

HEALTH



Department
Business
Plan Update

2014-2017

May 21, 2015

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Our Vision

Healthy lives, health equity, and healthy environments are the foundations of a vibrant Minneapolis now and into the future.

Our Mission

The Minneapolis Health Department improves the quality of life for all people in the city by protecting the environment, preventing disease and injury, promoting healthy behaviors, and creating a city that is a healthy place to live, work, and play.

Our Values

Our values provide the foundation for the work we do, how we work together as a department, within city government, and with the community. They inspire and challenge us, and set forth the principles by which we hold ourselves accountable.

Invest in a healthier community

- We support a holistic sense of health within the context of families and communities across the life span.
- We work for sustainable changes to ensure a return on our investment in health outcomes for the most at risk and the community at large.
- We bring people and resources together to achieve our common goals and address conditions that influence health.

Exercise leadership in public health

- We use sound research, promising strategies, and community input to inform our activities and decisions.
- We encourage our mission-focused, passionate staff to be proactive, innovative and flexible, and to share their knowledge with our local community and beyond.

Quality inspires our work

- We strive for excellence in our work by being accountable to the public for consistent standards resulting in measurable progress toward desired outcomes.

Engage with communities

- We build on our urban community's cultural diversity, wisdom, strengths and resilience, and are directed by the community's voice.

Protect from harm

- We protect residents and guests of Minneapolis from disease and injury; assist them in recovery from disaster; and, protect the environment from degradation.

Racial equity and community engagement are foundational to our work, and are the lens through which the Department views all its work.

Department character and environment

Business line/Division descriptions

As a local public health entity operating under a Board of Health (City Council), the department is mandated by state statute 145A to provide directly or contract for essential public health services for Minneapolis residents: Assure an adequate public health infrastructure; Promote healthy communities and healthy behaviors; Prevent the spread of infectious disease; Protect against environmental health hazards; Prepare for and respond to disasters, and assist communities in recovery; and, Assure the quality and accessibility of health services.

- Adolescent Health and Youth Development
 - School Based Clinics
 - Youth development and teen pregnancy prevention
 - Youth violence prevention
- Environmental Health
 - Food Lodging and Pools
 - Lead and Healthy Homes
 - Environmental Services
- Research and Evaluation
 - Data collection, analysis and dissemination
 - Research projects
- Policy and Community Programs
 - Local, state and federal policy initiatives
 - Maternal/paternal and child health, Healthy Start
 - Healthy Living
 - UCare Skyway Senior Center
- Administration and Assurance
 - Emergency Preparedness
 - Contract management, grants
 - Administrative support
 - Enterprise liaison
 - Accreditation

Department challenges and opportunities

Challenges

- Grant funding - Reliance on grant funding creates a structure potentially driven by funding and funders' priorities.
- Diversity – the public health field in Minnesota lacks racial and ethnic diversity which challenges our ability to diversify department staff, and despite current accomplishments the department is continuing to work to still better reflect the diversity of the City. Currently the department is at 31% persons of color.
- External communications – keeping up with varying forms of communications that are relevant to our community.
- Gaps in emergency preparedness definitions of department roles and responsibilities in a City-wide response.
- Persistent health disparities.

Opportunities

- Building on our strong and varied relationships with community organizations and institutions.
- Pursuing national public health accreditation, utilizing a Healthy Homes approach, , and achievement of membership in the National Forum for Youth Violence Prevention, are building blocks for being competitive for future funding opportunities. The Promise Zone designation will allow for new opportunities for collaboration and competitive funding.
- The department now has a broader array of tools and skills, and more varied relationships across the city thanks to the incorporation of Environmental Health into the department.

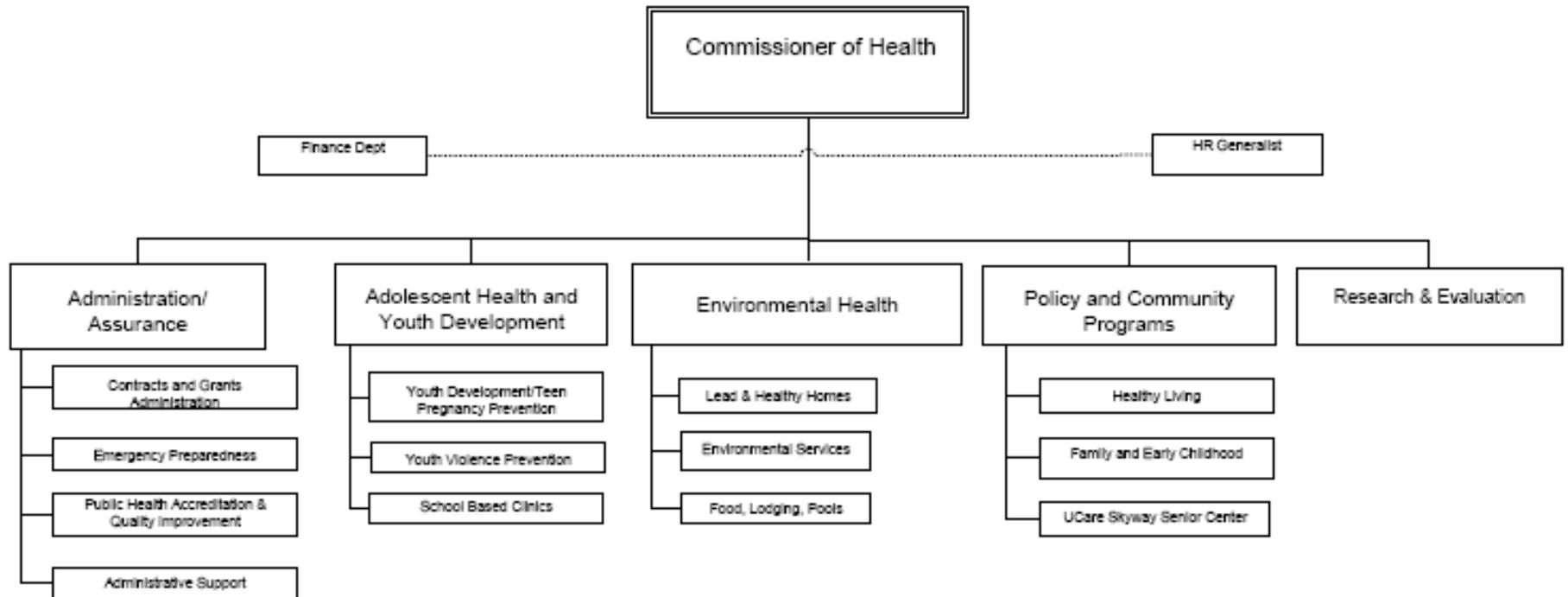
Department focus areas (2014-2015)

Over the next two years, the Health Department intends to work toward the following outcomes:

- Policy, systems and environmental changes to create opportunities for healthy eating, physical activity, and tobacco-free living.
- Environmental health prevention focused efforts
- National Public Health accreditation
- Implement Youth Violence Prevention Blueprint across the community, and integrate with My Brothers Keepers and other violence prevention initiatives.
- Implement a Family and Early Childhood integrated plan and connect to Cradle to K.
- Implement the recommendations in the Business Made Simple Plan

Department organizational chart

**Minneapolis Health Department
Organizational Chart – May 2015**



A Healthy Start of Life and Learning

City Goal	Strategic Direction	Department Goal	Department Objectives	Objective Targets (SMART)	Department Tactics	Tactic Targets	Needed Resources
One Minneapolis Disparities are eliminated so all Minneapolis residents can participate and prosper	All people have access to quality essentials, such as housing, education, food, child care and transportation	A Healthy Start to Life and Learning	Strengthen systems of care for pregnant and parenting families	Implement the newly developed Family and Early Childhood Strategic Plan by 2018	Ensure psychosocial screening and appropriate case coordination services for women at higher risk for poor birth outcomes.	100% of home visiting clients receive psychosocial screening and appropriate referrals annually	
					Maintain funding to support current level of home visiting services to women at higher risk for poor birth outcomes.	Advocate for MIECHV, TANF and additional state general fund monies for Home Visiting.	
					Expand support services for pregnant and parenting families.	Advocate for adequate housing and transportation for high risk, low-income families.	
					Increase pregnant and parenting families connected to medical homes.	95% of home visiting clients are connected to medical homes by 2016	
					Develop services specific to expectant and parenting fathers.	Develop and implement a father advocate add-on service to current home visiting model as developed through the Focus on Fathers research grant by 2017	
					Assist Mayor's office in the implementation of the Cradle to K recommendations and Family and Early Childhood Strategic Plan	Hire Senior Public Health Specialist	\$110 K for 1.0 FTE for 2016 and on-going
			Support and develop policies and partnerships that strengthen families	Priority policy changes are enacted and key strategic relationships are established by 2018	Participate in developing policy for infant mortality reviews	Reinstate Infant Mortality Review Process for communities of color and American Indians by 2017.	
					Educate city leaders and other stakeholders about the impact of raising the minimum wage and instituting family leave and other supportive policies that increase family self sufficiency and well-being..	Relevant educational and policy materials are created and strategically disseminated 2017.	
					Provide leadership in internal city and external committees focused on strengthening families.	Actively partner with key stakeholder organizations including Cradle to K and the Healthy Start Community Action Network (made up of participants, contracted partners and MCH organizations)	
					Develop partnerships with non-traditional partners to address the social conditions that impact health	Develop and strengthen partnerships with CPED, METP, Metropolitan Council, MPS by 2018	
					Advocate for the development of a statewide early childhood screening registry to better track children who have not been screened.	Identify partners, research other models and help draft a policy paper on this issue.	
			Strengthen systems for positive early childhood development	Increase the percentage of incoming kindergarteners who meet/exceed total literacy benchmark on the beginning kindergarten assessment from 72% to 75% by 2018	Provide funding to Minneapolis Public Schools for preschool screening	Increase referrals for ages 3-5 in school readiness areas by 10% annually	
					Provide leadership to the Region 11 Inter-Agency Early Childhood Intervention Committee	MCH Coordinator will chair the committee through 2016	
					Increase quantity and quality of school readiness services through the Close the Loop Project	Increase referrals for ages 0-2 citywide and age 3-5 from community-based agencies by 10% annually	

Thriving Youth and Young Adults

City Goal	Strategic Direction	Department Goal	Department Objectives	Objective Targets (SMART)	Department Tactics	Tactic Targets (SMART)	Needed Resources	
One Minneapolis <i>Disparities are eliminated so all Minneapolis residents can participate and prosper</i>	All people, regardless of circumstance, have opportunities for success at every stage of life	Thriving Youth and Young Adults	Improve the healthy development, health and well-being of youth	Increase the Minneapolis Public School four year graduation rate from 50% to 55% by 2018.	Increase health education and outreach in schools with School Based Clinics	Increase reach by 10% annually		
					Increase delivery of comprehensive health services to students at School Based Clinics	Increase the number of student visits to SBCs by 10% annually		
					Increase youth engagement in planning, decision-making, and program implementation	At least 50% of MHD programs with a youth-serving focus will include a youth engagement component by 2016		
					Provide mental health services (universal screening, assessment, counseling) at all School Based Clinics	All School Based Clinics have at least a 1.0 FTE mental health provider by 2015/2016 school year	\$55K for a .5 FTE Counselor for 2016 and on-going	
					Partner with Youth Coordinating Board to improve the quality of Out of School Time programs by providing training and technical assistance to youth serving organizations	At least 50% of participating Out of School Time programs are using a program quality tool by 2017 Respond to 100% of requests for training and technical assistance annually		
			Reduce unintended pregnancy and STIs among youth and young adults	Reduce 15-17 pregnancy rate, chlamydia, gonorrhea, HIV by 10% by 2018; Reduce chlamydia, gonorrhea, HIV rate for 18-24 year olds by 5% by 2018		Increase access to comprehensive sexuality education for 6th-8th graders in Minneapolis public and charter schools	Increase the percentage of Minneapolis Public and charter schools that offer comprehensive sex education to 6th-8th graders from 63% to 80% by 2017	
						Fund and promote culturally specific teen pregnancy and STI interventions and programs	Increase the number of sexually active males age 15-24 who receive reproductive services by 5% by 2017	
						Provide leadership and involvement in various community and school partnerships addressing adolescent sexual health	Participate in Minneapolis Urban Initiative for Reproductive Health, Consortium for Restoring Urban Youth Sexual Health, and the Statewide Adolescent Health Plan	
						Provide delivery of comprehensive confidential sexual and reproductive health services to adolescents in School Based Clinics	100% of SBC clients will receive a reproductive health screening.	
						Fund Public health nursing home visiting services to pregnant and parenting teens	80% of pregnant and parenting teens will receive public health nursing services	
			Reduce violence among youth and young adults	Reduce the number of assault injuries among Minneapolis youth and young adults annually by 5% through 2018		Provide individualized services to youth at risk of involvement with violence	Increase the number of youth served with individualized services from 40 youth to 80 youth by 2016	
						Increase the number of evidence-based parenting programs	Increase the number of programs from 1-2 by 2016	\$75,000 in 2016 and ongoing
						Increase implementation of strategies related to the 5 goal areas of the Blueprint for Action to Prevent Youth Violence	Establish and coordinate an advisory group for each Blueprint goal area by 2017. Launch hospital-based short term violence interruption program, MyVIP Case Management. Expand BUILD Leaders.	\$25,000 in 2016 for MyVIP; \$25,000 in 2016 for METP BUILD proposal
						Increase the number of partnerships focused on violence prevention	Increase the number of "Blueprint Approved" programs from 0 to 25 by 2017	
						Increase community engagement around youth violence prevention	Conduct at least 1 community engagement activity quarterly	
						Coordinate efforts internally, across jurisdictions and with the community policies and strategies to prevent sexual victimization of youth.	SBC staff and Food, Lodging and Pools staff will have had at least 2 trainings by 2017.	
						Maintain adequate funding for the operation of the Juvenile Supervision Center	Sufficient operational funding is provided annually through CDBG or other sources	

Healthy Weight and Smoke-free Living

City Goal	Strategic Direction	Department Goal	Department Objectives	Objective Targets (SMART)	Department Tactics	Tactic Targets	Needed Resources
Living Well Minneapolis is safe and livable and has an active and connected way of life	Neighborhoods have amenities to meet daily needs and live a healthy life	Healthy Weight & Smoke-Free Living	Increase availability and affordability of healthy food	Increase the availability or affordability of healthy food in and around 80% of partner food outlets, institutions and housing properties by 2018	Support implementation of the Minneapolis Park and Recreation Board's healthy food policy	Minneapolis Park and Recreation Board's healthy food policy is successfully implemented for children's programming and food and beverage vending by 2016	
					Strengthen and support implementation of the staple foods ordinance and the availability of healthy foods in corner stores	Staple foods ordinance is implemented and enforced; stores have support to comply.	
					Continue to increase awareness of the negative impact of sugary drinks and availability of healthier beverages.	Community awareness activities will be implemented in specific cultural communities; at least 4 major institutions will improved their beverage environments.	
					Improve access to healthy food for residents of Minneapolis Public Housing Authority	Food access assessments and action plans are developed with residents of at least 8 MPHA buildings.	
					Facilitate the development and implementation of healthy food policies and practices with meal programs and food shelves and board and	Increase number of meal programs and food shelves with healthy food policies and practice changes by 18 by 2016.	
						Increase the number of board and lodging facilities with healthier food practices by 7.	
			Increase opportunities for physical activity	Increase the number of environments with improved opportunity for physical activity by 75 by 2018.	Increase physical activity opportunities in schools	Increase the number of schools implementing programming to increase physical activity opportunities by 15 by 2016.	
					Engage with community residents to inform the development of adequately designed and safer places to bike and walk	Community-informed recommendations are developed for North Minneapolis Greenway, Franklin Ave, Phillips, Corcoran and MPHA highrise buildings by 2016	
					Maintain physical activity programming at skyway senior center	A multi - block pilot of a north Minneapolis greenway is conducted; outcomes are evaluationed	
			Improve health care and community providers' ability to prevent obesity and tobacco use	Increase the number of clinics that implement an adult or pediatric obesity prevention or tobacco prevention workflow by 2018.	Improve clinical systems for effectively preventing and treating pediatric and adult obesity,diabetes and hypertension	Four clinics will improve their indicators of measurement, counseling, referral and follow-up related to obesity (via electronic medical records) by at least 10% by 2016.	
						At least three clinics will improve quality improvement measures related to hypertension.	
						Community pharmacists will be engaged in at least two settings (clinic and community) to help residents manage medications.	
					Improve systems for health care reimbursement of clinical and community-based childhood obesity and diabetes prevention services	A Minneapolis Diabetes Prevention Network will have developed a strategic plan for addressing pre diabetes. At least four NDPP programs will be available for residents.	
			Advocate for policy to reduce exposure to second hand smoke and youth tobacco use	Achieve at least 15 tobacco-related policy changes in Minneapolis by 2018	Decrease number of residents living exposed to secondhand smoke in rental properties	Develop a baseline measure of secondhand smoke exposure in rental property by 2016.	
						Increase by 10 the number of voluntary smoke-free housing policies implemented in rental property around the U of M by 2016.	
					Strengthen point-of-sale policies that reduce access to tobacco products	Pass, implement, enforce and evaluate point-of-sale youth tobacco prevention policies.	
					Strengthen worksite tobacco policies	Monitor City of Minneapolis tobacco-free environment policy.	
			Increase community engagement in creating opportunities for healthy eating, physical activity and tobacco-free living	Increase the number of opportunities (resources, funding, partnerships, systems) for engaging community organizations and residents by four each year through 2018	Facilitate development of youth as change-makers for healthy living.	Facilitate development and implementatin of at least 15 Healthy-Living related youth engagement projects by 2018.	
					Create systems for community involvement and collaboration that facilitate healthy living improvements	Contract with Minneapolis High Rise Residents Council (MHRC) to engage MPHA residents in a partnership with MHD to address priority health concerns related obesity and tobacco use.	
					Increase residents' access to credible health education information and to resources to make changes in their community to support healthy living	Annually, implement Healthy Living communication plan, which includes social media activities, outreach at community events, presentations and media outreach.	
					Provide technical assistance and fund community-identified approaches to healthy eating, physical activity and tobacco-free living.	Assist and fund 5 community-driven projects to improve access to food, physical activity and tobacco-related policies and practices.	

A Healthy Place to Live

City Goal	Strategic Direction	Department Goal	Department Objectives	Objective Targets (SMART)	Department Tactics and Targets	Tactic Targets	Needed Resources
Living Well Minneapolis is safe and livable and has an active and connected way of life	High-quality, affordable housing choices exist for all ages, incomes and circumstances	A Healthy Place to Live	Reduce lead hazards in homes	Respond with appropriate protocol to 100% of requests for inspection in 2015	Ensure all sand blasting permit applications include testing before permit issuance.	100% of all sand blasting permit applications include testing before issuance.	
					Respond to elevated blood lead levels 10ug/dl per Minnesota Statute 144.9504.	Respond per statute to 100% of elevated blood lead level incidents annually.	
					Perform paint inspections on rental properties with children at 5-9.9 ug/dl	Intact paint inspections are conducted on 100% of all accessible rental properties with children at 5-9.9 ug/dl annually	
					Develop programmatic response to state changing definition of elevated blood lead level (EBL).	Uniform response to EBL is established in Minneapolis by 2016	\$110K for 1.0 FTE inspector for 2015 and on-going. Request 2.0 FTE inspectors in 2016 and on-going.
			Reduce asthma triggers and home safety hazards in homes	100% of reported asthma triggers and home safety hazards are addressed with appropriate interventions annually	Partner with state agencies (either through legislation or a state ammendment) to obtain Medicaid reimbursement for Healthy Homes work.	MN Department of Human Services identifies Healthy Homes practitioner asthma home visits as a reimbursable expense.	\$30K in 2015 for consultant to obtain eligibility for medicaid reimbursement.
					Conduct healthy home assessments for asthma triggers for children referred by school nurses for excessive absenteeism or medical professionals due to asthma.	Assess homes of 25 referred children in 2015.	2016 request for a 1.0 FTE inspector position
					Provide services/products to assist with reducing asthma triggers in homes	Assistance is provided to 100% of eligible families annually	2016 request for \$40K in program costs
			Strengthen systems that support healthy housing	Implement 3 tactical process improvements by 2016	Refer rental properties with common healthy homes violations for rental code housing inspections	Inspectors will refer 100% of properties with rental code violations for housing inspections annually	
					Develop One Touch Minneapolis screening and referral process that will coordinate and streamline healthy homes services for Minneapolis residents	One Touch Minneapolis screening and referral process is implemented by 2016	2015 CARS request for \$50K
					Staff the Lead Testing Taskforce which meets quarterly with clinics, health plans, and community-based partners to discuss strategies to increase screening of young children for lead poisoning	Staff are present at 100% of Lead Testing Taskforce meetings (quarterly), Staff chairs the meeting, creates agenda, documents progress, promotes outreach strategy and influences practices at clinics.	
					Collaborate with Housing Inspections through cross-training and joint inspections to increase enforcement of housing paint violations.	100 % of housing inspectors are trained on current best practices for identification of health hazards resulting from improper housing maintenance or construction annually.	
			Increase community outreach and education around lead poisoning, and other hazards in and around the home	Increase the number of outreach and education events on home health and safety hazards at from 4 to 10 events by 2016.	Pursue delegation agreement of US EPA Renovate Repair and Painting (RRP) Rule with MDH when available	Achieve delegation agreement by 2016	
					Provide information on home health and safety hazards	Increase the number of home health and safety hazard informational events from 4 in 2013 to 6 by 2016	10
					Provide free soil screening for lead content	Provide screening analysis for lead content of soil for 100% of samples submitted.	
					Provide information on radon hazards.	Coodinate with state to distribute radon test	

Safe Places to Eat, Swim and Stay

City Goal	Strategic Direction	Department Goal	Department Objectives	Objective Targets (SMART)	Department Tactics	Tactic Targets	Needed Resources
Great Places Natural and built spaces work together and our environment is protected	All Minneapolis residents visitors and employees have a safe and healthy environment	Safe Places to Eat, Swim, and Stay	Reduce the risk of disease and injury from food, lodging and swimming establishments	Decrease the percentage of licensed food, lodging and pool establishments scoring above 20 violation points from 16% to 10% by 2018	Maintain adequate inspection staff to facility ratio	Reach a 1 in 280 inspection staff to facility ratio from a 1 in 325 inspection staff to facility ratio by 2016	
					Increase frequency of inspections at establishments with high code violations and implement compliance protocols for inspectors.	Increase inspection frequency from annually to semi-annually for establishments over 20 violation points on the re-inspection.	
					Maintain inspection frequency per MDA/MDH delegation agreements	Maintain inspection frequency at 95% or greater of MDA/MDH requirement through 2018	
					Increase number of inspectors standardized as per FDA standard protocol	Increase the proportion of inspectors standardized from 6% to 100% by 2018	
			Maximize revenues and maintain compliance with financial standards.	Eliminate loss of \$160,000 annually due to lack of adequate staffing for tracking and billing unpaid invoices.	Increase staff by 2.0 FTE Customer Service Representatives II for efficient and proper processing of permits, registrations, licenses, invoices, citations for Environmental Services and Food Lodging & Pools.	100% of permits, registrations, licenses, invoices and citations are tracked and processed in a timely manner.	\$120,000 for 2.0 FTE CSR II positions
			Establish a community engagement and education program	Increase culturally and linguistically appropriate trainings, offering 6 Certified Food Manager trainings in Somali by 2018 and provide added technical guidance on HACCP	Establish community liaison program for licensed food, lodging, and pool establishments	Establish at least 1 FTE community liaison staff position with appropriate program funding by 2016	
					Contract with community agencies to provide culturally-appropriate outreach and education	Ensure Serv Safe is offered in at least 4 languages by 2018	
					Develop culturally and linguistically-relevant outreach and educational materials	Outreach and educational materials are developed and 100% of them are translated into 6 languages by 2018	
					Increase provision of technical assistance to local businesses	Increase technical assistance from 33% to 100% of facilities requiring HACCP plans annually	

A Healthy Environment

City Goal	Strategic Direction	Department Goal	Department Objectives	Objective Targets (SMART)	Department Tactics	Tactic Targets (SMART)	Needed Resources	
Great Places	Natural and built spaces work together and our environment is protected	The City restores and protects land, water, air and other natural resources	A Healthy Environment	Develop policies and organizational practices that support a clean and healthy natural environment (air, soil, water)	Maintain response time to environmental emergency response, urgent cases, and state duty officer reports to 1 hour of response time for 98% of cases during business hours. 24 hour response time during non-business hours. Respond to all other environmental cases from 24 hours from KIVA entry for business hours and 24 hours to transfer from LAGAN to RFS cases for 98% of cases.	Improve erosion control ordinance to meet city compliance with federal stormwater permits	Meet compliance standards with the EPA's MS4 permit for private construction sites by 2016	\$19,200 grant from the MVMO for 3 seasonal technicians. \$30,000 grant from the McKnight Foundation for a full time data analysis position.
					Revise the After Hours and Amplified Sound permit to improve compliance and usability	Decrease the percentage of late applications for After Hours and Amplified Sound permits from 30% to 15% by 2016		
					Develop and maintain processes to standardize inspections and permitting	Develop and audit SOPs for all inspection processes by 2015		
				Monitor and reduce environmental hazards, nuisances and pollution	Reduce environmental hazards, nuisances and pollution as measured by air pollution 4 tons to 45 tons VOCs reduced, spill response rates, energy use reduction by 15% from 2013 baseline reducing equivalent CO2, and additional CO2 sequestered (67,200lbs to 1,000,000 lbs annually) by 2018	Maintain partnership with and funding from the Mississippi Watershed Management Organization to support seasonal erosion control inspections of construction sites	Updated agreement developed with MVMO annually	
						Maintain current level of erosion control construction site inspections and increase documentation	Inspect every construction site for erosion control at least once every 7 weeks	
						Maintain adequate supplies for environmental hazard response based on state duty officer reports	Respond to 100% of spill reports in our jurisdiction within 2 hours of spill incident	
						Track total reported energy use in private and public sector for compliance monitoring	Achieve 85% submittal rate and 50% compliance in Energy Star Portfolio Manager data submission for buildings over 50,000 ft2 by 2016 Achieve 85% compliance under the same program by 2018	
						Complete comprehensive site visits per EPA recommendation	Achieve adequate staffing levels to allow for increased inspector time on site visits by 2016	
						Maintain proper staff for compliance with state-delegated well program	Train at least 2 registered sanitarians by 2016	
						Partner with community organizations on the biochar soil amendment project	Determine baseline growth rate and establish monitoring protocol for biochar effectiveness by 2016	
						Maintain adequate staffing to respond to complaints within 24 hours on business days	98% of complaints are responded to within 24 hours of receipt annually	
						Increase urban canopy on commercial properties	Increase the number of trees planted on commercial properties from 140/yr to 300/yr by 2015. 500/year in 2016	
						Complete Air Quality: A Neighborhood Approach VOC air quality study in Minneapolis	Complete last sessions of air quality study on VOCs in Minneapolis and conduct analysis	
				Increase education and outreach to improve compliance with existing and new environmental regulations and initiatives	Conduct outreach on air quality or other environmental topics to 100% of neighborhood and business associations in Minneapolis by 2018	Air Quality: provide funding and incentives to local business owners through the green-business matching grant program to reduce pollution. *Budget request to leverage an additional \$100,000 in outside funding from Environmental Initiative (EI) for the Green Business Matching Grant Program This funding will leverage a total of \$500,000 in combined investment from EI and business owners in Minneapolis towards clean air work	Reduce air emissions from local businesses by 25,000 lbs annually using innovative green business matching grant funds. \$100,000 *	
						Conduct air quality results outreach on Minneapolis Air Quality: A Neighborhood Approach with neighborhood and business organizations. Work with local schools to conduct student led comparative studies on water quality and environmental quality to engage children at a young age with real science. * Budget request for sampling equipment, and staff support to manage environmental science education grants that will leverage partnerships from 2 U of MN departments, the Mille Lacs Band of Ojibwa, Mdewakanton Sioux, the MN Pollution Control Agency, Mpls Public Schools, and PACE laboratories	Meet with at least 10 neighborhood and business organizations each year on air quality results and solutions to be worked on. Complete 1 comparative study with Anderson School examining both water quality and air quality in Minneapolis compared with Wolf Ridge Nature Center with 120 5th grade students Partner with University of MN Technical Assistance Program and Mille Lacs Band of Ojibwa in a Phillips neighborhood air pollution source inventory study through an Environmental Protection Agency Grant. Minneapolis will supply technical support, land/business use data, and lab support for studies conducted by a minimum of 2 interns.	\$34,000 *
				Conduct workshops with business owners to identify opportunities for pollution reduction	Report results of energy disclosure policy to the public	Conduct 2 workshops with business owners annually		
						Disclose 100% of buildings that reported energy use into Property Information page on City of Minneapolis website.		
						MN RETAP conducts 50 1:1 meetings with business and property owners annually and prepares 10 reports		
						Conduct 2 annual workshops for building owners and operators with the Center for Energy and Environment		
						Send at least 1 annual mailing about permit requirements and 2 email communications with permit holders annually		
Conduct at least 1 education and outreach event in partnership with Homegrown Minneapolis and the 24th St. Urban Farm Coalition at demonstration site								

A Strong Urban Public Health Infrastructure

City Goal	Strategic Direction	Department Goal	Department Objectives	Objective Targets (SMART)	Department Tactics	Tactic Targets (SMART)	Needed Resources	
A City that Works City government runs well and connects to the community it serves	Departments work seamlessly and strategically with each other and with the community	A Strong Urban Public Health Infrastructure	Increase emergency preparedness capacity internally and for the city as a whole.	Complete and maintain a public health emergency response capacity and plan which meets the standards identified in the Center's for Disease Control and Prevention (CDC) "Public Health Preparedness Capabilities: National Standards for State and Local Planning" by December 2016.	Assure a health department workforce, as federally designated emergency responders, that is trained to the level of expected role responsibility for timely response to decrease morbidity and mortality.	100% of staff are trained to basic awareness level within three months of hire and those designated for key leadership roles are trained to proficiency level within 18 months of designation, and prior to assignment in a response.	Resources for training and exercise are included below along with licensure and professional development.	
					Continuity of Operation Plans (COOP) are maintained.	COOP plan is updated annually		
					Maintain status as a leader within metro local health departments for readiness as measured by CDC measurement tools, such as the Operational Readiness Review.	Meet all MDH and CDC requirements and achieve top possible scores when measured.		
					Increase the level of preparedness for key contracted community agencies which provide critical services to vulnerable residents through plans, training and exercises.	Increase the number of community-based agencies with a Continuity of Operations Plan (for up to 72 hours of service to residents)in place from 10 to 25 by 2016	Minimum of a .5 FTE community resilience and outreach staff to work with organizations and provide programming. Additional funding (\$15k)for mini grants to be distributed to community to assist with the development of	
					Collaborate with neighborhood groups and cultural support networks to prepared residents for emergencies by providing them with education and assistance to develop household emergency plans.	Engage Cultural Services Unit, MOU agencies, and targeted community groups in at least 4 community preparedness and outreach events annually to provide information and education about preparedness topics		
					Ensure that residents who lack health insurance receive health care services and assistance with enrolling in government-funded health plans.	Provide funding to School Based Clinics, community clinics, and public health nursing services to provide primary medical, dental, and home visiting services for the uninsured, and enroll eligible residents in a health plan.	Maintain the number of Minneapolis residents receiving care at community clinics.	
					Achieve the high quality standards that merit accreditation from the national Public Health Accreditation Board (PHAB)	Accreditation documents submitted, and achieve accreditation in early 2016.	Complete submission of documents to PHAB and prepare for site visit by no later than February 2016.	Submit documents by no later than August 18, 2015.
		Improve population and environmental health through research and program evaluation.	Respond to 100% of requests for program evaluation support annually	Design projects and submit applications for funding to government agencies or foundations.	Competitive grant awards to support initiation of two projects annually.			
				Collaborate with community-based partners to implement research and evaluation projects with the potential to improve population and environmental health.	Complete 2 community-based research or evaluation project annually.			
			Develop, advocate for, and implement policies that improve population and environmental health.	3 population and environmental health related policies that the Minneapolis Health Department actively supports are enacted at the local, state or federal level annually	Work with the Local Public Health Association (LPHA) and other stakeholders to develop policy proposals and advocate for sound public health policies at the local, state, and federal levels.	City's policy proposals are incorporated into LPHA's legislative priorities annually.		
		Engaged and talented employees reflect our community, have the resources they need to succeed and are empowered to improve our efficiency and effectiveness	A Strong Urban Public Health Infrastructure	Assure and maintain a diverse, engaged, and skilled workforce with the resources needed to achieve program goals in an efficient and effective manner.	Maintain the department as a welcoming place of employment that is reflective of the diversity of the City.	Utilize and continuously improve the department's recruiting process that focuses on broad distribution of all position openings, including interns, and in particular through networks that connect with diverse candidates.	Maintain or increase the percent of minority staff at the department from 35% annually	\$30,000 requested for 2016 and on-going for training and development to ensure that staff maintain required licensure/ certification, and to ensure that staff meet mandated training and exercise requirements for emergency preparedness.
						Provide continuing education opportunities, out of town conferences, and tuition reimbursement program	100% of employees have the opportunity to attend at least one continuing education activity annually, and attend at least one out of town conference every three years	
						Improve efficiency and effectiveness within each program.	Each program is actively engaged in at least one Quality Improvement activity annually	