

HEALTH AND FAMILY SUPPORT

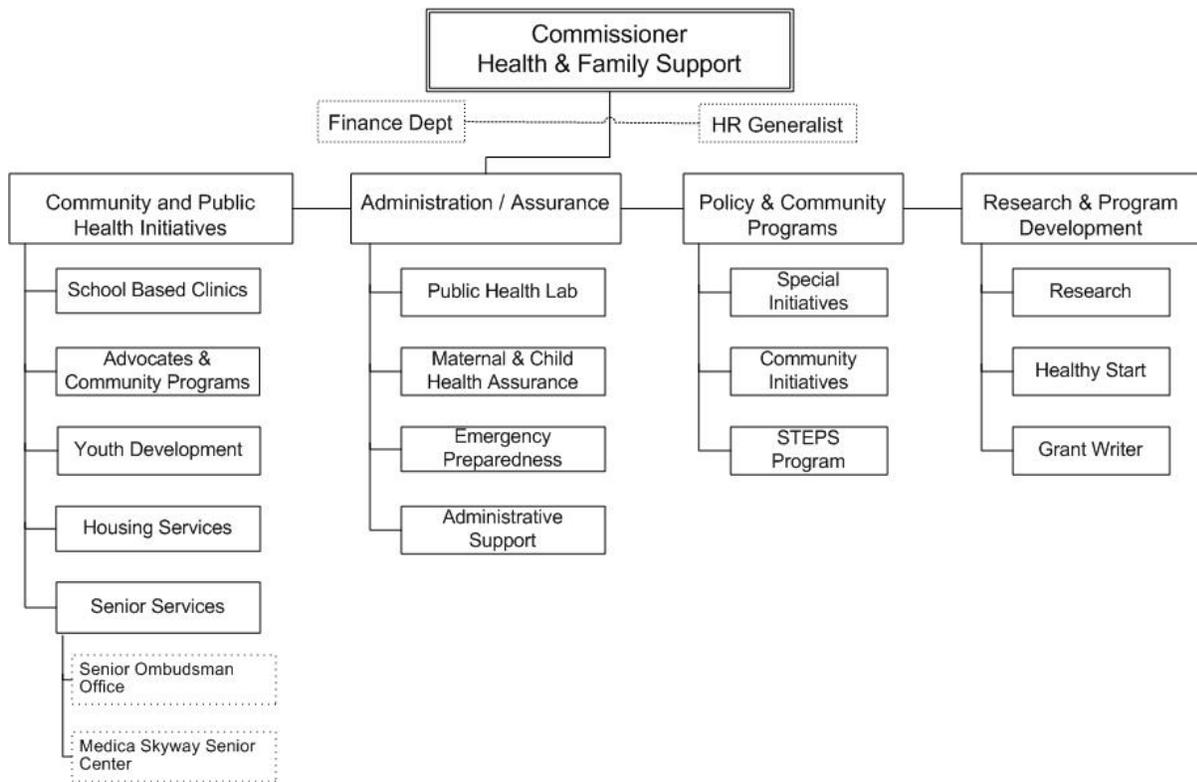
MISSION

Provide leadership in meeting the unique needs of the urban population and eliminating disparities by engaging partners in promoting individual and community health.

BUSINESS LINES

- **Promote health - healthy residents, communities, and environments:** to create and support healthy community norms and environments, to ensure access for all residents to health care and health-related services and activities, and to promote healthy individual decision-making and behavior.
- **Address factors affecting health - social conditions and physical environment:** to reduce disparities by improving the social and environmental conditions which contribute to racial, ethnic, and socioeconomic disparities.
- **Protect the public's health - disease prevention and control and emergency preparedness:** Maintaining the infrastructure essential to public health functions including public health emergency preparedness and the prevention and control of infectious diseases.

ORGANIZATION CHART



FIVE –YEAR DEPARTMENTAL GOALS, OBJECTIVES, AND PERFORMANCE MEASURES (ALIGNED WITH CITY GOALS AND STRATEGIC DIRECTIONS)

The goals described below are the areas of focus for the next five years based on an assessment of the greatest needs and the potential for greatest overall impact on population health within this timeframe and resources. The objectives and measures do not reflect the entire context of the department’s work including: the essential focus on the social conditions that impact health; and the maintenance of an adequate public health infrastructure. Additionally there are department efforts which further City goals and strategies but which are not highlighted within the department goals below.

City Goals & Strategies	Department Goal	Objective	Measure
<p>One Minneapolis: A. Close race & class gaps</p> <p>Lifelong learning: A. Kids ready-to-read by kindergarten</p>	Improve infant & child health	<ul style="list-style-type: none"> Improved care coordination for pregnant women and young families to decrease infant mortality Increased proportion of children between the ages of 3 and 5 who have received preschool screening by age 3 Decreased exposure of children to lead. 	<ul style="list-style-type: none"> Infant mortality by race # of 3-year-olds screened % of children 9-36 months old tested for lead poisoning and # of children under age 6 who test positive
<p>A safe place to call home: E. Youth: valued, challenged & engaged</p>	Youth development and violence prevention	<ul style="list-style-type: none"> Community agreement on priority investment in youth violence prevention Engagement of disaffiliated youth in productive activities Increased state and national funding for youth development 	<ul style="list-style-type: none"> Youth and young adult homicides Hospital- based reports of assault-related injury
<p>One Minneapolis: A. Close race & class gaps</p>	Improve teen & young adult sexual health	<ul style="list-style-type: none"> Decreased rate of sexually-transmitted infections (STIs) among adolescents and young adults Increased access to health services and contraception for adolescents Increased healthy parenting 	<ul style="list-style-type: none"> Teen pregnancy rate by race Sexually transmitted infection rate by race
<p>A safe place to call home: D. Make healthy choices</p> <p>Connected communities: B. Walkable, bikable, swimmable!</p>	Increase exercise & healthy nutrition	<ul style="list-style-type: none"> Implementation and maintenance of community strategies to improve access to healthy foods and increase exercise Increased community awareness and institutionalization of healthy diets and behaviors 	<ul style="list-style-type: none"> Percent of population at healthy weight
<p>One Minneapolis: A. Close race & class gaps</p>	Assure maintenance of healthcare safety net for underserved populations	<ul style="list-style-type: none"> Maintenance of community clinics and public health nursing to provide services for the uninsured Increased support for service providers who address unmet needs of underserved and/or new populations 	<ul style="list-style-type: none"> Potential measures are being evaluated for validity and availability

City Goals & Strategies	Department Goal	Objective	Measure
<p>A safe place to call home: A. Close race & class gaps</p> <p>One Minneapolis: C. Equitable City services</p>	Assure preparedness for public health emergencies – today and into the future	<ul style="list-style-type: none"> Formalized relationships with community partners to address vulnerable population needs Formalized regional relationships to streamline coordination and planning An updated plan. A strong network of community agencies with developed and developed plans 	<ul style="list-style-type: none"> # formalized relationships with community-based agencies # of community agencies with continuity of operations plans for emergencies

MEASURES, DATA AND TARGETS TABLE

Measure Name	2004 Data	2005 Data	2006 Data	2007 Data	2008 Target	2011 Target
Teen pregnancy rate defined as number of teen pregnancies per 1000 population aged 15-17 years.	49.9	45.1	NA.		47.0	46.0 by 2010 (Source: Healthy People 2010)
Literacy scores among children going to Minneapolis schools when taking the Beginning Kindergarten Assessment	n/a	56%	n/a	58%		60%
Adult smoking rate in Minneapolis	n/a	n/a	n/a	New		
Percentage of population at healthy weight as defined by Body Mass Index among adults age 18 years and older	46.8% (2002 data)	NA	NA		50.0	52.1% by 2010 (the City's Sustainability Indicators)
Infant mortality defined as number of deaths in the first year of life per 1000 live births ¹	6.2 (2002-2004)	6.0 (2003-2005)	NA		5.0	4.5 (Source: Healthy People 2010)
For whites (non-Hispanic)	3.4	3.7	NA		3.4	3.4
For Blacks (non-Hispanic)	9.8	10.1	NA		7.5	5.4
For American Indians	9.2	13.2	NA		7.2	5.4
For Asian/Pacific Islanders	2.9	2.3	NA		5.3	5.4
For Hispanics	7.5	5.2	NA		6.4	5.4
Number of 3-year-olds screened by Minneapolis Public Schools	601	647	740		900	1,000
Percentage of children 9-36 months old screened for lead poisoning	66%	71%	NA		90%	100% by 2010 (Source: MDH Guidelines & City Sustainability Indicators)
Number of children 0-5 screening positive	434	406	NA		180	150
Number of homicide deaths among individuals aged 15-24 years	21	15	NA		10	10

¹ Infant mortality is reported as 3-year average rates because of low incidence
Comparison of measures will be available for Minneapolis, St Paul, & suburban Hennepin County when data exists.

What key trends and challenges does the department face and how will each be addressed?

Trends

Funding sources: The relatively stable funding environment has allowed the department to continue strategic grant writing aligned with department goals. Federal emergency preparedness and CDBG resources are two areas of concern due to recent downward trends in funding that will eventually require program cuts if other funding sources cannot be acquired.

New community initiatives: The department has initiated two new efforts to engage the greater community in addressing public health issues: a youth violence prevention initiative (discussed under “challenges”) and a community-based storytelling program. The second is an effort to use community-based storytelling among the predominant ethnic groups to better understand perceptions of health in order to inform future program planning, grant making and policy development (summary analysis expected by fall 2007).

Department of Health requirements: In 2008, the department will complete the community health assessment and five-year action plan required by the Minnesota Department of Health. The process for completing this plan is currently under development and the public health advisory committee will be involved.

Curfew truancy center: Changes in the financial participation of the joint powers partners has created uncertainty in the funding of the center’s operations as it transitions to the new one-stop business model. Reserves exist but may not be sufficient in the long-run, thereby necessitating a more definitive long-term funding plan.

Maintaining lead education and outreach activities: Since 2003, the department has been the recipient of a federal childhood lead prevention outreach and education grant, receiving \$42,000 annually to coordinate work which includes education of families and landlords, blood lead testing and referrals to programs. The ultimate goal of the grant is to enroll lead contaminated properties in Hennepin County’s lead hazard reduction programs which are also federally-funded. Since 2003, 1,169 properties have been referred.

The City’s federal grant will end in September 2007 and the department is ineligible to reapply. Hennepin County will integrate the lead prevention education and outreach activities into a County proposal including \$35,000 for department staff. With or without new funding, the department will continue to play a significant policy role in lead prevention through leadership on the City/county childhood lead poisoning prevention work group and through the lead testing task force.

Family Connections Centers: The Family Connection Centers (FCC) are a collaboration among the department, the Youth Coordinating Board (YCB), and the Minneapolis Public Schools (MPS), and serve as an entry point for families new to the school district. In 2006, significant changes were made in the delivery of these services due to loss of the Robert Wood Johnson grant along with some local collaborative time study (LCTS) funding.

The FCCs are funded by LCTS funds from the YCB, MPS in-kind contributions of space and personnel, and department funds (local public health and third party reimbursement funds), which are all projected to diminish with the exception of third party reimbursement funding. The reimbursement funds are based on the ability of staff to provide a high volume of reimbursable

health assessment and immunization services, and these resources fund a part-time immunization nurse.

Challenges

Youth opportunity project: In 2007 the City approved first-time funding for the youth opportunity project which connects youth, ages 10-15 who are identified through the curfew truancy center, with youth workers, the goal being to intervene early and intensively with high risk youth to prevent further and more serious involvement with delinquency, crime and violence. The project also includes the work to develop a "One Stop" youth service center in City Hall.

Youth violence prevention steering committee implementation: The formation of a steering committee in 2006 tasked with creating a multi-year plan to prevent youth violence began meeting early 2007 and will finalize a report with recommendations this summer. There will be need for coordination among city, county and community efforts when the expected two-year implementation begins, and given the nature of the efforts, it will likely be able to attract external funding.

Affordable housing and homeless prevention strategy: A long-standing program has renewed relevance given the strategic goals of the City focused on housing and the ten-year plan to end homelessness. Housing advocates help low-income families understand their legal rights to safe and affordable housing, and provide a telephone hotline and limited case management to approximately 600 people annually on issues such as financial management, utility shut-offs, unlawful exclusions and lock-out petitions.

In 2006, the housing services program provided information to almost 10,000 persons on landlord-tenant rights and responsibilities. Call volume far exceeds the current capacity of advocate services even with the addition of 311 services this year. A two-month study completed by telecommunications in early 2007 indicated that only 54% of the calls made to housing services were answered because staff were on the phone attending to other callers.

Beginning in 2007, the department will work closely with 311 to determine how they can provide more assistance with hotline operations. One option may be to have 311 staff trained to provide more information about resources for housing law questions. If this recommendation is implemented, the level of hotline activity will be evaluated throughout 2008 by reviewing telecommunication reports and the volume of telephone inquiries being handled by the department's two positions as compared with previous years. The 2009 budget recommendations will reflect any changes based on this review.

What actions will the department take to meet its five-year financial direction?

The department does not have a reduction in the five-year financial direction.

In the recent past, some accommodation for shrinking funding was possible by using one-time funding that had accumulated in the Local Public Health fund carryover because of successful competitive grant solicitation. That fund balance has been intentionally diminished. This will limit the flexibility of the department to respond to continued decreases in funding should they occur.

FINANCIAL ANALYSIS

EXPENDITURE

For 2008, MDHFS' total budget is approximately \$13.6 million, a 0.7% increase from the 2007 adopted budget. Based on the State requirements, the City needs to maintain a minimum of \$2.2 million as local match to qualify for the available local public health grants.

REVENUE

There is an overall 1.7% revenue decrease. In 2008, the largest revenue source, federal grant fund availability, decreases by \$121,000 or 2.8% from the 2007 level, primarily due to the HUD lead grant not being received again. The second largest revenue source, charges for laboratory services, increases by \$30,000 or 4.6% over the prior year.

FUND ALLOCATION

MDHFS' expense budget for the year 2008 is derived from the general fund (30%), federal grants (32%), CDBG (13%), and state and other local grants (25%).

MAYOR'S RECOMMENDED BUDGET

The Mayor adds \$100,000 in one-time funding for domestic abuse efforts. The youth violence prevention steering committee is funded at \$100,000, from community development block grant funding.

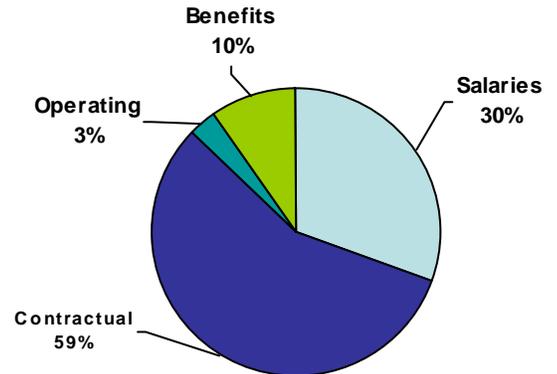
The Youth Coordinating Board's contract is increased by \$150,000 by the Mayor to fund the Youth are Here buses (\$50,000 in one-time funding in the general fund and \$100,000 in community development block grant funding).

A \$50,000 reduction is included in the department's budget, a reduction not included in the 2008 financial direction. The Mayor recommends \$15,000 in one-time safe routes to school funding.

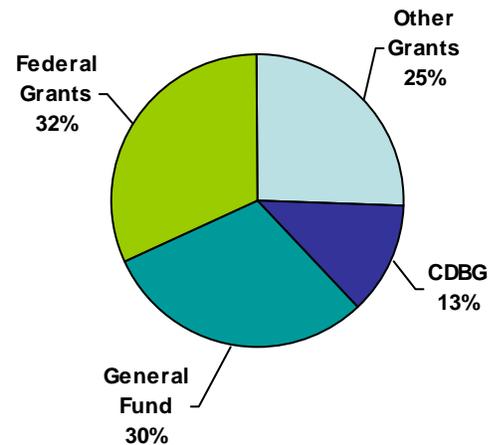
COUNCIL ADOPTED BUDGET

The Council changed funding for Youth Are Here Buses to \$75,000 in the CDBG fund. They concur with all other changes made by the Mayor.

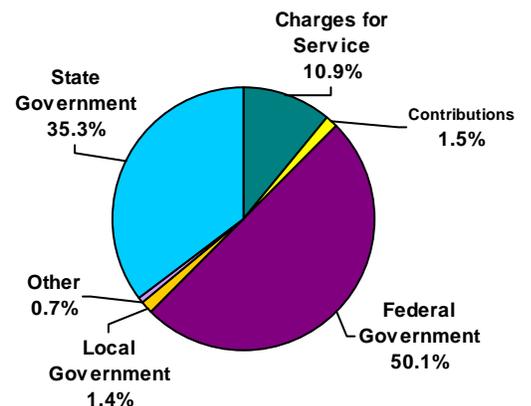
Expenditures by Type (\$13.6 million)



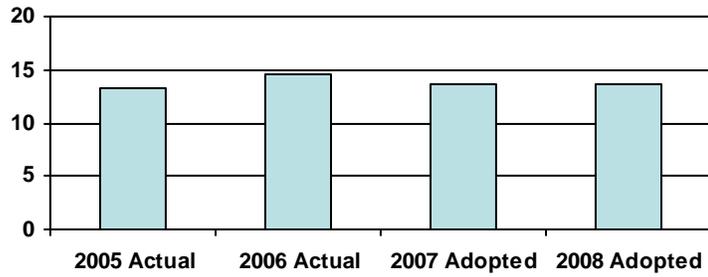
Expenditure by Fund (\$13.6 million)



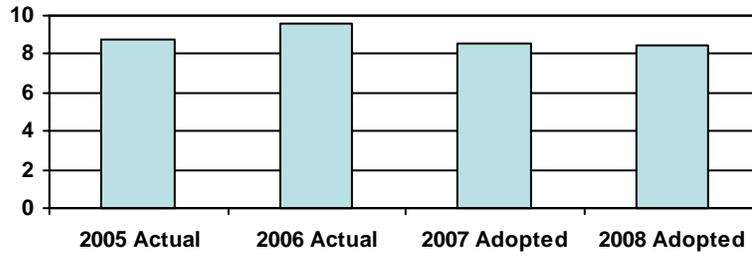
Direct Revenue by Type (\$8.4 million)



**Expenditures 2005-2008
(\$13.6 million)**



**Revenues 2005-2008
(\$8.4 million)**

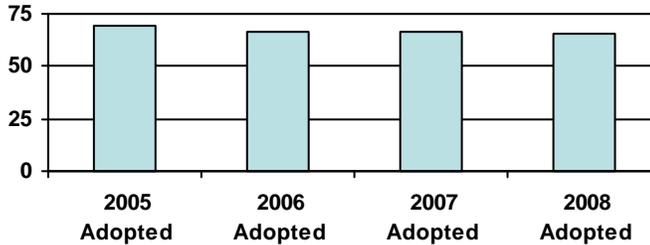


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Staffing Information

	2005 Adopted Budget	2006 Adopted Budget	2007 Adopted Budget	2008 Adopted Budget	% Change	Change Budget
Total FTE's	69.00	66.30	65.80	65.80	0.00%	-

Staffing Summary 2005-2008



**HEALTH AND FAMILY SUPPORT
EXPENDITURE AND REVENUE INFORMATION**

	2005 Actual	2006 Actual	2007 Adopted	2008 Adopted	Percent Change	Change
Total Expenditures - All Funds	13,258,386	14,613,426	13,551,971	13,639,580	0.65%	87,609
Total Revenues - All Funds	8,723,909	9,623,210	8,552,742	8,403,885	-1.74%	(148,857)
General Fund - City						
Salaries and Wages	892,258	956,857	960,524	911,337	-5.12%	(49,187)
Contractual Services	2,333,162	2,297,921	2,488,696	2,529,674	1.65%	40,978
Operating Costs	171,691	159,024	308,995	321,744	4.13%	12,749
Fringe Benefits	251,174	279,489	317,902	318,245	0.11%	343
Equipment	1,067	0	0	0	0.00%	0
Total Expenditures	3,649,351	3,693,292	4,076,117	4,081,000	0.12%	4,883
Charges for Service	689,436	711,305	650,000	680,000	4.62%	30,000
Contributions	0	1,160	0	0	0.00%	0
Total Revenues	689,436	712,465	650,000	680,000	4.62%	30,000
Special Revenue Funds						
Salaries and Wages	2,485,746	2,543,312	2,986,331	3,242,149	8.57%	255,818
Contractual Services	6,181,463	7,244,047	5,455,565	5,197,548	-4.73%	(258,017)
Operating Costs	265,860	377,294	100,318	105,170	4.84%	4,852
Fringe Benefits	670,379	755,481	933,640	1,013,713	8.58%	80,073
Equipment	5,587	0	0	0	0.00%	0
Total Expenditures	9,609,035	10,920,134	9,475,854	9,558,580	0.87%	82,726
Sales and Other Taxes	13,000	11,000	54,640	50,000	-8.49%	(4,640)
Federal Government	4,320,981	4,557,391	4,332,598	4,211,382	-2.80%	(121,216)
State Government	2,767,555	3,411,957	1,240,000	2,969,503	139.48%	1,729,503
Local Government	411,122	519,931	196,000	120,000	-38.78%	(76,000)
Charges for Service	189,432	188,540	1,449,504	240,000	-83.44%	(1,209,504)
Contributions	299,037	213,657	430,000	125,000	-70.93%	(305,000)
Other Misc Revenues	12,250	8,269	200,000	8,000	-96.00%	(192,000)
Operating Transfers In	21,095	0	0	0	0.00%	0
Total Revenues	8,034,473	8,910,745	7,902,742	7,723,885	-2.26%	(178,857)