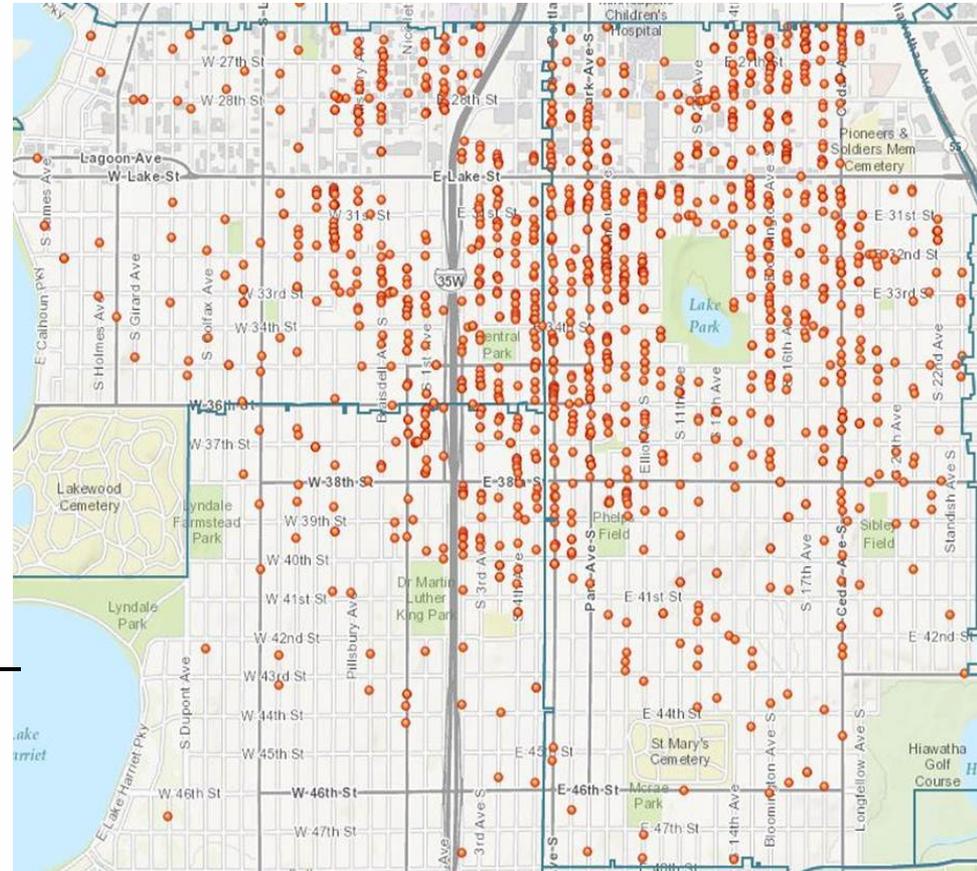
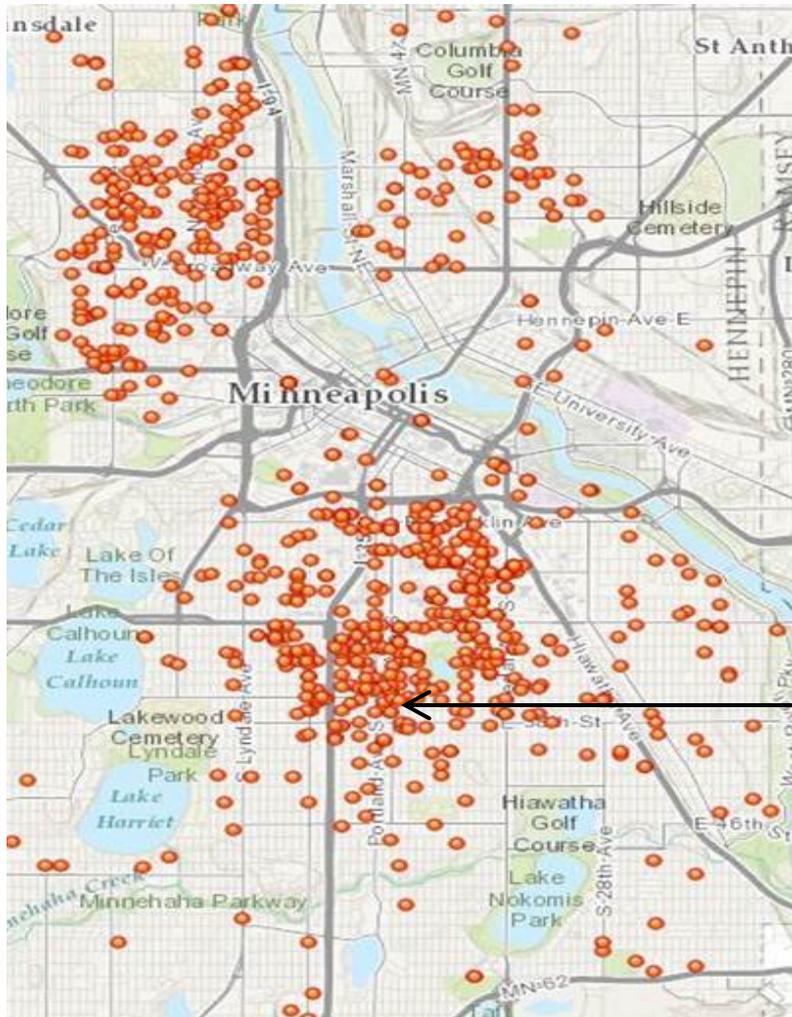
Justification: *Measures*

2009-2012

814 Children poisoned at newly designated lower risk thresholds (5-9.9ug/dl)

Hazards have not been repaired.

Some blocks are more hazardous to live on than others. Many landlords reject grants to correct hazards until they are under city orders.



Justification: *Measures*



One of these window wells is in the home of a child with a blood lead level greater than 10ug/dl the other with a blood lead level between 5-9.9ug/dl, the hazard is equal – they deserve the same response from the city.

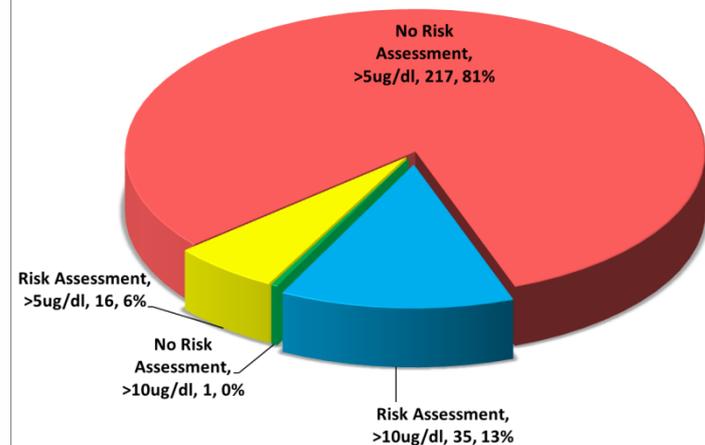
Current exposure is from lead paint in homes

Lead exposure and violent crime, USA



Source: R. Nevin

Blood lead levels of Children Poisoned by Lead Paint Hazards



Emergency preparedness and infectious disease prevention

Infectious Disease Prevention

The Health Department is required by state statute and City Charter to assure the health and safety of residents and visitors from infectious disease. The Department does so through collaboration, contracts, and participation in a community-wide continuum of care.

Emergency Preparedness

The Department is one of the City's four emergency response departments and has an integral role in the City emergency response system. Public health planning and response is coordinated and integrated with City Emergency Management, Hennepin County, other metro health departments, the state health department, and the federal public health system. The program is primarily funded by federal funds. Despite increased demands and expansion of duties, federal funding levels for 2013/14 have decreased 35% from 2009 levels.

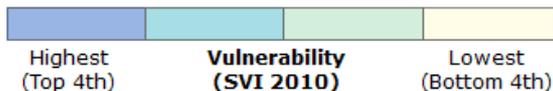
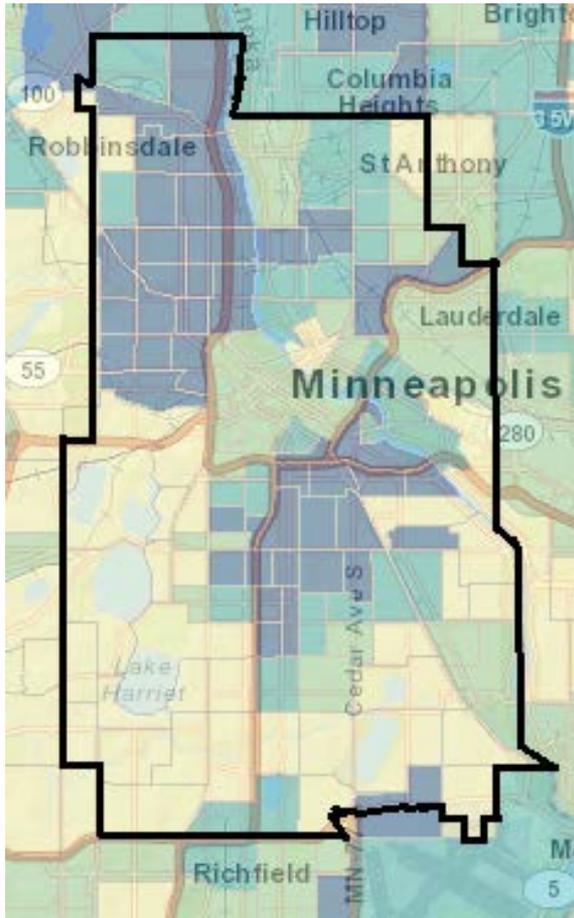
- We recognize that some people are disproportionately affected by disaster and prioritize mitigating disparities through support and training to ensure equity in recovery.
- All cities are judged by their response to crisis as an indicator of organizational capability.

Goals: One Minneapolis
A City that Works
Living Well

Values: Safety
Equity
Health
Connections

Justification: Measures

Social Vulnerability Index (SVI) 2010 (classified by Census Tracts)



Social vulnerability refers to the human factors within a community that negatively affect its ability to manage circumstances harmful to health.

Communities must prepare for and respond to hazardous events such as environmental disasters, chemical exposures, and disease outbreaks.

Preparing for these events prevents or decreases both human suffering and financial loss. The Social Vulnerability Index (SVI) compares and ranks every community in the U.S. at the Census tract level on many social factors. These factors include poverty, lack of car access, and crowded housing.

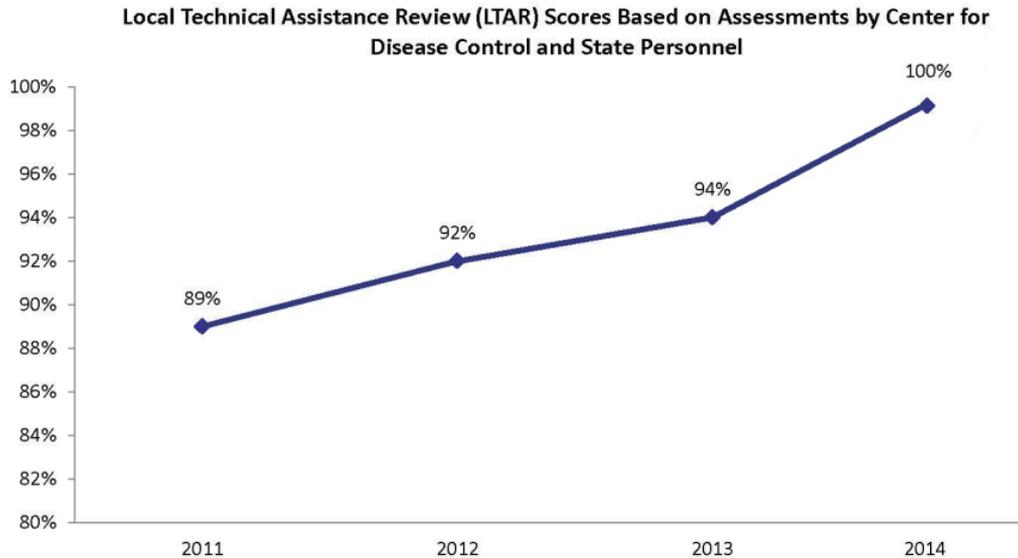
Data Source: ATSDR GRASP (CDC) Projection: WGS 1984 Web Mercator (Auxiliary Sphere)

Reference: Flanagan, B.E., et al., *A Social Vulnerability Index for Disaster Management*. Journal of Homeland Security and Emergency Management, 2011. 8(1).

Print Date: 5/20/2014

Prepared by: Minneapolis Health Department, Research and Evaluation Division, May 22, 2014

Justification: *Measures*



Note: LTAR scores represent a local jurisdiction's ability to receive, distribute and dispense Strategic National Stockpile medical assets.

Source: CDC's Division of State and Local Readiness

2011-14 Centers for Disease Control (CDC) Local Technical Assessment Review Scores

LTAR scores represent a local jurisdiction's ability to receive, distribute and dispense Strategic National Stockpile medical assets.

Source: CDC's Division of State and Local Readiness

Food lodging & pools

Health Inspectors assure commercial and institutional foods are safe and in compliance with state and local health codes by conducting more than 7,000 inspections a year of over 5,000 facilities including restaurants, schools, board and lodging facilities, hotels, pools, tanning and body arts establishments, day care centers, farmers markets, groceries, and food vendors.

- 70% of establishments in Minneapolis are locally owned. The food service industry employs the highest proportion of immigrant workers of all U.S. industries.
- The food and lodging industry provides 25,000 jobs in Minneapolis.
- Contributed \$23.7 million in direct sales tax revenue and \$7.3 million in license fees to the City in 2013.

Goals: Living Well
A City that Works
A Hub of Economic Activity and Innovation

Values: Safety
Equity
Health
Vitality
Growth

Food lodging & pools enhancements

Mayor Recommended:

\$350,000 for 3.0 FTE Health Inspector, plan reviewer, and Industry Liaison positions

Rationale:

1.0 FTE Health Inspector/Sanitarian.

Staffing levels have not kept pace with industry growth, state delegation requirements, or demand from businesses for technical assistance and support. Although additional FTEs were approved in 2012, establishments have increased by 813, representing a 20% increase to inspector workload. At 310 establishments per inspector, Minneapolis staffing levels are significantly behind other local and national programs and well below the FDA recommended levels of 180-225 establishments per inspector.

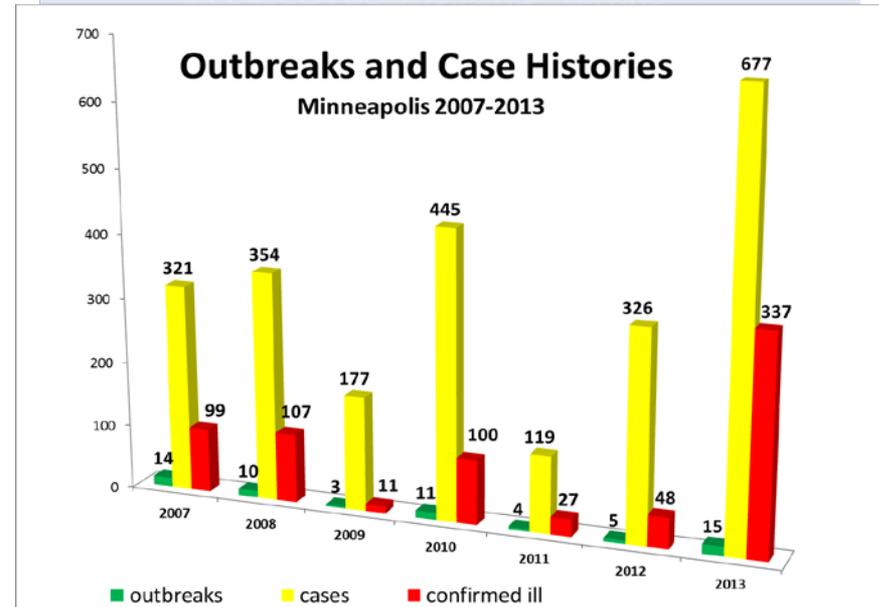
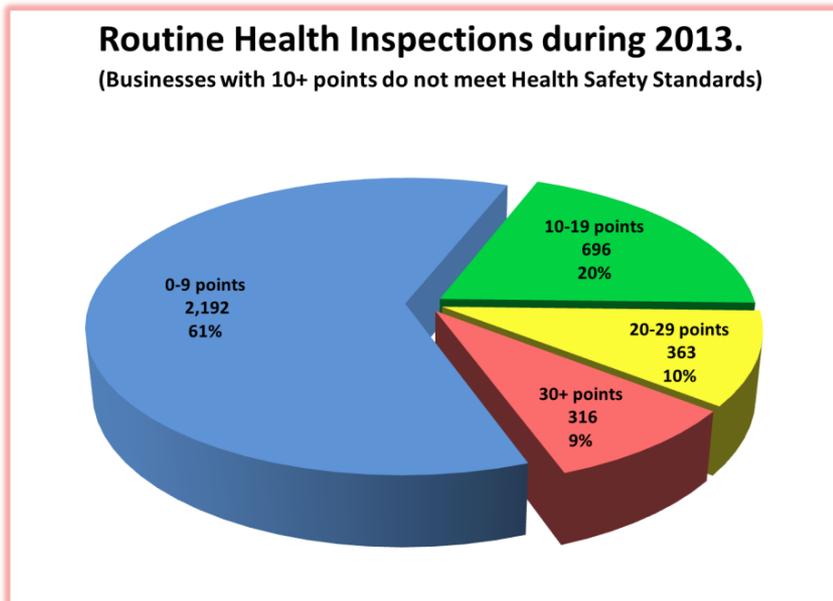
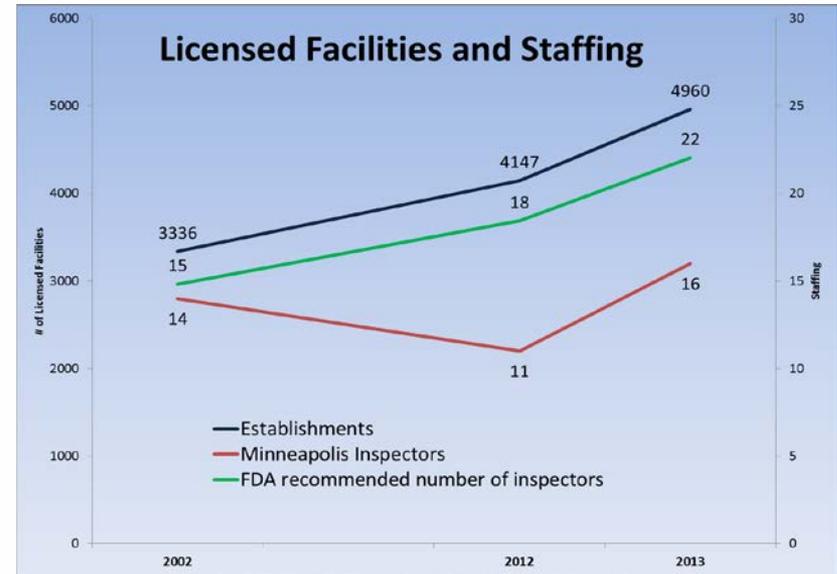
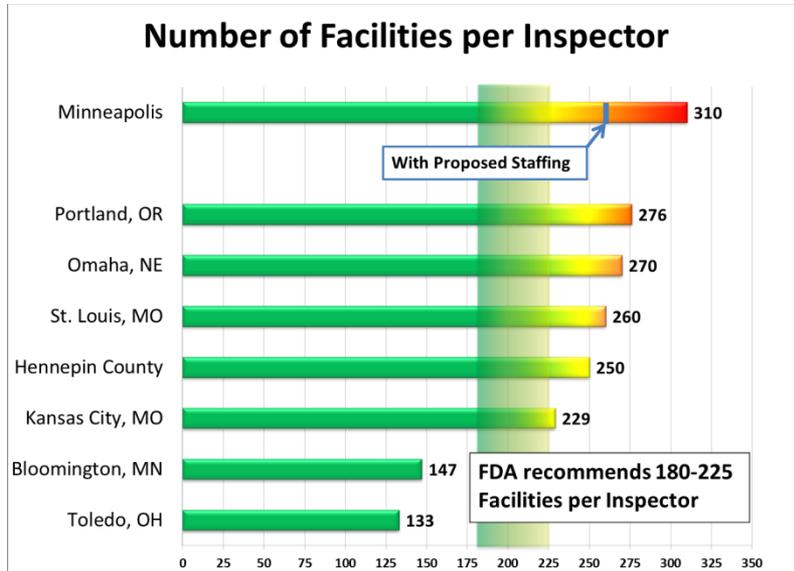
1.0 FTE Plan Reviewer

Plan review workload is currently more than double that of state or local counterparts, and continues to increase.

1.0 FTE Industry Liaison

Building on information learned in 2014 through focus groups and industry meetings, this program will develop and provide hands-on training for food service workers initially in Spanish and Somali and subsequently in additional languages and addressing other cultures.

Justification: *Measures*



Environmental services

Protects environmental and public health from the adverse effects of pollution through two state delegated well programs, one federally mandated storm water program, nine local environmental permits, and immediate response to spills and citizen concern. Environmental Services conducts over 7000 inspections from spill response and erosion control to well water sampling and rock crushing permits, and brings in \$1.9 million in impact fees to the general fund address to environmental concerns in Minneapolis. Since 2009 we have seen an increase of over 2,000 inspections over the typical workload for the 3 environmental field staff.

The Health Department has become a progressive leader in local environmental work with the most comprehensive air quality study of any major city, managing the Midwest's first energy disclosure policy, and the most aggressive partnership programs with local businesses to improve neighborhood environmental quality in the country.

Goals: One Minneapolis
 A City that Works
 Living Well
 A Hub of Economic Activity and Innovation
 Great Places

Values: Safety
 Equity
 Health
 Vitality
 Growth

Environmental services enhancements

Mayor recommended:

\$110,000 for 1.0 FTE Environmental Inspector

\$25,000 in one time funds to complete the air quality study.

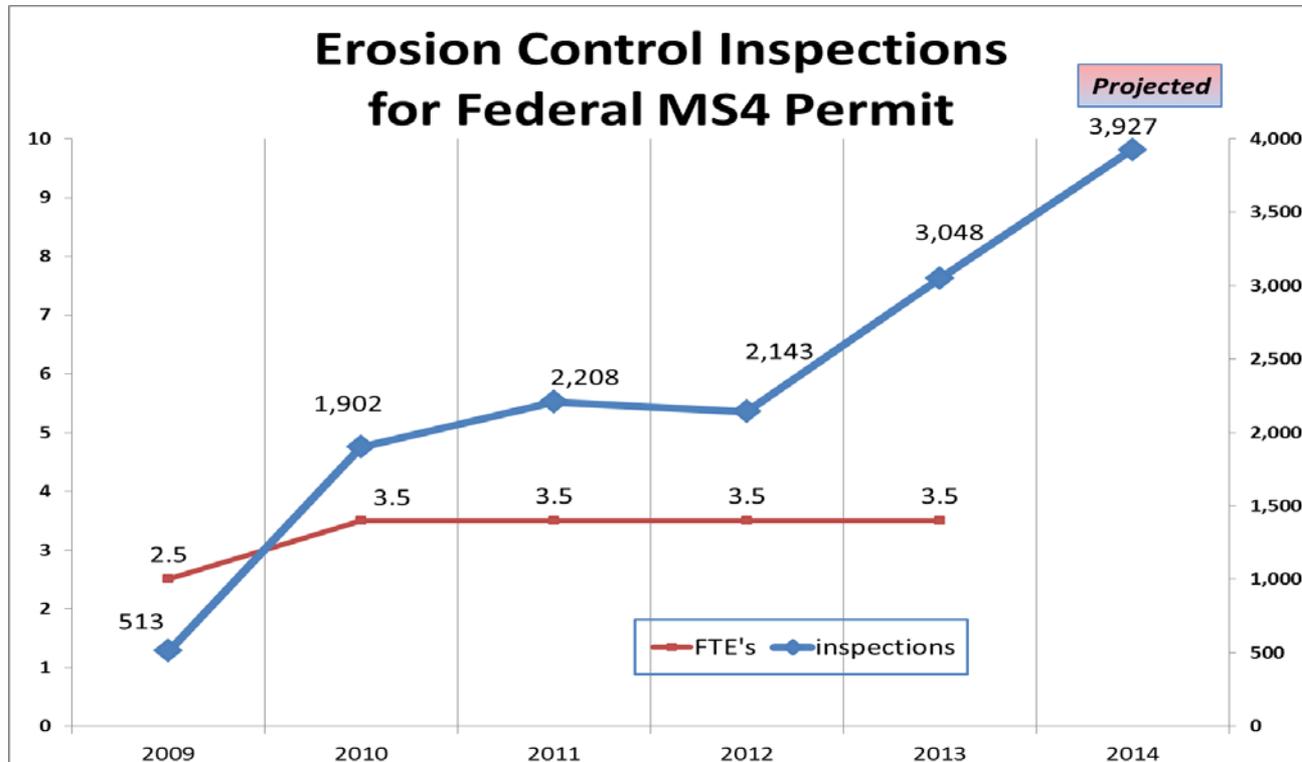
Rationale:

Staffing levels have not kept pace with increased construction and federal requirements under the clean water act. A 2014 Federal audit by the Environmental Protection Agency found levels of inspector staffing inadequate to perform the required work load.

The City of Minneapolis is close to failing federal air quality standards and going into non-attainment with the US Clean Air Act. While poor air quality effects everyone, it disproportionately affects people of color and the poor.

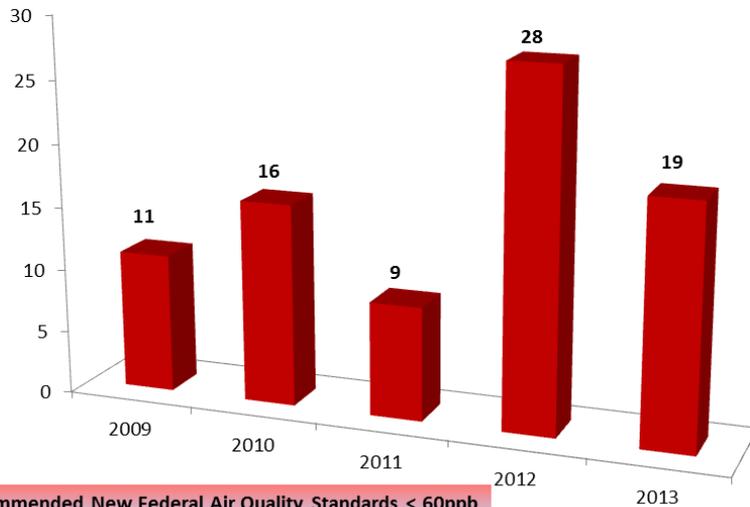
In order to identify harmful chemicals, the City initiated a two-year air quality study which concludes in 2015. Data analysis will address 72 chemicals and 120 locations. Results will be shared with community and business organizations.

Justification: Increased workload

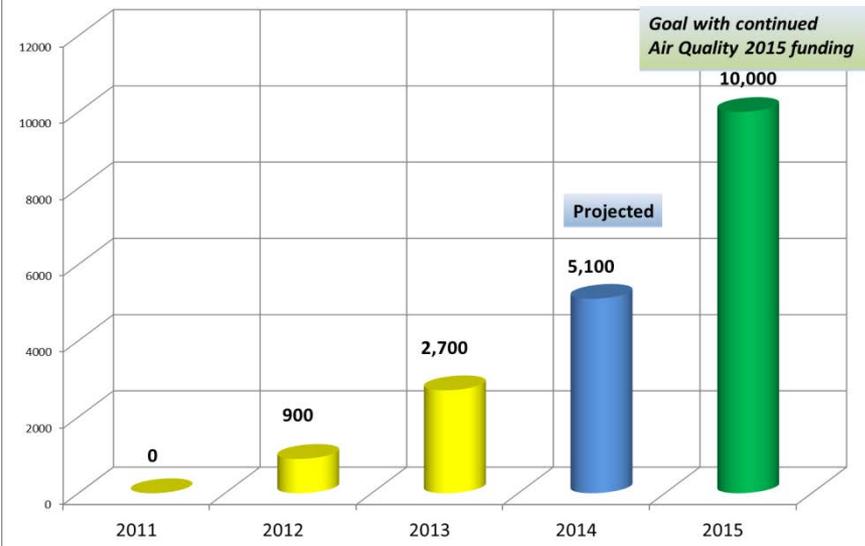


Justification: *Unhealthy urban air and proven clean air work*

Days over *Ozone Health Values (≥60ppb) from 2008-2013

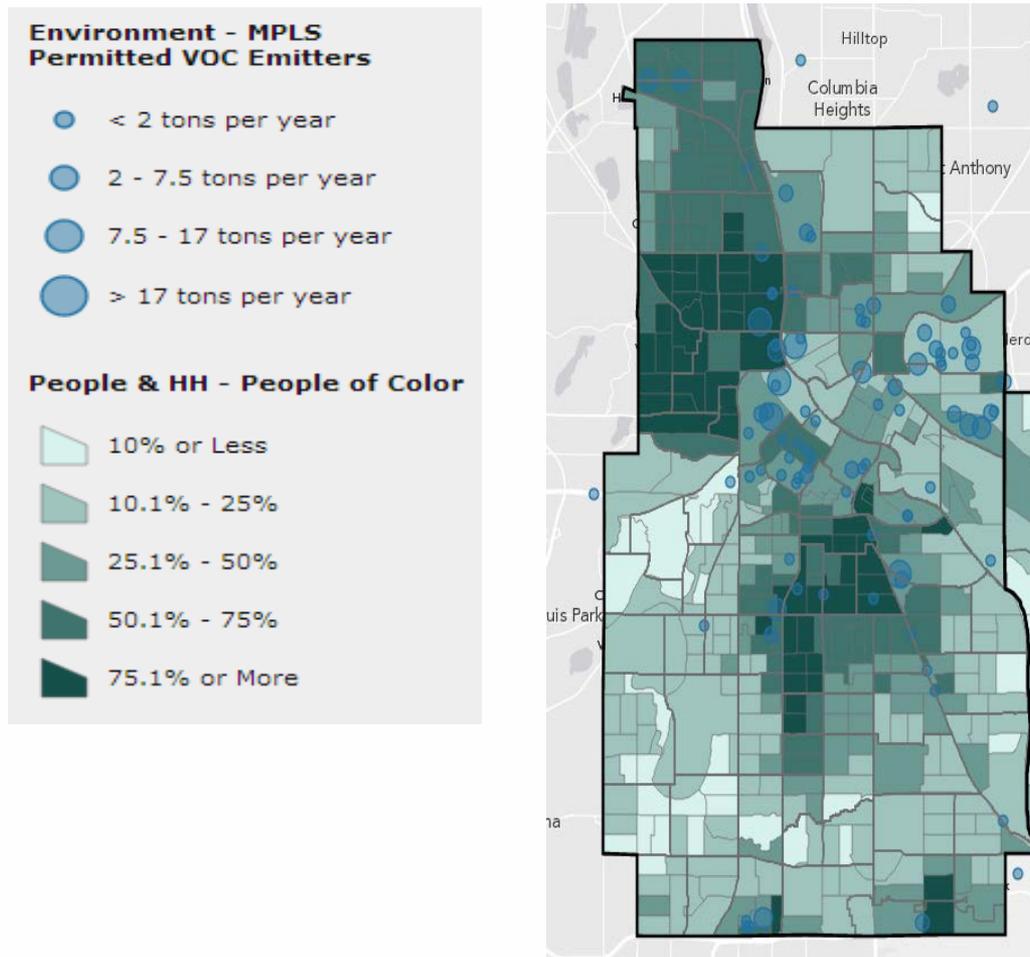


Air Pollution (VOC) Reduction in lbs.



Additional Justification: *Clean Air Is Not Equal*

Volatile Organic Compound Emitters and Race CEED Environmental Justice Atlas



Minneapolis healthy living initiative

The Healthy Living Initiative is a collection of 23 strategies implemented with community partners to increase opportunities for healthy eating, physical activity and tobacco-free living in public housing, schools, neighborhoods, clinics, food shelves, stores, restaurants , worksites and other settings. The goal of these strategies is to reduce the burden of tobacco- and obesity-related chronic diseases on individuals, communities, employers, and the health care system.

Examples include:

- Increasing healthy foods in food shelves and emergency meal programs
- Reducing exposure to secondhand smoke in public housing and increasing opportunities for active living for its senior residents.

Goals: One Minneapolis
A City that Works
Living Well

Values: Health
Equity

Minneapolis healthy living initiative enhancement

Mayor Recommended:

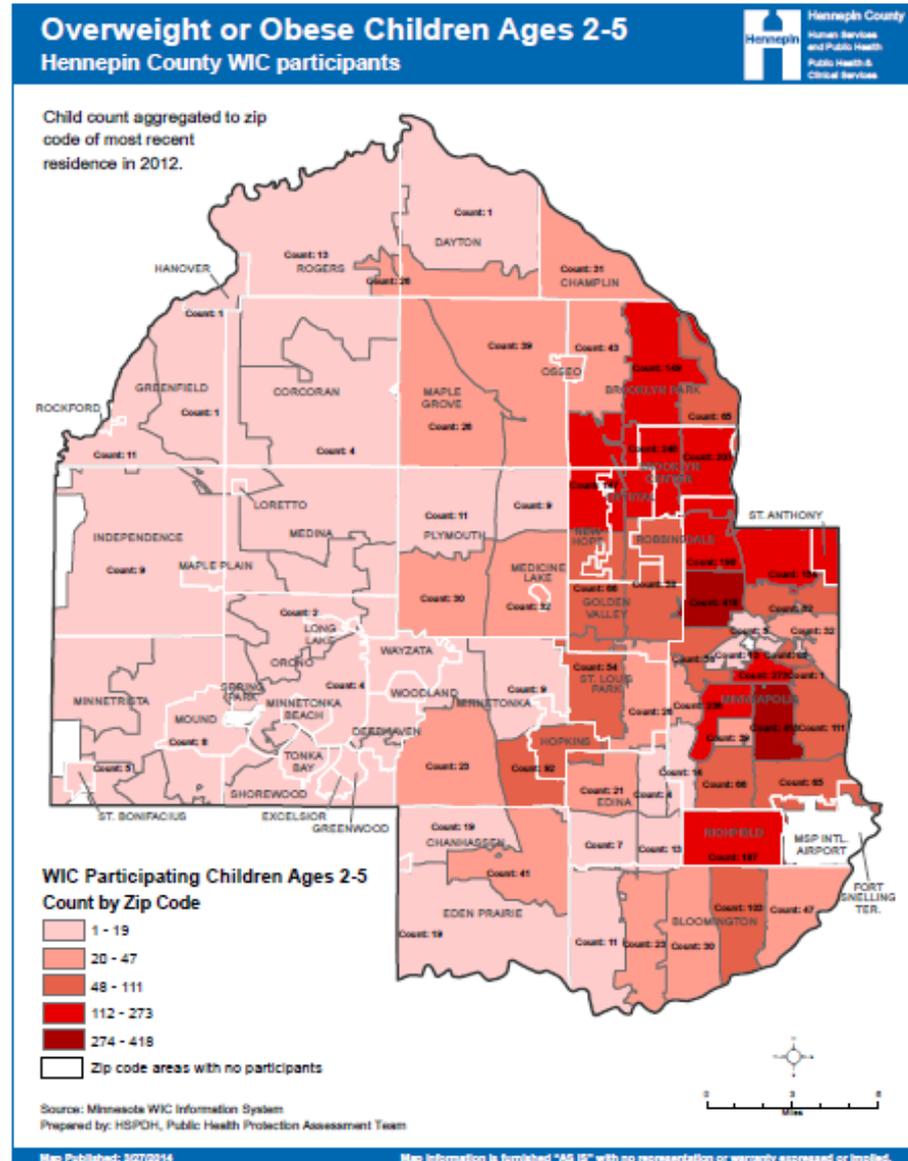
\$72,000 in one time funding for a 1.0 FTE tobacco prevention specialist who will pursue strategies to prevent exposure to secondhand smoke, reduce youth access to tobacco, and improve linkages to smoking cessation opportunities.

Rationale:

Tobacco prevention activities have been entirely funded by a federal Community Transformation Grant, which the CDC abruptly eliminated nationwide. In the past two years, the Health Department and community partners have developed tremendous momentum in smoke-free housing, linkages to cessation opportunities and youth/community engagement around youth tobacco use. A dedicated staff person would:

- Help implement Minneapolis Public Housing Authority's smoke-free housing policy.
- Pursue smoke-free rental housing around the U of M.
- Educate community members and policy makers on youth tobacco use and strategies to prevent it
- Refine systems for connecting Minneapolis residents to cessation services.
- Promoting smoke-free grounds policies at worksites.
- Monitoring and advocating for federal and state tobacco policies (such as the FDA menthol ruling, e-cigarette use, and the statewide Freedom to Breathe law).

Justification: Childhood obesity data



Justification: Tobacco Use Rates

ADULTS	Current smokers	Source
Minneapolis adults	16%	SHAPE 2010
Adults in Camden and Near North	24%	
Residents of Minneapolis Public Housing Authority high rise buildings	29%	Hennepin County , 2013
American Indian adults (metrowide)	59%	2013 Tribal Tobacco Use (TTUP) survey
Somali adult males	44%	WellShare, Somali Tobacco Research Project
YOUTH		
Minneapolis 12 th grade students	15%	MN Student Survey
12 th grade boys who smoke cigarillos and little cigars	18%	MN Student Survey
American Indian 12 th grade students	33%	2013 Tribal Tobacco Use (TTUP) survey

Core public health infrastructure

As a local public health entity operating under a Board of Health (City Council), the department is mandated by Minnesota Statutes, chapter 145A, to provide directly or contract for essential public health services for Minneapolis residents. An adequate public health infrastructure includes:

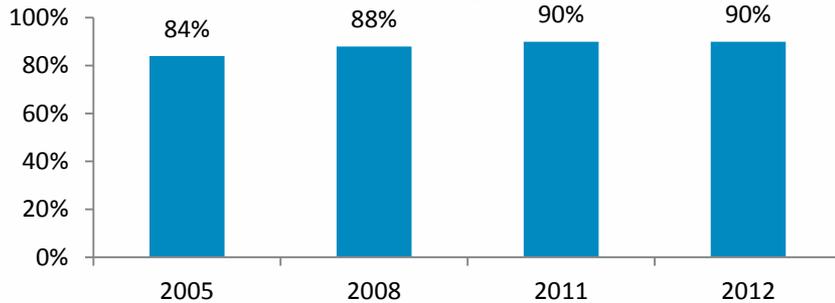
- a governance structure
- assessing community health needs
- setting health priorities
- meeting state reporting requirements
- engaging the community
- advocating for policy changes
- fostering healthy environments
- ensuring that staffing reflects the diversity of the Minneapolis community
- grant writing to address priority needs

Goals: A City that Works

Values: Health
Equity

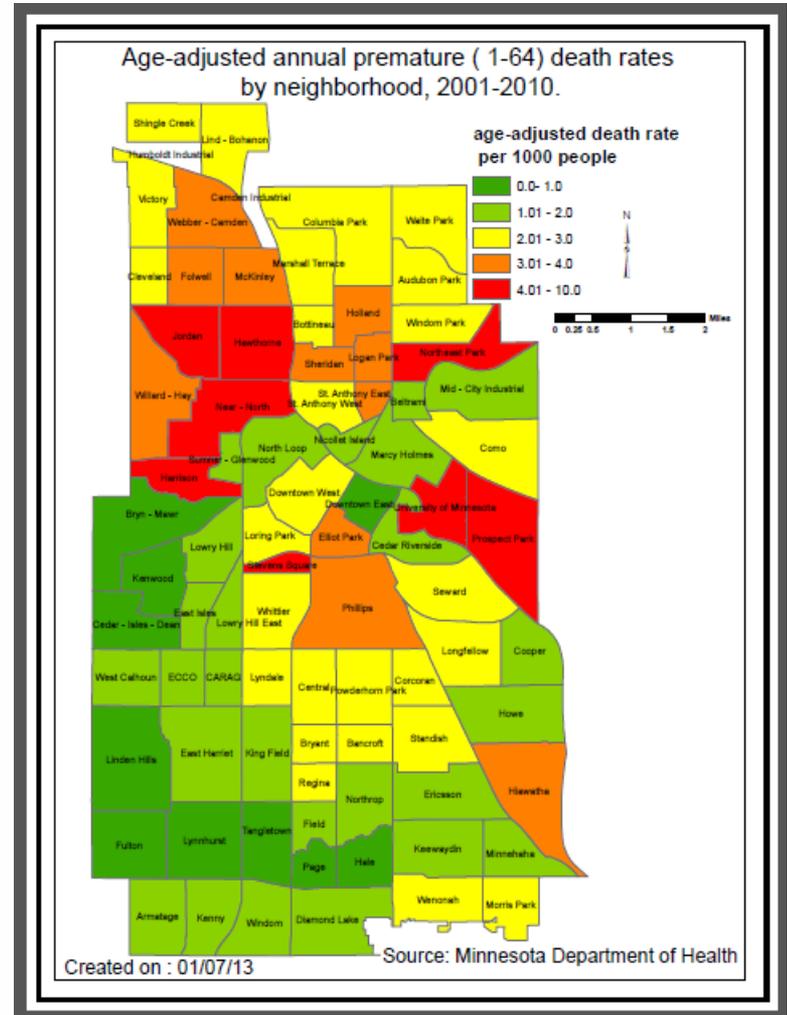
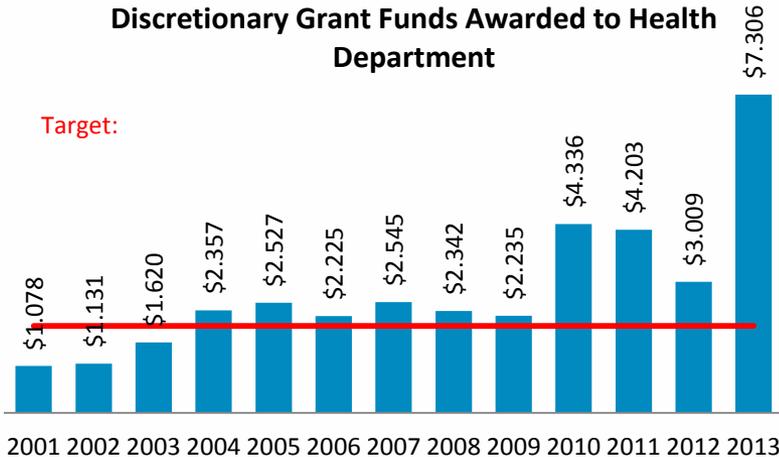
Justification: Measures

Residents Who Reported They Are Satisfied or Very Satisfied with the City's Protection of the Health and Well-Being of Residents



Source: Resident surveys

Discretionary Grant Funds Awarded to Health Department



How is the department doing?

- General funds support less than half of the budget, as the department is highly successful in leveraging General Funds to receive competitive and categorical grants. The department is collaborating with other public health partners to increase state funding in 2015 to ensure that statutory public health requirements continue to be met.
- All department work is connected intentionally across 11 program areas, and focuses on equity:
 - Healthy populations – a cross section of work from families and early childhood through youth development and healthy living.
 - Healthy environments – healthy homes, safe places to eat/swim/stay, and healthy natural environments.
- The department is successful across all programs because we work in close partnership with the community and other departments.

Health Department CARS Recommendation*

PROJECT DESCRIPTION	TYPE	REQUESTED AMOUNT	RECOMMEND AMOUNT	OTHER FUNDING	RECOMMEND GEN FUND AMOUNT	ANNUAL OPERATING COST
Enterprise Land Management System (ELMS) hardware needs	Add	174,000	150,000	0	150,000	0
Qty (5) Ford Focus \$18,000 Qty (2) Ford Escapes \$23,500 For new staff positions	Add	137,000	75,000	0	75,000	26,625

*reflects only items recommended – for details of other requests, please see CARS Report

2015 Budget Compared to 2014

MINNEAPOLIS HEALTH DEPARTMENT EXPENSE INFORMATION

EXPENSE	2014 Adopted	2015 Mayor's Recommended	Percent Change	Change
GENERAL				
SALARIES AND WAGES	2,875,564	3,306,950	15.0%	431,387
FRINGE BENEFITS	1,217,563	1,380,419	13.4%	162,856
CONTRACTUAL SERVICES	2,838,493	3,396,099	19.6%	557,606
OPERATING COSTS	470,929	130,312	-72.3%	(340,617)
CAPITAL		225,000		225,000
TOTAL GENERAL	7,402,549	8,438,780	14.0%	1,036,232
SPECIAL REVENUE				
SALARIES AND WAGES	3,419,647	3,598,093	5.2%	178,447
FRINGE BENEFITS	1,376,679	1,485,584	7.9%	108,904
CONTRACTUAL SERVICES	5,488,665	4,949,260	-9.8%	(539,405)
OPERATING COSTS	64,618	64,696	0.1%	78
CAPITAL				0
TOTAL SPECIAL REVENUE	10,349,609	10,097,633	-2.4%	(251,976)
TOTAL EXPENSE	17,752,158	18,536,413	4.4%	784,256

2015 expenditure budget highlights

General Fund current service level 2014: \$7,402,549

General Fund recommended 2015: \$8,438,781

- Personnel costs increase by 14.5% reflecting cost of living increases for existing staff and for the recommended 6.5 FTE additional positions.
- Contractual and operating costs increased by 6.5% reflecting the \$225,000 in non-personnel Mayoral recommendations. The significant reduction in operating costs reflects coding modifications used within the department budget and not an overall change in expenses (actual operating expenses are flat from 2014 to 2015).

2015 revenue budget highlights

General fund revenue is relative stable, with a reduction of 1.9% that reflects changes in practice for Food Lodging and Pools.

Special revenue is projected to decline by 4.2% primarily due to the completion in 2014 of two federal grants.

The department is continuously monitoring for grant opportunities that will advance the goals of the department, including two significant grants received in 2014 – a federal research grant on support for new fathers and a five year renewal of the highly competitive federal Healthy Start grant.

