Sustainability

A Healthy Life & A Vital Community

September 10, 2013

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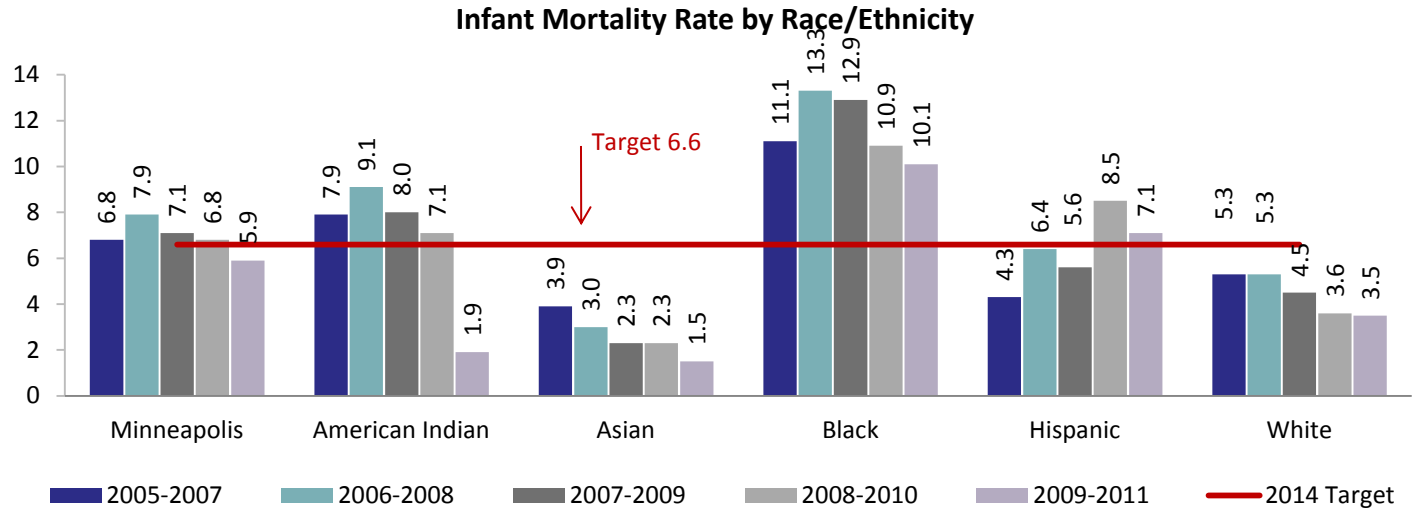
Sustainability

*Please note this report is meant to be used in conjunction with the Sustainability website. For a complete list of measures for each indicator please visit http://www.ci.minneapolis.mn.us/sustainability/.



Source: Minnesota Department of Health

Target

Reduce infant mortality rates overall and within each racial/ethnic subgroup to 6.6 deaths per 1,000 live births by 2014 from 7.1 deaths per 1,000 live births in 2009. For the last reporting period, this target was surpassed for the City as a whole and for American Indians, Asians and whites. Declines in infant mortality from the rates for the previous three-year period were seen for all racial/ethnic subgroups.

Why is this measure important?

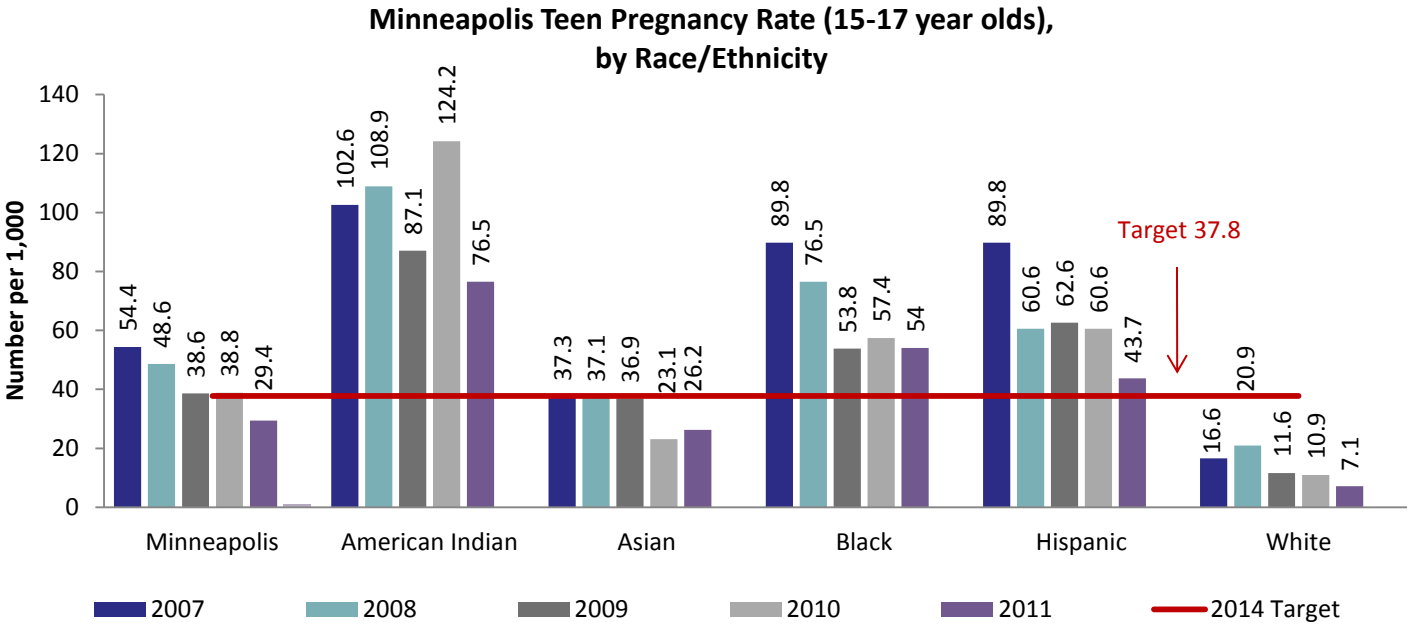
Infant mortality is an indicator of the health status of the community and reflects health inequities that can be attributed to poverty and other social determinants of health. Premature and low birth weight babies are more likely to encounter health challenges that result in death.

What will it take to make progress?

Public health officials and community stakeholders have worked together to develop community education strategies that focus on creating safe sleeping environments for infants to prevent suffocation and to ensure that women have access to quality prenatal care, vital community resources and supportive services. To sustain progress, ongoing support is needed for intensive, long-term, evidence-based family home visiting for at- risk families, including all pregnant and parenting teens as well as access to health care for low income immigrant families not eligible for government-funded health insurance programs. Housing and employment opportunities need to be enhanced. Continued funding is needed to support smoking cessation, prevention of alcohol and drug use during pregnancy, maternal nutrition, stress reduction and family planning. Health care, child protection and social services systems need to better engage American Indian and communities of color. Father involvement during pregnancy and after birth needs to be encouraged and supported.

In 2012, the following gains were made:

- 9,820 family home visits were conducted in high-risk communities.
- Twin Cities Healthy Start provided intensive in-home case management services to 239 high-risk pregnant women and involved fathers or other male care-givers.
- The MFIP Innovations project , a single point of contact collaborative project with Hennepin County, served 111 teens and 82 of their children.
- Health Department staff participate in a variety of advisory groups related to improving birth outcomes and continue to advocate for evidence-based psychosocial risk screening for expectant and new mothers and fathers.
- The Twin Cities Healthy Start program supported implementation of peer-based models to enhance social support and promote mental wellness.



Source: Minnesota Department of Health

Target

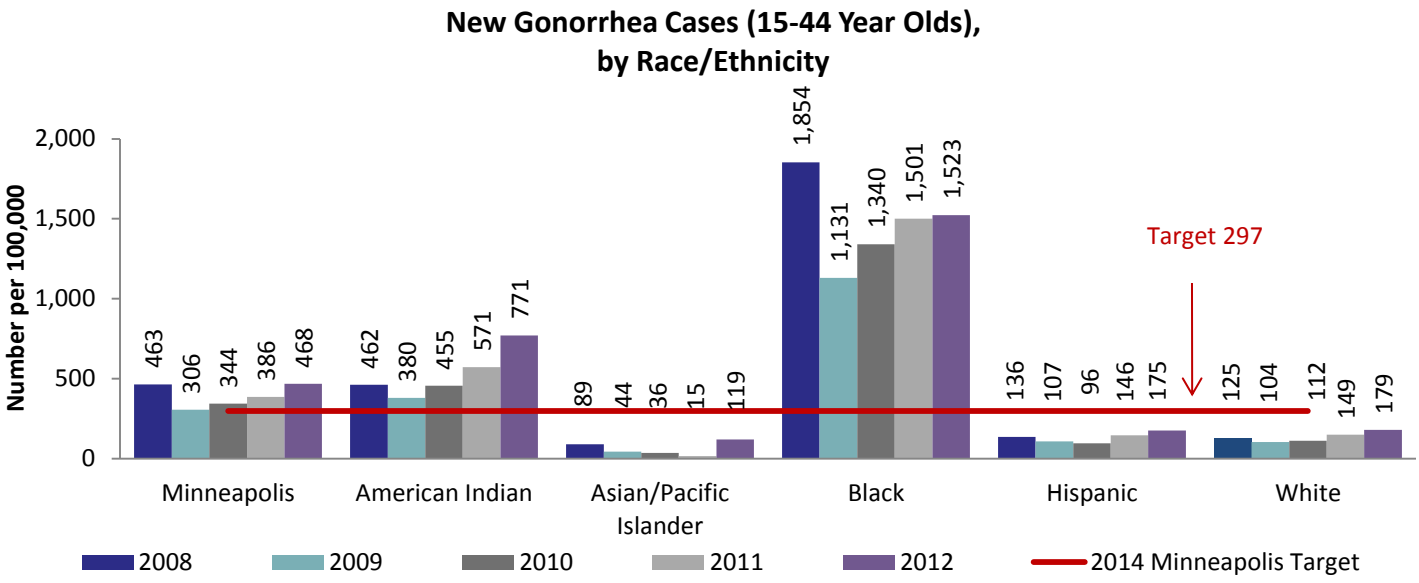
Reduce the pregnancy rate among 15- to 17-year-olds to 37.8 pregnancies per 1,000 by 2014. This target was surpassed for the City as a whole.

Why is this measure important?

Teenage childbearing can create challenges for mothers, children and families. Teen mothers are at a higher risk for premature birth, low birth weights and ongoing difficulties such as long-term poverty, lower levels of education and poorer job prospects. Children born to teen parents are at a higher risk for abuse, neglect and poor school performance.

What will it take to make progress?

Although teen pregnancy rates have been declining since 2006, these rates are substantially higher among American Indians, Blacks and Hispanics. In order to reduce these disparities, more work needs to be done to ensure that all teen girls have access to adolescent health care that is "teen friendly," contraception, as well as comprehensive sexuality education that is science-based and culturally appropriate. The City has been working with multiple stakeholders to address issues around adolescent sexual health and pregnancy prevention.



Source: Minnesota Department of Health

Target

Reduce the rate of new gonorrhea cases in Minneapolis to 297 cases per 100,000 people (ages 15 through 44) by 2014 from 344 cases per 100,000 in 2010.

Why is this measure important?

Gonorrhea disproportionately affect Minneapolis residents compared with those living in other areas in Minnesota, with negative consequences for public health and the economy. Comprehensive sex education and prevention are effective in reducing the spread of disease. Systematic screening of those at risk is also necessary, because an infected person can spread these sexually transmitted infections before symptoms develop.

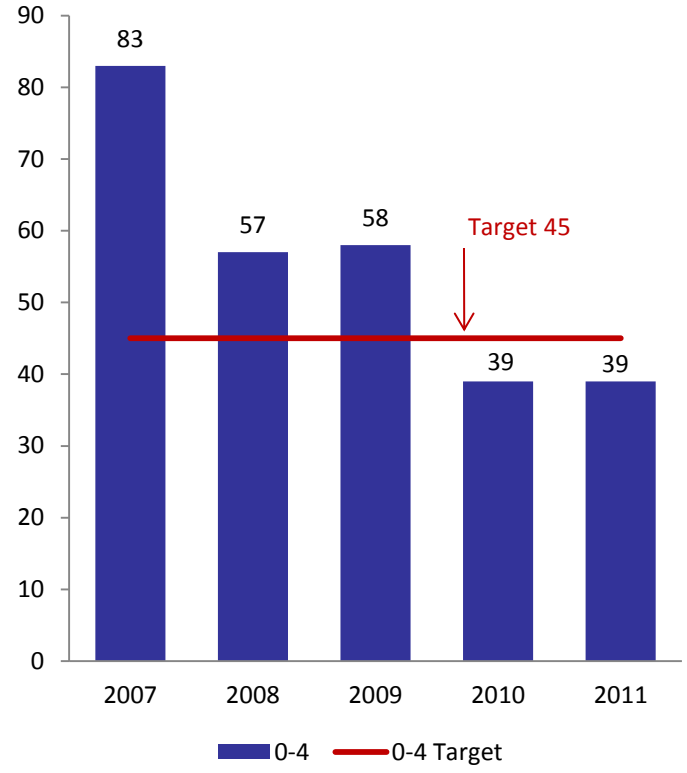
From 2008 to 2012, the gonorrhea rate increased by 1 percent in the City of Minneapolis to 468 cases per 100,000 residents age 15 to 44. The largest decline in rates over this time period was observed among the Black Non-Hispanic population. Between 2011 and 2012, racial/ethnic groups experienced an increase , indicating the need for sustained education and community outreach.

What will it take to make progress?

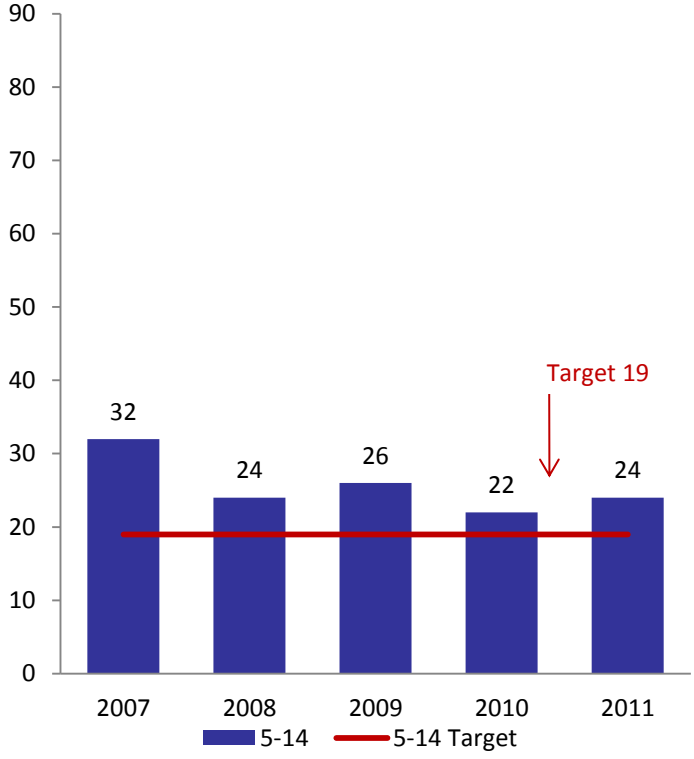
To make progress, it is essential to:

- Continue to provide family planning and other reproductive health visits through City-funded school based clinics.
- Provide funding for sexually transmitted disease (STD) tests and treatment to school-based clinics and community clinics.
- Continue STD and HIV outreach and education to young at risk males living in underserved areas through Seen on Da Streets.
- Participate in the Minnesota Chlamydia Partnership, a coalition of community members, social service providers, public health experts and medical providers developing recommendations aimed at reducing chlamydia rates statewide. Chlamydia reduction activities will also impact gonorrhea and HIV rates.
- Continue to provide leadership in the adoption of the comprehensive sexual health education curriculum at Minneapolis Public Schools and charter schools; this curriculum contains medically accurate information about STD and HIV transmission and prevention.

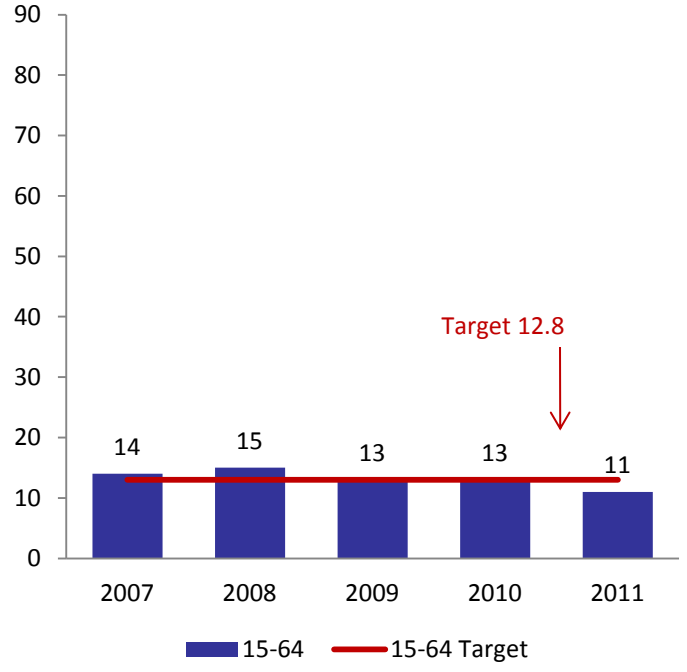
Asthma-related Hospitalizations per 10,000 Residents Age 0-4



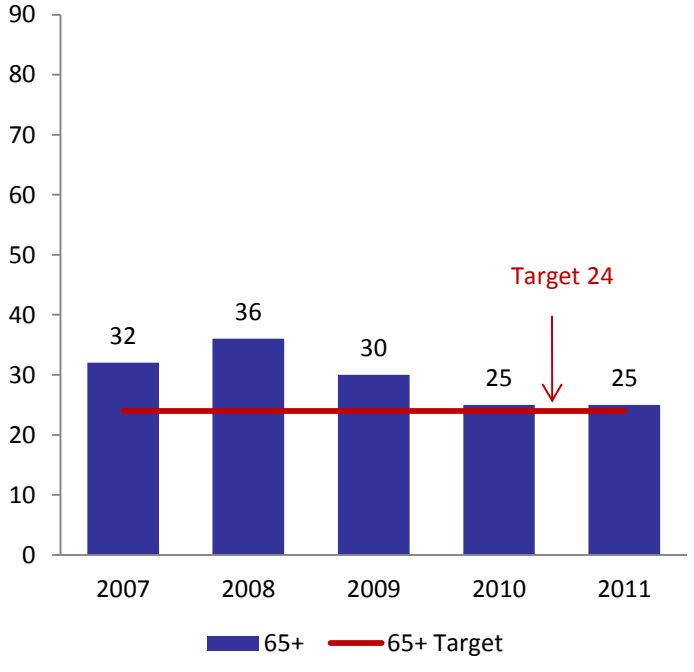
Asthma-related Hospitalizations per 10,000 Residents Age 5-14



Asthma-related Hospitalizations per 10,000 Residents Age 15-64



Asthma-related Hospitalizations per 10,000 Residents Age 65+



Source for this page: Minnesota Department of Health

Narrative on next page…

Target

Reduce asthma–related hospitalizations by 2014:

- 0 to 4 years old -- reduce to 45 per 10,000 children, from 58 in 2009.
- 5 to 14 years old -- reduce to 19 per 10,000 children, from 26 in 2009.
- 15 to 64 years old -- reduce to 12.8 per 10,000 population, from 13.2 in 2009.
- 65 and older -- reduce to 24 per 10,000 seniors, from 30.8 in 2009.

Why is this measure important?

Asthma is associated with a variety of indoor and outdoor environmental factors, including smoking. Asthma hospitalization rates often increase when air pollution from fine particles is high, primarily resulting from burning fossil fuels, especially in cars and trucks.

What will it take to make progress?

There was a general drop in the rate of asthma hospitalizations from 2007 to 2011 for most age groups. The 2014 target for asthma-related hospitalizations was attained for age groups 0-4, 15-64 and 65 and older, but more progress needs to be made to reach the 2014 target for school-aged children ages 5-14.

The Minneapolis Health Department received an asthma grant from the Minnesota Department of Health to conduct a pilot of an intervention program to reduce asthma triggers for children diagnosed with asthma. Forty children were visited by a nurse who completed a comprehensive assessment of asthma triggers in the home to improve child's asthma outcome; current efforts are underway to evaluate effectiveness of this program.

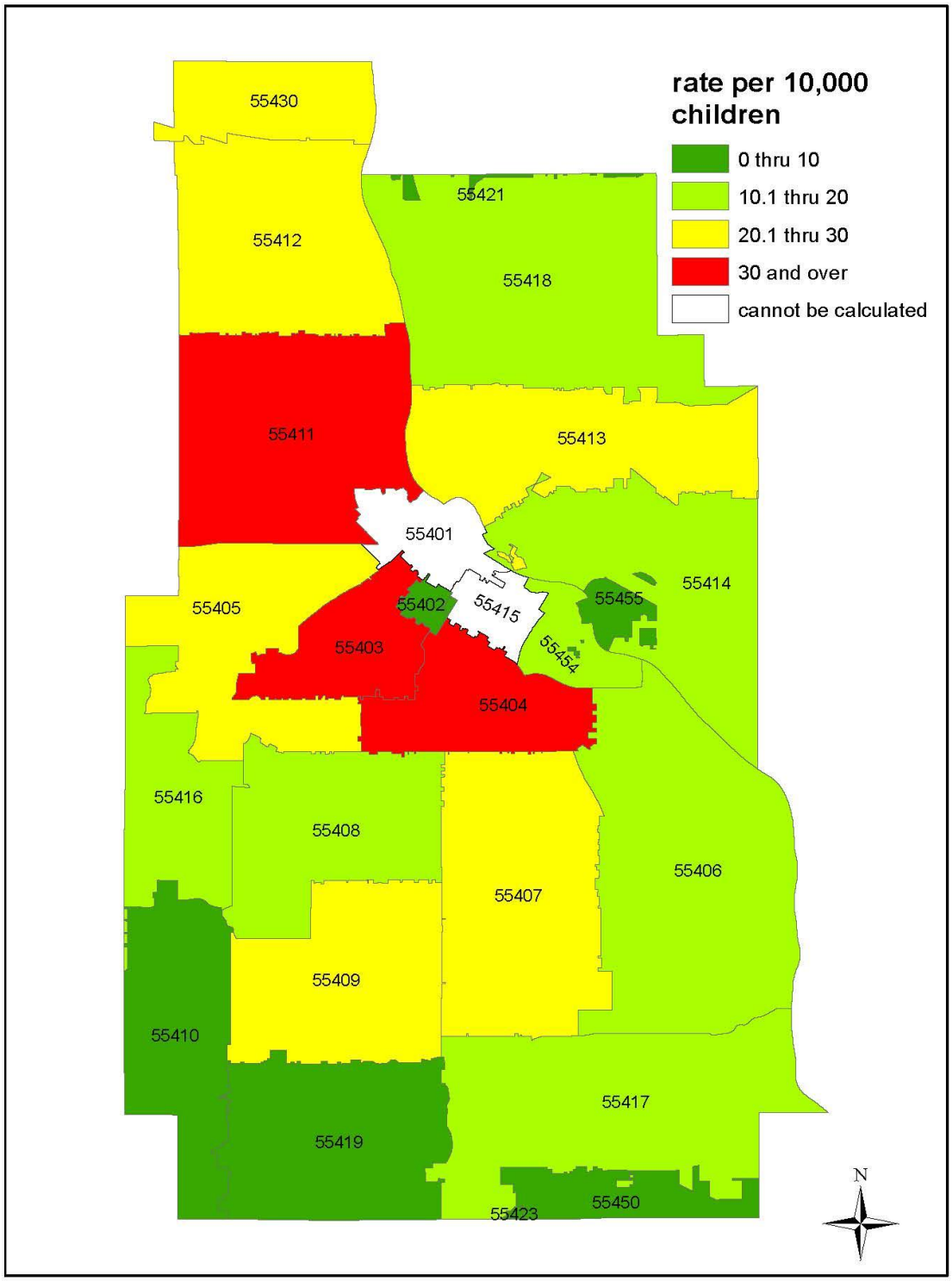
The home visit effort was complemented by an ongoing strategy to reduce indoor air toxins from tobacco use and second hand smoke exposure. The Health Department and its partners conducted outreach to 15 multi-unit housing sites to adopt and implement building-wide smoke-free policies. Major project activities included:

- Tenant education, engagement and mobilizing related to adverse health effects of second hand smoke.
- Landlord and/or owner support in policy development, adoption and implementation.

This project reached 9,500 residents and resulted in ten properties adopting formal building-wide smoke-free policies.

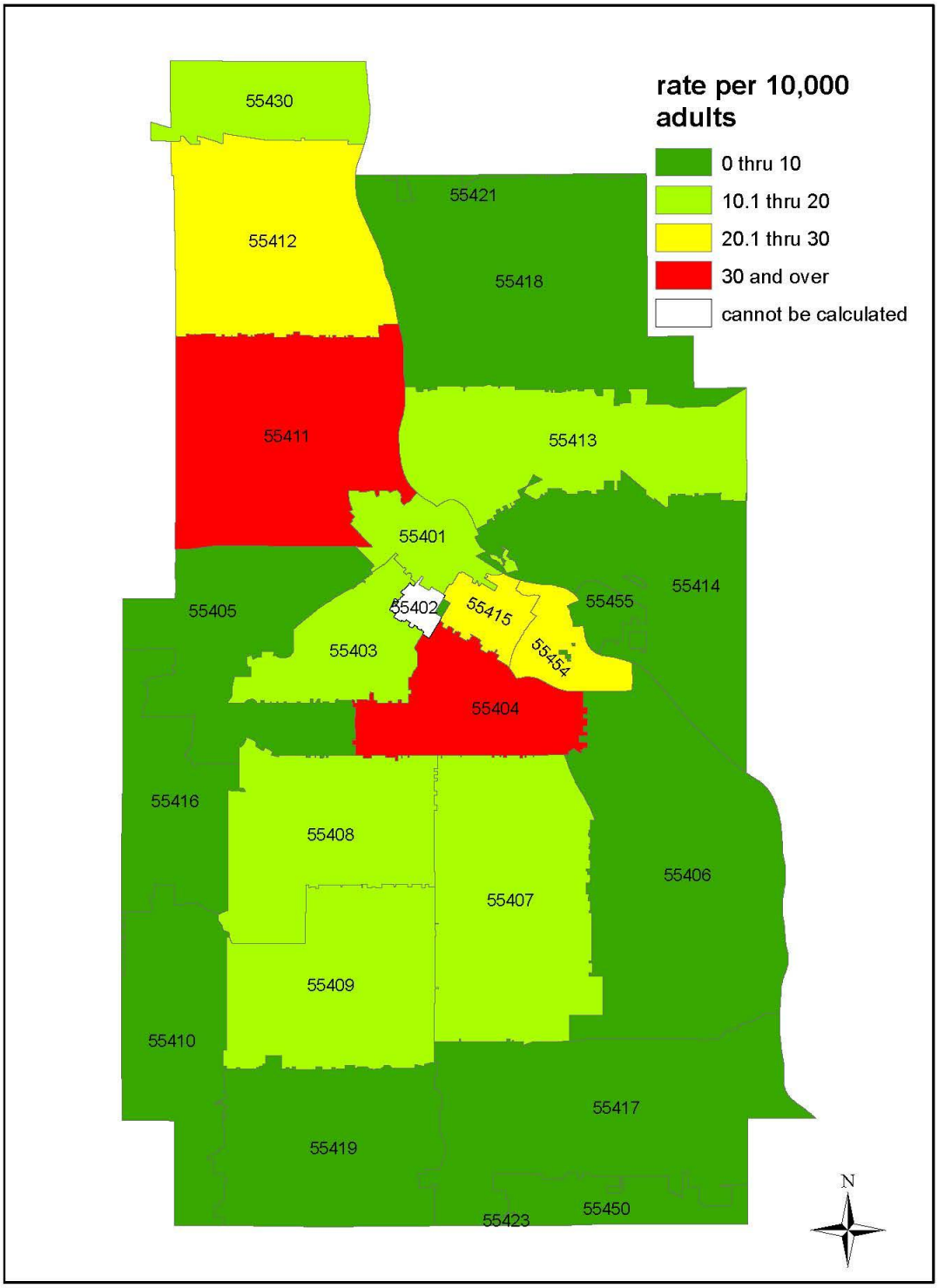
Zip codes in Minneapolis which have the highest child asthma hospitalizations are 55411, 55403 and 55404. Zip codes 55411 and 55404 have the highest adult asthma hospitalizations. Eighty five mobile air monitoring stations were requested during this funding cycle to help monitor outdoor air quality and assist the Health Department in understanding sources of outdoor air hazards. Once funding is secured, information obtained from these stations will provide necessary information to mitigate outdoor asthma triggers.

Asthma hospitalizations among children (0 -17 years) in Minneapolis during 2009-2011

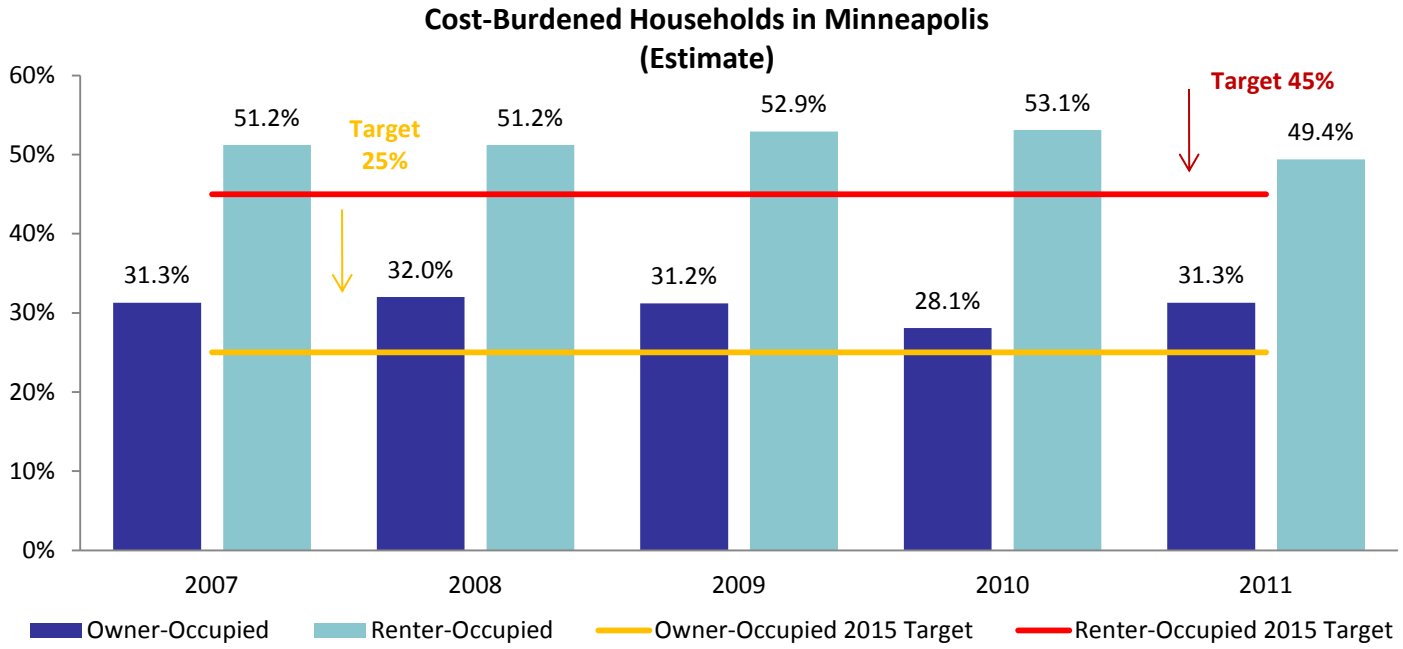


Source: Minnesota Department of Health

Asthma hospitalizations among adults (18 and over) in Minneapolis during 2009-2011



Source: Minnesota Department of Health



Source: U.S. Census Bureau American Community Survey (1 year estimates).

Target

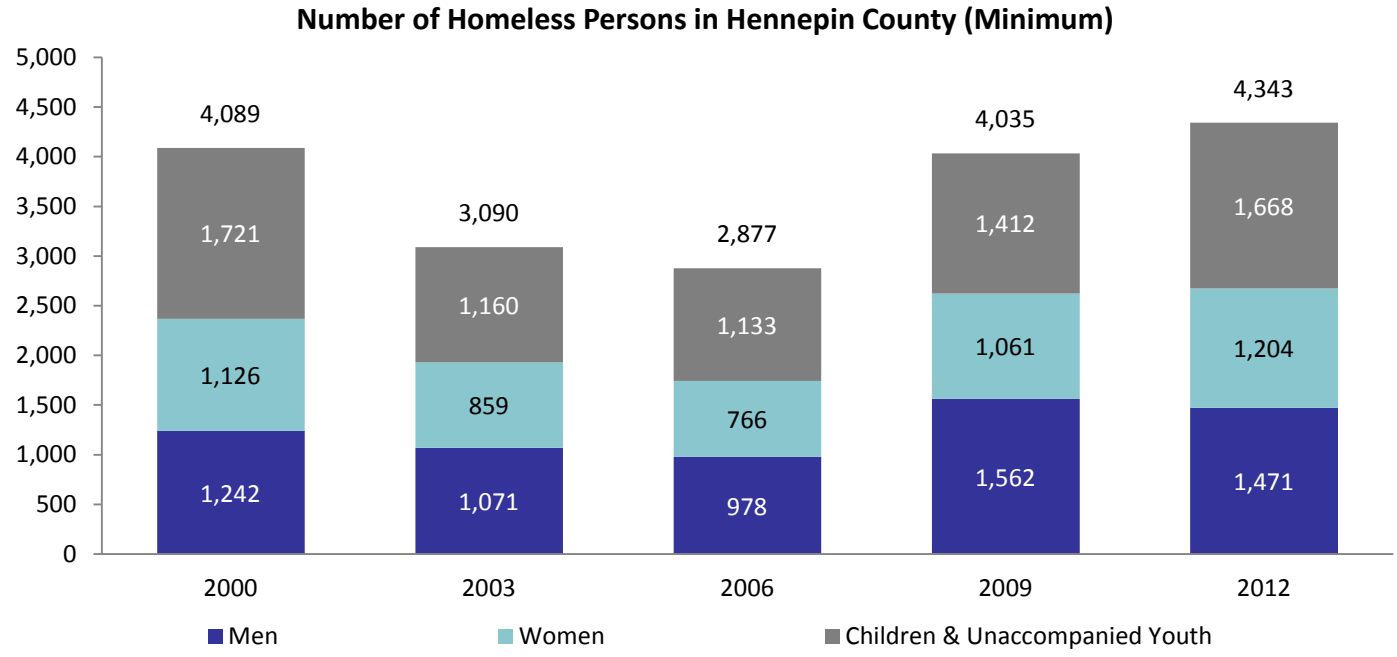
Reduce the percent of cost-burdened renter-occupied households to 45 percent by 2015.
Reduce the percent of cost-burdened owner-occupied households to 25 percent by 2015.

Why is this measure important?

Cost-burdened households are households where owners or renters spend 30 percent or more of their income on housing. While a safe place to live is among our most basic needs, for some city residents it is out of reach. Minneapolis works to ensure that families and individuals can live in housing that is safe and affordable. Sustainable affordable housing integrates practices such as land recycling, higher densities, proximity to transit and energy-efficient building technology.

What will it take to make progress?

- The Minneapolis Department of Community Planning & Economic Development (CPED) continues to build rental housing in response to the demand. CPED is working on a pipeline of projects totaling 3,212 units, of which 2,043 are affordable for households at or below 60 percent Area Median Income. These projects should be completed and occupied throughout 2013 and 2014.
- CPED has incorporated Minnesota Green Communities standards in all of our single-family housing redevelopment contracts.
- Over the past year, the City has continued to encourage local and vicinity hiring practices even when funding does not require it.
- Throughout 2013, the City will continue to provide affordability assistance financing to low and moderate-income families to get them financially stable in their homeownership experience.

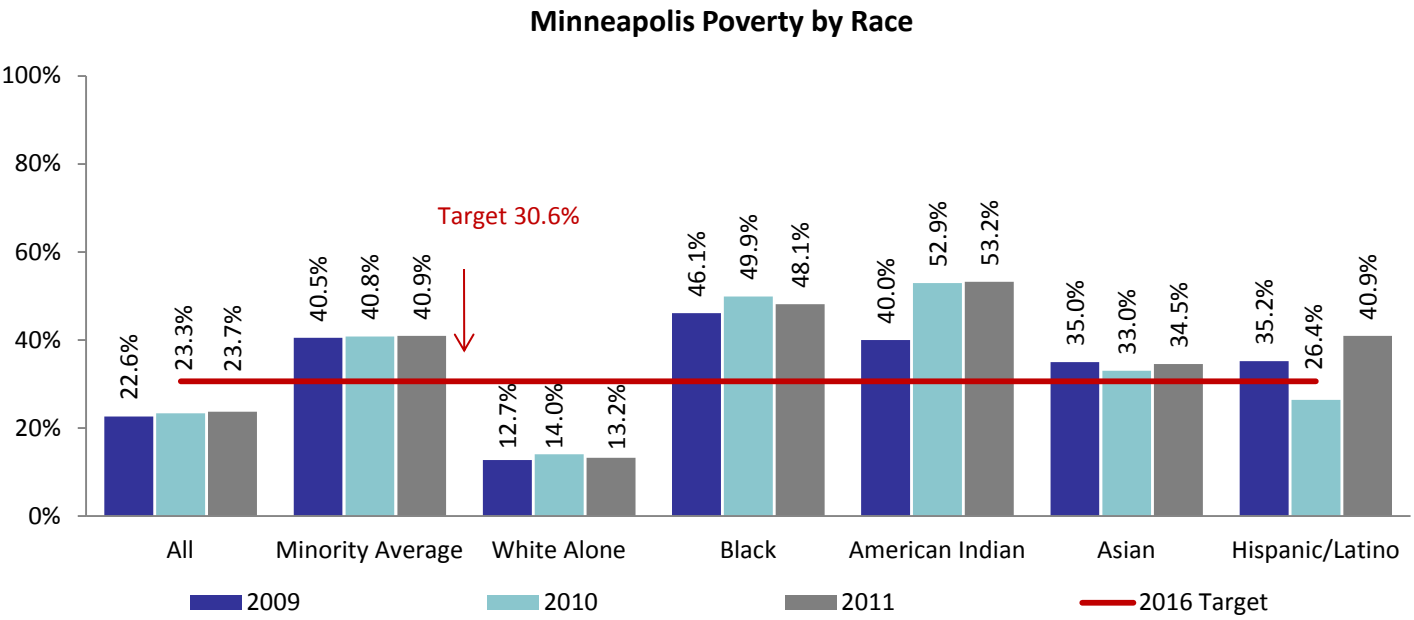


Source: Wilder Research Center

Target
End homelessness by 2016.

Why is this measure important?
Homelessness destabilizes lives and increases costs in emergency health care and shelter. Innovative strategies focus on preventing homelessness, reaching out to people sleeping outside, developing housing opportunities, streamlining services and providing opportunities for jobs and other income supports.

What will it take to make progress?
Making progress on ending homelessness will require an ongoing commitment to focus housing and support service resources to the poorest households in the community. In addition, we will need to align City resources with County, State and Federal resources and together focus them on projects and outcomes tied to "Heading Home Hennepin: the 10 year plan to end homelessness." Encouraging business and faith and foundation leaders to support initiatives such as the Downtown 2025 Plan, developing housing opportunities throughout Hennepin County and placing a priority on creating housing opportunities for homeless families will advance our progress in ending homelessness.



Source: U.S. Census Bureau American Community Survey 1-year estimates

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Target

Working toward eliminating race/ethnicity disparities in poverty rate for Minneapolis residents by reducing the percentage of Minneapolis minority residents living in poverty by 25 percent by 2016, using 2010 one-year estimates as a baseline.

Why is this measure important?

The City is committed to generating opportunities for meaningful and good-paying work so that everyone can meet their basic needs. Despite the City's living wage ordinance, many people continue to live in poverty even when employed. For decades, people of color in Minneapolis have been disproportionately likely to live in poverty. Economic disparity is closely related to other community disparities including infant mortality, high school graduation rate, teen pregnancy rate, homelessness, job skill attainment, employment and wages.

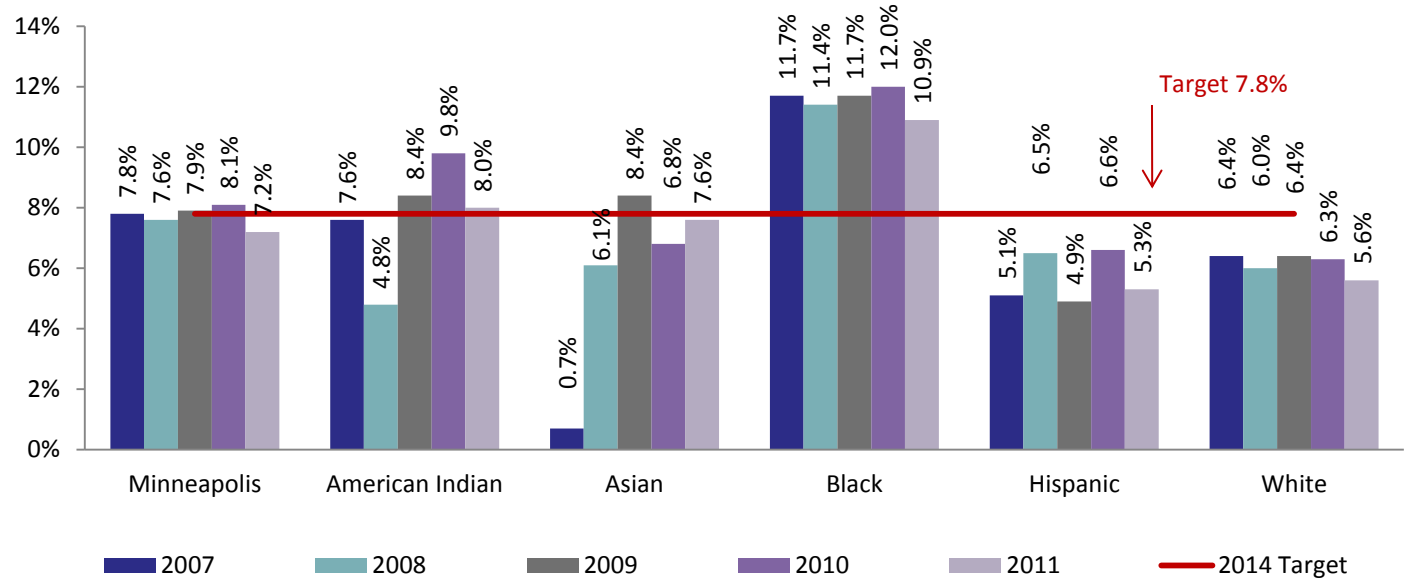
What will it take to make progress?

Progress on this measure can be gained by supporting work like that done by the Minneapolis Employment and Training Program. Specifically, the City can:

- Invest in programming aimed at providing employment and training support to low-income Minneapolis residents.
- Assist low-income residents in accessing post-secondary training in high growth, high demand occupations; jobs that pay a living wage often require higher education and industry-recognized credentials.
- Engage all low-income Minneapolis youth in jobs programs. Successful teen employment is one of the best predictors of future positive work attachment and less time out of work as an adult.

Appendix

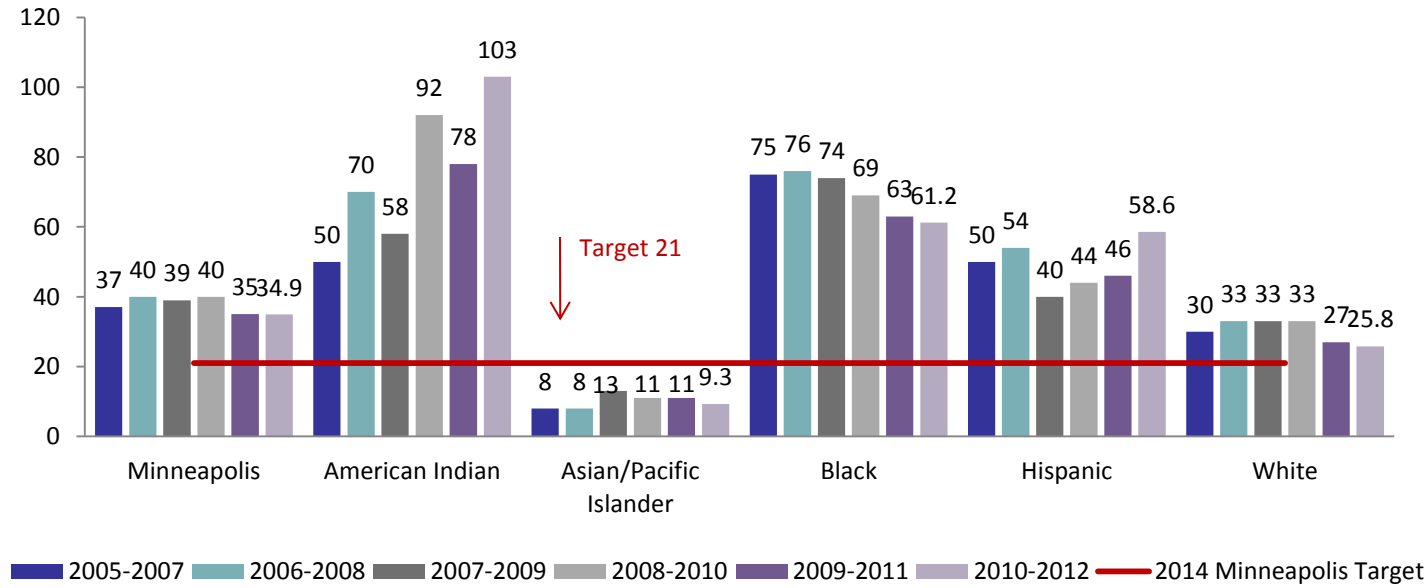
Proportion of Low Birth-Weight Babies by Race/Ethnicity



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

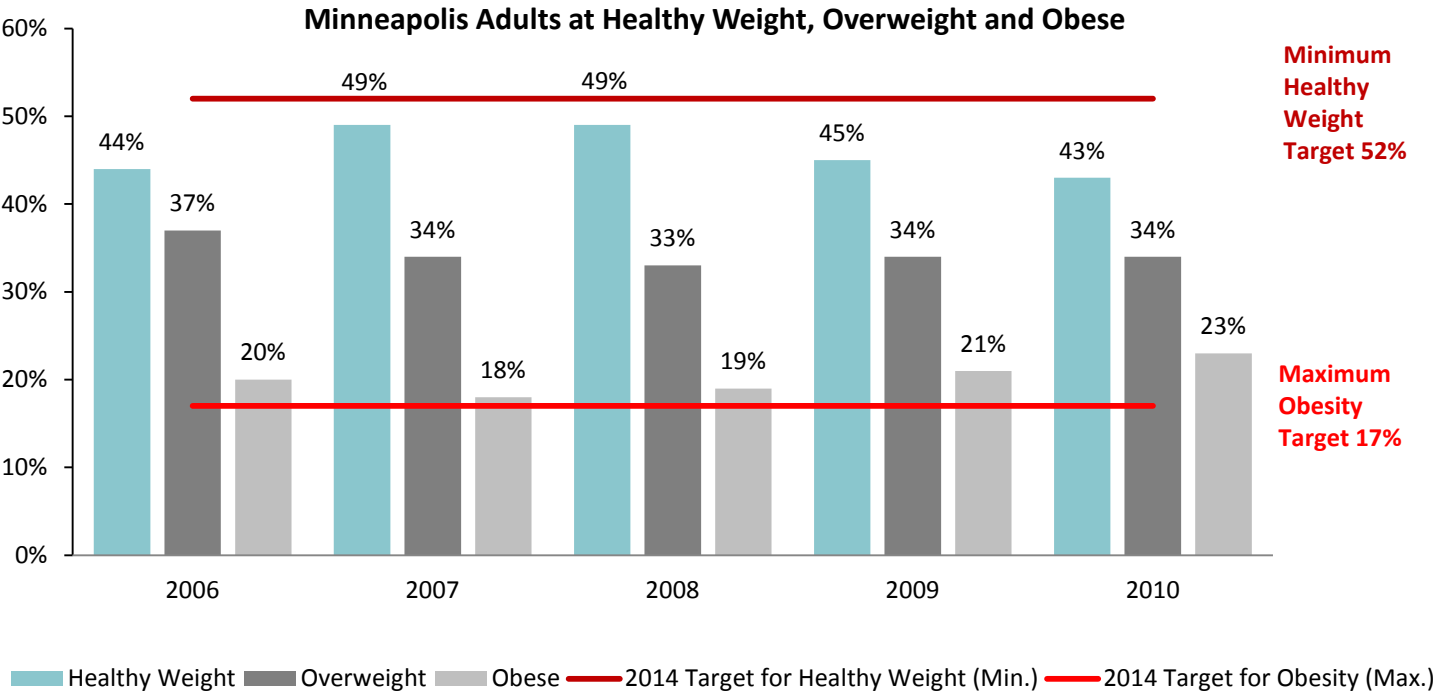
New HIV cases per 100,000 Residents Age 13+



Target: Reduce the rate of new HIV cases in Minneapolis to 21 cases per 100,000 among adolescents and adults (13 and over) by 2014.[1]

[1]While the target is a single year, the data is measure in 3-year rolling averages.

Source: Minnesota Department of Health



Targets: Increase the proportion of Minneapolis adults who are at a healthy weight to 52 percent by 2014.
Decrease the proportion of Minneapolis adults who are obese from 18.7 percent to 16.5 percent by 2014.

Note: Assessment of healthy weight for adults is based on body mass index (BMI). BMI is a number calculated from a person's weight and height and is a reliable indicator of body fat for most people. People are considered to be at a healthy weight if they have a BMI of less than 25.

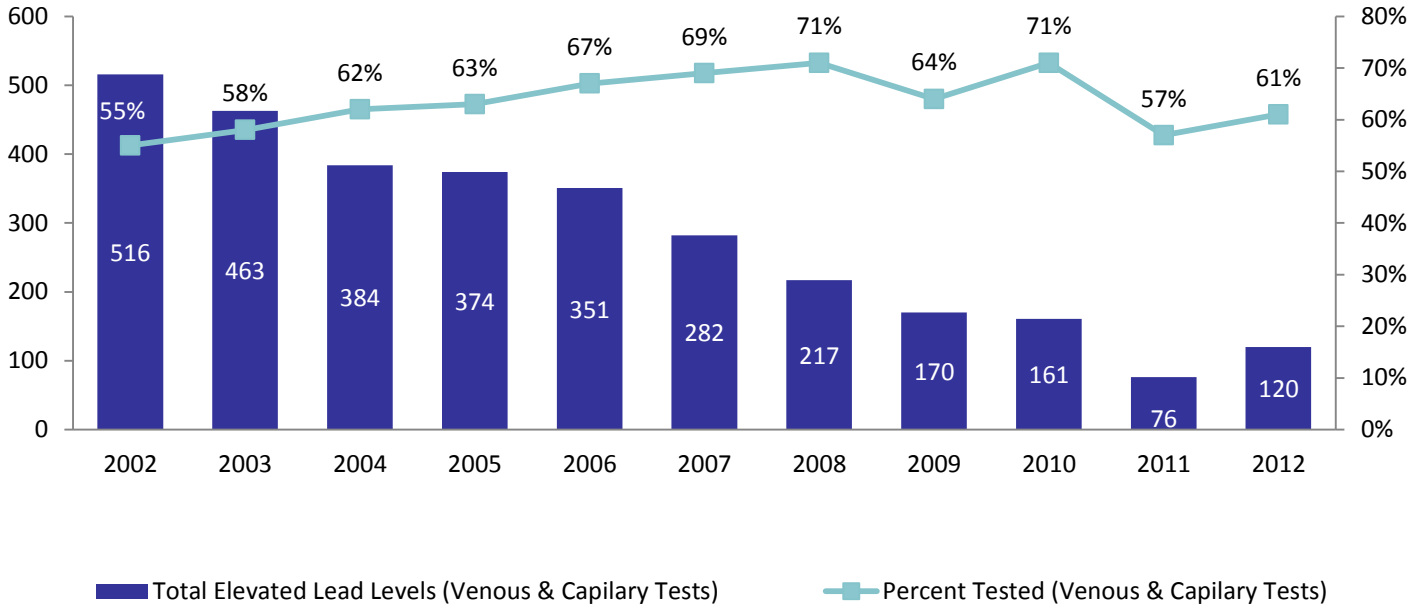
Household surveys provide unreliable estimates of weight for several reasons. Among them:

- People do not always accurately report height and weight.
- The samples are unrepresentative of the adult population, including disproportionately fewer men, younger adults, people of color and those with lower incomes.
- Since samples are relatively small, comparisons over time do not yield significant differences.

Health Department staff are working with health plans and others to design a methodology to base population estimates on height and weight measurements routinely recorded in electronic medical records.

Source: Minnesota Department of Health

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

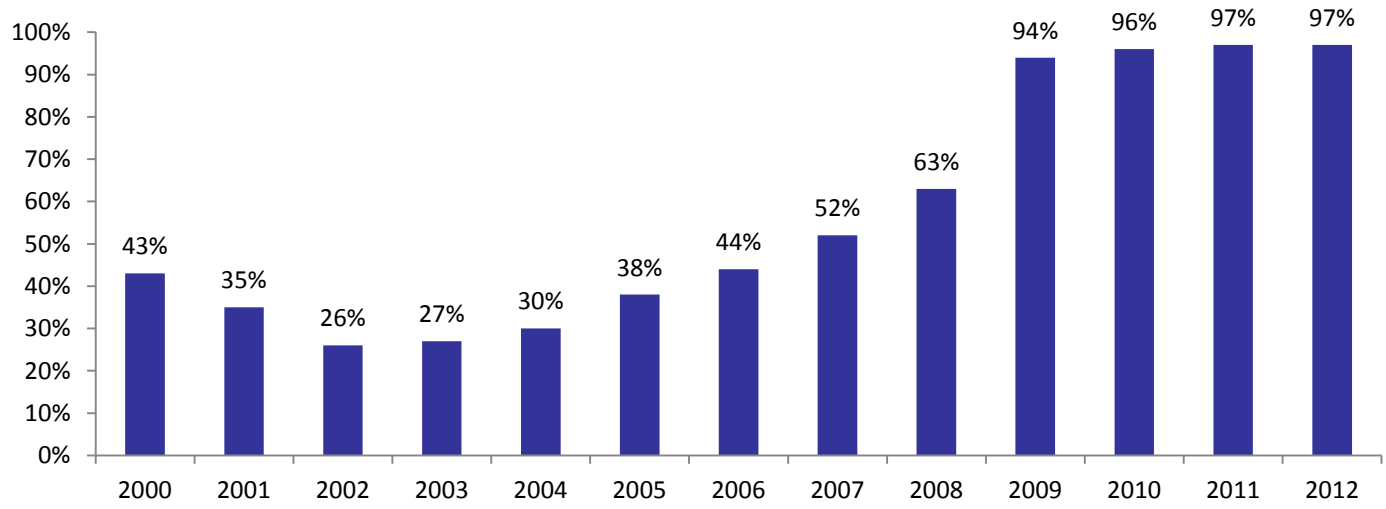


Target: Test all 1- and 2-year old children for lead by 2014.[1]

[1] Testing is recommended for all Minneapolis 1- and 2-year-olds, and anyone up to age 6 not previously tested.

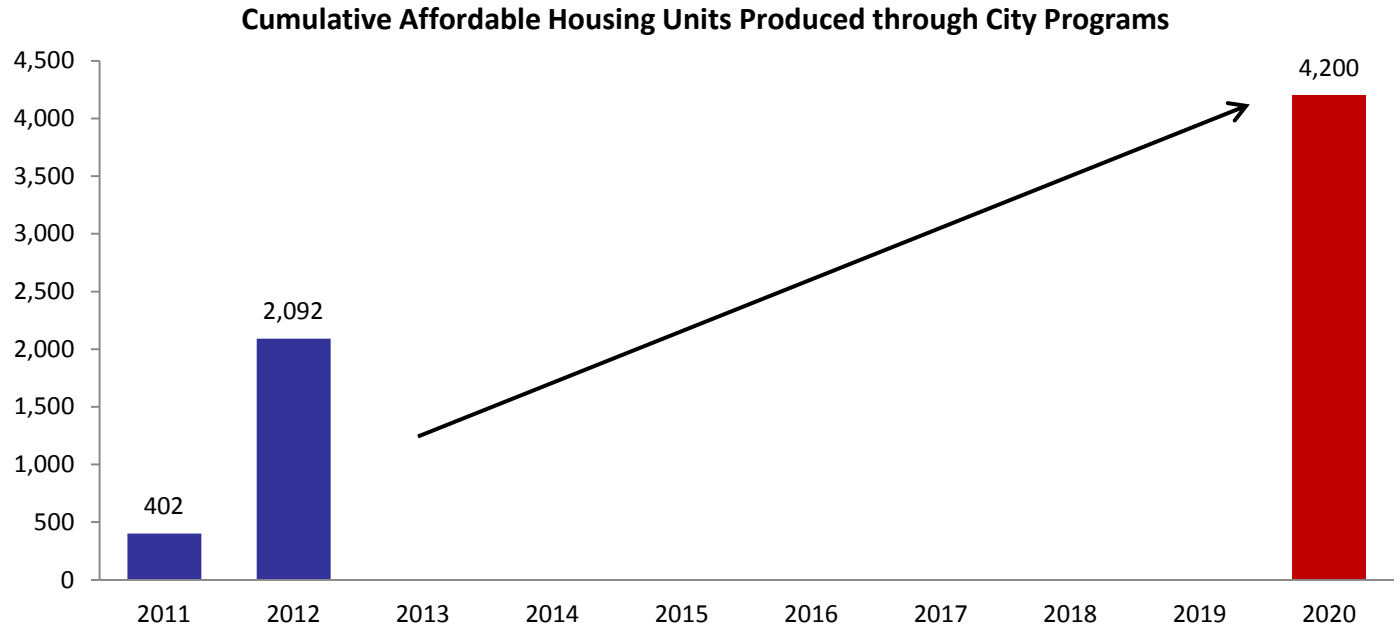
Source: Minnesota Department of Health

Percent Inspected, Homes with Children with Elevated Blood Lead Levels (>10ug/dl)



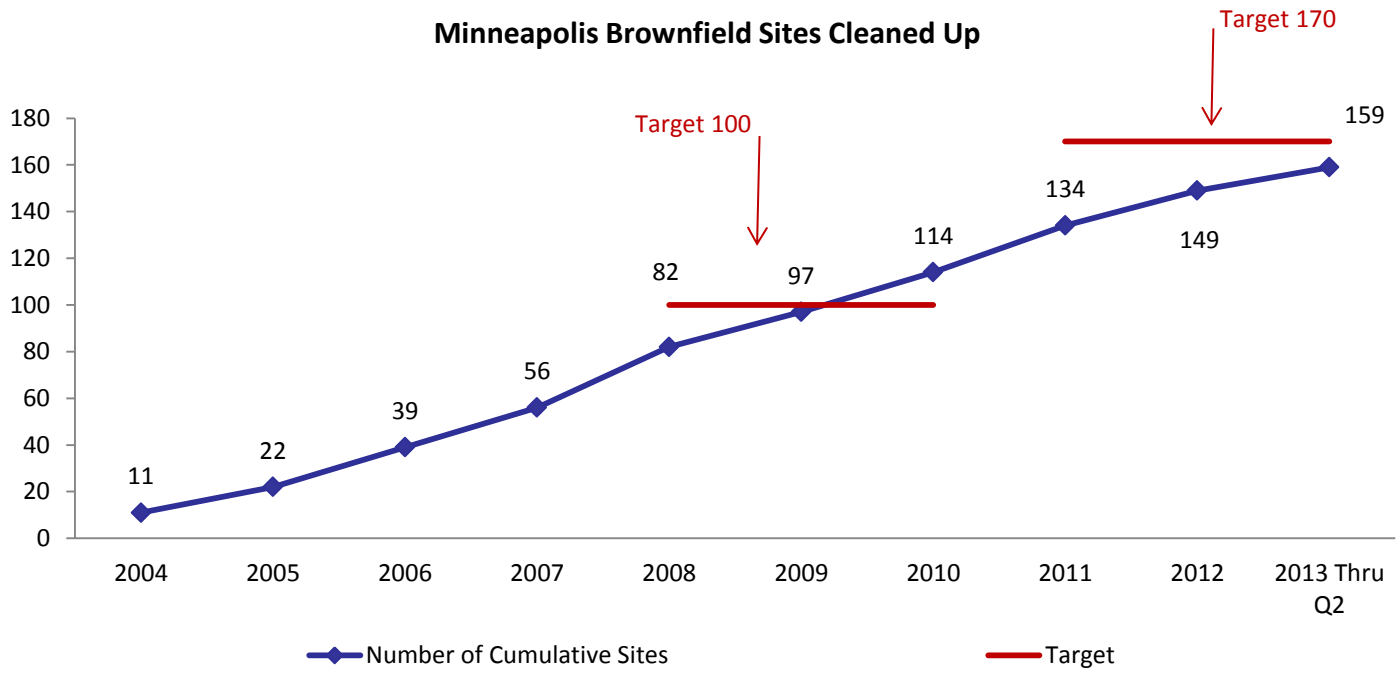
Target: Maintain inspections of all homes of children with elevated blood-lead levels (10 micrograms of lead per deciliter of blood) through 2014.

Source: Minneapolis Department of Health



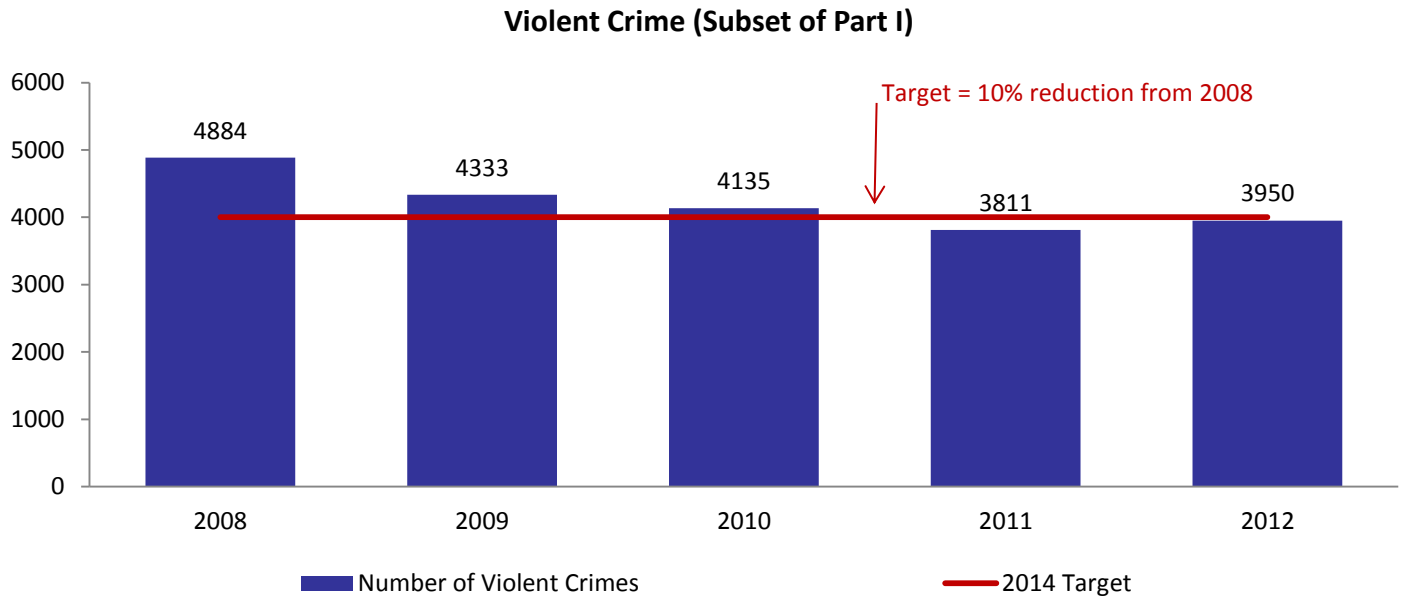
Target: Produce 4,200 units of affordable housing through City programs by 2020 (using 2011 as a baseline).

Source: CPED Multifamily Housing Database



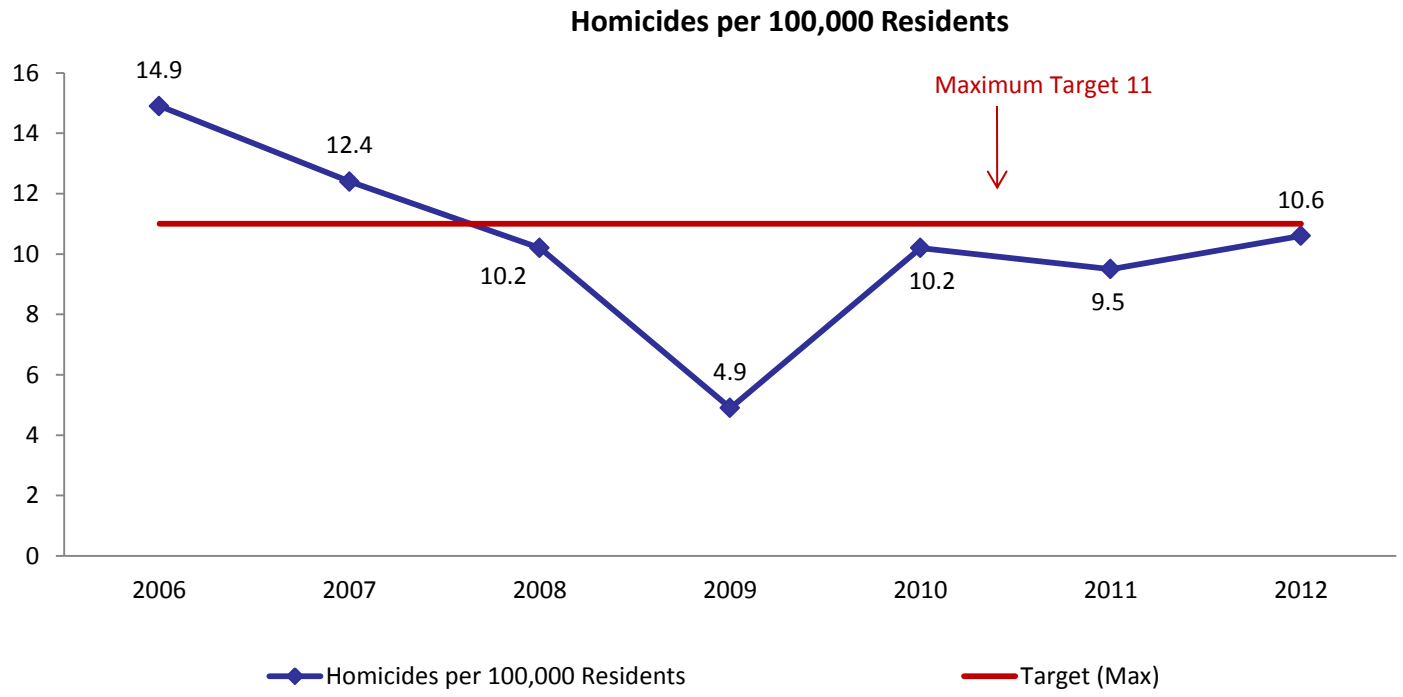
Target: Clean up 170 sites from 2004 to 2014.

Source: Minneapolis Department of Community Planning and Economic Development



Target: Reduce Part I violent crimes[1] by 10 percent by 2014 (using 2008 as a baseline).
[1] Part I violent crimes include murder and nonnegligent manslaughter, forcible rape, robbery and aggravated assault.

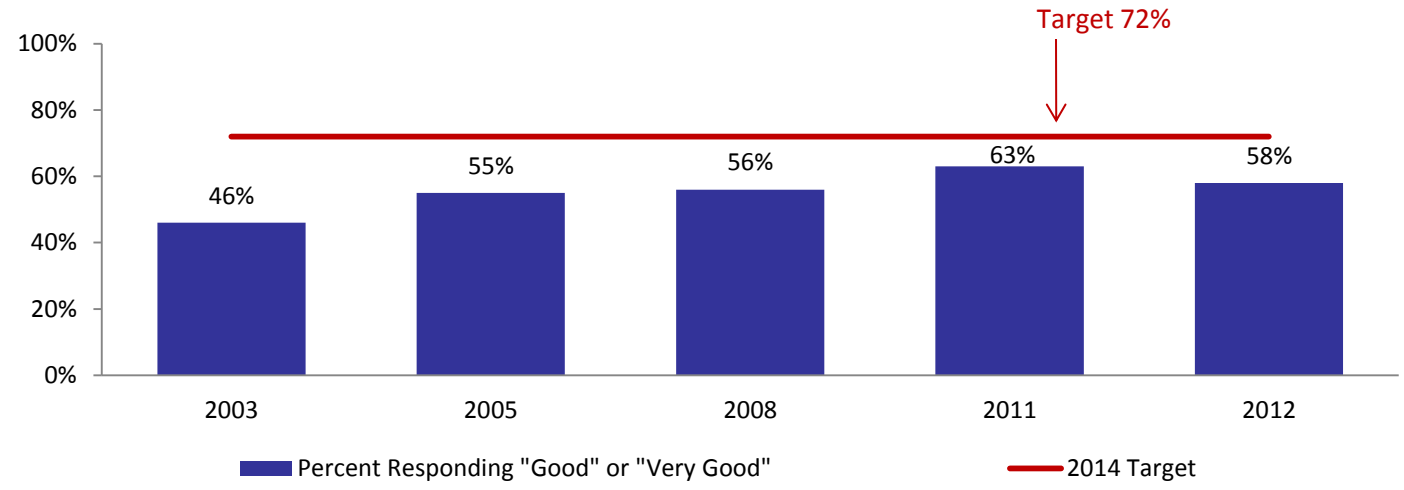
Source: Minneapolis Police Department



Target: Maintain no more than 11 homicides per 100,000 residents regardless of population change and report victims by age group.

Source: Minneapolis Police Department

Residents Rating City Government "Good" or "Very Good" on Providing Meaningful Opportunities for Citizens To Give Input on Important Issues



Target: Increase from 63 percent in 2011 to 72 percent by 2014 the response of residents who rate the City of Minneapolis "good" or "very good" on providing meaningful opportunities for citizens to give input on important issues.

Source: Minneapolis Department of Neighborhood and Community Relations

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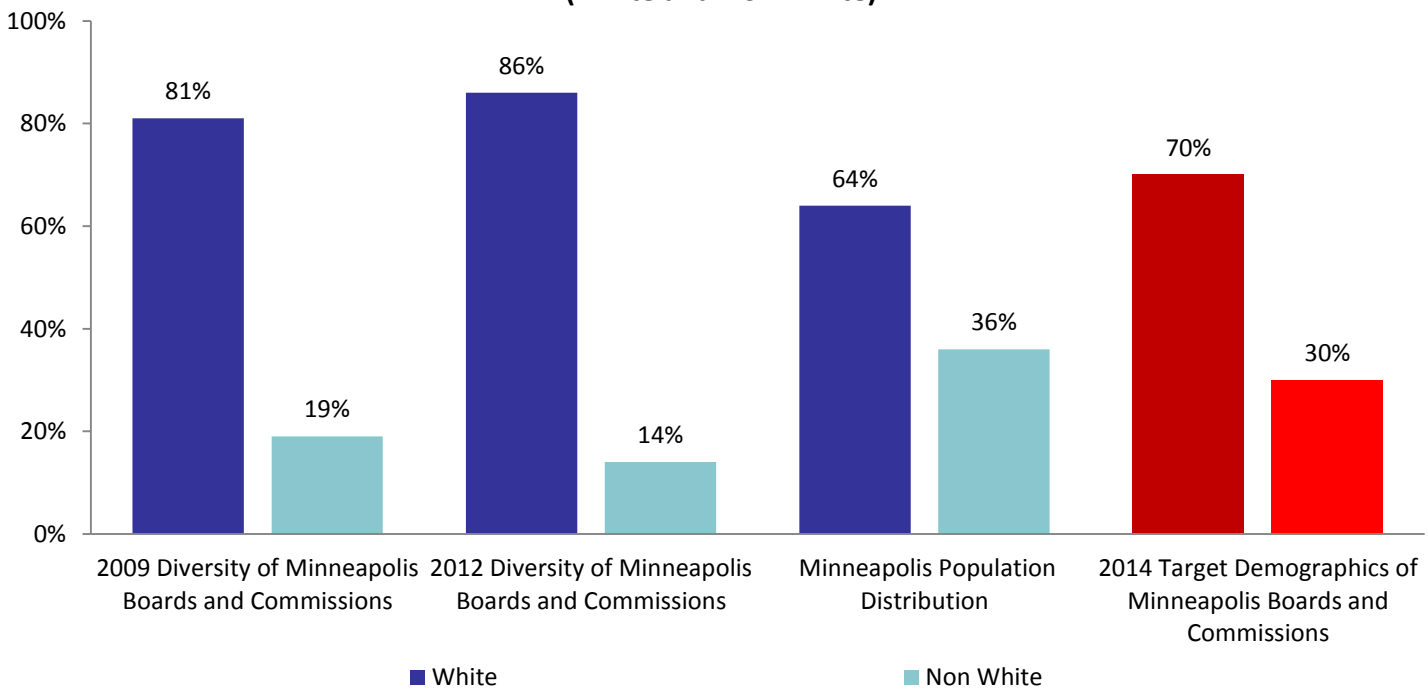
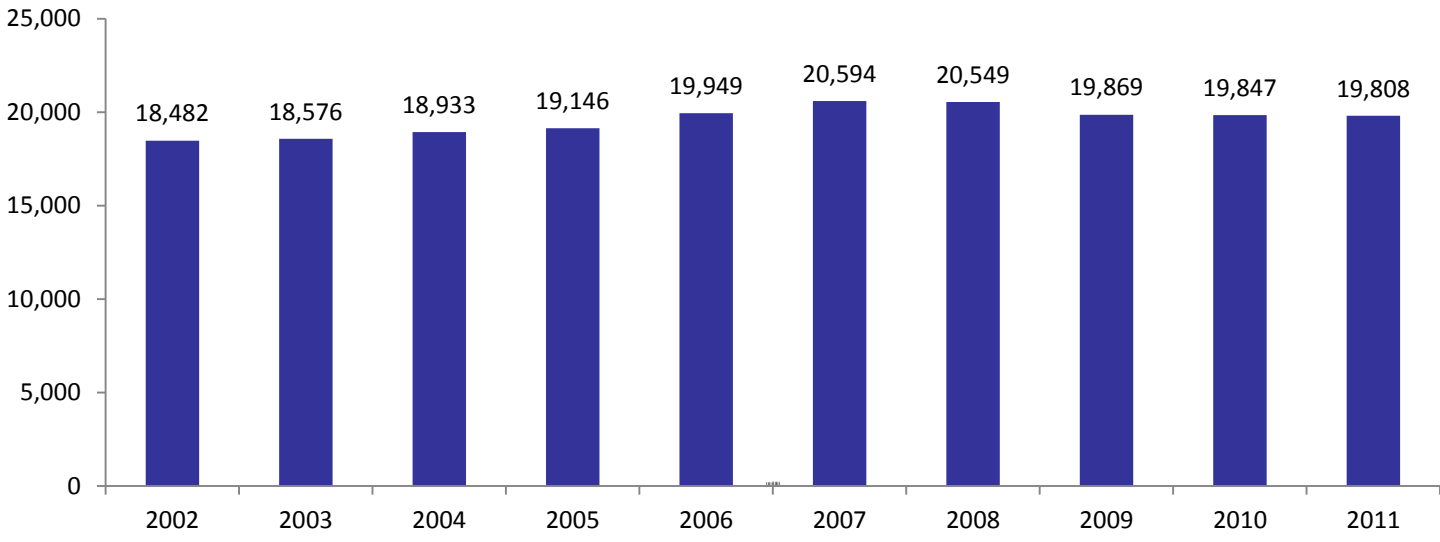
Diversity on Minneapolis Boards and Comissions (White and Non-White)



Target: Raise the number of board and commission members who are non-white from 19 percent in 2009 to 30 percent in 2014.

Source: Minneapolis Department of Neighborhood and Community Relations

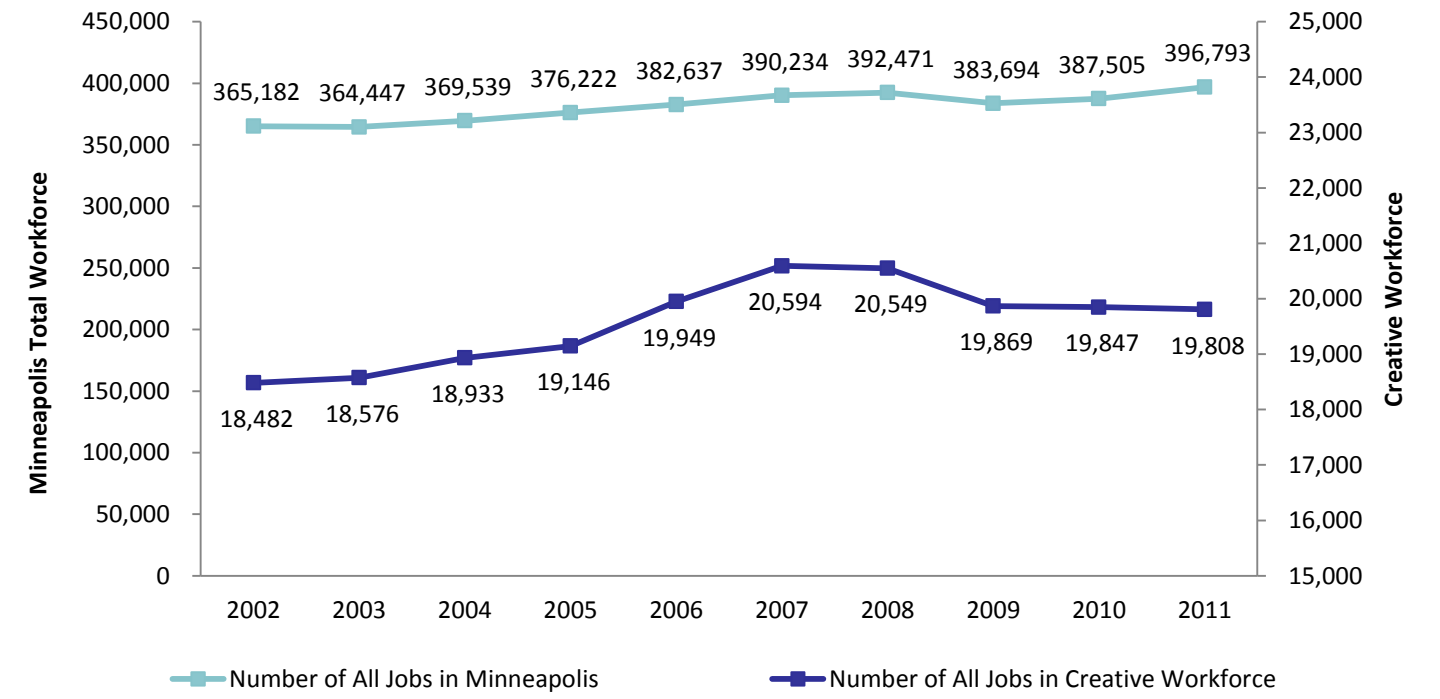
Creative Workforce 2002-2011



Note: Prior to 2013, the City measured the creative sector through its industries and organizations. The Creative Vitality Index measure allows the City to measure, industries, occupations and instances of employment.

Source: WESTAF

Change in Size of Total Workforce 2002-2011



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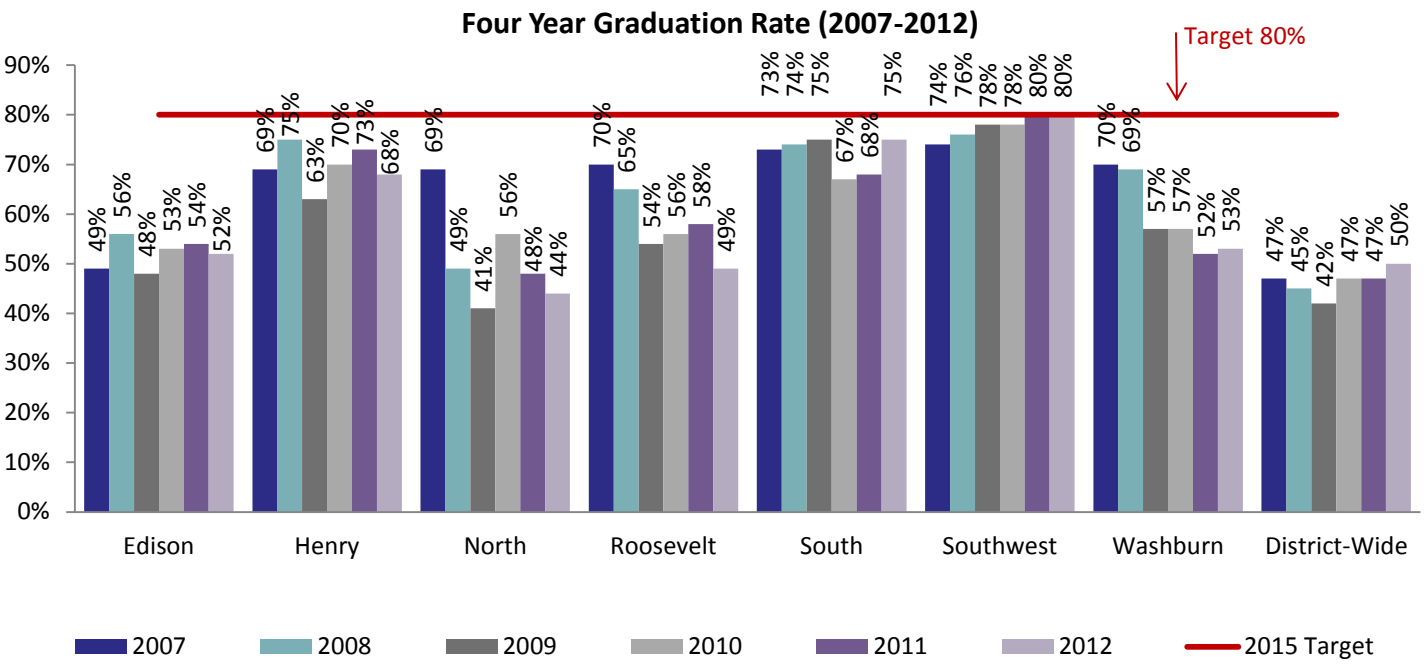
Source: WESTAF



Target: Increase the average high school graduation rate to 80 percent in 2015 for students at the seven largest public high schools: Edison, Henry, North, Roosevelt, South, Southwest, and Washburn.

Source: Minneapolis Public Schools and Minnesota Department of Education

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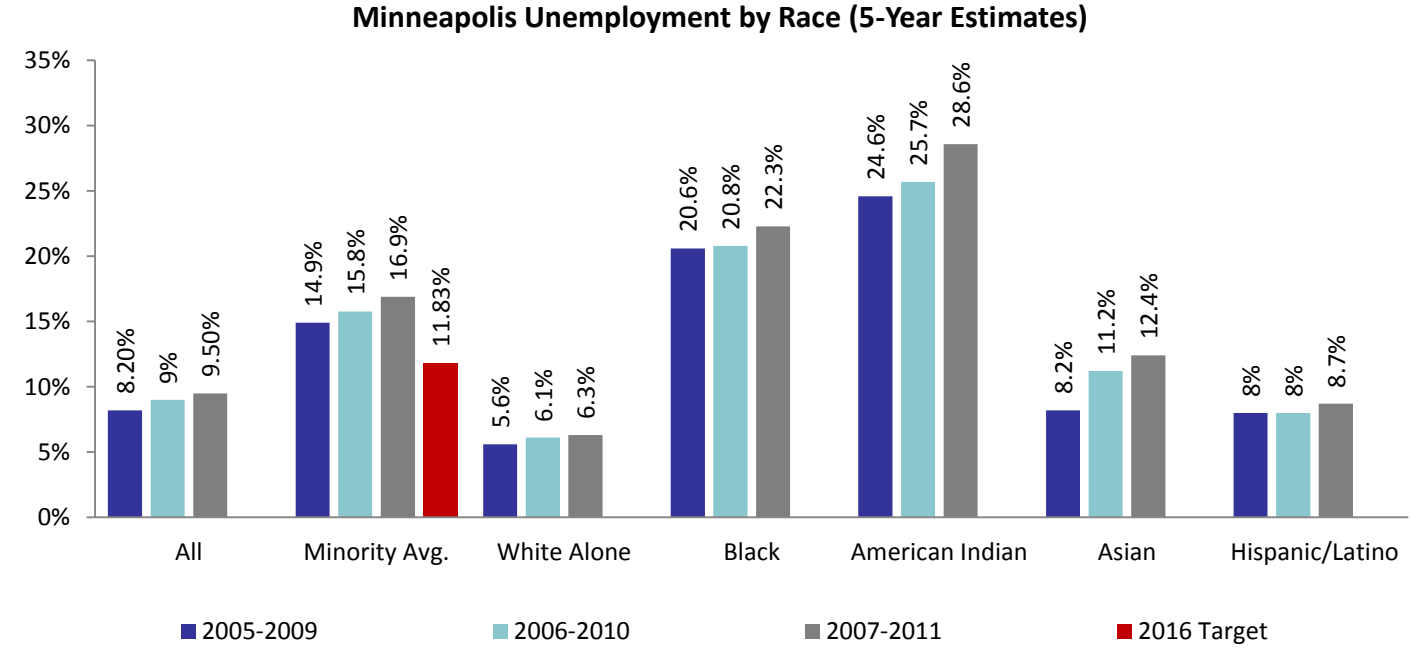

Target: Working toward eliminating race/ethnicity disparities in unemployment for Minneapolis residents with a benchmark of a 25 percent reduction by 2016, using 2010 5-year estimates as a baseline.

Source: U.S. Census Bureau American Community Survey 5-year estimates