

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

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.

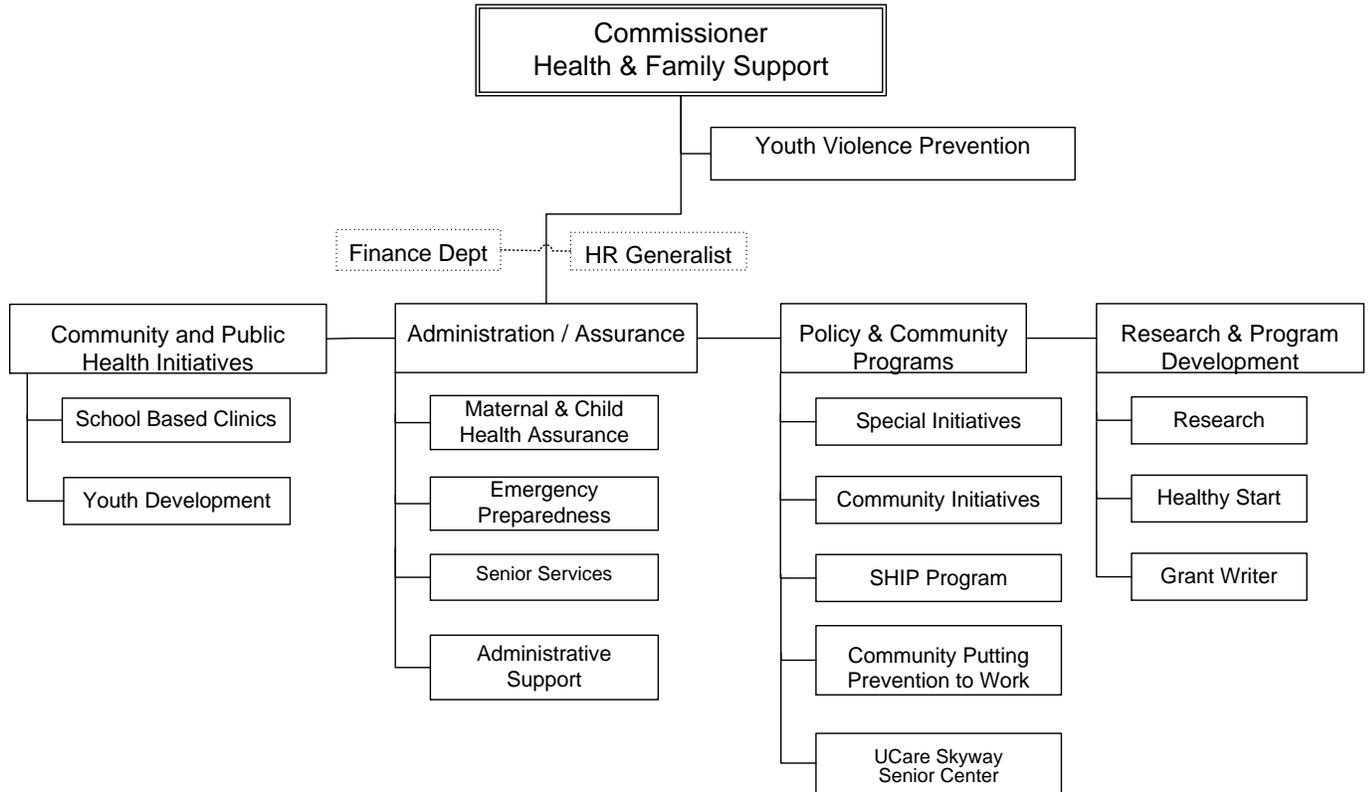
Address factors affecting health: social conditions and physical environment

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.

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: \$139,510

Other Funds: \$498,555

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: \$31,142

Other Funds: \$336,780

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: \$ 41,400

Other Funds: \$280,047

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: \$418,593

Other Funds: \$613,676

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: \$74,857

Health and Family Support

Other Funds: \$387,100

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: \$43,478

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

School Based Clinic Program

General Fund: \$558,138

Health & Family Support

Other Funds: \$1,863,450

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: \$125,688

Health & Family Support

Other Funds: \$1,183,548

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

General Fund: \$117,812

Health and Family Support

Other Funds: \$1,104,854

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: \$405,085

Other Funds: \$37,283

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: \$215,949

Health & Family Support

Other Funds: \$889,191

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

General Fund: \$261,266

Health and Family Support

Other Funds: \$548,223

This program compiles and interprets health data and engages a broad network of residents and community-based agencies to identify and address health problems and their precursors. The program also examines efforts elsewhere across the country and internationally to identify successful methods for responding to priority health issues. MDHFS uses assessment data and research to develop and implement community based policy and program changes. The Health Department also makes recommendations for state and national policy change to improve health. The estimated costs for this program vary from year to year. As new grants are awarded to the Department, portions staff time may be charged to other program areas. This phenomenon makes the 2012 estimated costs larger than the 2011 costs.

Measure: Resident rating on providing meaningful opportunities for citizens to give input on important issues

Advocacy Services for Victims of Domestic Violence

Other Funds: \$60,000

Health and Family Support

For more than 20 years the city has funded advocacy services for victims of domestic violence through the Domestic Abuse Project (DAP). DAP's advocacy program reaches out to victims immediately after a domestic assault. The Minneapolis Police Department notifies DAP of each domestic assault report, both arrests and those in which the perpetrator was gone upon police arrival (GOAs). DAP advocates help victims develop a safety plan for themselves and their children, provide information and education about domestic abuse, assist with basic life and safety needs, write Orders for Protection, and help victims navigate the labyrinth of the criminal justice system.

DAP is unique in its provision of criminal court advocacy for Minneapolis domestic assault victims. DAP has worked with victims in the courts since 1982 and has trained many other advocates in criminal court advocacy. Tubman provides assistance in obtaining Orders for Protection, as does the Domestic Abuse Service Center. Both partner agencies often refer victims to DAP, especially those who do not speak English or who have complex circumstances. DAP has advocates who speak Spanish, Somali, Kiswahili, and Oromo. DAP advocates helped 3,627 victims in 2010, over 75% persons of color, and virtually all low income. 85% of all the victims served live in Minneapolis, while city funding accounts for only 5-10% of DAPs revenue. The estimated costs for 2012 are lower than the 2011 costs due to administrative savings because the program is a stable ongoing program.

Measure: Deaths, injuries and property losses related to safety

Public Health Emergency Preparedness

Other Funds: \$372,402

Health and Family Support

The program is responsible for ensuring plans are in place and exercised to ensure City readiness for public health emergencies, specifically biological events such as pandemics, but also including natural disasters such as heat and those requiring care for those touched by the emergency. The All Hazard emergency plan includes assuring: mutual aid and cooperative agreements with partners are in place; department staff are trained and ready to lead; and City-wide staff can be mobilized for response. The MDHFS Emergency Preparedness Team tests the training and plans for which the health department has a mandated role. The program also focuses on building community resiliency through community partners to address disparities and potential gaps. Federal directives assign MDHFS to lead the City response to biological events, extreme heat or cold, and assistance centers. Events which require support from MDHFS include natural disasters, radiological, structural collapse or explosions and sheltering of displaced residents.

Measure: Resident survey – sense of safety

FINANCIAL ANALYSIS

EXPENDITURE

In 2012, the department's total budget is approximately \$9.8 million, a 27% decrease from the 2011 revised budget. The General Fund budget is \$2.4 million. The department has 11.45 less FTEs than it did in 2011. The department anticipated less grant funding in 2012, therefore requested 8.45 less FTE than in 2011. Additionally, one position was reduced as a result of

shifting grant funding from personnel expense to non personnel expense. During 2011, the funding for one vacant FTE was transferred to the fire department. A council action moved the senior ombudsman out of Health and into NCR for 2012.

REVENUE

2012 revenues are budgeted to decrease 18% in state and federal grants. There is no revenue associated with the General Fund or the CDBG fund.

FUND ALLOCATION

The department is funded 23% in the general fund and 77% in special revenue funds. The department receives \$612,000 in CDBG dollars.

MAYOR'S RECOMMENDED BUDGET

The Mayor recommended the following changes:

- Youth Development: The Mayor recommended a 10%, or \$44,000 cut from 2011 spending levels.
- Health Care Safety Net: The Mayor recommended a \$200,000 cut from 2011 spending levels.
- Public Health Emergency Preparedness: The Mayor recommended no general fund funding. The program will maintain \$372,402 in grant revenue.
- Community Health Assessment, Engagement, and Policy: The Mayor recommended an \$8,000 cut from 2011 spending levels.

The Mayor did not fund:

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

The Mayor recommended no changes to the other programs.

COUNCIL ADOPTED BUDGET

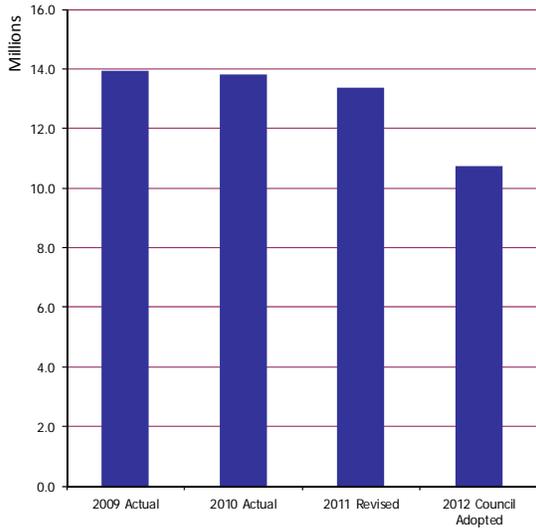
Council adopted the Mayor's Recommendation with the following amendments and staff directions:

- Direct MPD and Health to report results on Youth Violence Prevention efforts to Results Minneapolis, including juvenile crime statistics, broken down by gang affiliation.
- The department's budget is reduced by \$106,000 and one FTE (Senior Ombudsman) is moved to Neighborhood and Community Relations.
- The department's budget is increased by \$72,000 in CDBG funding for Neighborhood Services.
- The department's budget is increased by \$60,000 in CDBG for the Domestic Abuse Project.

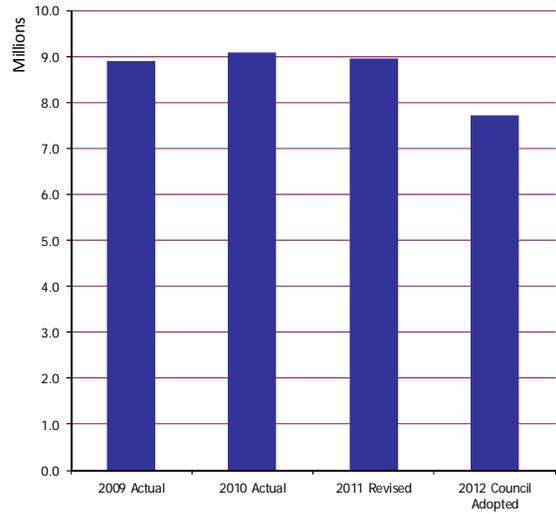
HEALTH AND FAMILY SUPPORT EXPENSE AND REVENUE INFORMATION

EXPENSE	2009 Actual	2010 Actual	2011 Revised	2012 Council Adopted	Percent Change	Change
AGENCY						
OPERATING COSTS	934	11,204			0.0%	0
TOTAL AGENCY	934	11,204			0.0%	0
GENERAL						
CONTRACTUAL SERVICES	2,503,017	2,063,813	2,230,958	1,541,997	-30.9%	(688,961)
FRINGE BENEFITS	447,363	198,707	225,382	221,079	-1.9%	(4,303)
OPERATING COSTS	272,120	272,623	226,466	99,364	-56.1%	(127,102)
SALARIES AND WAGES	1,240,835	777,647	633,128	570,476	-9.9%	(62,652)
TOTAL GENERAL	4,463,334	3,312,791	3,315,934	2,432,916	-26.6%	(883,018)
SPECIAL REVENUE						
CAPITAL	7,001	80,340			0.0%	0
CONTRACTUAL SERVICES	5,676,211	5,640,562	5,273,690	4,314,729	-18.2%	(958,961)
FRINGE BENEFITS	914,812	1,194,088	1,253,060	1,068,275	-14.7%	(184,785)
OPERATING COSTS	216,557	283,538	81,760		-100.0%	(81,760)
SALARIES AND WAGES	2,674,696	3,310,148	3,439,537	2,900,987	-15.7%	(538,550)
TOTAL SPECIAL REVENUE	9,489,277	10,508,677	10,048,047	8,283,992	-17.6%	(1,764,055)
TOTAL EXPENSE	13,953,545	13,832,671	13,363,981	10,716,908	-19.8%	(2,647,073)
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						
CHARGES FOR SERVICES	433,033	394,790	310,000	300,000	-3.2%	(10,000)
CONTRIBUTIONS	206,777	160,814	85,000	166,052	95.4%	81,052
FEDERAL GOVERNMENT	4,536,887	4,104,975	4,579,821	3,803,329	-17.0%	(776,492)
INTEREST	1,591	1,327			0.0%	0
LOCAL GOVERNMENT	236,222	112,754	163,200	210,000	28.7%	46,800
OTHER MISC REVENUES	23,847	14,884	5,000	2,869	-42.6%	(2,131)
SALES AND OTHER TAXES	61,220	22,557	8,000	10,000	25.0%	2,000
STATE GOVERNMENT	2,954,407	4,261,533	3,810,549	3,218,367	-15.5%	(592,182)
TOTAL SPECIAL REVENUE	8,453,983	9,073,634	8,961,570	7,710,617	-14.0%	(1,250,953)
TOTAL REVENUE	8,905,764	9,087,871	8,961,570	7,710,617	-14.0%	(1,250,953)

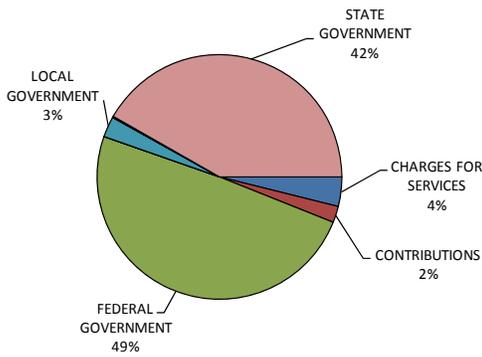
Expense 2009 - 2012



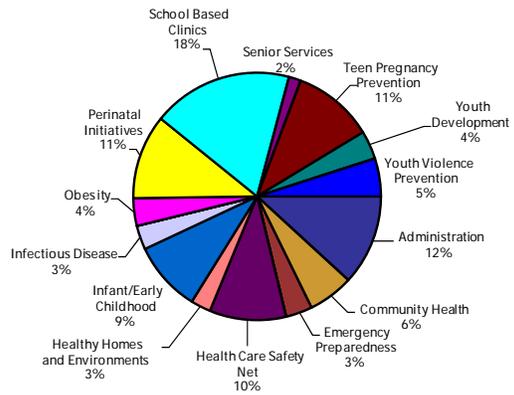
Revenue 2009 - 2012



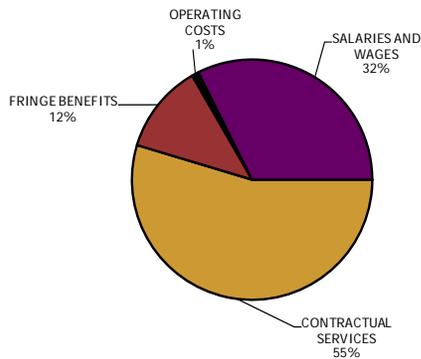
Direct Revenue by Type



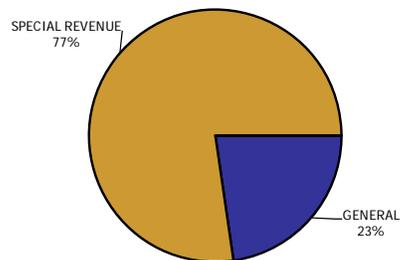
Expense by Division



Expense by Category



Expense by Fund

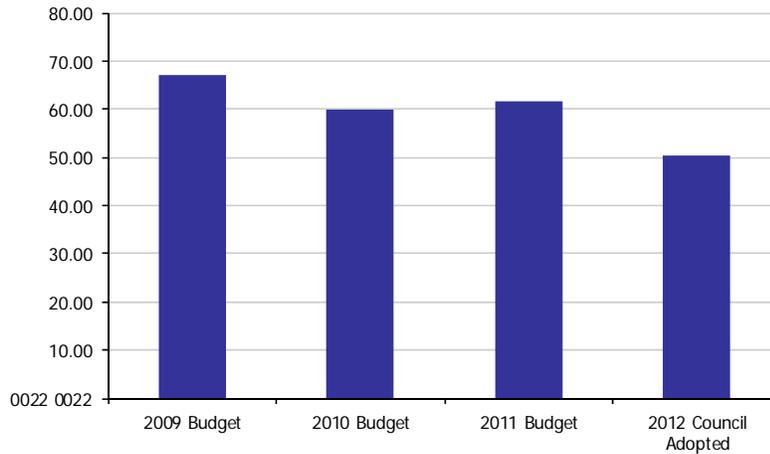


HEALTH AND FAMILY SUPPORT

Staffing Information

Division	2009 Budget	2010 Budget	2011 Budget	2012 Budget	% Change	Change
Infant/Early Childhood	1.50	1.50	0.50	0.90	80.0%	0.40
Youth Development	5.35	2.70	3.80	0.75	-80.3%	(3.05)
Healthy Homes and Environments	9.25			0.80		0.80
Teen Pregnancy Prevention	2.50	2.50	2.50	2.60	4.0%	0.10
School Based Clinics	20.75	21.50	20.00	19.50	-2.5%	(0.50)
Administration				4.95		4.95
Infectious Disease	7.00	8.00	6.80	0.30	-95.6%	(6.50)
Community Health	5.15	9.00	12.45	6.30	-49.4%	(6.15)
Youth Violence Prevention		1.80	1.65	2.70	63.6%	1.05
HEALTH AND FAMILY SUPPORT	2.00	3.00	2.00		-100.0%	(2.00)
Perinatal Initiatives	4.00	4.00	3.50	4.65	32.9%	1.15
Obesity	2.50	1.00	2.40	2.50	4.2%	0.10
Emergency Preparedness	4.00	3.00	4.10	3.00	-26.8%	(1.10)
Health Care Safety Net				0.20		0.20
Senior Services	3.00	2.00	2.00	1.10	-45.0%	(0.90)
TOTAL	67.00	60.00	61.70	50.25	-18.6%	(11.45)

Positions 2009-2012



Positions by Division

