

Staff Report

Date: January 2005

To: Hennepin County Board of Commissioners
City Council Members and Mayor of Minneapolis

From: Todd Munson, Hennepin County Human Services
Ken Dahl, Minneapolis Department of Health and Family Support

Re: Response to staff directing regarding Blue Ribbon Panel Report

Background

A Blue Ribbon Panel on Public Health in Minneapolis was convened by the Minneapolis City Council and the Hennepin County Board of Commissioners to assess the benefits and liabilities of having a county and a city public health department both addressing the needs of Minneapolis. In their report released in February 2004, the Blue Ribbon Panel concluded that it was to the benefit of Minneapolis residents to retain both agencies. Each department was recognized for its unique strengths. The Hennepin County Community Health Department provides county-wide surveillance of communicable diseases and related prevention efforts and manages a wide variety of essential direct services. The Minneapolis Department of Health and Family Support focuses on the unique needs of an urban population, through engaging community residents and leaders in solution-oriented activities, including designing and testing innovative strategies to address health disparities.

While acknowledging the current contributions of the city and county health departments, the Blue Ribbon Panel also recommended a more distinct delineation of roles and responsibilities, a more formal process for agency interaction, and increased collaboration on a defined urban health agenda.

Reacting to the Panel's conclusions, the Minneapolis City Council and the Hennepin County Board of Commissioners directed their respective staffs to develop a plan to respond to the recommendations. Specifically, the objectives were 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.

This report addresses these mandates.

I. Key Roles and Responsibilities

Hennepin County Public Health provides oversight and management of large public health systems on behalf of all Hennepin County residents. This structure provides for efficiencies and consistency in data management and intervention strategies, and eases the burden for local health care providers. The county provides surveillance for communicable diseases, tracks health-related population-based trends, works to prevent the spread of infectious disease, and responds to threats to the general population. For example, Hennepin County has aggressively responded to the recent tuberculosis case rate increase. The county engages in county-wide health promotion activities and manages the WIC program. The county also manages a host of direct clinical services including the Red Door clinic and has responded to the increased demand for the health screening of new refugees and immigrants.

Hennepin County's Assessment Team regularly publishes epidemiological updates for the professional community and the general public on health issues that affect all Hennepin County residents. Updates on Food Borne Illnesses, STI trends, Asthma and the risks of Radon exposure are examples of this work.

Within this context, the Minneapolis Department of Health and Family Support narrows its focus to the specialized needs of its urban residents and the urban environment. This work includes the engagement of the city's diverse constituencies to identify emerging issues, define desired outcomes, and develop effective solutions. These efforts are typically characterized by an increased intensity of effort dedicated to a defined target population to resolve a specific issue. The partnerships that evolve are often specific to each initiative. For example, Twin Cities Healthy Start, initiated and managed by the city health department, brings together the cities of Minneapolis and St. Paul, the African American and American Indian communities, government agencies, health care and social service providers, and local consumers to reduce the disparate rates of infant mortality and poor birth outcomes in two groups of urban residents. Another city health department innovation, Seen on da Streets, is an intervention and research project to reduce high rates of sexually transmitted diseases among underserved African American young males. This program built upon efforts already underway on the Northside to increase resources at a community clinic there, and expands the novel approaches to the Southside community. Both of these 5-year projects resulted from the city's proposals to federal agencies and brought in more than \$5 million to address critical issues of concern to local residents.

The Department's management of direct clinical services is limited to the school-based clinics, the New Families Center, and the public health laboratory. With the exception of the lab, which is largely self-sustaining, the city's involvement is limited to areas where there is a pronounced gap between need and response that has a disproportionately adverse impact on segments of the local community, such as teens and new refugees and immigrants. Similarly, the city's contracts with local agencies are targeted to support safety net health care and children's services for underserved populations.

For some critical issues, such as Emergency Preparedness, the county and city health departments perform complementary functions. The county department capitalizes on its surveillance resources and direct service providers to manage the public health first response capacity. The city department focuses on the needs of vulnerable groups and special needs populations and ensures strong relationships with other city services such as the police and fire departments. The two agencies share oversight for the Emergency Preparedness Advisory Committee.

In order to ensure that local public health resources are used even more efficiently and effectively in the future, the departments' leaders must institutionalize a more deliberate way of responding to priorities, aligning resources and continuously reviewing their respective roles and responsibilities.

Recommendation

- **Dialogue between department leaders needs to be maintained on a regular basis.**

This process has already been underway more than a year. The discussions have included exchanges of information about programs and services, available resources, priorities, and policy initiatives. These meetings are characterized by a routine and ongoing review of various staff roles and responsibilities. These working sessions now occur monthly.

Some of that work is detailed in Attachment 1, Public Health Activities in Minneapolis. In the attachment the role of each organization is defined, as *none*, taking the *lead*, *both*, *joint*, a *funder* and *advocate* or a *participant*. The division of labor shows Hennepin County Community Health's role as the lead agency in managing the larger public health delivery systems. Hennepin County does this on behalf of all Hennepin County residents and the City of Minneapolis often transfers resources to Hennepin County to support a share of those costs on behalf of Minneapolis residents. Minneapolis leads in activities which most often reflect areas of concern for specific groups of residents often concentrated in urban environments. Those labeled as "both" point to discussions that should happen sooner rather than later. These are mutual investments, but not necessarily connected or coordinated. "Joint" activities reflect intentional collaboration. Efforts should be made to examine and when necessary make adjustments to the "both" category to ensure that resources are being used efficiently.

Recommendation

- **The county and the city Public Health Advisory Committees need to meet jointly to develop a shared urban health agenda to address the specialized needs of Minneapolis residents.**

In the past, these two committees have helped determine public health priorities for their respective geographical areas, and the city and county health departments have shared the results of these planning activities. The two Public Health Advisory Committees have now agreed to hold joint meetings periodically and discuss shared urban health priorities. These committees have already held two such meetings. They agreed it would be beneficial to select a few key areas of work, and after review of the city's and county's respective priorities, they identified three key issues to target: improving mental health, addressing overweight and obesity, and early childhood screening.

They have also invited the St. Paul Ramsey Public Health Advisory Committee to join in their discussions. Since the spring of 2004, Hennepin County, Minneapolis, and St. Paul-Ramsey public health department leaders have been meeting to identify better ways to promote urban health interests. The Minneapolis department included this increased collaboration with St. Paul-Ramsey in its 2005 business plan. Joint activity by the advisory committees parallel the agency efforts and will ensure further coordination of limited resources.

II. Including Residents, Health and Human Service Organizations, and Community Leaders

Both the city and county health departments have a formal process for eliciting community input into their local public health plans. These plans include an empirically-based local needs assessment; needs identified through the observations and experiences of residents, community leaders, contractors and other service providers; and priorities for action identified through this interactive process. The input from the local community is derived from focus groups and forums designed especially for this purpose as well as during regularly-scheduled meetings of local service providers and community interest groups. The local health departments work closely with their Public Health Advisory Committees to draft their plans, which are forwarded for approval to the Minneapolis City Council and the Hennepin County Board of Commissioners, acting as the Local Boards of Health defined in statute.

Recommendation

- **The existing Local Public Health Grant planning and priority-setting process should be adapted to become the mechanism for development and oversight of a Minneapolis Urban Health Agenda.**

Reshaping the work plan of the advisory committees would further emphasize the importance of their joint meetings, and also suggest a need to review membership to ensure that the diversity of city residents is represented. If necessary, bylaws should be reviewed and adjusted accordingly.

Because Minneapolis PHAC members are appointed by the Mayor and City Council, they need to initiate a dialogue with their respective Council Members to identify an effective mechanism for maintaining an ongoing exchange of ideas and concerns and determining urban health priorities and other joint activities.

Recommendation

- **The quarterly meeting of the county's and city's major contractors should be reconfigured to represent more inclusively the area's health and human services delivery system and become a key component of defining the Minneapolis Urban Health Agenda. This expanded cluster would be known as the Minneapolis Health and Human Services Leadership Group.**

Although there are many opportunities for professional groups and other community leaders to meet regularly and discuss a host of pertinent health and human services issues, there is no formal mechanism in place to bring them together to focus on urban health issues. With the exception of some overlap with membership on the Public Health Advisory Committee there is no mechanism for linking representatives of many vibrant community agencies and activities with the process to develop a formal Urban Health Agenda.

It is anticipated that this group would include the current four major subcontractors: Minnesota Visiting Nurse Agency (MVNA), the Neighborhood Healthcare Network, Way to Grow, and Minneapolis Public Schools; and would add new members such as area hospitals and other clinics, Boynton Health Service at the University of Minnesota, a County Human Services Administrator, the Youth Coordinating Board, other community-level action groups, the two chairs of the city and County PHACs, and staff leadership from the city and county public health agencies.

Such an assembly could support an Urban Health Agenda in two ways. The broad representation would ensure a systematic assessment of urban health concerns. Second, the group can identify community needs and assets based on their collective experiences that serve to more completely inform the priority-setting process. It would be advantageous to have representatives of this group, selected by its members, represent the group on the Minneapolis Public Health Advisory Committee. This would ensure a continuous feedback loop between the PHAC and these service delivery experts.

III. Official Approval and Oversight of an Urban Health Agenda

An Urban Health Agenda will ultimately require changes in policies and resource allocation. City and county elected officials and the two local public health departments

need to be accountable to their constituents for responding to the priorities they identify. The proposed enhancement of the formal public health planning process will bring together the perspectives of the Health and Human Services Leadership Group and other community members who speak out at community focus groups, forums, and provider meetings. Their priorities will be presented to the county and city Public Health Advisory Committees, who will jointly develop their recommendations. This consensus process will lead to the Urban Health Agenda to be submitted to elected officials for approval.

Figure 1 below depicts the interrelationship between the residents, professionals and elected officials in developing an Urban Health Agenda.

Recommendation

- **The Urban Health Agenda should be approved at the Annual Joint Meeting of the Hennepin County Board of Commissioners and the Minneapolis City Council.**

