MINNEAPOLIS HEALTH & FAMILY SUPPORT

business plan 2010-2014

Vision

Health, equity and well-being for all people in their communities

Mission

To promote health equity in Minneapolis and meet the unique needs of our urban population by providing leadership and fostering partnerships.

The Way We Work

- We build on our urban community's cultural diversity, wisdom, strengths, and resilience.
- We support individual health within the context of families and communities across the lifespan.
- To achieve health equity, we invest in the social and physical environments of our residents.
- We bring people and resources together to achieve our common health goals.
- Sound research and promising strategies inform our activities and decisions.
- We promote health as the interconnection of physical, mental, social, and spiritual well-being.

Trends and Challenges

- Assessment, Assurance and Policy – the three basic public health strategies
- Social conditions and health disparities
  - Place based differences
  - Alignment of City efforts
  - Community engagement and partnership
- Policy and system change are powerful
- Community organizations are a key component of the public health infrastructure
- Maintaining the ability to respond to emergencies, unforeseen needs and seek funding is vital

Key Strategies

- Promote health; healthy residents, communities, and environments
- Address factors affecting health: social conditions and physical environment
- Protect the Public's health: disease prevention and control and emergency preparedness

Goals, Objectives and Measures

Strong Urban Public Health Infrastructure

- City and community prepared for emergencies – now and in the future
  - Staff trained for public health emergencies
- Health care safety net for everyone who needs it
  - Percent of those who needed health care but delayed or didn't get it due to cost or no insurance
- Staff …. Diverse, engaged, skilled
  - Staff represents the racial/ethnic/cultural minority groups in the City
  - Staff sense of recognition for outstanding service

City Goals and Strategic Directions

A Safe Place to Call Home

A City that Works

- City employees high-performing, engaged, and empowered

Goals, Objectives and Measures

Healthy Weight Through Active Living and Healthy Eating

- Affordable and accessible healthy choices for all ages and abilities
  - Percent of population at health weight
  - Percent of children and adults physically active at recommended levels
  - Percent of obese or overweight adults who saw a health care provider in the past year who received weight loss advice from their medical provider
- Opportunities to grow, prepare and distribute food locally
  - Homegrown sustainability indicator
- Communities expect healthier environments
  - Percent of childcare programs implementing at least 50% of best practices related to food and physical activity

City Goals and Strategic Directions

Livable Communities Healthy Lives

- Active Lifestyles, walkable, bikable, swimmable
- Healthy choices are easy and economical

A City that Works

- Shared democracy empowers residents as valued partners

Eco-Focused

- Locally grown food available and chosen

Goals, Objectives and Measures

Healthy Sexuality and Relationships

- Prevent teen pregnancy
  - Teen pregnancy rate aged 15-17 years by race.
- Sexually Transmitted Infections/HIV rates declining
  - STI rate defined as Gonorrhea rate per 100,000 people by race

City Goals and Strategic Directions

Many People, One Minneapolis

- Teen pregnancy a thing of the past

A Safe Place to Call Home

- Youth… in school, involved, inspired, and connected to an adult

Goals, Objectives and Measures

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Goals, Objectives and Measures

Thriving and Violence Free Youth

- Number of homicide deaths among individuals aged 18-24 years in Minneapolis
- Hospital based reports of assault-related injury under 18 years old and 18-24 years old
- Juveniles involved in violent crime as arrestees or suspects (smaller number is arrests)

- Communities engaged in parenting & mentoring youth
  - Students reporting someone in their family helps them with homework

- Invest in activities that promote skills, strengths & contributions of youth and re-engage disconnected youth
  - Student participation in after-school activities (8th graders)
  - Percent of students who feel safe at home
  - Percent of students identified through JSC with no current school affiliation that enroll in school

- Expand capacity to address youth violence
  - Funds leveraged to implement Youth Violence Prevention Blueprint activities

City Goals and Strategic Directions

A Safe Place to Call Home

- Youth… in school, involved, inspired, and connected to an adult
- Sustain gains against violent crime
- Guns gangs graffiti gone

Jobs and Economical Vitality

- Teens prepared with career and life skills

Goals, Objectives and Measures

A Healthy Start to Life and Learning

- Healthy homes – lead and smoke-free
  - Percentage of children 9-36 months old screened for lead poisoning
  - Children under 6 screening with lead poisoning
  - Percent of Minneapolis rental properties (10 or more units) with building-wide smoke-free policies
- Thriving babies, mothers and fathers
  - Infant mortality rate by race
- School-ready children
  - Children annually receiving health and developmental screening by age 3

City Goals and Strategic Directions

Eco-Focused

Many People, One Minneapolis

- Tots school-ready, teen on-course

A Safe Place to Call Home

- Healthy Home, Welcoming Neighborhoods

Resource Plans

Finance

Cost containment steps in 2009 & 2010:

- Closure of Public Health Lab
- Reduction of administrative support staff
- Reduced printer/copier use
- Elimination of senior tax service
- Relocation of Senior Ombudsman's Office

Issues:

Reliance on Grant Funding

- Grant funding has exceeded $2 million/year since 2004 ($3.5 expected in 2011)
- Concern over City cost allocation plan for grants
- Impact of grant funding on the Department's ability to respond to unexpected needs and seek additional funding

Insuring a local public health infrastructure

- Local match required to draw down state and federal formula funds (minimum $2.2Million)
- Local funding provides a base from which to seek grant funding, assure ability to respond to emergencies, support priorities where grants aren't available.

Resource Plans

Finance Cont.

Contingency plans:

- Scenario A – A significant cut in General Fund
  - cuts in community activities such as after school programs, public health nurse visits, health care for uninsured, domestic abuse, school readiness

- Scenario B – The loss of large grants like SHIP
  - the elimination of grant funded staff positions
  - create a significant gap in the Department's ability to address a major goal

- Scenario C – The elimination of CDBG Public Service funding competitively awarded to community agencies through PHAC
  - end Department support of community services for teen pregnancy and youth violence prevention, as well as senior services.

Resource Plans

Workforce

- A lean, efficient and flexible workforce
  - Management, professional and support staff have multiple responsibilities
- Engaged
  - Employee survey response spawned several initiatives to recognize employee accomplishments, build cultural awareness and understanding, promote formal and informal teamwork and engage a diverse group of young people who are interested in public health as a profession.

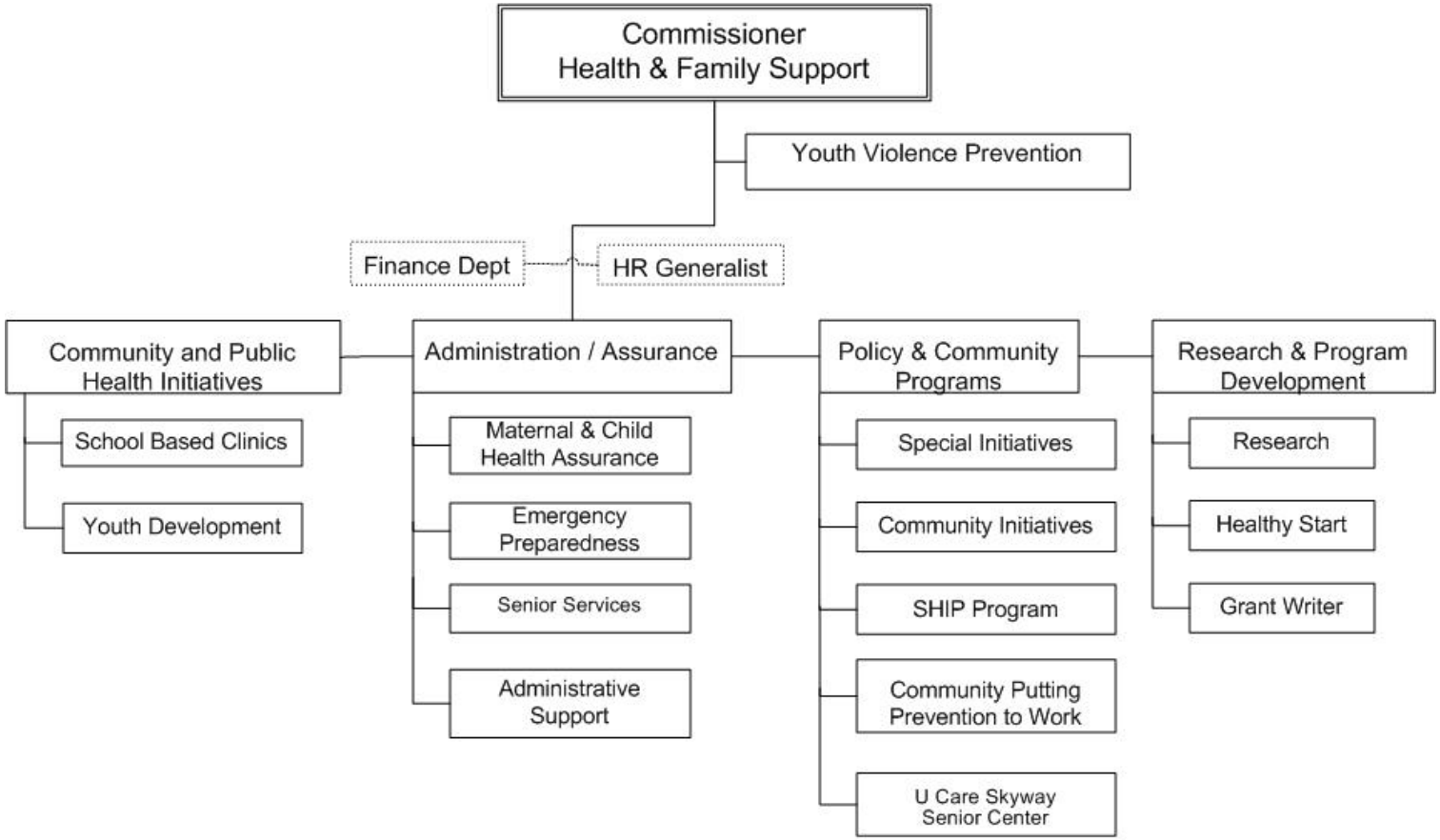
Technology

- Establish electronic health records for the School Based Clinics

Space

- All staff are now in one downtown location except for Schools Based Clinic and the UCare Skyway Senior Center staff.

Organizational Chart



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