

HEALTH AND FAMILY SUPPORT

MISSION

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

BUSINESS LINES

A. Promote health; healthy residents, communities, and environments

A major responsibility of a local public health agency is health promotion. In Minneapolis, the department believes that community engagement and partnerships are critical to success in this area and seek out representatives of diverse communities to elicit their unique perspectives and build on their strengths to improve community health. Program administration involves families, youth, and seniors in decisions that affect their well-being. Special projects target key phases across the lifespan.

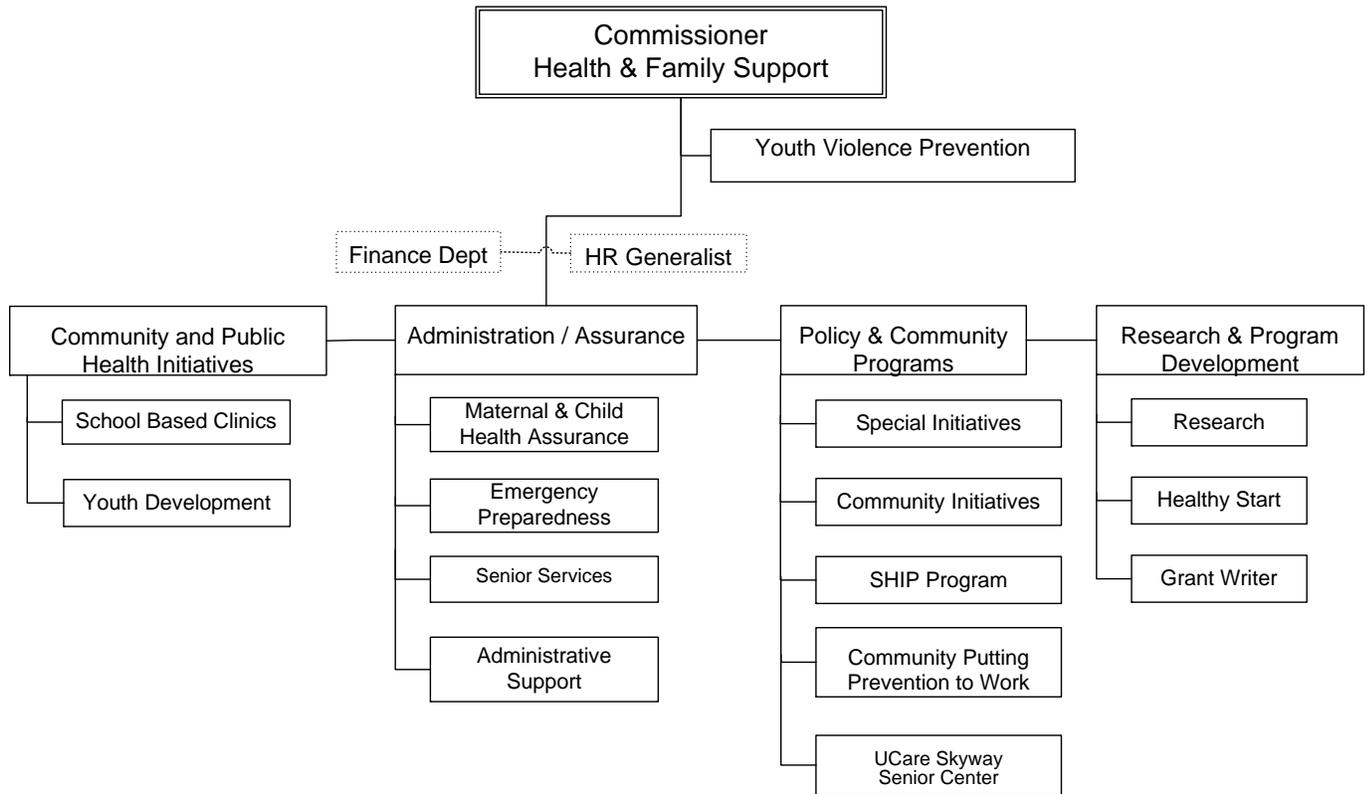
B. Address factors affecting health: social conditions and physical environment

Individual health is highly dependent on the environments in which individuals live and work, and this is most apparent in urban environments, where population density and mobility are higher and poverty is more concentrated. The department works with community agencies to promote lead- and smoke-free homes and ensure physical safety for infants and toddlers in their homes and child care centers. To promote healthy weight through easier access to physical activity options and more nutritious foods, we work with City departments, schools, child care centers, and worksites to create healthier environments through policy changes.

C. Protect the Public's health: disease prevention and control and emergency preparedness

Preventing and controlling infectious diseases is vital to community health. Pandemic influenza is an example of a situation that requires combined expertise in infectious disease control and emergency preparedness. The department addresses City responsibilities through partnerships with Hennepin County, community clinics, and other community agencies. As an urban public health agency, the focus is on populations that require messages and intervention tailored to their particular needs, whether due to language differences, cultural norms, social isolation, or history of traumatic experiences.

ORGANIZATION CHART



Youth Violence Prevention

Health and Family Support

General Fund: \$119,873

Other Funds: \$282,103

Violence is a learned behavior that is strongly influenced by a complex interaction of factors, and prevention requires understanding and addressing these multiple factors. The City of Minneapolis Youth Violence Prevention Blueprint for Action uses the social ecological model as its framework to better understand the multiple reasons violence occurs and the need for multiple approaches to prevent it. Rather than relying solely on a law enforcement strategy and health and mental health responses after an event has occurred, the Blueprint outlines 4 goals and 33 strategies which provide individual, community and societal responses that approach prevention and intervention strategies along a continuum.

Measure: Juvenile part 1 and part II crimes

Infectious Disease Prevention

Health & Family Support

General Fund: \$11,189

Other Funds: \$337,046

Department infectious disease prevention services, a core function of public health, are provided in three areas - routine disease prevention and control, support for immunizations, and a focus on response to the very high rate of sexually transmitted infections (STI) in high risk Minneapolis populations.

Disease prevention and control is a statutory requirement for local health departments to be able to provide or ensure quick and effective response to threats to public safety/health. The city has contracted with Hennepin County Public Health to provide surveillance for communicable diseases, monitor trends and detect outbreaks, investigate outbreaks,

eliminate sources, and provide technical assistance and education to the medical community in controlling communicable disease problems - a recent example is the measles outbreak among individuals who were predominately Minneapolis residents. As needed, the County can request assistance from the city (in incidents exceeding the level of "routine" infectious disease services, agreements are in place for coordination of efforts across city and county public health as detailed in the program proposal on public health emergency preparedness). They also provide the epidemiological investigation on any food-borne outbreaks in the city in coordination with Environmental Health/Regulatory Services.

Measure: Deaths, injuries and property losses related to safety

MDHFS Healthy Homes Outreach, Education and Blood Lead testing

Health and Family Support

General Funds: \$ 32,022

Other Funds: \$280,353

The Minneapolis Department of Health and Family Support's (MDHFS) Healthy Homes and Environment Program provides Minneapolis residents technical assistance and education around environmental health hazards in a variety of ways. First, MDHFS oversees the education and outreach component of Hennepin County's Department of Housing, Community Works and Transit (HCWT) Lead-Based Paint Hazard Control and Demonstration Grants awarded by the U.S. Department of Housing and Urban Development. In this role, MDHFS manages contracts and provides technical assistance to three community-based organizations contracted to provide lead poisoning prevention and healthy homes education and outreach. Second, the Department per the Minnesota Department of Health's Lead Case Management Guidelines is required to provide follow up on all blood lead capillary results 10 micrograms per deciliter or higher. Additionally, MDHFS provides education and outreach around lower blood lead levels (capillary and venous) between 5-9 micrograms per deciliter, working with Minneapolis Pediatric and Family Practice Clinics to coordinate this approach. Third, the Department coordinates the Lead Testing Taskforce which includes city, county, and state governmental agencies, community-based partners, and health plans. In all of these efforts the Department works with a variety of community stakeholders to develop policy and program recommendations to reduce home based toxins.

Measure: Meeting or exceeding health standards for pollutants

Infant and Early Childhood Services

Health & Family Support

General Fund: \$411,125

Other Funds: \$399,323

The program addresses public health primary prevention by ensuring at-risk young children have basic public health services that promote healthy outcomes that will save public resources in the long-run. It provides early intervention and school readiness services targeted to Minneapolis families with children under the age of six years who live in impoverished neighborhoods and are underserved, isolated or otherwise not connected to services. Early intervention services provide developmental screenings to children and refer them for further evaluation when necessary. In recent years, the referrals to early intervention have risen approximately 16% largely due to the increased effort in community outreach, and the increase in collaboration between early childhood agencies including Way To Grow, Rueben Lindh, Headstart, MPS, and local public health. There have also been increased efforts in screening before age three.

Measure: Resident survey - perceived change in livability

Obesity Prevention

General Fund: \$44,210

Health and Family Support

Other Funds: \$335,494

MDHFS implements a broad range of policy, systems, and environmental change strategies aimed at reducing and preventing obesity by increasing access to, and affordability of, healthy foods and physical activity opportunities in community, worksite, school, and health care sites. MDHFS has worked on obesity prevention since 2004 with the Steps to a Healthier MN grant, as part of the Statewide Health Improvement Program (SHIP; set to end in June 2011) and more recently as part of the Communities Putting Prevention to Work initiative (CPPW; set to end in March 2012). Since addressing chronic disease prevention is a public health mandate, the department is hopeful that additional state funds (from the Statewide Health Improvement Program) or federal funds through the Community Transformation Grant program will become available to fund this work.

Measure: Percent of adults at a healthy weight

Senior Services

General Fund: \$121,879

Health and Family Support

Other Funds: \$168,921

There are two areas of senior services in this program - operations of the UCare Skyway Senior Center and contracts with community based organizations for senior services. The UCare Skyway Senior Center (USSC) is a safe, friendly, and comfortable place for people age 50 and over to gather in downtown Minneapolis to participate in a variety of enrichment activities and wellness services, connect to community resources, and explore community service opportunities. There are over 16,000 visits per year by seniors and family members seeking senior services. The Center is staffed by one full time coordinator who also oversees 40 plus volunteers. Listed below are relevant Center statistics for 2010:

- Average Unduplicated Visitors per Day: 68
- Total 2010: Visits: 17,045
- Total 2010: 400 structured activities and programs = average 2 per day (physical fitness, balance and chronic disease prevention are key aspects of these programs.
- Total 2010: Program Attendance: 1,500
- Total 2010: Volunteer Hours: 2,700
- Number of Center volunteers: 40 at any one-time
- Number of volunteer presenters from other organizations: 75, of which half are seniors
- Chatter Newsletter Distribution: 4,000 household's quarterly

Community Contracts:

The Living at Home Block Nurse Program serves three Minneapolis communities: Nokomis, Southeast, Longfellow/Seward. The program assists seniors 65 and older to remain independent and living safely in their homes. Services include transportation, volunteer visitors, homemakers, home health nursing and health aides, in-home fall prevention assessments, community health outreach clinics including blood pressure checks, exercise classes, and flu shots. In 2009-10 the Block Nurses served 651 frail elderly with in-home nursing services, and an additional 1,600 seniors for blood pressure checks, exercise classes, and fall prevention assessments.

Minnesota Visiting Nurse Agency provides home health services for low income and uninsured seniors primarily age 60-65 (until eligible for Medicare services). In 2010 they served 459 seniors through more than 1,600 visits, helping to maintain at-risk seniors safely in their homes.

Measure: Change in City's population

Senior Initiative: Preparing for an aging population General Fund: \$125,188

Neighborhood & Community Relations/Health & Family Support

For more than 20 years the city's primary investment in seniors has been the direct services of the Senior Ombudsman. While this service is important in addressing the complex needs of individual seniors in Minneapolis, it does not provide any direction for how the city should plan its resources to address the changing demographics of seniors and prepare for an aging population. Currently, the City's Senior Ombudsman assists a growing, diverse population of seniors and people with disabilities coordinating services with agencies, programs, and professionals both in Minneapolis and beyond. The Ombudsman provides information and assistance so that individuals can fully utilize resources that let them meet their needs and maintain independent living. In 2010 alone, the office served nearly 9000 individuals.

Measure: Change in City's population

School Based Clinic Program

General Fund: \$569,354

Health & Family Support

Other Funds: \$1,871,103

The Health Department operates School-Based Clinics (SBC) in six Minneapolis public high schools to provide early intervention services that are age-appropriate, convenient and barrier free. The SBC program provides a range of adolescent friendly services including acute illness care, well teen exams, reproductive care, nutrition education, immunizations, and mental health screenings, assessments and counseling. While any teen can receive health services from the clinics, we target students who are low income and/or do not have medical insurance. All of our clinics have medical and behavioral health professionals providing services. We encourage teens to live positive, healthy life-styles; teach teens how to use the health care system effectively; and provide early detection and treatment of illness. The overall SBC goal is to improve clinic access by providing physical and mental health services within an integrated school-based primary care model and promote healthy lifestyles that assure long term well-being for adolescents.

Measure: 4 year high school graduation rates

Perinatal Initiatives

General Fund: \$109,996

Health & Family Support

Other Funds: \$1,178,019

The Department provides oversight and support to two aspects of perinatal services - the federally funded Healthy Start program (Department of Health Resources and Services Administration (HRSA), and the federal Maternal and Child Health (MCH) pregnancy improvement program.

Healthy Start collaborates with external partners to provide perinatal services and to reduce the number of low birth weight babies, preterm births, and infant deaths among high-risk pregnant women. The program specifically targets high-risk pregnant African American and American Indian women who are at risk for poor birth outcomes. Twin City Healthy Start contracts with program and clinical sites located in Minneapolis and St. Paul to provide screening and case management services to high-risk pregnant women. Each participant enrolled in the program receives a prenatal risk overview assessment that identifies their psychosocial risks factors along with an individualized care plan that provides them with prenatal education, interventions and supportive services. Participants receive prenatal education throughout the pregnancy and during the post-partum period through the baby's second year of life.

The MCH funds support two community programs that provide culturally specific, family centered services to low income and high risk pregnant women in the American Indian and Latino communities to address factors contributing to poor birth outcomes. Additional work is planned to follow pregnant women affected by the tornado in North Minneapolis and development of culturally specific mental health programming for pregnant and parenting women.

Measure: Fewer complaints about accessibility

Teen Pregnancy Prevention

Health and Family Support

General Fund: \$92,939

Other Funds: \$1,105,061

MDHFS provides city-wide policy, planning and program development for teen pregnancy strategies for youth. MDHFS also provides supportive services to pregnant and parenting teens with the intent of keeping them in school, reducing infant mortality, ensuring infant and early childhood screening, and prevention of subsequent pregnancies. Teen pregnancy prevention has been identified as an overall objective of the City and is also a recommendation in the Minneapolis Youth Violence Prevention Blueprint. Teen pregnancy is also one of the indicators that the City monitors through Results Minneapolis. Our 2010 goal was to reduce the pregnancy rate among 15-17 year olds to 46 pregnancies per 1,000 teens. We exceeded our 2010 goal by achieving an overall rate for 2010 of 34 pregnancies per 1,000 teens. Unfortunately, the rates of teen pregnancy among Hispanics, Black, and American Indian girls are six to 10 times higher than white girls. In addition to the services provided in the Minneapolis schools, MDHFS contracts with community based agencies to provide culturally appropriate, evidence based comprehensive sexuality education. The City also contracts with Minnesota Visiting Nurse Agency (MVNA) to provide home visiting services to pregnant and parenting teens.

MDHFS plans to continue its work with Minneapolis Public Schools to provide training to health education teachers and expand the model to charter schools in neighborhoods with high number of teen pregnancies. The City will also have additional funding in 2012 through the federal Safer Sex program sponsored by Hennepin County. This funding will allow us to provide individual counseling and follow-up with teens visiting our school based clinics that have a positive STI test. This new program uses motivational interviewing to encourage teens to modify risky behavior related to unprotected sex and teen pregnancy. Funding in 2012 decreased about 8% due to loss of grant resources in this area.

Measure: Fewer complaints about accessibility

Youth Development

Health & Family Support

General Fund: \$399,692

Other Funds: \$37,539

The Youth Development program has two primary components - policy and program development to better meet the needs of Minneapolis youth and a contract with the Youth Coordinating Board for youth focused services.

Policy work: MDHFS staff work on policy issues and provide technical assistance to the Youth Coordinating Board, community based agencies and jurisdictional partners regarding youth development strategies and program planning. The youth development program has also been successful in directing funds toward positive youth development opportunities for youth who experience economic and health disparities.

Contract with YCB: These funds have been used to establish and maintain the Minneapolis Youth Congress which is a representative body of approximately 60 Minneapolis youth. This group was established to inform decision making and policy development relevant to youth. They work in collaboration with elected officials focusing on a common understanding of the welfare of the youth in the City of Minneapolis. These funds also provide after school programming contracts with MPS community Education, Minneapolis Parks, and Hennepin County Libraries and additional community based organizations. These programs provide a range of opportunities for young people including homework help, access to technology, participation in extracurricular opportunities and transportation to access high quality youth development programming.

Measure: 4 year high school graduation rates

Health Care Safety Net

General Fund: \$261,212

Health & Family Support

Other Funds: \$822,169

As a local health board operating a health department, the City is mandated by statute to ensure access to health services for Minneapolis residents. Populations whose health is heavily dependent on accessing health services include women of childbearing age and children. Until the mid 1990's the department met this need by providing direct medical and dental services. In 1996 the City Council decided to meet this mandate responsibility by contracting with community organizations rather than providing City staff services. The primary agencies that have provided these safety net services since 1996 are the Neighborhood Health Care Network (NHCN) through their Minneapolis located community clinics, and the Minnesota Visiting Nurse Agency (MVNA) for public health nursing home visits, and Children's Dental Services (CDS). These three non-profit agencies form the structure of the health care safety net services for the most at risk families in Minneapolis, and are augmented with additional funding for the Hennepin County HealthCare for the Homeless Project.

The City supported health care safety net NHCN and CDS clinics, along with the Homeless Project, ensure quality health care services that are affordable, professional, accessible, and culturally competent to meet the changing face of Minneapolis residents. The services provided include: primary medical and dental care, prenatal care, family planning with both male and female reproductive health services, disease prevention and management, mental health, adolescent care, health care for the homeless, and child and teen check-ups. Services are provided to Minneapolis resident who are the hardest to reach, underserved/uninsured, families living at or below 200% of poverty.

NHCN clinics provided 4,858 city subsidized visits in 2010, CDS provided 966 subsidized dental visits to 804 uninsured children (with 89% of needed work completed), and health care for the homeless served 58 pregnant women and 276 children. MVNA provides public health nursing home visiting for pregnant and post partum women, and children and families with risk indicators. Mostly the risk indicators are non-medical conditions involving complex social issues. In 2010 MVNA provided 3,300 subsidized home visits and 1,100 nurse assessments.

Measure: Closing disparities/gaps in poverty

- Community Health Assessment, Engagement, and Policy: The Mayor recommends an \$8,000 cut from 2011 spending levels.

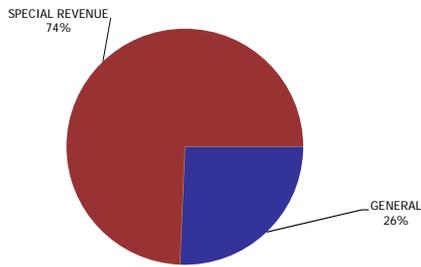
The Mayor did not fund:

- Green and Healthy Homes; Aligning grant resources for greater impact
- Public Health Emergency Preparedness
- Advocacy Services for Victims of Domestic Violence

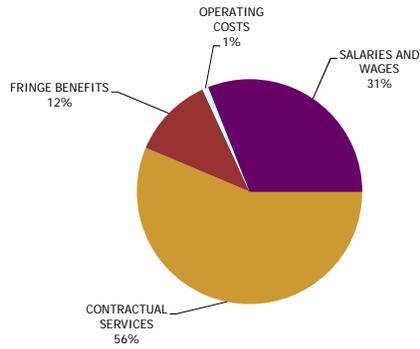
HEALTH AND FAMILY SUPPORT EXPENSE AND REVENUE INFORMATION

EXPENSE	2009 Actual	2010 Actual	2011 Council Adopted	2012 Mayor's Recommended	Percent Change	Change
AGENCY						
OPERATING COSTS	934	11,204			0.0%	0
TOTAL AGENCY	934	11,204				0
GENERAL						
SALARIES AND WAGES	1,240,835	777,647	633,128	564,927	-10.8%	(68,201)
FRINGE BENEFITS	447,363	198,707	225,382	212,742	-5.6%	(12,640)
CONTRACTUAL SERVICES	2,503,017	2,063,813	2,238,958	1,660,373	-25.8%	(578,585)
OPERATING COSTS	272,120	272,623	226,466	82,132	-63.7%	(144,334)
TOTAL GENERAL	4,463,334	3,312,791	3,323,934	2,520,174	-24.2%	(803,760)
SPECIAL REVENUE						
SALARIES AND WAGES	2,674,696	3,310,148	3,439,537	2,476,274	-28.0%	(963,263)
FRINGE BENEFITS	914,812	1,194,088	1,253,060	943,317	-24.7%	(309,743)
CONTRACTUAL SERVICES	5,676,211	5,640,562	5,273,690	3,870,500	-26.6%	(1,403,190)
OPERATING COSTS	216,557	283,538	81,760		-100.0%	(81,760)
CAPITAL	7,001	80,340			0.0%	0
TOTAL SPECIAL REVENUE	9,489,277	10,508,677	10,048,047	7,290,091	-27.4%	(2,757,956)
TOTAL EXPENSE	13,953,545	13,832,671	13,371,981	9,810,265	-26.6%	(3,561,716)
REVENUE						
GENERAL						
CHARGES FOR SERVICES	451,741	14,237			0.0%	0
OTHER MISC REVENUES	40				0.0%	0
TOTAL GENERAL	451,781	14,237			0.0%	0
SPECIAL REVENUE						
SALES AND OTHER TAXES	61,220	22,557	8,000	10,000	25.0%	2,000
FEDERAL GOVERNMENT	4,536,887	4,104,975	4,579,821	3,464,513	-24.4%	(1,115,308)
STATE GOVERNMENT	2,954,407	4,261,533	3,810,549	3,178,487	-16.6%	(632,062)
LOCAL GOVERNMENT	236,222	112,754	163,200	210,000	28.7%	46,800
CHARGES FOR SERVICES	433,033	394,790	310,000	300,000	-3.2%	(10,000)
INTEREST	1,591	1,327			0.0%	0
CONTRIBUTIONS	206,777	160,814	85,000	166,052	95.4%	81,052
OTHER MISC REVENUES	23,847	14,884	5,000	2,869	-42.6%	(2,131)
TOTAL SPECIAL REVENUE	8,453,983	9,073,634	8,961,570	7,331,921	-18.2%	(1,629,649)
TOTAL REVENUE	8,905,764	9,087,871	8,961,570	7,331,921	-18.2%	(1,629,649)

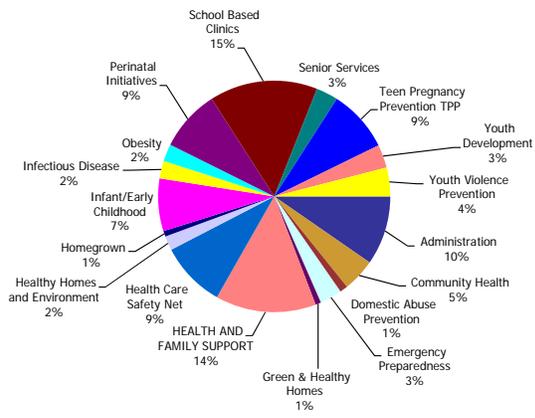
Expense by Fund



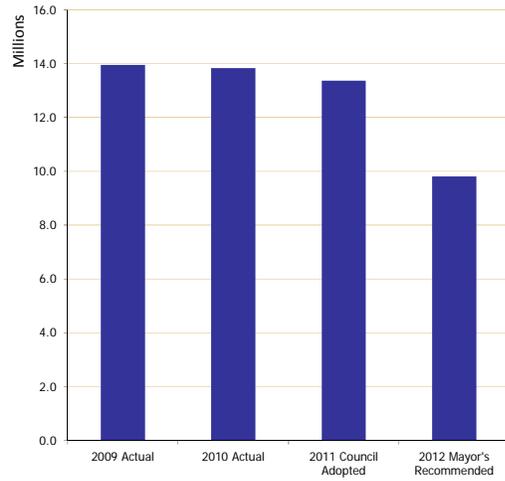
Expense by Category



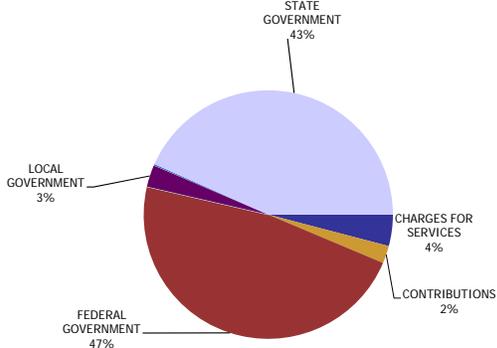
Expense by Division



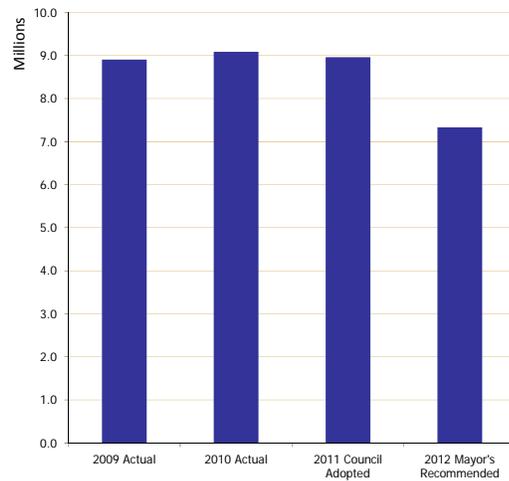
Expense 2009 - 2012



Direct Revenue by Type

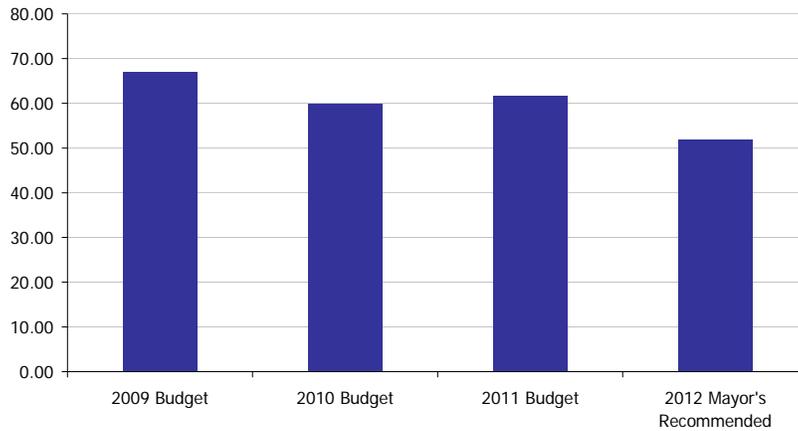


Revenue 2009 - 2012



Division	2009 Budget	2010 Budget	2011 Budget	2012 Mayor's Recommended	% Change	Change
Infant/Early Childhood	1.50	1.50	0.50	0.80	60.0%	0.30
Youth Development	5.35	2.70	3.80	0.70	-81.6%	(3.10)
Healthy Homes and Environments	9.25			0.70		0.70
School Based Clinics	20.75	21.50	20.00	19.50	-2.5%	(0.50)
Administration				5.65		5.65
Infectious Disease	7.00	8.00	6.80	0.25	-96.3%	(6.55)
Green & Healthy Homes	2.00	2.00	2.00	1.05	-47.5%	(0.95)
Community Health	5.15	9.00	12.45	6.25	-49.8%	(6.20)
Youth Violence Prevention		1.80	1.65	2.70	63.6%	1.05
HEALTH AND FAMILY SUPPORT		1.00		(1.30)		(1.30)
Perinatal Initiatives	4.00	4.00	3.50	4.65	32.9%	1.15
Obesity	2.50	1.00	2.40	1.55	-35.4%	(0.85)
Emergency Preparedness	4.00	3.00	4.10	3.70	-9.8%	(0.40)
Health Care Safety Net				0.10		0.10
Senior Services	3.00	2.00	2.00	2.20	10.0%	0.20
Homegrown	2.50	2.50	2.50	1.05	-58.0%	(1.45)
Teen Pregnancy Prevention TPP				2.40		2.40
TOTAL	67.00	60.00	61.70	51.95	-15.8%	(9.75)

Positions 2009-2012



Positions by Division

