

*Blue Ribbon Panel  
Recommendations*

Status Report  
July 2006

## Background

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- Blue Ribbon Panel formed in 2003
- Co-chairs: Commissioner Gail Dorfman and Councilmember Natalie Johnson Lee
- 15 community members
- Recommendations submitted to City Council and Mayor Spring 2004

## Key Health Issues Identified - 2003

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- Growing at-risk population with greater health disparities
- Concentrated areas of pervasive and persistent poverty
- Student performance lagging behind statewide average
- Risk of bioterrorism and infectious diseases in densely populated areas
- More uninsured residents

## Key Challenges

### 2007 Business Plan

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- Concentrated areas of poverty and health disparities:
  - A disproportionately high rate of sexually transmitted diseases in Minneapolis.
  - A continuing concern about the disparities in health between Minneapolis residents of color and white residents.
- Bioterrorism and infectious diseases
  - A growing interest by residents in becoming engaged in emergency preparedness, especially related to weather and infectious disease emergencies.

## Key Challenges 2007 Business Plan

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- Safety net for uninsured
  - Increasing stress on the health care safety net.
- School success
  - A continued high interest in, and high value placed on investing in the wellbeing and school readiness of young children.

## Key Challenges 2007 Business Plan

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- Newly emerging issues
  - Growing concern about the well-being of youth including a growth in youth violence.
  - State funds for youth development have been reduced markedly since 2003.
  - Community–wide interest in improved nutrition and increased physical activity to counter the well-publicized increase in obesity.

## Panel Recommendation #1

The City and County Public Health  
Departments should not be merged

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### 2006 Status

The Departments operate separately, but coordinate their work

**Hennepin County focus** - Oversight and management of large public health systems.

- Surveillance for communicable diseases.
- Tracking population-based health trends.
- Responding to specific infectious disease health threats, such as tuberculosis.
- Managing a wide variety of direct services, including screening refugees/immigrants.

# Panel Recommendation #1

## The City and County Public Health Departments should not be merged

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**Minneapolis Focus** – Attend to specialized needs of urban residents and the urban environment.

- Engaging diverse constituencies in problem identification and solution.
- Targeting intense effort toward special health initiatives, such as reducing infant mortality and improving teen reproductive health, preventing youth violence, improving nutrition and physical exercise.
- Limited direct services: lab, school based clinics.
- Connect health efforts with other City departments and investments: emergency preparedness, healthy housing, built environment, youth employment.

## Panel Recommendation #2

### Establish accountability for a shared Urban Health Agenda

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#### 2006 Status

- Public health advisory committees from Minneapolis, Hennepin and St.Paul/Ramsey met together December 2005 to identify common policy issues and plan to meet at least annually.
- Minneapolis convened an Ad-Hoc Community Advisory Committee June 2006 to help design a community engagement process for the development of a Minneapolis Urban Health Agenda.
- The Minneapolis Urban Health Agenda will describe health components of the City's Five Year Goals and Strategic Direction.

## Panel Recommendation #3

### Set Public Health Priorities Based on Expected Outcomes in Relation to the Amount Invested

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#### 2006 Status

- Department Goals and Objective guided by City Five Year Goals and Strategic Directions
- Public Health priorities set as an outgrowth of community input
- The Department is accountable for outcomes in the areas of resource investment:
  - Sustainability Indicators
  - Results Minneapolis
  - Youth Coordinating Board “So How Are the Children?”
  - Teen Parent Report Card
  - Department Business Plan Measures

## Panel Recommendation #3

### Set Public Health Priorities Based on Expected Outcomes in Relation to the Amount Invested

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- Department leverages General Funds with grants and community partnerships
- Investments by public health lead to savings in other sectors:
  - Early childhood developmental screening and referrals, lead screening, and teen parent support affect educational success
  - Youth development investments are being targeted to prevent violence
- Investment by City result in improved health:
  - Smoking ordinance reduces hospitalization for heart attacks and asthma
  - Northside Housing cluster developments being measured to assess health impact

## Panel Recommendation #4

### Improve and Formalize Working Relationships Between the City & County Public Health Departments

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#### 2006 Status

- Administrative staff meet monthly to coordinate overall planning
- Staff of Minneapolis, Hennepin County, St. Paul/Ramsey County and Bloomington also meet regularly to discuss urban health issues and coordinate efforts.
- Emergency Preparedness lines of authority are contractually defined.

## Panel Recommendation #4

### Improve & Formalize Working Relationships Between the City & County Public Health Departments

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- A flow chart was completed to evaluate any overlap of Department efforts. As a result several areas of overlap are now more strategically connected with clearer lines of authority

## Steps taken since the recommendations were adopted

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- City Council and County Board directed staff to develop a plan to:
  - articulate key roles and responsibilities of the two health departments;
  - create an ongoing mechanism for working with Minneapolis residents and community leaders in collaboration with the city and county Public Health Advisory Committees; and
  - propose a process for elected officials to approve and oversee an Urban Health Agenda.
- Staff report submitted to Council/Board January 2005

## 2005 Staff Report to Council/Board

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- Key roles and responsibilities
  - Regular dialogue between department leaders
  - Joint meetings of advisory committees
- Propose a process for elected leader oversight of Urban Health Agenda
  - An Urban Health agenda should be approved at an annual joint meeting of the Hennepin County Board and the Minneapolis City Council.

## 2005 Staff Report to Council/Board

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- Ongoing mechanism for working with residents and community leaders
  - Community engagement strategy for development of an Urban Health Agenda
  - Expand City meeting with major contractors to include leaders in health and human services delivery system

## Current implementation of 2005 staff report

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- Key roles and responsibilities
  - Monthly meetings between City/County department leaders
  - Annual joint meetings of advisory committees (including St. Paul Ramsey)
- Propose a process for elected leader oversight of Urban Health Agenda
  - Once a recommended Minneapolis Urban Health Agenda is developed with the community, it will be incorporated into Health and Family Support Business Plan. HEE Committee Chair may wish to arrange for a joint review of the plan with Hennepin County Board.

## Current implementation of 2005 staff report

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- Ongoing mechanism for working with residents and community leaders
  - Community Advisors to design engagement strategy for development of an Urban Health Agenda (first meeting 6/06)
  - Expand City meeting with major contractors to include leaders in health and human services delivery system (group to be convened summer '06)