



Health Department  
Public Health

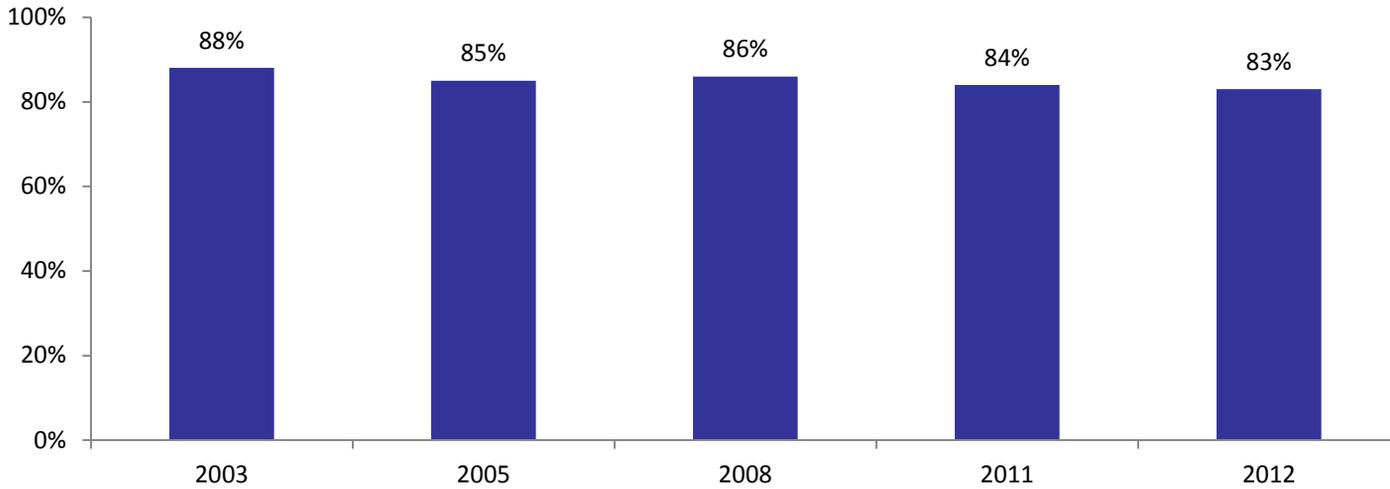
December 10, 2013  
Revised

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Measures in regular text are “influence” level. These are measures that the department’s work influences but does not control. Measures in italics are “control” level. They represent the programmatic or operational activities of the department.

### Residents Who Reported Protecting the Health and Well-Being of Residents Important

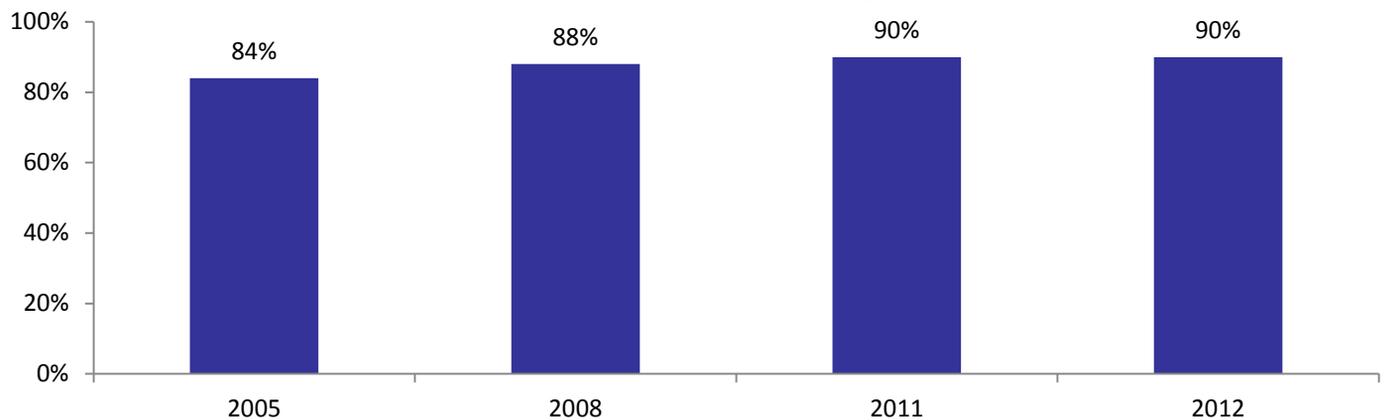


Note: 1. Survey respondents were asked to rank the importance of this service on a 5 point scale, with 5 being "extremely important" and 1 "not at all important." Percentages shown represents a response of a 4 or a 5.  
2. For comparisons by survey year, the margin of error is plus or minus four percentage points around any given percentage point and differences from 2011 to 2012 must be five percentage points or higher before they should be considered real changes in population sentiment.

Source: Resident surveys

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### Residents Who Reported They Are Satisfied or Very Satisfied with the City's Protection of the Health and Well-Being of Residents

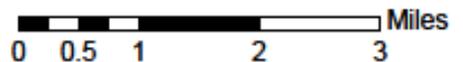
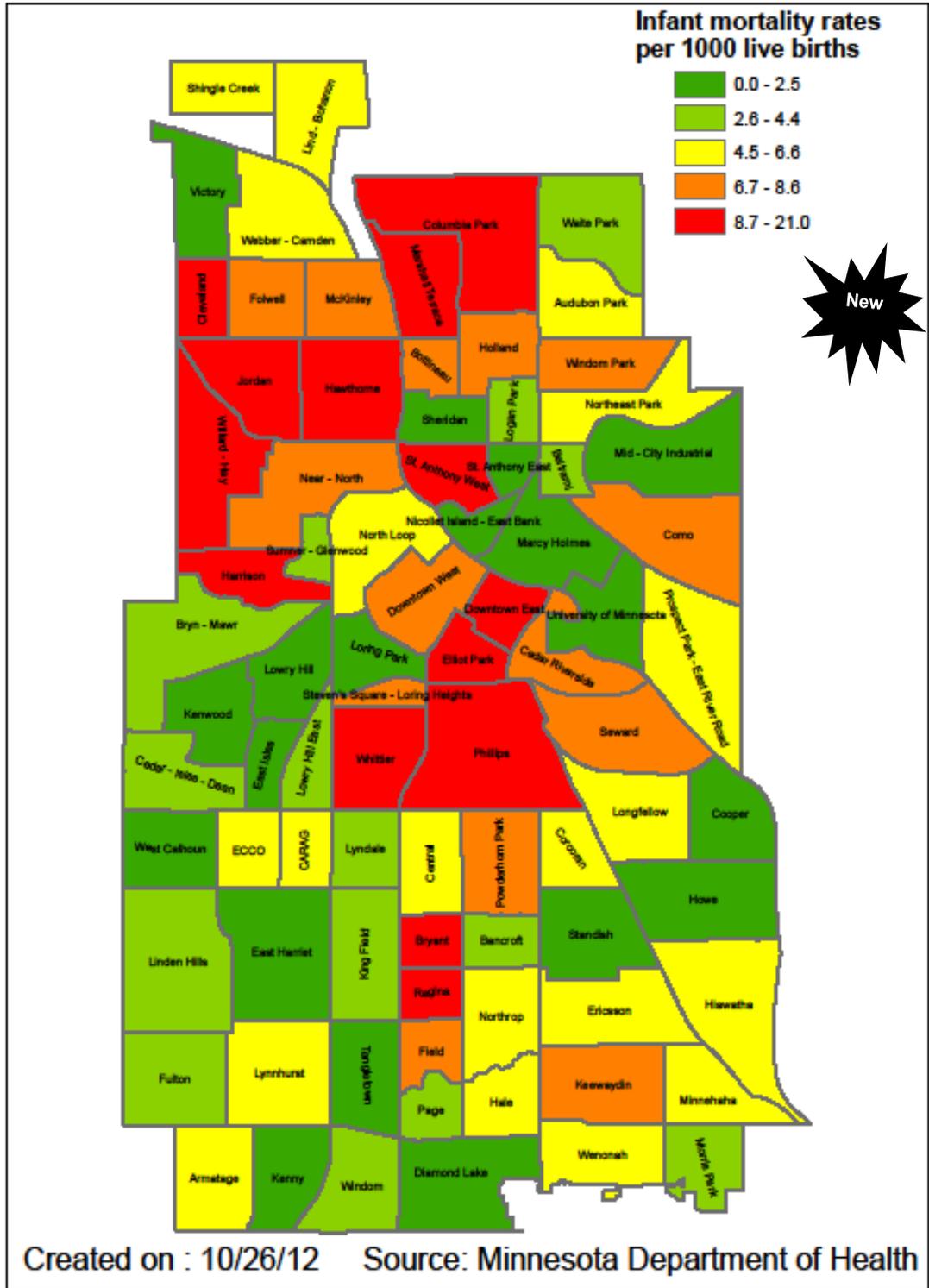


Note: For comparisons by survey year, the margin of error is plus or minus four percentage points around any given percentage point and differences from 2011 to 2012 must be five percentage points or higher before they should be considered real changes in population sentiment.

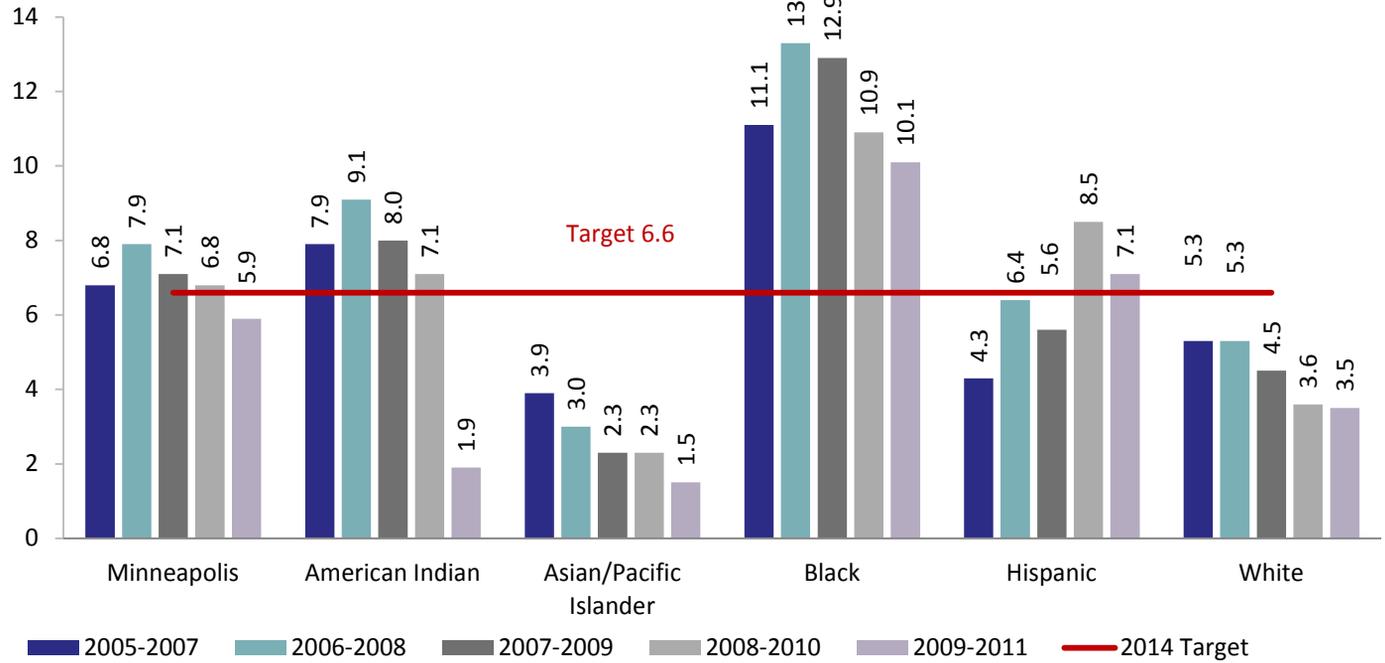
Source: Resident surveys

# A Healthy Start to Life and Learning

# Infant Mortality rates by neighborhoods, 2001-2010

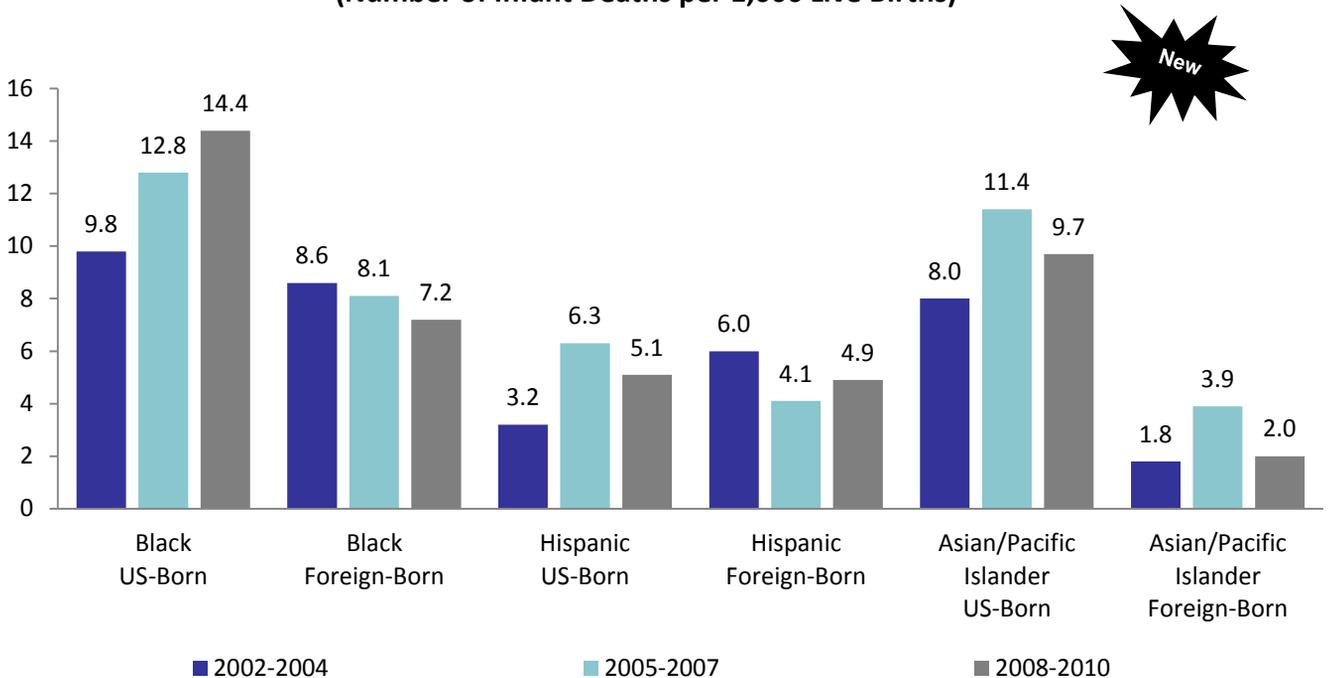


**Infant Mortality Rates by Race/Ethnicity  
(Number of Infant Deaths per 1,000 Live Births)**



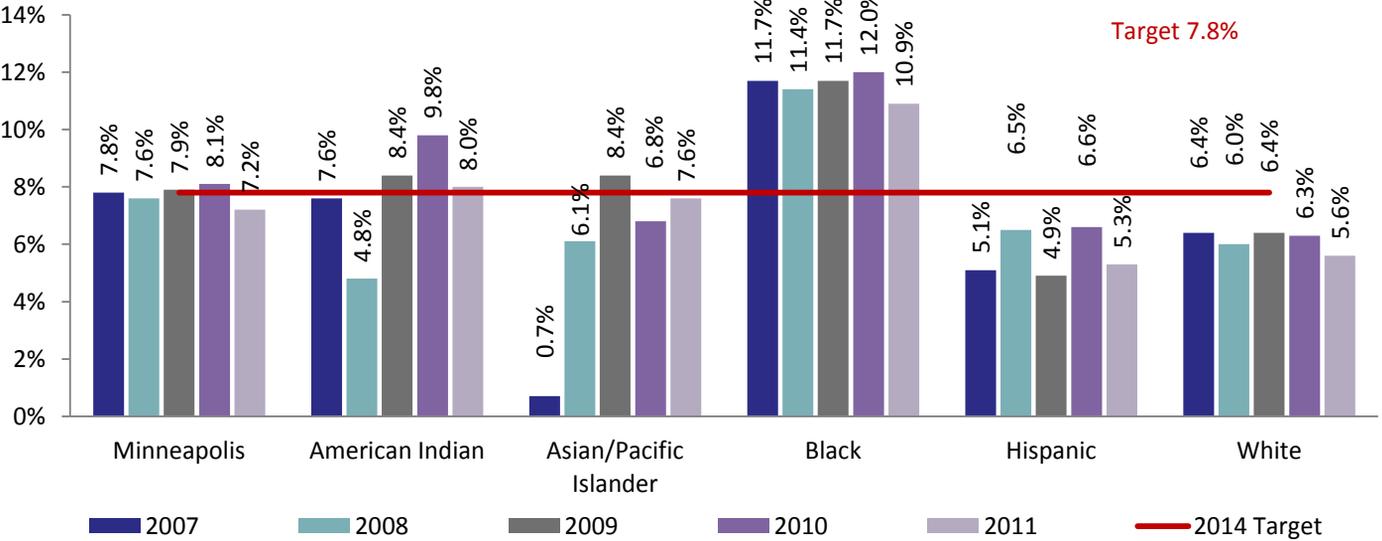
Source: Minnesota Department of Health

**Infant Mortality Rates by Mother's Race/Ethnicity and Country of Birth  
(Number of Infant Deaths per 1,000 Live Births)**



Source: Minnesota Department of Health

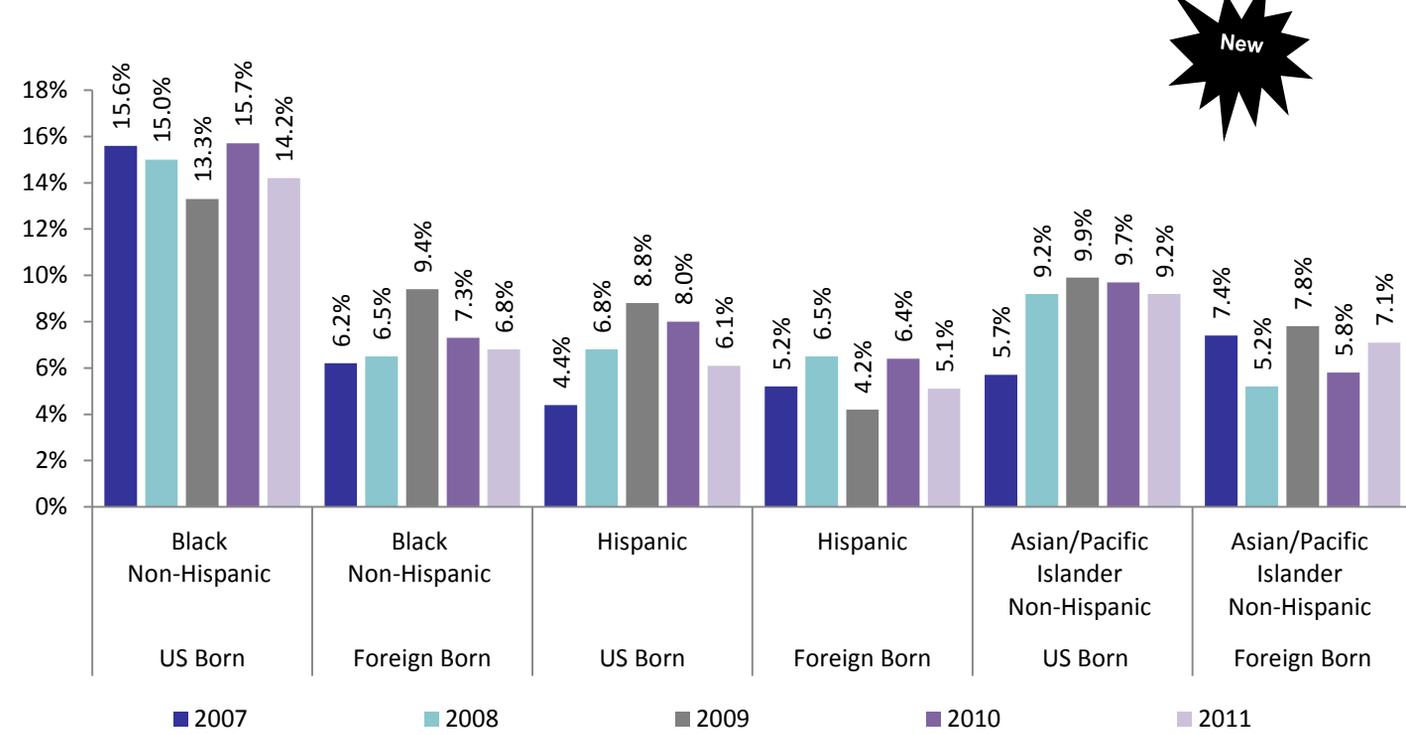
Low Birth-Weight Babies by Race/Ethnicity



Target: Reduce the proportion of infants born at low birth weight to 7.8 percent by 2014 from 7.9 percent in 2009.

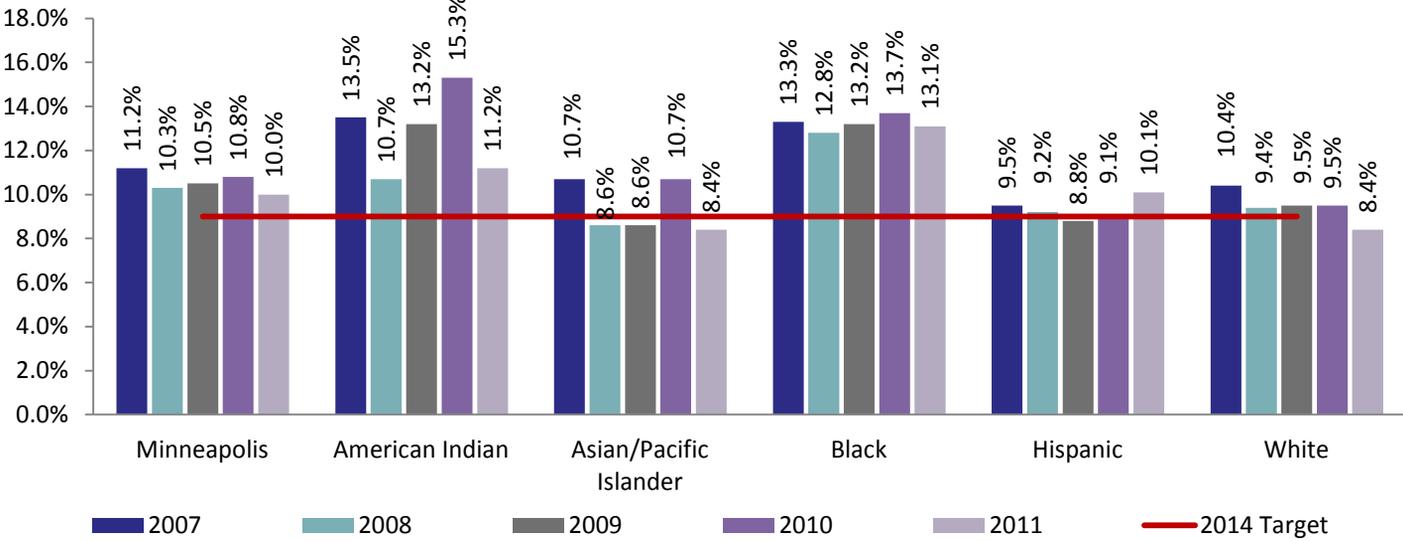
Source: Minnesota Department of Health

Low Birth Weight Babies by Mother's Race/Ethnicity and Country of Birth



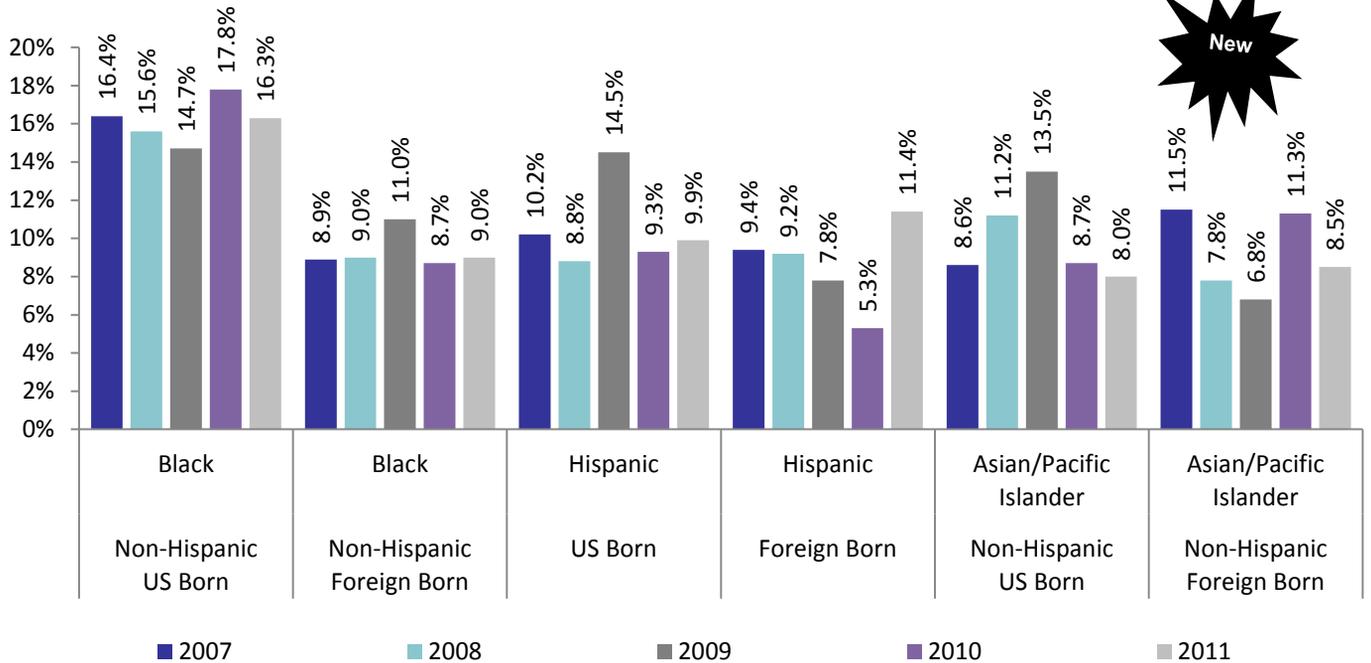
Source: Minnesota Department of Health

Preterm Babies by Race/Ethnicity



Source: Minnesota Department of Health

Preterm Babies by Race/Ethnicity and Mother's Country of Birth



Source: Minnesota Department of Health

### Why is this goal important?

A healthy start to life and learning begins with a healthy pregnancy and birth. The early years are a period of critical child development in terms of overall physical and emotional health and school readiness. Large differences occur among racial/ethnic groups in terms of birth outcomes – similar to those evident nationally – that reflect socioeconomic disparities, a history of racism and discrimination and the associated stress and trauma experienced by minority populations.

### What strategies are we using to achieve our goal?

In order to improve birth outcomes in 2012, we:

- Provided psychosocial risk screening to 746 pregnant women in communities with higher rates of infant mortality, preterm birth and low birth weight to identify women in need of services such as housing, food, transportation, mental health or substance use assessments, social support or domestic violence services.
- Provided 9,984 home visits during pregnancy or after birth to 3,574 individuals, providing support and education related to safe infant sleep environments, injury prevention, secondhand smoke, tobacco, alcohol and drug use, childbirth education, nutrition, family planning and breast feeding.

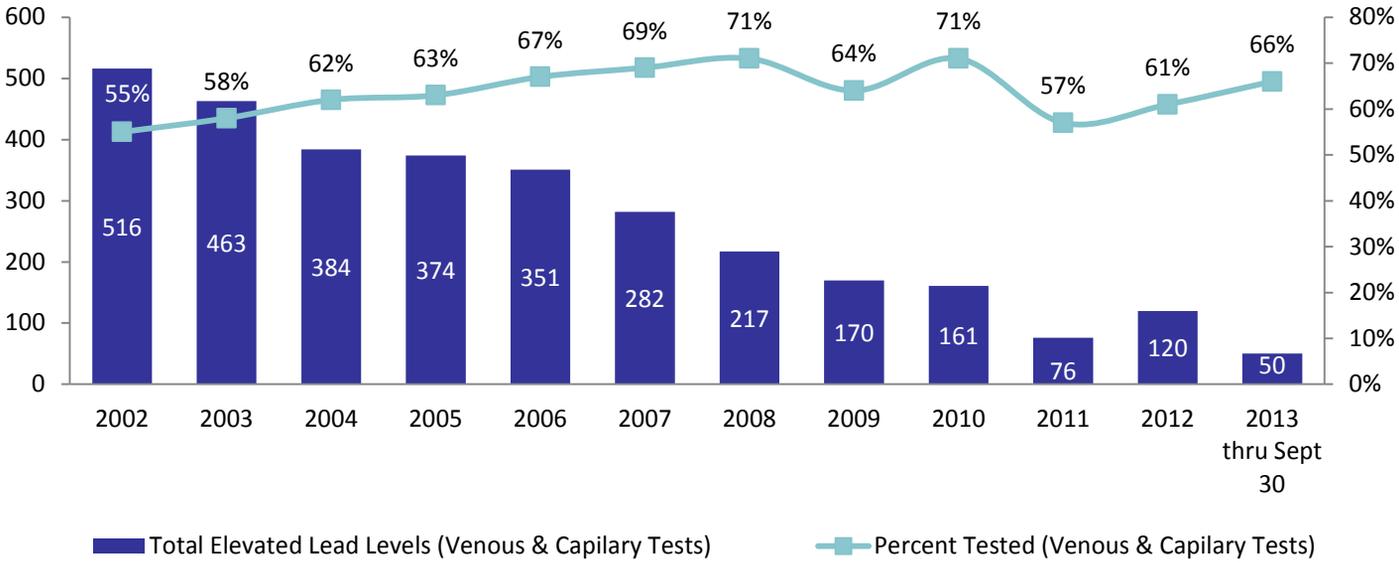
In order to reduce the risk of lead poisoning which impacts brain development, we:

- Provided community-based education, blood lead screening, lead dust wipe sampling of homes and referrals to remediation programs through CLEARCorps USA, Southeast Asian Community Council and Sustainable Resources Center.
- Provided outreach to medical providers and families with lead-exposed children to inform them of available resources.
- Convened the Lead Testing Task Force to track progress and target outreach efforts to areas and populations most in need.
- Lead the development of One Touch Minneapolis, designed to better coordinate lead poisoning prevention and healthy homes resources for residents. Implementation of One Touch is a HUD best practice and will result in more points on future HUD grant applications.

In order to improve Kindergarten readiness and increase efforts to screen children by age 3, we:

- Collaborated with the Minneapolis Public Schools and Hennepin County 348-TOTS to ensure preschool children were screened, targeting communities of color, American Indians and English language learners.
- Worked with the Northside Achievement Zone to reach underserved families.
- Strengthened partnerships with Head Start, Way to Grow and early childhood centers in the Phillips neighborhood.
- Collaborated with WIC program sites, community clinics, child care centers and the Minnesota Visiting Nurse Agency to improve identification of 3-year-old children.
- Provided culturally appropriate screening services.

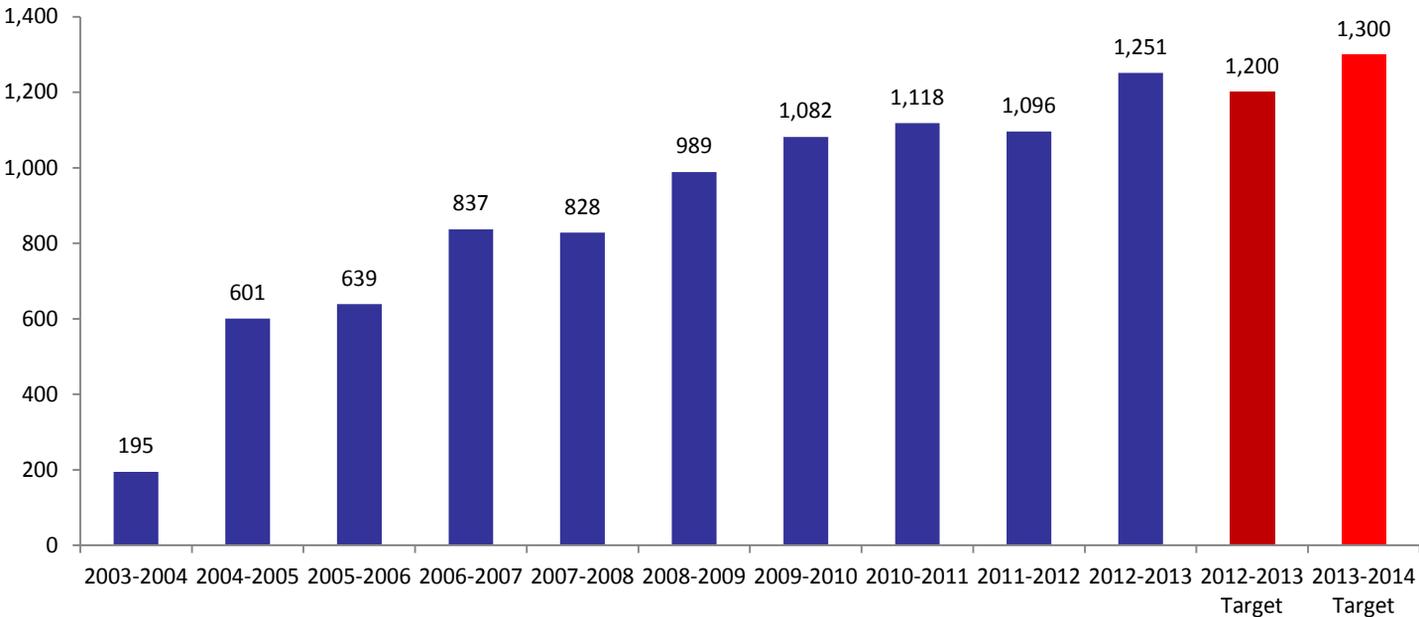
**Lead Poisoning: Percent of 1- and 2-Year-Olds Tested & Total Number of Children Under Age 6 with Elevated Blood Lead Levels**



Target: Test all 1- and 2-year old children for lead by 2014. (Testing is recommended for all 1- and 2-year-olds, and anyone up to age six not previously tested.)

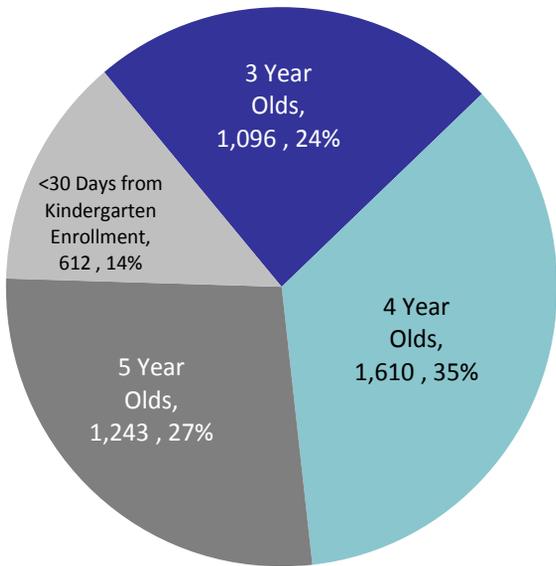
Source: Minnesota Department of Health

Number of Three-Year-Olds Screened by Minneapolis Public Schools

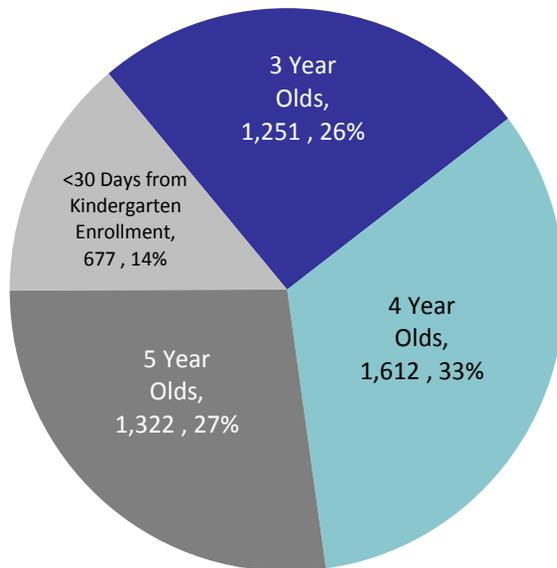


Source: Minneapolis Public Schools

Age of Children Screened by Minneapolis Public Schools in 2011-2012

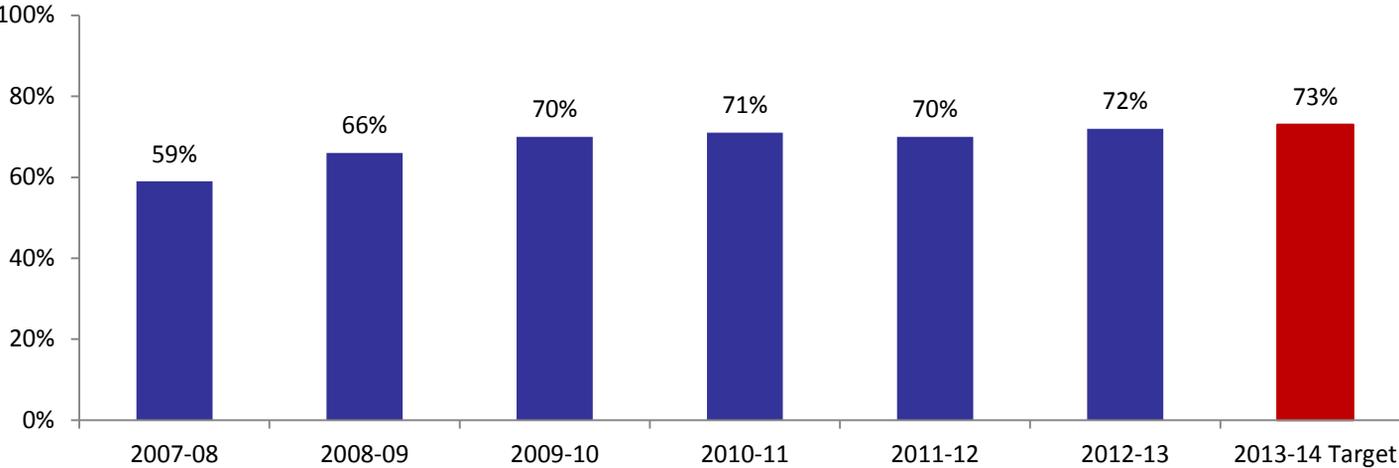


Age of Children Screened by Minneapolis Public Schools in 2012-2013



Source: Minneapolis Public Schools

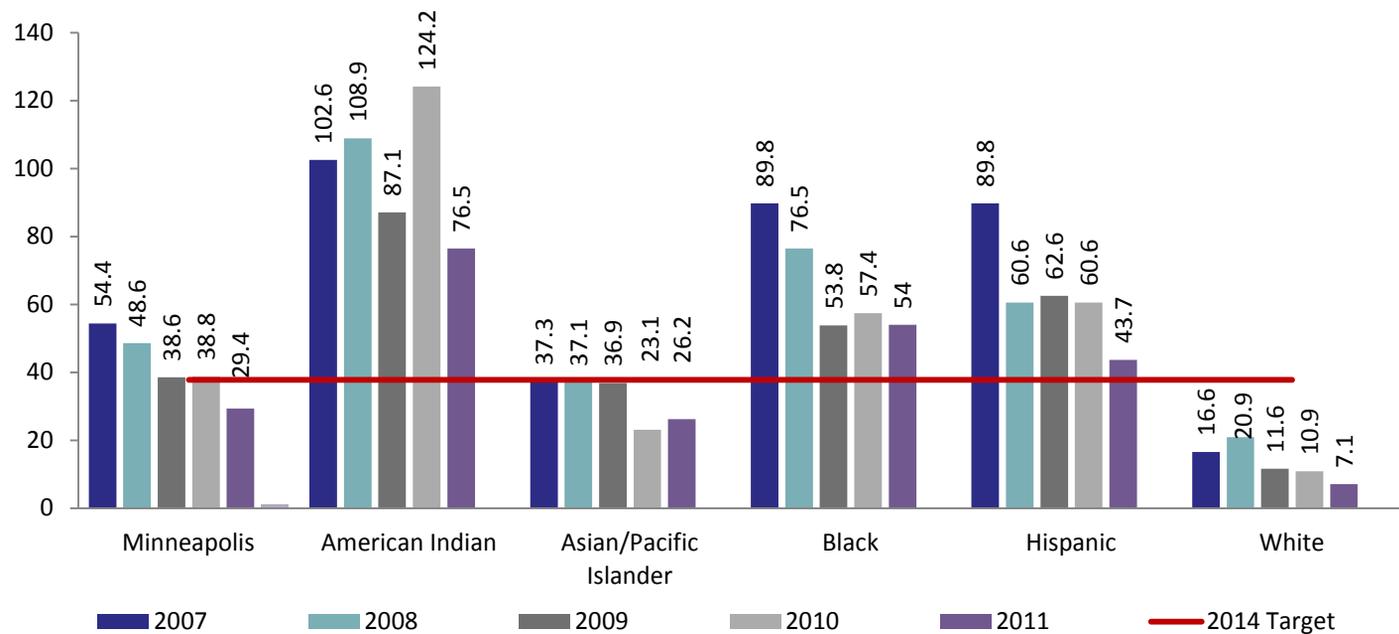
Percentage of Incoming Kindergartners Who Meet/Exceed Total Literacy Benchmark on the Beginning Kindergarten Assessment



Source: Minneapolis Public Schools

# Thriving Youth and Young Adults

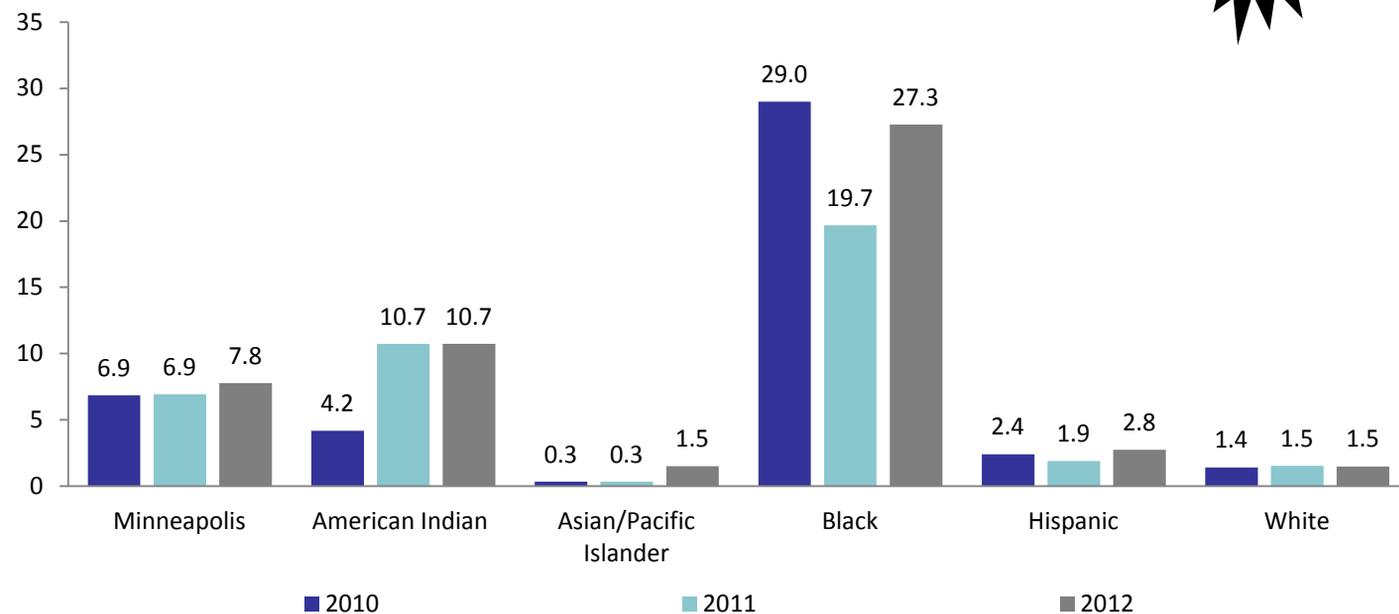
### Teen Pregnancy Rates by Race/Ethnicity (Number of Pregnant Teens, per 1,000, among Teens Age 15-17)



Note: Linear modeling was used to recalculate rates over the 10 year period using Census 2000 and 2010.

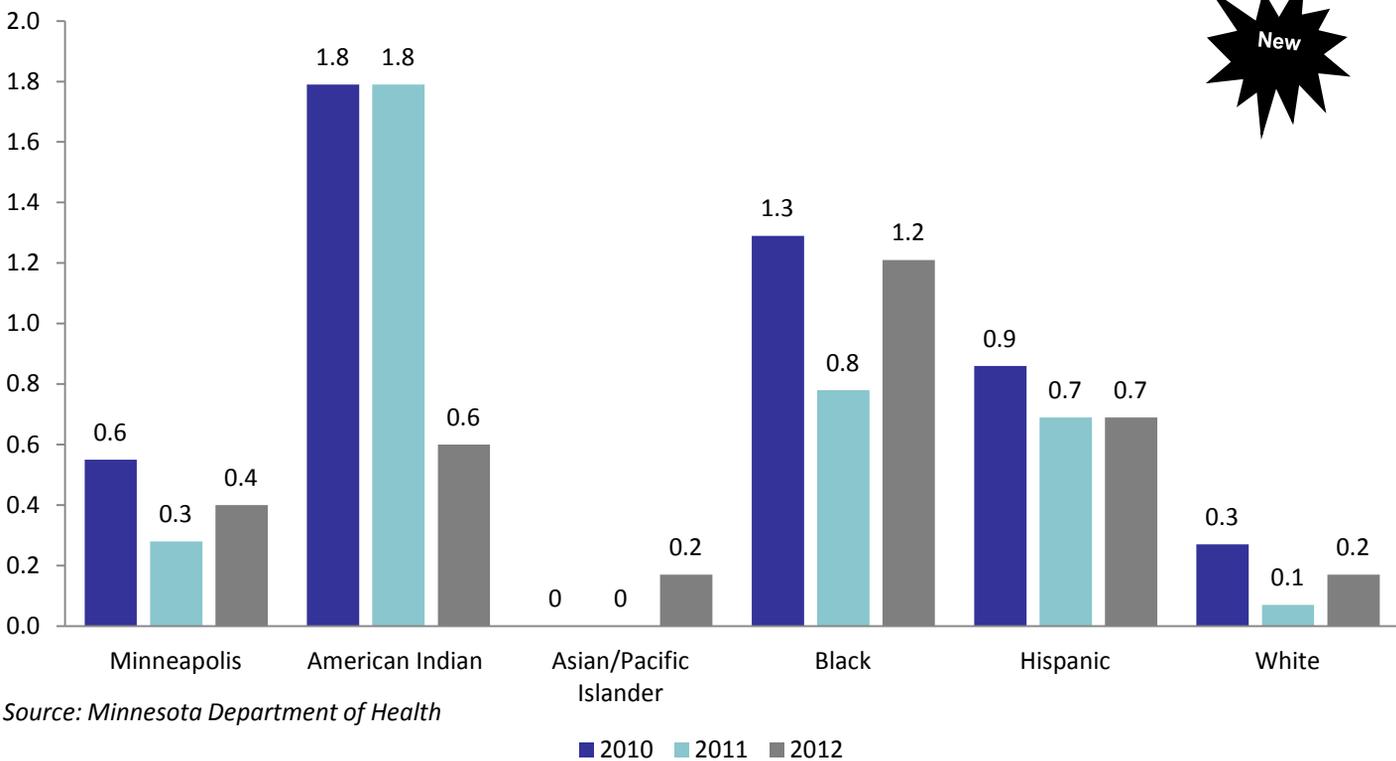
Source: Minnesota Department of Health

### Gonorrhea Rates per 1,000 Residents, Age 15-24

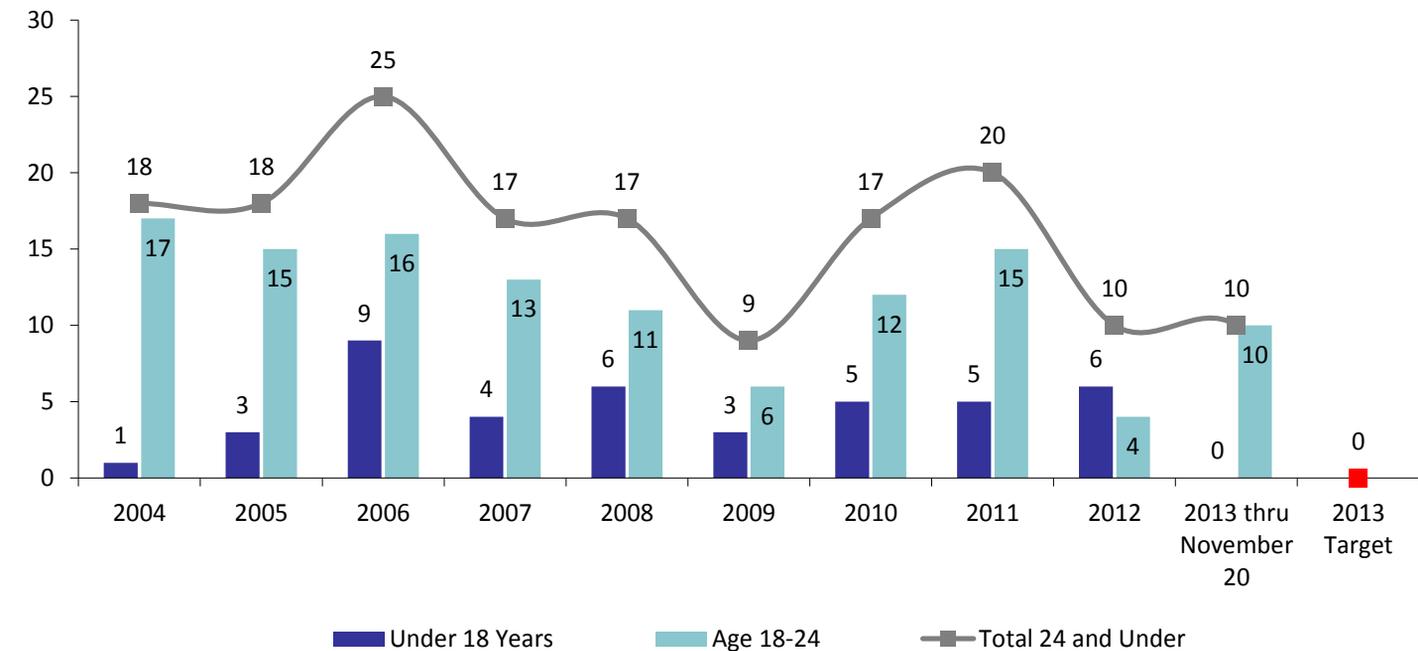


Source: Gonorrhea data - Minnesota Department of Health  
Population data - ACS 3 year estimate, 2010-2012

HIV Rates per 1,000 Residents, Age 15-24

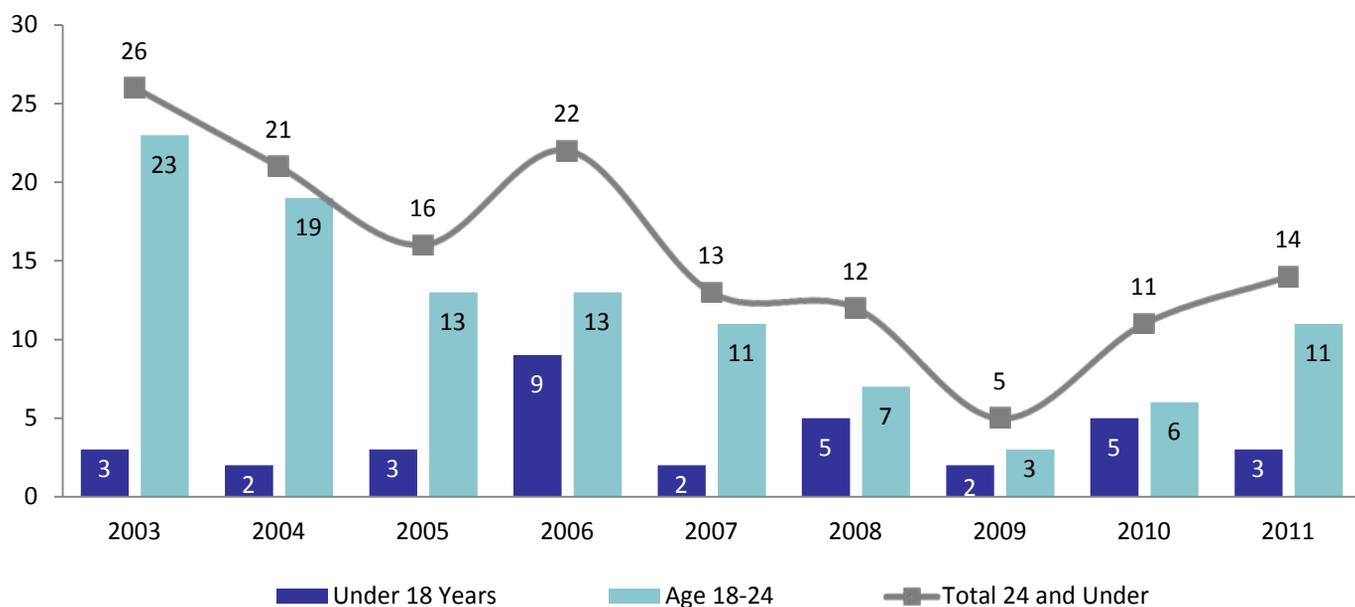


Homicides Occurring in Minneapolis, Age 24 and Under



Note: This chart includes deaths by homicide within Minneapolis city limits.  
 Source: Minneapolis Police Department.

Homicides of Minneapolis Residents, Age 24 and Under



Note: Resident homicides include deaths by homicide of juvenile Minneapolis residents regardless of where the death occurred.  
 Source: Vital Statistics

Resident Homicides in the Age Group 17 and Under by Race/Ethnicity

	2003	2004	2005	2006	2007	2008	2009	2010	2011
White Non-Hispanic	0	0	0	3	0	0	0	0	0
Black Non-Hispanic	2	2	2	6	2	5	1	4	2
American Indian	0	0	0	0	0	0	1	1	0
Asian/Pacific Islander	1	0	1	0	0	0	0	0	0
Hispanic	0	0	0	0	0	0	0	0	1
<b>Minneapolis Total</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>9</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>5</b>	<b>3</b>

Resident Homicides in the Age Group 18 through 24 By Race/Ethnicity

	2003	2004	2005	2006	2007	2008	2009	2010	2011
White Non-Hispanic	4	1	0	1	2	2	0	1	2
Black Non-Hispanic	10	14	7	7	7	5	2	5	8
American Indian	4	2	4	0	0	0	0	0	1
Asian/Pacific Islander	1	1	2	3	2	0	1	0	0
Hispanic	4	1	0	2	0	0	0	0	0
<b>Minneapolis Total</b>	<b>23</b>	<b>19</b>	<b>13</b>	<b>13</b>	<b>11</b>	<b>7</b>	<b>3</b>	<b>6</b>	<b>11</b>

Source: Minnesota Department of Health

### **Why is this goal important?**

Healthy and thriving youth are a sign of a healthy community. Certain social factors affect the health and well-being of young people, including social support, education, physical environment, healthy development, personal health behaviors and coping skills and opportunities for positive social engagement. The measures listed on the following pages are some of the activities that the Minneapolis Health Department is doing to address the serious health concerns affecting youth and young adults.

### **What strategies are we using to achieve our goal?**

Youth who have positive supports and access to services that promote their physical and mental well-being are less likely to engage in risky violent or unhealthy behaviors. The Minneapolis Health Department's strategies to address these health issues are as follows:

- Implementation of the Blueprint for Action: Preventing Youth Violence, a multifaceted public health approach promoting strategies that reduce factors that put young people at risk for experiencing violence.
- Policy, advocacy and program planning focused on teen pregnancy prevention efforts in the community and in Minneapolis Public Schools, charter and alternative schools.
- Targeted strategies for communities experiencing increased rates of gonorrhea by continuing to fund the Seen on Da Streets program which provides clinic outreach, education and testing services directed at African American males.
- Outreach, education and health services to high school students enrolled in Minneapolis Public High Schools through our school-based clinics, including mental health and sexual health screening as well as STD testing and treatment.
- Contracted services for home visits to families with parents age 20 and under to ensure that they have the resources they need to stay in school, raise healthy families and reduce the risk of subsequent pregnancies.
- Tailored services for youth who are at risk of exposure or involvement in violence.

Implementation of Science-Based Sexuality Education in Minneapolis Public Middle Schools  
(Grades 6-8)



School Year	2010-2011	2011-2012	2012-2013
Number of Students Receiving Science-Based Sexuality Education	2,933	2,814	2,411
Number of Schools Providing Sexuality Education in Health Classes	17	21	19
Percent of Schools Providing Sexuality Education in Health Classes	77%	95%	86%

Note: There are no state educational requirements for health education in middle schools in Minnesota. Minneapolis Health Department provides technical assistance to public, charter and alternative schools on implementing science-based sexuality education.

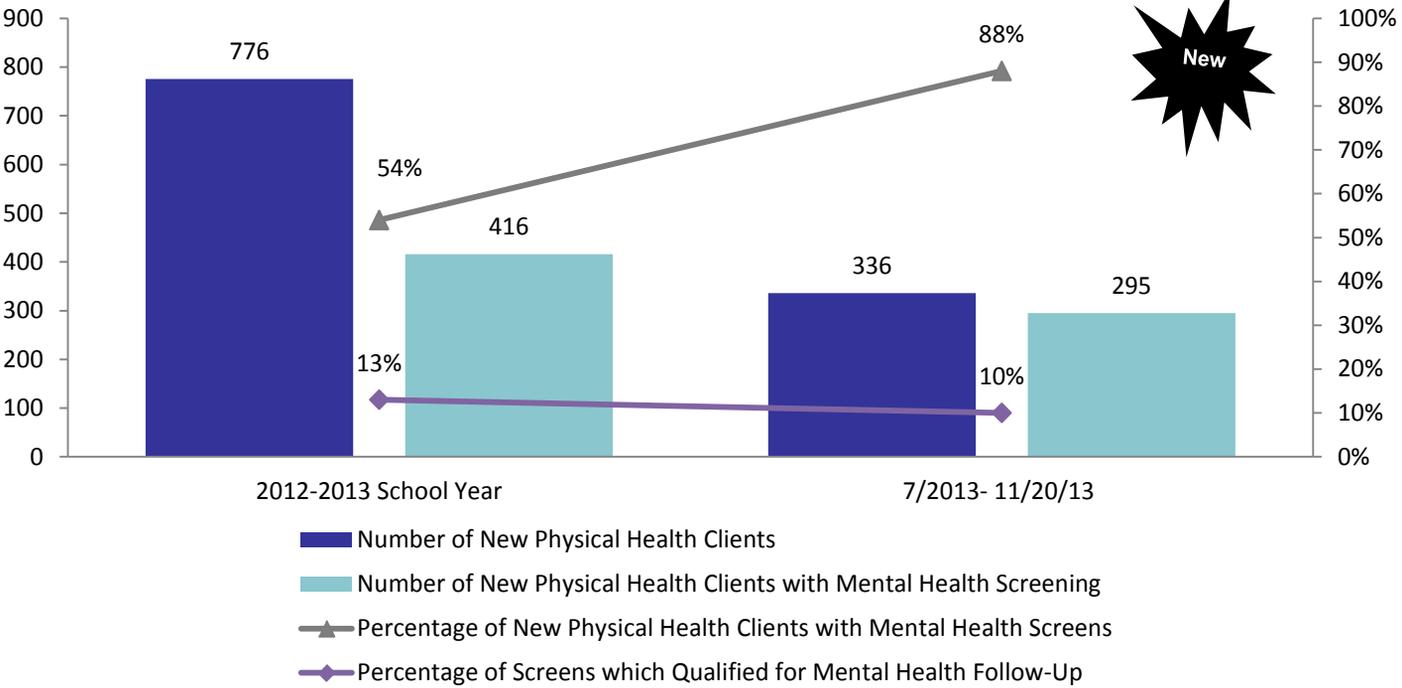
Source: Minneapolis Public Schools

Number of Students Receiving the Safer Sex Intervention Program in Minneapolis Public High Schools  
(Grades 9-12)



	7/1/12 to 6/30/13	7/1/13 to 10/31/13
Edison	81	12
Henry	84	14
Longfellow	0	1
Roosevelt	108	20
South	77	14
Southwest	96	26
Washburn	125	18

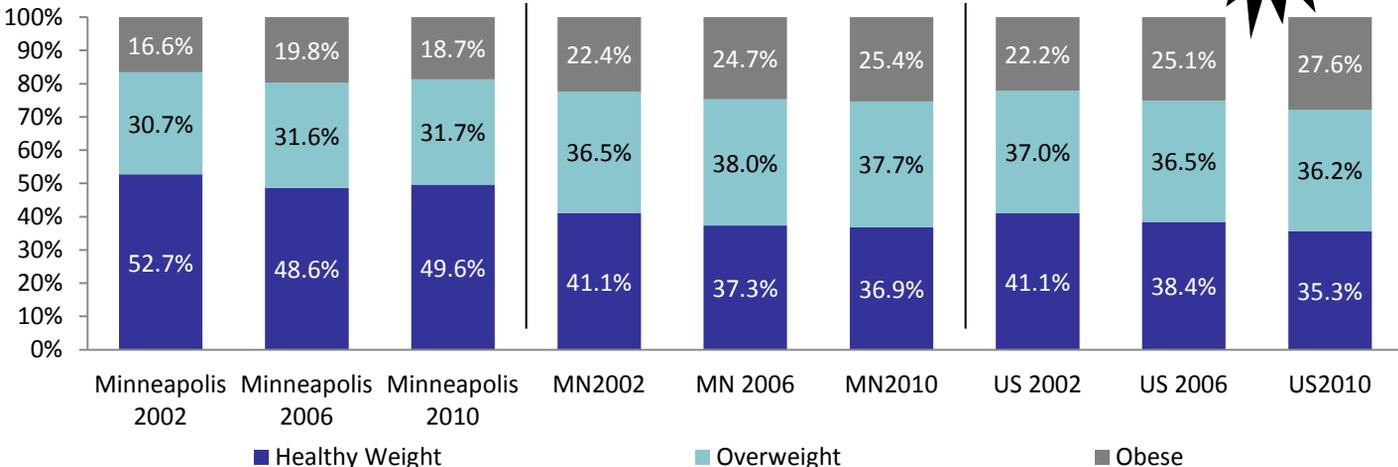
School-Based Clinics: New Physical Health Clients with Mental Health Screenings



Source: School-based clinic electronic health records

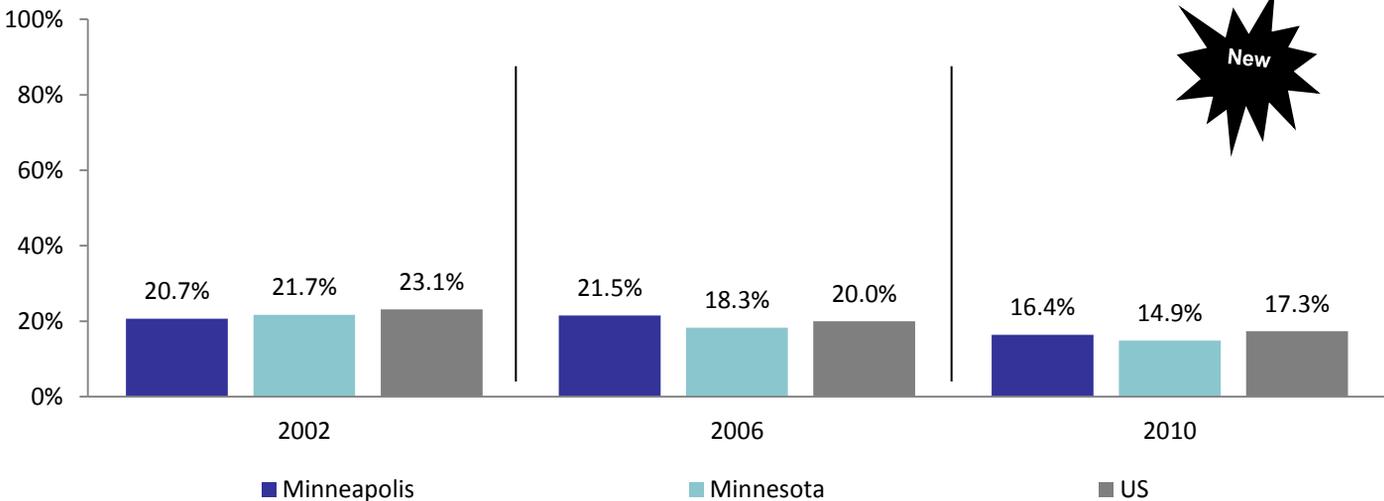
# Healthy Weight and Smoke-Free Living

Adult Residents at Healthy Weight, Overweight and Obese in Minneapolis, MN and US



Source for "Minneapolis": SHAPE  
 Source for "MN" and "US": BRFSS

Adult Residents who Smoke Cigarettes in Minneapolis, Minnesota and US



Source for "Minneapolis": SHAPE  
 Source for "MN" and "US": BRFSS

Note for both charts on this page: The validity of household survey data has decreased over time due to the large reduction in response rates attributable in part to changing from telephone to mail administration because of funding constraints. (For the SHAPE survey, the response rate declined from 66 percent in 2002 to 23 percent in 2010). The validity of SHAPE and other household survey results is further compromised by response bias: respondents are disproportionately white, female, older, and higher income; non-English speakers are not included. Response bias results in a population profile that represents healthier segments of the population. Minneapolis Health Department staff are working with the State of Minnesota and Hennepin County to develop new methods to assess population health, including aggregating de-identified electronic health records to provide more complete and accurate profiles of population and subpopulation health (for example, broken down by race/ethnicity, country of origin, or age group).

### Why is this goal area important?

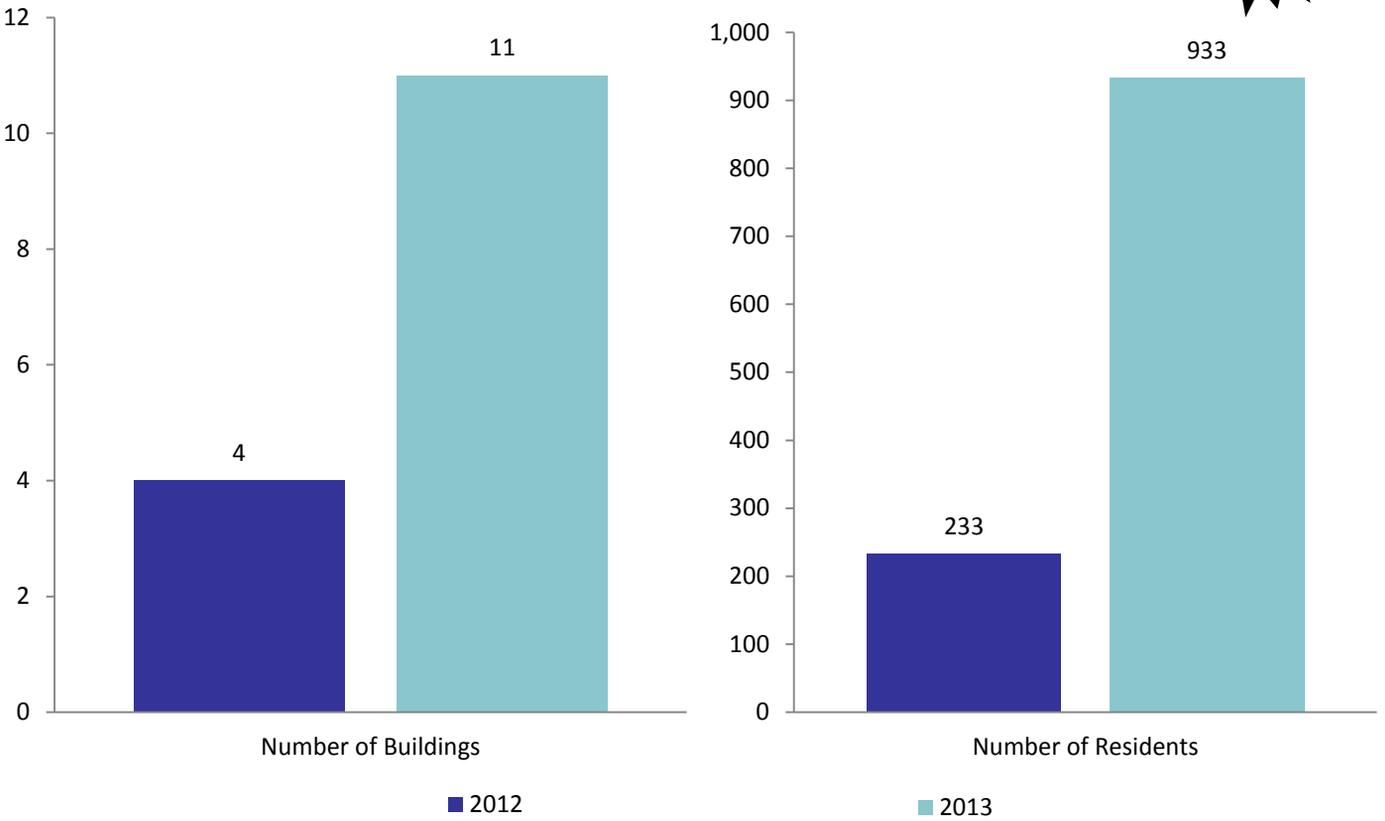
The chronic diseases caused by obesity and tobacco use are taking a harmful toll on the health and vitality of Minneapolis children, families and communities, especially in low-income communities. Fortunately, these illnesses are entirely preventable.

### What strategies are we using to achieve our goal?

Because the places where people live, learn, work and play have a tremendous influence on their health behaviors, it is essential to create healthier environments in which opportunities for healthy eating, physical activity and tobacco-free living are available and accessible for residents of all ages and abilities. The Minneapolis Health Department and its partners pursue four main strategies that support healthy eating, physical activity and smoke-free living.

- Change policies and practices in institutions such as schools, worksites and farmers markets. Examples: We support implementation of the Minneapolis Park Board's Healthy Food policy and Minneapolis Public Housing Authority's Smoke-Free Housing policy.
- Increase/improve healthy food and opportunities for physical activity in various settings. Examples: We provided salad bars to charter schools, helped food shelves and corner stores increase the quality and quantity of fresh produce, coordinated initial plans and community engagement for a 30-block, car-free greenway in North Minneapolis and support Safe Routes to School and Active Recess initiatives in Minneapolis Public Schools.
- Connect residents to healthy living resources. Examples: In partnership with community organizations and clinics, we provided on-site services to link residents of Minneapolis Public Housing Authority buildings to smoking cessation services and community-based organizations connected low-income residents to land for community gardening.
- Promote social norms that support healthy eating, physical activity and tobacco-free living. Examples: BikeWalkMove campaign to increase active transportation and Healthier Beverage Campaign to reduce consumption of high-calorie, sugary drinks.

**Minneapolis Public Housing Residents Protected from Secondhand Smoke via Tobacco-Free Building Policies**



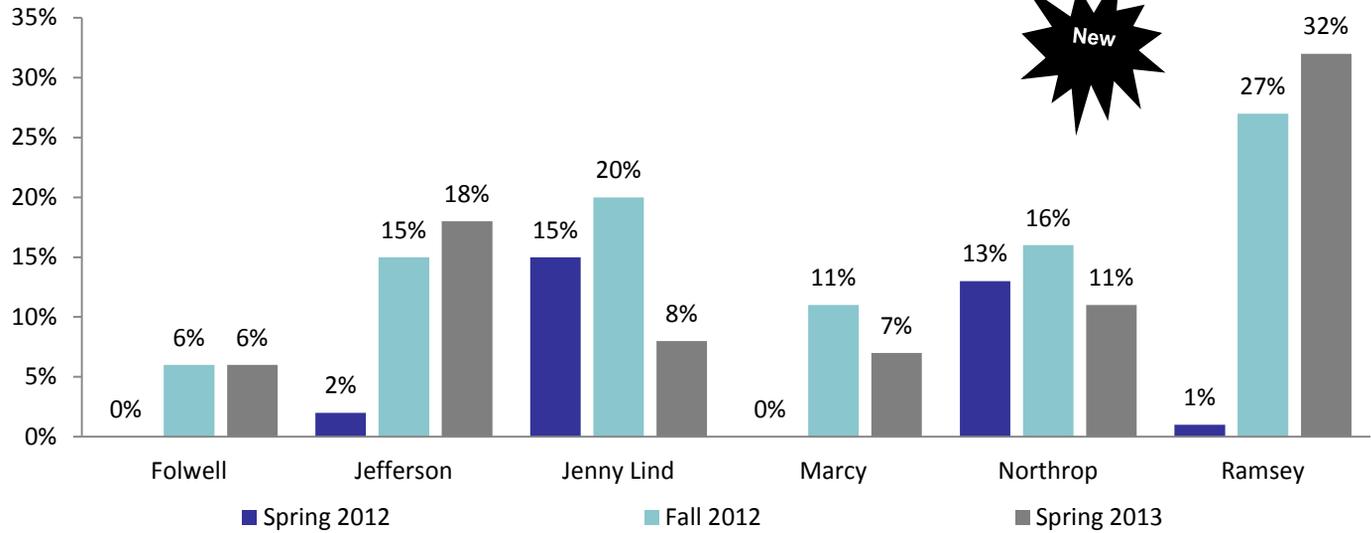
Source: Minneapolis Public Housing Authority

**2012-2013 Improved Sites and People Reached through State Health Improvement Program and Community Transformation Grant**

	Number of Sites	Number of People Reached
Corner Stores	30	62,492
Food Shelves	17	9,211
Farmers Markets	12	3,051
Community Gardens	29	925
Smoke-Free Housing	8	5,200
Clinics	11	35,963
Neighborhood Residents	8	24,500

Source: Minneapolis Health Department

**Children Biking or Walking to School**

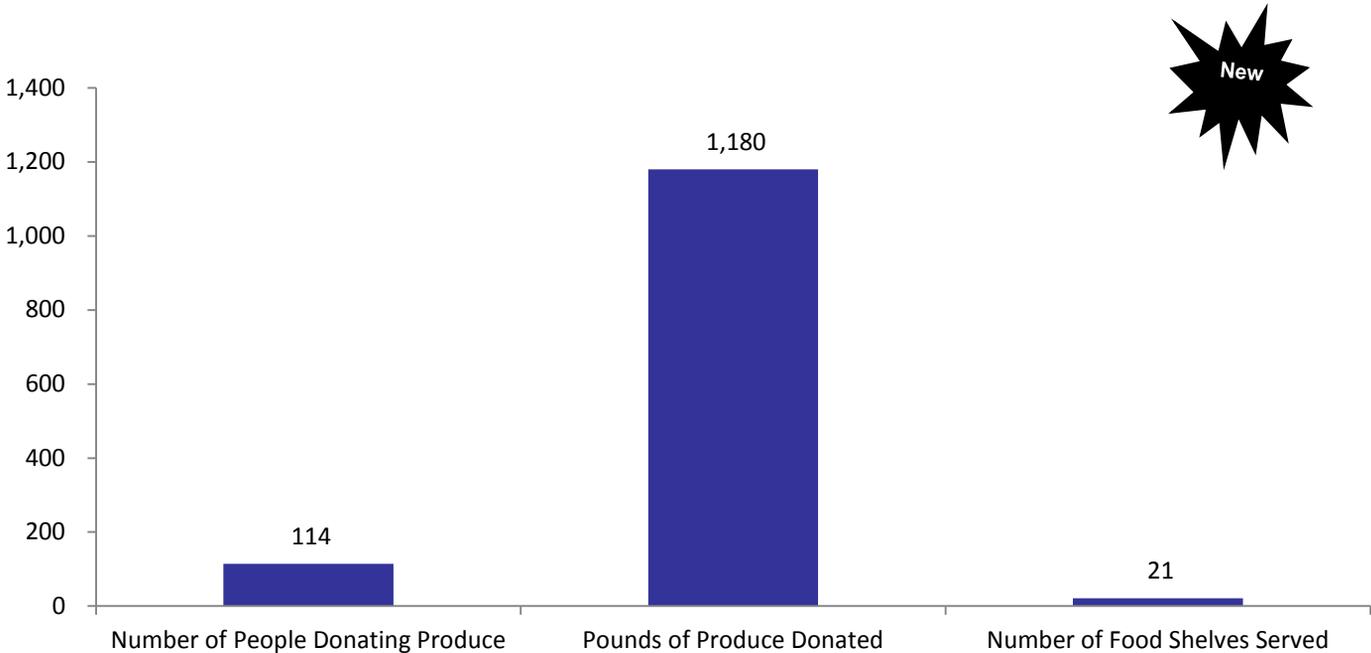


Note:

1. This data relates to morning walking.
2. Northrop fall 2012 and spring 2013 totals do not reflect the 350 students who are dropped off by their buses every Monday and walk .6 miles to school together.

Source: Minneapolis Public Schools

**Results from Plant-A-Row Campaign, 2013**

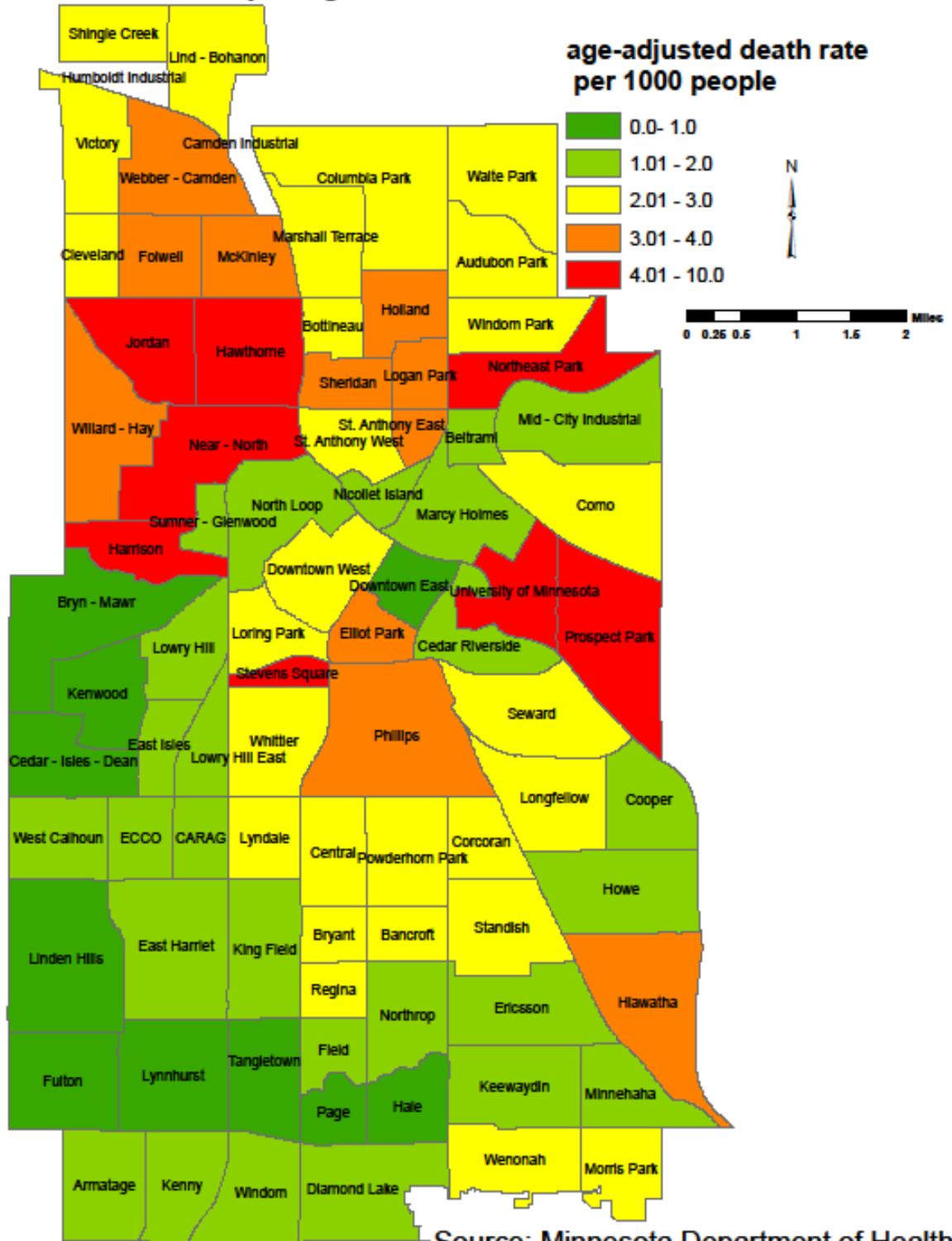


Note: 2013 is serving as a baseline.

Source: Minneapolis Health Department

# A Strong Urban Public Health Infrastructure

### Age-adjusted annual premature ( 1-64) death rates by neighborhood, 2001-2010.



Created on : 01/07/13

Source: Minnesota Department of Health

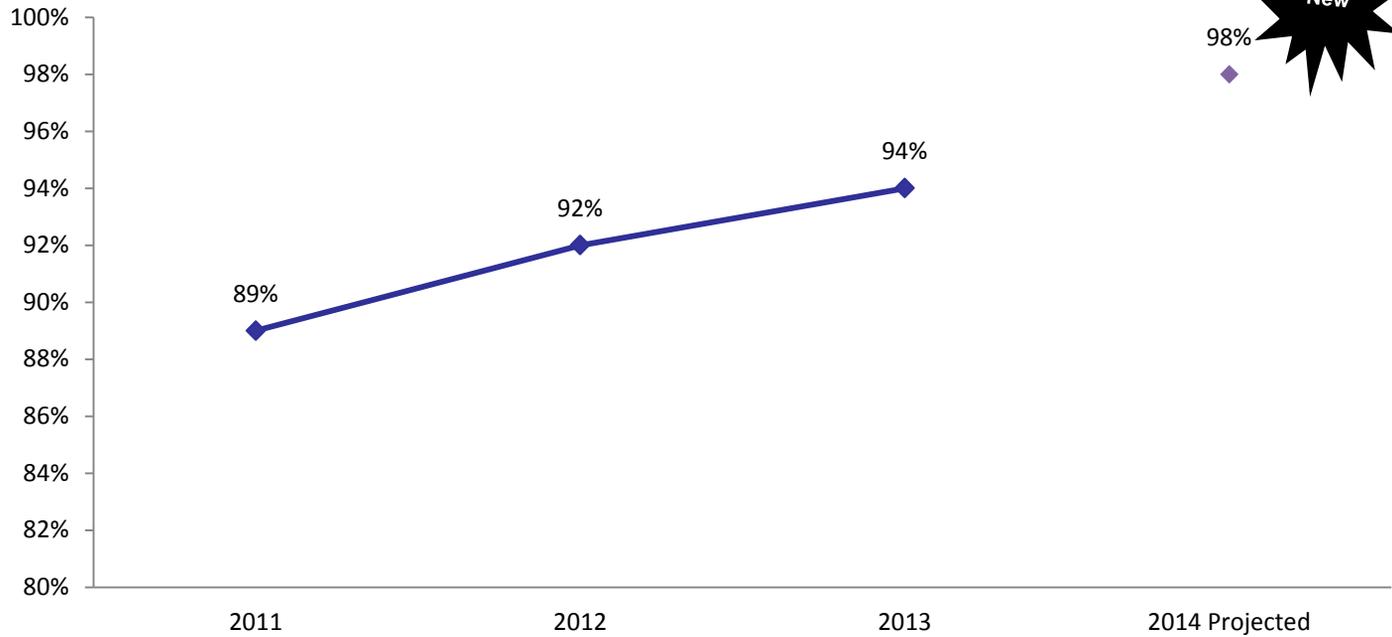
### **Why is this goal important?**

A local public health agency must be able to fulfill all its local governance requirements under Minnesota Statute 145A to protect and improve population health. A strong public health infrastructure includes needs assessments for each of the six areas of public health responsibility: program and policy development, research and program evaluation, service delivery or contracts for services, safety inspections, planning for and responding to public health emergencies and ensuring a competent workforce that reflects the cultural and ethnic communities served. Minneapolis has made a commitment to reduce racial/ethnic and socioeconomic health inequities which will require strong partnerships with government and community partners to address the social determinants of health, which include poverty, housing, education, exposure to violence and access to nutritious foods, recreational activities and health care.

### **What strategies are we using to achieve our goal?**

We engage community members through focus groups and community forums to identify health priorities and collaborate with community-based agencies to develop and evaluate programs to address population needs. We also work with a broad array of partners to develop or improve the policies and environments that affect the health of Minneapolis residents. Specific strategies include dedicated efforts to secure competitive grant awards to further our goals, ongoing public health emergency preparedness planning and training and preparation and dissemination of reports.

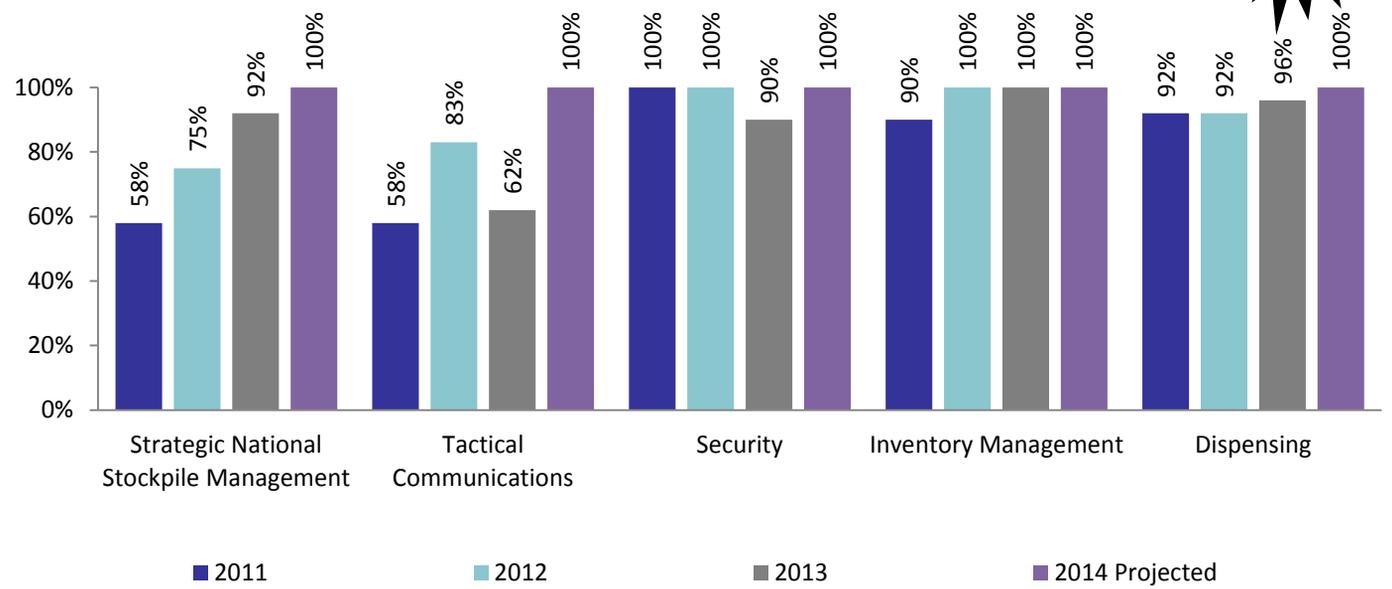
Local Technical Assistance Review (LTAR) Scores Based on Assessments by Center for Disease Control and State Personnel



Note: LTAR scores represent a local jurisdiction’s ability to receive, distribute and dispense Strategic National Stockpile medical assets.

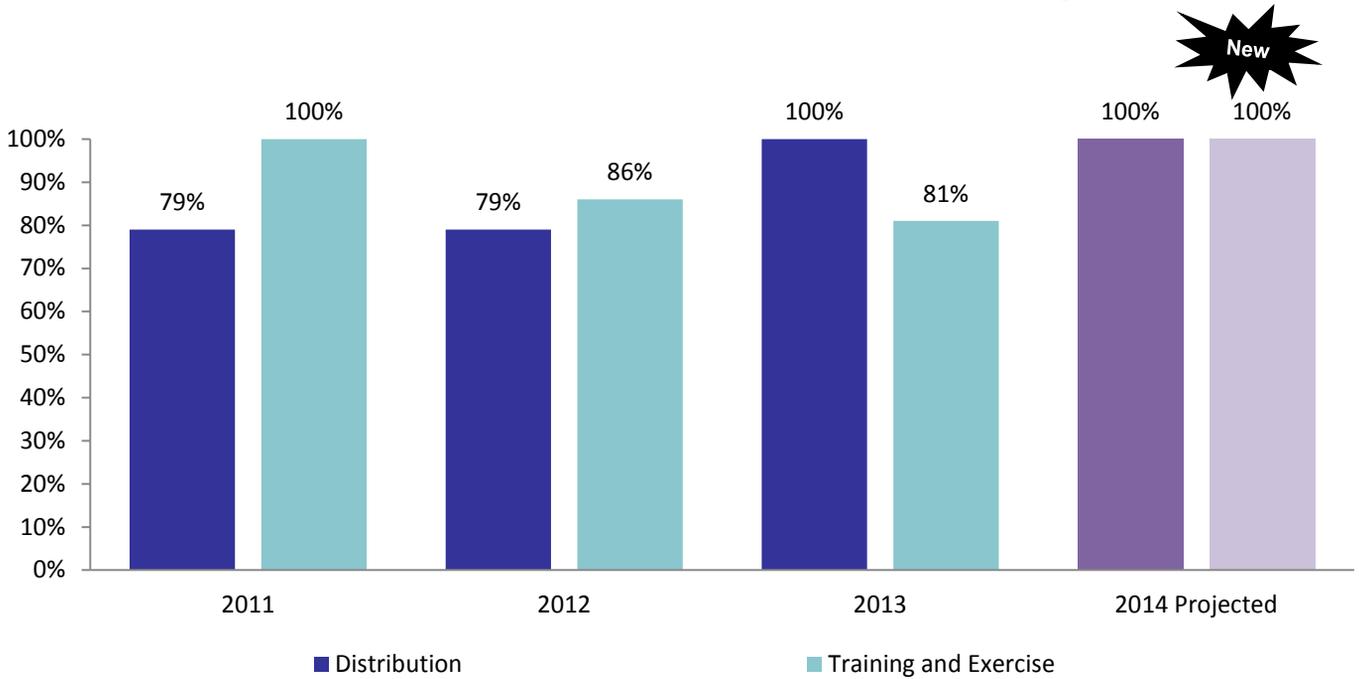
Source: CDC’s Division of State and Local Readiness

Local Technical Assistance Review Scores for Five Strategic National Stockpile Functions



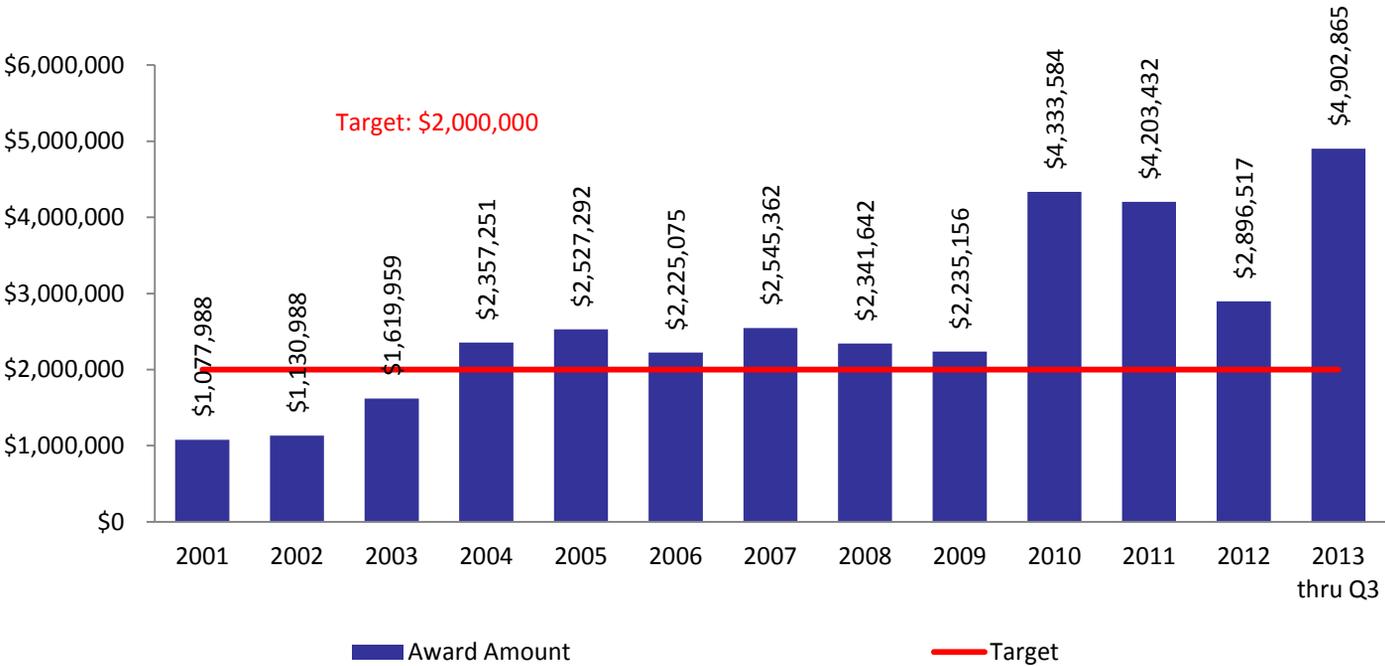
Source: CDC’s Division of State and Local Readiness

**Local Technical Assistance Review Scores for Distribution and Training/Exercise**



Source: CDC's Division of State and Local Readiness

**Discretionary Grant Funds Awarded to Health Department**



Source: Minneapolis Health Department