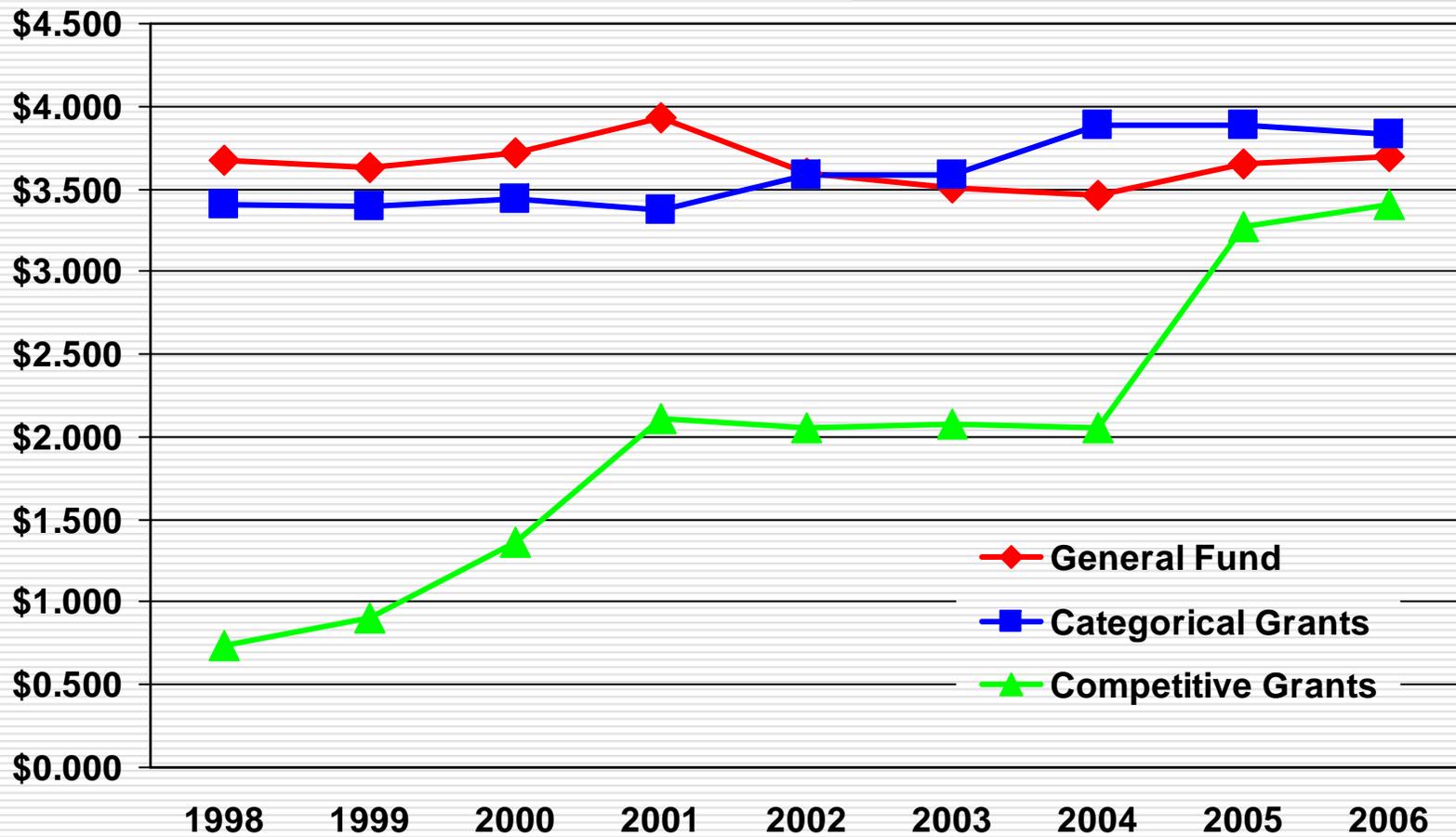


LOCAL PUBLIC HEALTH FUNDS AND PRIORITIES

Department of Health and Family
Support (DHFS) presentation to the
City Council Health, Energy, and
Environment Committee

March 20, 2006

CHANGES IN DHFS FUNDS, IN \$ MILLIONS, 1998-2006*

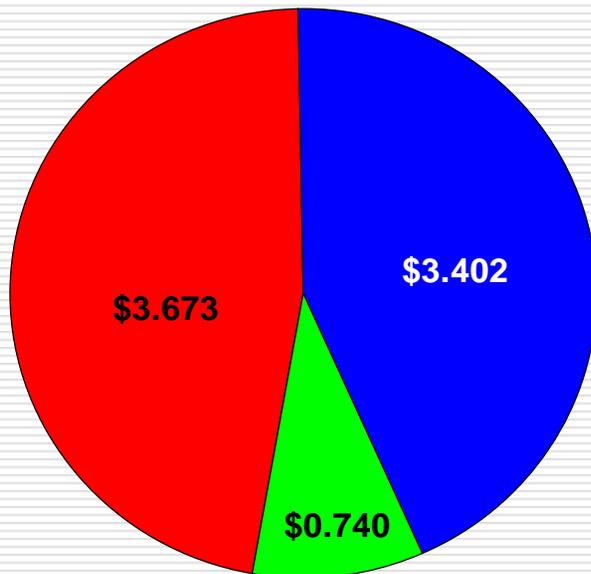


*Excluding CDBG

SOURCES OF DHFS FUNDS, IN \$ MILLIONS*

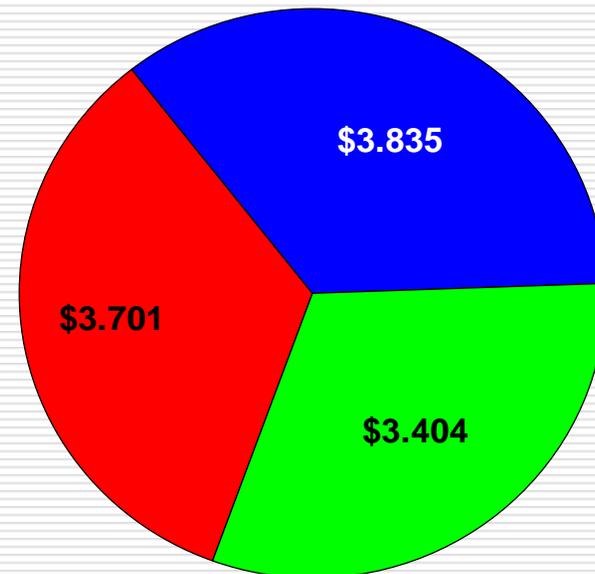
1998

- General Fund
- Categorical Block Grants
- Competitive Grants



2006

- General Fund
- Categorical Block Grants
- Competitive Grants



*Excluding CDBG

BUDGET AND CATEGORICAL GRANT CARRYOVER TRENDS, 2004-2006

	2004	2005	2006
General Funds	\$3,465,312	\$3,562,728	\$3,701,245
Competitive Grants	\$2,060,000	\$3,275,333	\$3,404,174
Categorical Grant Award	\$3,889,607	\$3,890,350	\$3,833,684
Categorical Grant Funds Carryover	+862,682	+1,160,451	+1,470,035
Categorical Grant Funds Expended	\$3,591,838	\$3,580,766	\$3,993,531 (projected)
Categorical Grant Funds to carry over	\$1,160,451	\$1,470,035	\$1,130,188 (projected)

MINNESOTA STATUTORY REQUIREMENTS

- Six essential local public health activities
- Submission of priorities in 2004 and in 2005 (2005 covered 05-09)
- Submission of a community needs assessment and local public health plan in 2009

ESSENTIAL LOCAL PUBLIC HEALTH ACTIVITIES

- Assure an adequate LPH infrastructure.
- Promote healthy behaviors and healthy communities.
- Prevent the spread of infectious disease
- Protect against environmental health hazards
- Emergency preparedness and recovery
- Assure quality & accessibility of health services

13 LOCAL PRIORITIES

TO INCLUDE IN THE PLAN SUBMITTED TO THE STATE IN 2004

- Reducing racial/ethnic health disparities
 - Health care access
 - Needs of immigrant communities
 - Emergency preparedness, with a special focus on vulnerable populations
 - Immunization registry
 - Healthy housing
-

13 LOCAL HEALTH PRIORITIES

(continued)

- Infant mortality and birth outcomes
 - Early childhood health and school readiness.
 - Adolescent health
 - Smoking and exposure to tobacco smoke
 - Healthy weight and obesity-related chronic conditions
 - Mental health
 - Community violence
-

DHFS AND OTHER CITY ACTIVITIES ADDRESS MOST PRIORITIES

SOME EXAMPLES:

- **Reducing health disparities:** permeates all our work and community engagement efforts
- **Health care access:** Neighborhood Health Care Network, Minnesota Visiting Nurse Agency, School Based Clinics, New Families Center
- **Needs of immigrants:** New Families Center, Multicultural Services, LEP plans

DHFS AND OTHER CITY ACTIVITIES

(continued)

-
- **Emergency preparedness:** Regional planning, local leadership with respect to minority, immigrant, and vulnerable populations. Severe weather emergency preparedness
 - **Immunization registry:** Immulink
 - **Healthy housing:** HUD lead projects, asthma initiatives

DHFS AND OTHER CITY ACTIVITIES

(continued)

-
- **Infant mortality and healthy births:** Healthy Start, Alliance project, Minnesota Visiting Nurse Agency, TANF efforts
 - **Early childhood:** Way To Grow, 348-TOTS, pre-school screening, Greater Minneapolis Day Care Association
 - **Adolescent health:** School Based Clinics, Seen on da Streets, Teen Parent Connection, Youth Coordinating Board
-

DHFS AND OTHER CITY ACTIVITIES

(continued)

-
- **Tobacco smoke:** City Indoor Smoking Ordinance, Steps to a Healthier Minneapolis, Healthy Start
 - **Healthy weight:** Steps to a Healthier Minneapolis
 - **Mental health:** Healthy Start for pregnant women and new mothers; School Based Clinics, Maternal & Child Health grants
 - **Community violence:** no current public health activity

YOUTH VIOLENCE AS A LOCAL PUBLIC HEALTH PRIORITY

- One of the most commonly cited priorities by community representatives.
- Responses are hampered by severe recent disinvestments.
- Lack of youth programs is a community-wide problem.

COMMUNITY COMMENTS TO THE H&HS COMMITTEE 2005

- Youth and young adults need opportunities for jobs and legitimate income.
- Violence and substance abuse are interrelated.
- Violence is transmitted across generations.
- Violence is fueled by hopelessness.
- Violence is a lifestyle.

COMMUNITY COMMENTS TO THE H&HS COMMITTEE (Continued)

- Unattached, disaffected, and unconnected youth need to be engaged with positive opportunities and programs.
- Young people are interested in serving their community, feeling useful, and engaging with others who are different from them.
- Young people want a range of opportunities to explore their creative sides, not just sports programs.

MINNEAPOLIS WAS HURT BY SEVERE CUTS IN STATE FUNDING FOR YOUTH PROGRAMS IN 2003. THE CITY LOST:

- \$3.27 million allocated for after school enrichment programs
- \$364,000 in Youth Risk Behavior Grants when the State withdrew tobacco endowment funds.
- \$700,000 in youth development and parenting funds geared towards teen pregnancy prevention when the State reduced TANF funding for this purpose.

YOUTH VIOLENCE HAS PROFOUND AND WIDESPREAD EFFECTS

- Death, injury, associated health care costs.
- Decreased school attendance because students feel unsafe at school.
- Decreased property values in affected neighborhoods.
- Exposure to violence leads to a variety of emotional and behavioral problems, including poor academic performance.

YOUTH RISK BEHAVIORS OFTEN CLUSTER AND CAN BE EFFECTIVELY ADDRESSED

- Adolescents who engage in one risk behavior typically engage in others (sex, substance use, violence).
- Programs and policies that focus on one area can have positive affects on multiple areas.
- Appropriate interventions can redirect young people toward healthy and constructive adult lives.

YOUTH VIOLENCE IS ASSOCIATED WITH LACK OF CORE COMPETENCIES

- Negative self-identity, hopelessness
- Lack of coping skills and self-efficacy
- Poor impulse control
- Poor social problem-solving skills
- Lack of empathy or capacity for intimacy
- Accepting aggression as normal and lacking prosocial values

RESEARCH HAS IDENTIFIED THE KEY COMPONENTS OF SUCCESSFUL PROGRAMS

- Opportunities to build relationships
- Social skills and life skills education through participation in positive, structured activities
- Safe and supportive environments
- Buy-in from parents and teens, including teen involvement in program planning
- Adequate staff training
- Well-developed infrastructure

DHFS PROPOSES TO ALLOCATE \$500,000 OF LPH GRANTS OVER A 2-YEAR PERIOD TO ADDRESS YOUTH VIOLENCE

- Competitive grants would be awarded to community-based organizations serving youth between the ages of 13 and 18 years.
- Priority will be given to program plans that include specific strategies for engaging disconnected youth and offer services, opportunities and supports based on best practices for youth development and violence prevention.