

2018

DEPARTMENT

results  
minneapolis

Health

## Results Minneapolis is changing.

The City Coordinator's Office Strategic Planning and Analysis team is leading an evolution of the City's Results Minneapolis program. These changes reflect recommendations of a recent program assessment completed by What Works Cities, a Bloomberg Philanthropies initiative, and the Center for Government Excellence at Johns Hopkins University. [See the assessment to learn more about the changes.](#)

Note: The Strategic Planning and Analysis team is working with City departments on a rolling basis to select a core set of performance metrics to report on each year. This department has not yet completed the process. Therefore, **the performance metrics in this report are interim metrics for 2018 and may be subject to change.**

# Performance summary

**Enterprise priorities** (page 4): Workforce diversity, Spending with diverse suppliers  
**Department priorities** (page 5): Competitive grant funding

Budget program	2017 Budget	Performance measure	2017 performance	Data trend	Status indicator: Red/yellow/green
Core Public Health Infrastructure	\$3.8M	See Department Priorities and Emergency Preparedness pages			
Family and Early Childhood	\$3.1M	<ol style="list-style-type: none"> <li>Perinatal home visiting funding</li> <li>Mothers and children served</li> </ol>	<ol style="list-style-type: none"> <li>\$3.1 million</li> <li>3,063</li> </ol>	<ol style="list-style-type: none"> <li>Slight decrease</li> <li>Increase</li> </ol>	<ol style="list-style-type: none"> <li></li> <li></li> </ol>
Environmental Health	\$2.95M	<ol style="list-style-type: none"> <li>Reduction of risk factors for foodborne illness</li> </ol>	<ol style="list-style-type: none"> <li>60% of restaurants have no top risk factors</li> </ol>	<ol style="list-style-type: none"> <li>Increase</li> </ol>	<ol style="list-style-type: none"> <li></li> </ol>
School Based Clinic Program	\$2.94M	<ol style="list-style-type: none"> <li>Number of clients screened for mental health</li> <li>Number of STI tests conducted</li> </ol>	<ol style="list-style-type: none"> <li>1,174</li> <li>4,147</li> </ol>	<ol style="list-style-type: none"> <li>Increase</li> <li>Increase</li> </ol>	<ol style="list-style-type: none"> <li></li> <li></li> </ol>
Environmental Services	\$1.8M	<ol style="list-style-type: none"> <li>Number of inspections</li> <li>Pollution and CO2 reductions</li> </ol>	<ol style="list-style-type: none"> <li>8,468</li> <li>64K lbs pollution and 18M lbs CO2 reduced</li> </ol>	<ol style="list-style-type: none"> <li>Slight decrease</li> <li>Increase</li> </ol>	<ol style="list-style-type: none"> <li></li> <li></li> </ol>
Youth Development and Sexual Health	\$1.71M	<ol style="list-style-type: none"> <li>Number of individuals tested for STIs during Citywide testing day</li> </ol>	<ol style="list-style-type: none"> <li>706</li> </ol>	<ol style="list-style-type: none"> <li>Increase</li> </ol>	<ol style="list-style-type: none"> <li></li> </ol>
Lead Poisoning and Healthy Homes	\$1.69M	<ol style="list-style-type: none"> <li>Number of lead poisonings</li> <li>Number of prevention inspections</li> </ol>	<ol style="list-style-type: none"> <li>129</li> <li>115</li> </ol>	<ol style="list-style-type: none"> <li>Decrease</li> <li>Increase</li> </ol>	<ol style="list-style-type: none"> <li></li> <li></li> </ol>

# Budget and performance overview

(continued)

**Enterprise priorities** (page 4): Workforce diversity, Spending with diverse suppliers  
**Department priorities** (page 5): Competitive grant funding

Budget program	2017 Budget	Performance measure	2017 performance	Data trend	Status indicator: Red/yellow/green
Minneapolis Healthy Living Initiative	\$1.6M	<ol style="list-style-type: none"> <li>1. Availability of comprehensive wellness activities in MPHA buildings</li> <li>2. Proportion of MPHA residents with access to comprehensive wellness activities</li> <li>3. Compliance with Staple Foods Ordinance</li> </ol>	<ol style="list-style-type: none"> <li>1. 26% of buildings</li> <li>2. 32% of MPHA residents</li> <li>3. 45% compliant</li> </ol>	<ol style="list-style-type: none"> <li>1. Increase</li> <li>2. Increase</li> <li>3. Decrease</li> </ol>	<ol style="list-style-type: none"> <li>1. </li> <li>2. </li> <li>3. </li> </ol>
Youth Violence Prevention	\$1.1M	Participation in Next Steps program	2016-2017: <ol style="list-style-type: none"> <li>1. 135 received initial intervention</li> <li>2. 103 agreed to post-discharge community-based services</li> <li>3. 82 received support &amp; achieved progress toward goals</li> </ol>	No trend available	No trend available
Emergency Preparedness and Infectious Disease Prevention	\$0.5M	<ol style="list-style-type: none"> <li>1. Federal funding</li> <li>2. Number of community outreach events</li> </ol>	<ol style="list-style-type: none"> <li>1. \$283K</li> <li>2. 0</li> </ol>	<ol style="list-style-type: none"> <li>1. Slight decrease</li> <li>2. Decrease</li> </ol>	<ol style="list-style-type: none"> <li>1. </li> <li>2. </li> </ol>

# Enterprise Priorities

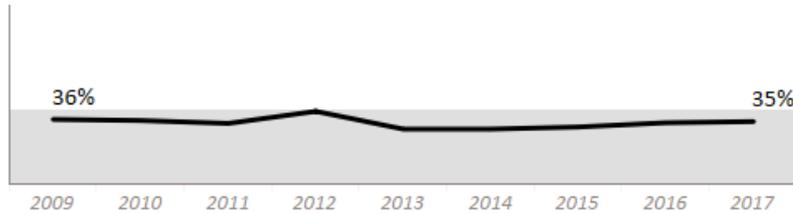
## Workforce diversity

**Does not meet the 2022** enterprise goal of 41% people of color  
**Exceeds the 2022** enterprise goal of 45% women

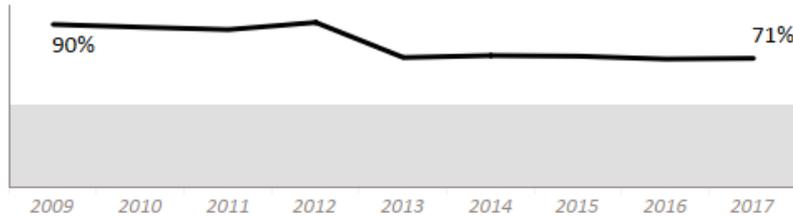
As one effort to build the local public health workforce, each staff member commits to at least one activity each year to promote the field of public health as a career option to high school or college students or early career.

### Workforce diversity (2009-2017)

#### People of color



#### Women



Notes:  
 (1) Grey shading indicates enterprise goals (41% people of color and 45% women).

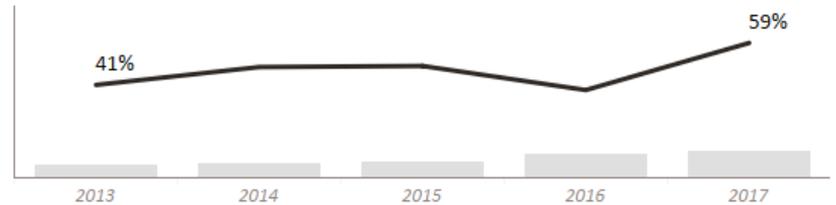
## Spending with diverse suppliers

**Higher than** Citywide percent diverse spending  
**Similar to** Citywide percent spending with minority-owned suppliers  
**Higher than** Citywide percent spending with non-minority women-owned suppliers

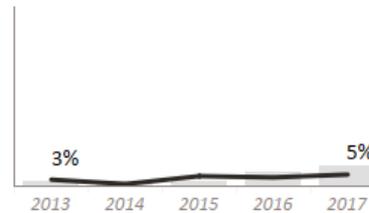
\*In 2017, discretionary spending with for-profit businesses comprised only 11.6% of all department expenditures. Almost half (46%) of this amount was spent on window replacements in homes with lead-based paint.

### Spending with diverse suppliers (2013-2017)

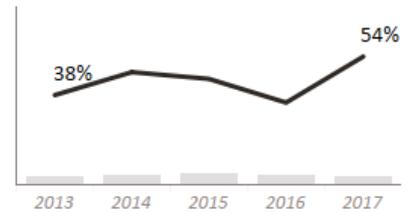
#### Overall



#### Minority (all genders)



#### Non-minority women



Notes:  
 (1) Grey shading indicates Citywide percent for each year.  
 (2) Data does not reflect the entire budget. Data reflects discretionary spending with for-profit primary suppliers.

# Department Priorities

## Priority 1

Increase funding for local priorities and partnerships through successful applications for competitive grant awards.

### Analysis

Competitive grant funding increased in 2017 relative to the three previous years. The budget funding sources chart shows that several program areas are heavily dependent on securing competitive grant awards: Family & Early Childhood, Healthy Living Initiative, Youth Violence Prevention and Lead Poisoning and Healthy homes. Large grants are typically funded for 3-5 years. Without these funds, City efforts to reduce racial and socioeconomic health inequities would be severely reduced.

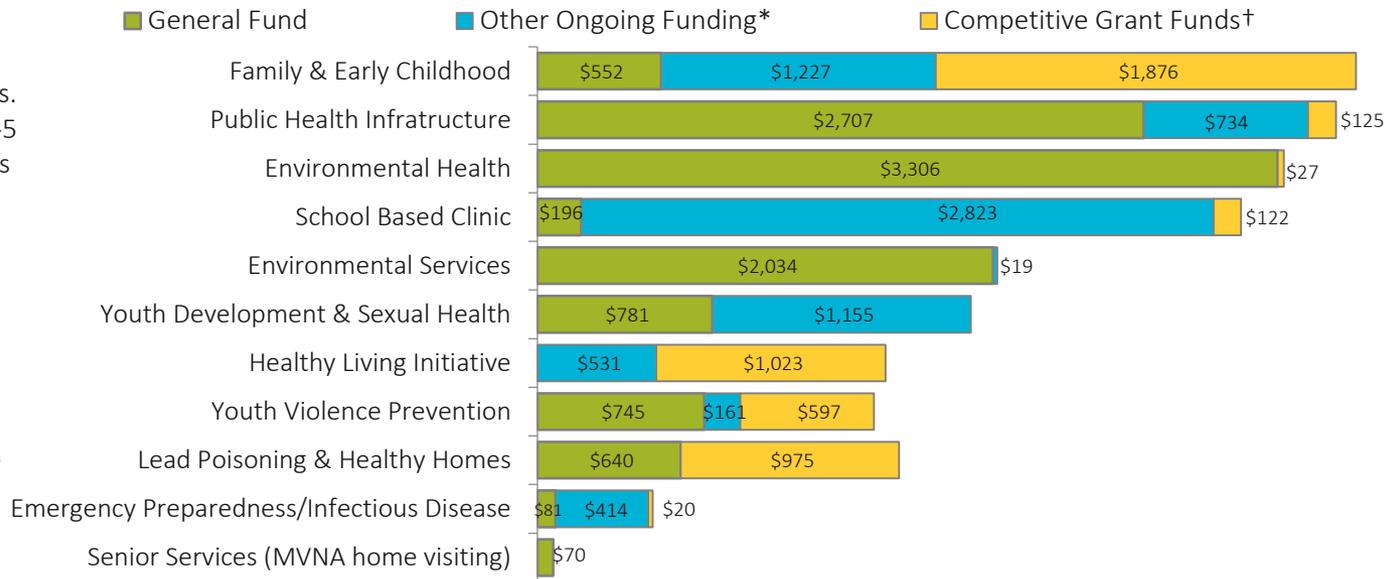
### Action planned for 2018

In 2018, responsibilities will shift among new and current management positions to improve our processes for seeking funding opportunities, enhancing community partnerships, and writing successful proposals.

Competitive Grant Expenditures (in \$ millions)



Competitive Grant Budget for 2018 (in \$ Thousands) based on budget book projections



\*Primarily Revenues, CDBG, State Local Public Health Grant

†Primarily federal (HRSA, HUD, CDC, DOJ) and foundations (MERCK, Kresge)

# Core Public Health Infrastructure

## Program Description

Public Health Infrastructure includes a governance structure, assessing community health needs, setting health priorities, meeting state reporting requirements, engaging the community, advocating for policy changes, fostering healthy environments, and ensuring that staffing reflects the diversity of the Minneapolis community. Grant seeking, a Department Priority, is an essential component of the Public Health Infrastructure (addressed on previous slide).

## Performance Measure

Specific performance measures are provided on the Enterprise Priorities slide (#3), the Department Priority slide (#4) and the Emergency Preparedness slide (#14).

# Family and Early Childhood

## Program Description

Targeted and intensive home visiting services for pregnant mothers and families with young children promote healthy birth outcomes, positive parent-child interaction, child growth and development, family self-sufficiency, nutrition education, family planning, and connection to early childhood education.

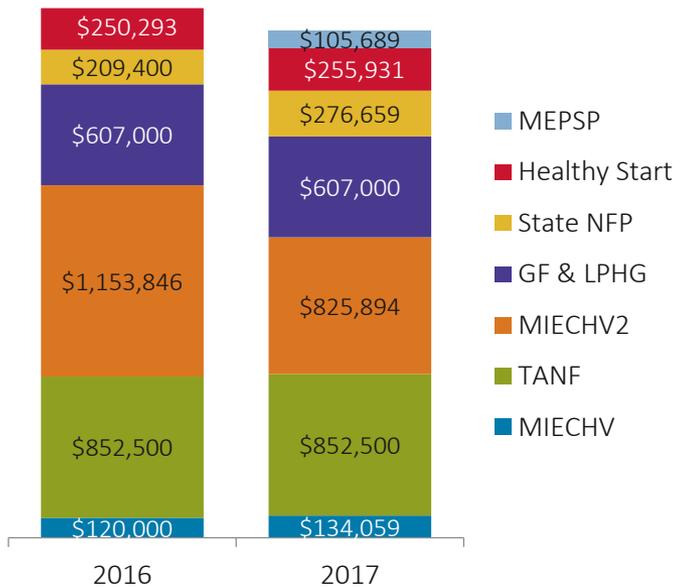
## Analysis

The Department combines local, state and federal funding to support intensive family home visiting programs for pregnant and parenting families of young children. Funding decreased from \$3,193,039 in 2016 to \$3,057,732 in 2017. Despite this increase, more family members were served. However, home visiting services are only available to about 10-15 percent of the population who may be eligible and likely to benefit from these services.

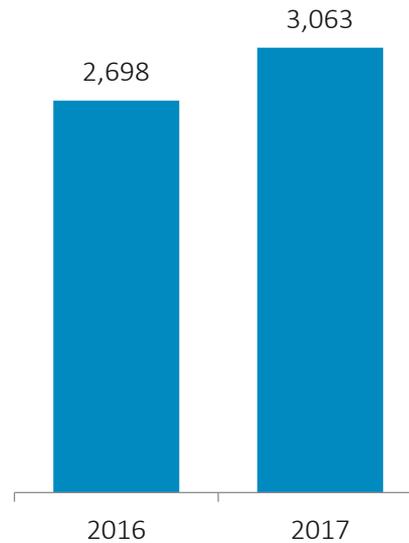
## Action planned for 2018

- The Department will continue to advocate for increased investments and adequate reimbursements for health care providers in order to expand home visiting services for high risk families.
- We will continue to apply for grant funding from state and federal sources. Targeted populations include pregnant and parenting teens, low income families including fathers, African American and American Indian families, homeless families and women with mental health challenges.
- In addition to expanded funding, there is a need to expand the number of evidence based home visiting providers who can offer services to Minneapolis families.

Perinatal Home Visiting Funds by Source



Mothers and children served



# Environmental Health

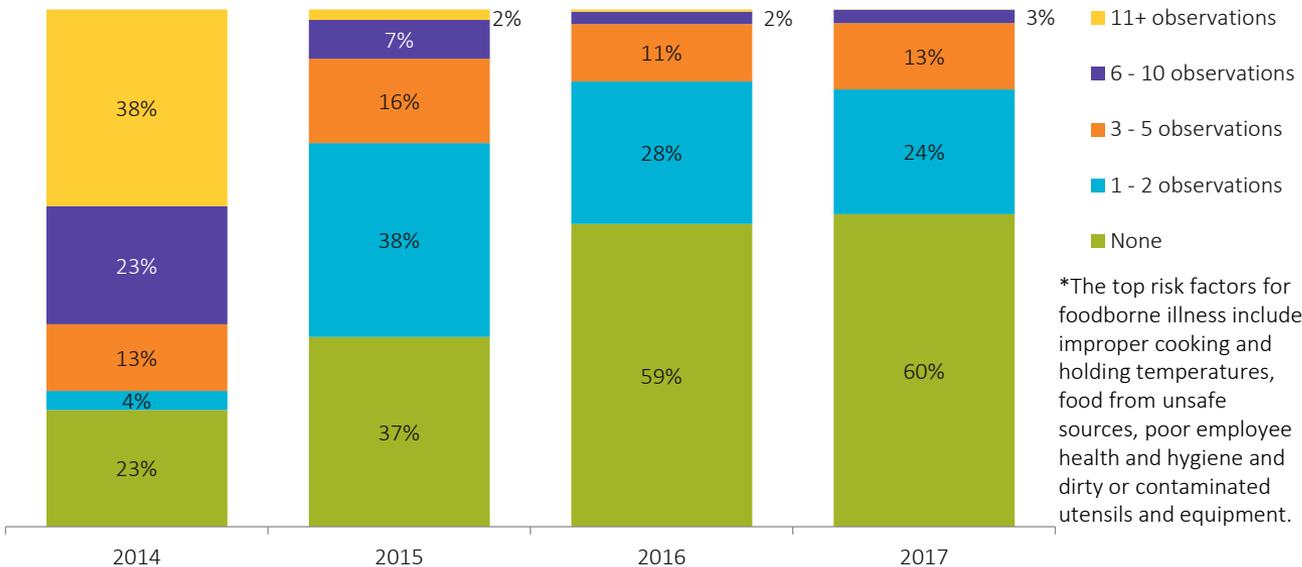
## Program Description

Environmental Health programs ensure the City’s vibrant hospitality industry is safe and in compliance with state and local health codes by conducting more than 7,000 inspections a year of over 5,000 facilities including restaurants, schools, hotels, pools, tattoo parlors, day care centers, farmers markets, groceries, and food vendors.

## Analysis

Over the past four years, health inspectors have partnered with community organizations and the business community to address unacceptably high levels of foodborne illness risk factors in Minneapolis food establishments. The department has increased inspector training, inspection frequency and inspection rigor. This has been combined with Serving Success, a comprehensive program providing culturally appropriate educational resources, free in-house and online training and community outreach. This collaborative approach to food safety has dramatically improved the safety of restaurants and other food businesses in Minneapolis, as evidenced by the increase in inspections with no critical risk factors observed and the decline in observations of multiple risk factors observed.

Observations of Top 5 Risk Factors\* for Foodborne Infection in restaurants



## Action planned for 2018

- Continue roll-out of Serving Success educational resources for businesses
- Meet increasing demand by maintaining inspection frequency without sacrificing quality or customer service.
- Continue Green to Go improvements with focus on waste stream collection.
- Bring proposed language to Council for new standards at adult entertainment establishments
- Renew constructive delegation agreement with the Minnesota Department of Agriculture.
- Partner with the Civil Rights department to promote sick and safe time requirements in the hospitality industry.
- Increase educational offerings and if needed, regulatory enforcement in businesses with highest number of risk factor violations.
- Continue to streamline and improve special event permitting and inspection process.

## Actions identified in 2017 Results memo

- N/A

# School Based Clinic Program

## Program Description

School Based Clinics are in seven Minneapolis public high schools. All clinic services are provided by medical, behavioral health, and health education professionals. Adolescent health services include acute illness care, well-teen exams, reproductive care, nutrition education, immunizations, individual and group health education, and mental health screenings, diagnostic assessments and counseling.

## Analysis

The number of mental health screens increased in the most recent school year, but represents only about one-half of the number of clients seen at physical health visits. The number of STI tests has increased partly due to focus on STI screening events and classroom presentations. This measure will be improved in subsequent years to reflect the percentage sexually active clients who receive STI testing annually.

## Performance Measures

The School Based Clinics report on two standardized measures as part of the School Health National Quality initiative. These measures align with best practices to ensure adolescent's access to essential health services to increase likelihood of being healthy, safe, engaged and ready to learn.

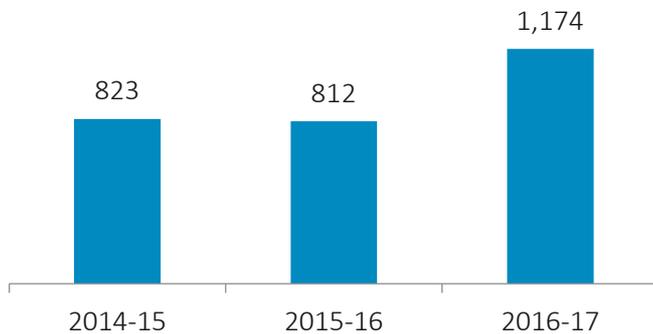
## Action planned for 2018

- Update SBC protocol for universal mental health screening & follow up
- Develop system to determine if client needs annual screen
- Conduct chart audits & review data quarterly with team
- Promote and provide drop in STI testing events
- Work to document sexual health history uniformly

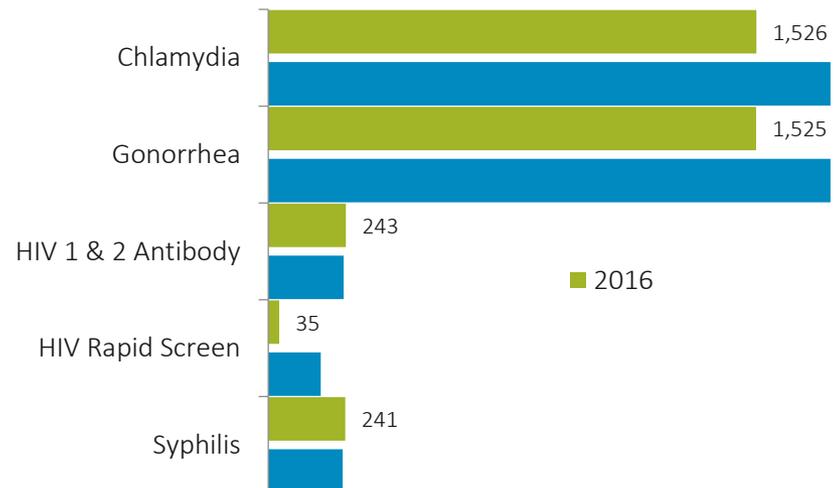
## Actions identified in 2017 Results memo

- N/A

Number of Clients Screened for Mental Health by School Year



STI Tests Conducted by Calendar Year



# Environmental Services

## Program Description

Environmental Services protects public health and the environment from the adverse effects of pollution through two state delegated well programs, one federally mandated storm water program, nine local environmental permits, and immediate response to spills and citizen concern. This program also display national leadership through environmental initiatives consisting of in depth air and water quality studies, the Green Business Cost Share Program, Biochar: Regenerative Urban Agriculture, Urban Forestry, Minneapolis Environmental Education, and Conservation Of Minneapolis Bees (COMB)

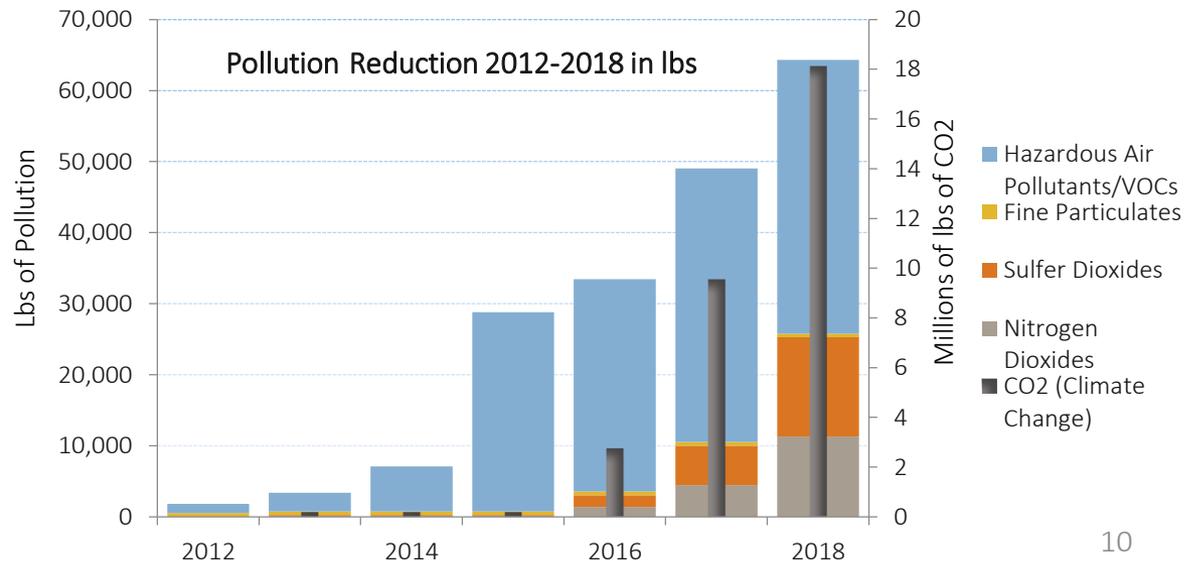
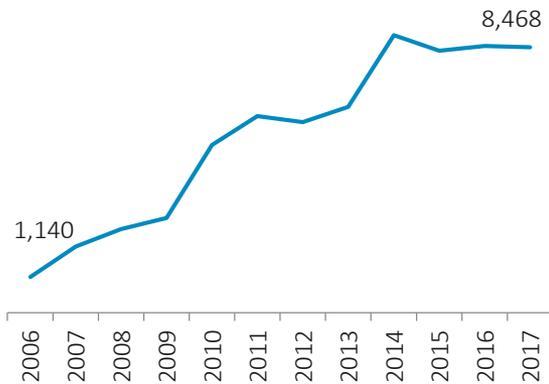
## Analysis

Environmental Services standard operations continue to carry out over 8,500 inspections, 1,200 permits, \$2,400,000 in revenue to justify nationally leading environmental work. In 2017, Minneapolis became the first per capita free city in the United States through the Green Business Cost Share Program, removing a harmful cancer causing chemical from our dry cleaners and our local air. We continue to reduce pollution in Minneapolis each year. Our current energy practices create direct pollution and the emissions that cause climate change. We are also driving work towards meeting the goals of the City's Climate Action Plan through the country's most aggressive energy efficiency and renewable energy programs. At the same time we are turning our city's soils into carbon sinks storing significant amounts of carbon through innovative biochar applications.

## Action planned for 2018

- Bring planting services to the City's Tree program and plant with neighborhood groups.
- Conduct neighborhood level fine particulate studies
- Double the amount of solar production in the City of Minneapolis in one year.
- Assist BTAP in community outreach to local businesses.
- Partner with neighborhood groups on environmental air quality, tree planting and solar work.

Number of Inspections by Year



# Youth Development and Sexual Health

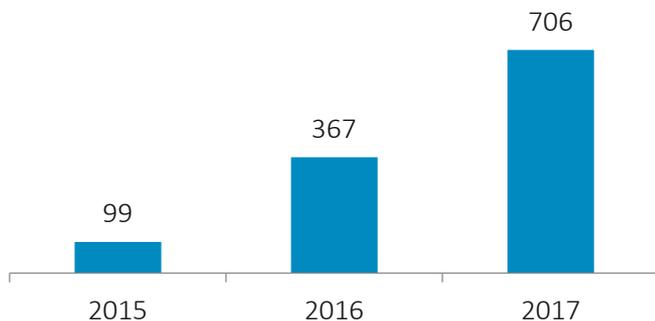
## Program Description

This program includes policy work and out-of-school time services for low income youth; collaborative partnerships with schools, county and community based agencies; technical assistance and training to youth workers, teachers and volunteers; culturally competent sexuality education; and coordination of the City's prevention response to the Safe Harbors Act.

## Analysis

The City of Minneapolis partners with local youth-serving organizations and clinics via CRUSH, a local collective impact effort focused on raising awareness about the high rates of chlamydia and other STIs among adolescents and young adults in Minneapolis. CRUSH sponsors an annual citywide STI testing day. Local clinics are encouraged to participate and offer free or low-cost testing to youth between the ages of 13 and 26 years of age. The Department provides technical assistance on implementing fast-track testing and tips on creating a youth-friendly clinic environment. Our overall goal is to connect youth to treatment early, recruit new community partners, and partner with youth to help promote effective messages about healthy sexuality.

Number of Individuals Tested for Sexually Transmitted Infections During Citywide Testing Day



## Action planned for 2018

- Continue to help build capacity with organizations and create culture across Minneapolis Youth Work Professionals, teachers and volunteers for continuous improvement based in program quality, best practices, and data collection and analysis.
- Continue to work towards reducing STIs and unintended pregnancies amongst youth and young adults through awareness activities like STI Testing Day and working with community partners on creating accessibility through focused outreach with the intent to connect youth and young adults to education, testing, and treatment options.

## Actions identified in 2017 Results memo

- N/A

# Lead Poisoning and Healthy Homes

## Program Description

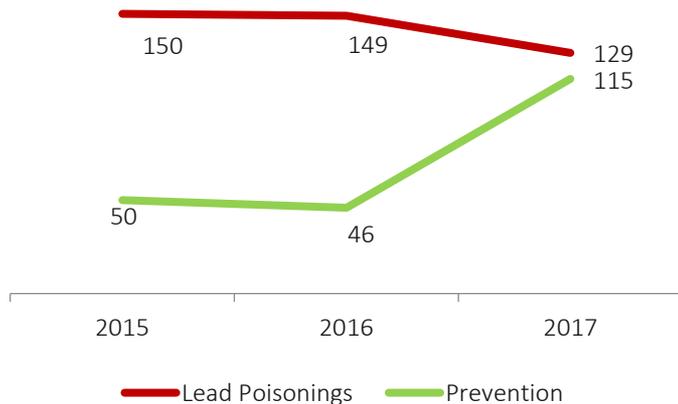
In response to reports of childhood lead poisoning, this unit provides inspections and issues repair orders. Utilizing grant funds, they provide free testing for children, funds to correct lead paint and other home hazards. As resources allow properties are inspected and enrolled in grants before children are brain damaged.

## Analysis

A slight drop in the number of children poisoned was the result of an increase the number of prevention inspections and rehab of properties where lead-paint hazards are found. 244 homes received inspections including daycares and asthma patients, 217 were made lead safe and many had other home health hazards corrected by a successfully completed HUD 2014 HUD grant award.

We applied for and were awarded a competitive HUD grant late 2017 that will provide \$2.9 million for similar work for the next three years. Private funding was secured to provide residential weatherization.

## Lead Paint Inspections



**In 2015 the action level went from 10 ug/dl to 5 ug/dl. Minneapolis lead the effort to make this change**

The desired outcome is for zero children under six to have a blood lead level  $\geq 5$  micrograms per deciliter of blood (lead poisoned). The key measure that moves us towards this goal is the number of properties receiving a lead-paint inspection.

## Action planned for 2018

- Continue response to poisoned children and implement preventative inspections for children with lead poisoning level below current enforcement level. Integrate lead paint inspections with Housing for properties during ownership change, rental license reinstatement and code compliance, expand in 2019. Provide lead inspections to CPED. Continue to develop asthma response protocol (currently unfunded) and with Northern Metals Settlement.

## Actions identified in 2017 Results memo

- Continue to advocate for state legislation that would provide medical assistance reimbursement for products that are proven to cost-effectively address asthma in children's homes, such as mattress covers, vacuums and HEPA air cleaners (**In progress**)
- Continue to collaborate with housing inspectors in the Regulatory Services department so that they can recognize and flag indicators of potential lead exposure, including chipped paint, for Health Department inspectors to follow up on remediation (**In progress**)

# Healthy Living Initiative

## Program description

The Healthy Living Initiative consists of 23 strategies implemented with community partners to increase opportunities for healthy eating, physical activity and tobacco-free living. The goal of these strategies is to reduce the burden of tobacco- and obesity-related chronic diseases on individuals, communities, employers, and the health care system.

## Analysis

Beginning in 2013, MHD has worked with Minneapolis Public Housing Authority to connect its 5315 residents to wellness programs and services. Initial efforts focused on smoke-free apartments then pedestrian safety. Beginning in 2015, MHD instituted a systematic approach for assessing residents' wellness priorities and leveraging various community resources to meet them. Currently, 1703 residents in 8 buildings have better access to healthy food and physical activity opportunities and community health workers who provide one-on-one self management support that helps residents prevent and manage chronic diseases such as diabetes.

The Minneapolis staple foods ordinance requires licensed grocery stores (including corner stores, gas stations, dollar stores, and pharmacies) to stock a minimum amount and variety of healthy foods. Since the ordinance went into effect in 2015, MHD has provided education and training to more than 230 stores to help them comply. Compliance with the ordinance has fluctuated and currently stands at 45% in 2017. Although full compliance is currently lower than expected, Non compliant stores are meeting a higher number of requirements than in the past,, especially fresh fruits and vegetables and whole grain products.

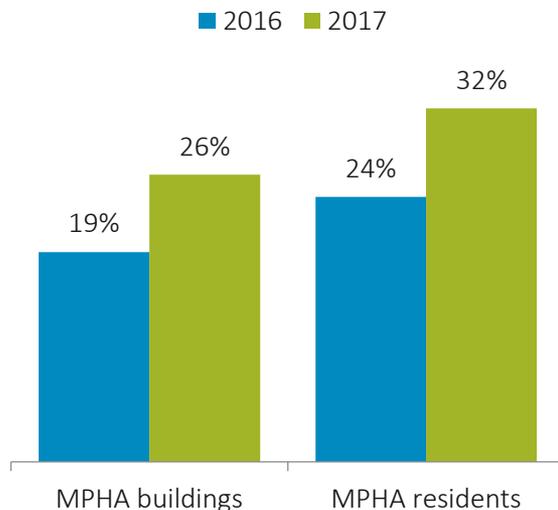
## Action planned for 2018

- Replace federal grant that ends in September and accounts for 68% of the budget.
- Increase by 25% the availability of smoke free rental properties in three neighborhoods and buildings that accept subsidies.
- Sustain wellness activities and community health workers in public housing.
- Increase the number of community clinic patients with controlled diabetes.

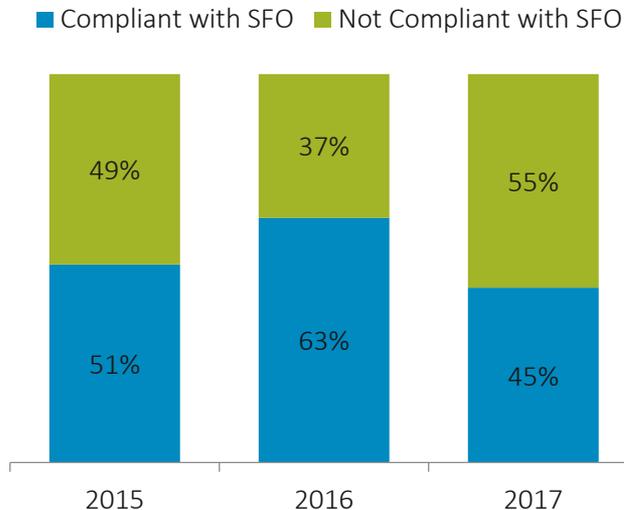
## Actions identified in 2017 Results memo

- Prioritize policies that would restrict availability of menthol tobacco, since menthol tobacco marketing targets African-American, LGBT and youth communities. Focusing on menthol tobacco is likely to be a more effective approach than increasing the legal age for tobacco alone **Complete**

**Availability of comprehensive wellness activities in MPHA buildings; proportion of residents with access to them.**



**Compliance with Staple Foods Ordinance (requiring minimum amount of healthy foods)**



# Youth Violence Prevention

## Program description

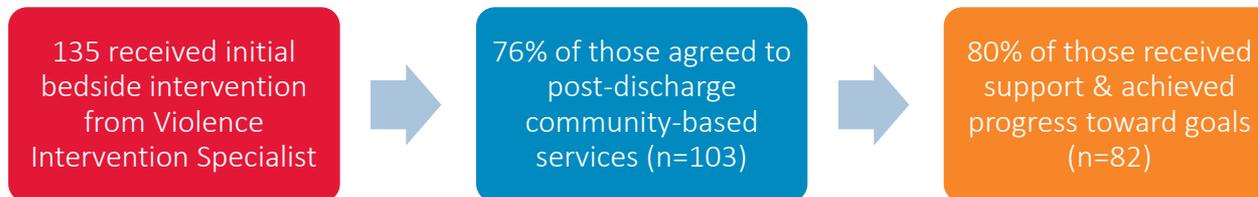
The Department leads implementation of the Blueprint for Action to Prevent Youth Violence through planning, community support, and programming. Activities include: service coordination with partners; technical assistance/capacity building for community-based agencies; the Juvenile Supervision Center for low-level/status offenders; case management and mentoring (Inspiring Youth); hospital-based violence intervention (Next Step); and Group Violence Intervention (GVI).

## Analysis

Next Step Violence Intervention Specialists engage with patients in hospitals after a violent trauma (e.g. gunshot or stab wound). A bedside intervention is the first step toward the ultimate goal of reducing likelihood of future involvement with violence. While not all participants have longer term needs, many need significant support around safety, basic needs, housing, health, employment, and education. Participants who consent to post-discharge services co-create goal plans and receive community-based follow-up services that can last up to one year.

Next Step staff have excelled in engaging violent assault victims, illustrating their skill and the value of a “credible messenger” model, and succeeded in supporting diverse participant needs: 76% of participants agreed to community-based services; of those, 80% received support toward goals. The program succeeded in preventing hospital recidivism: after the first year, only 3 of the program’s 98 participants (3%) had returned to HCMC because of a violence injury.

**Number of Next Step Participants and Progression Through Program Phases**  
July 15, 2016 (program launch) – December 31, 2017



## Action planned for 2018

Expansion of Next Step to North Memorial Medical Center and more robust outcome measurement; ongoing implementation of Inspiring Youth, Group Violence Intervention, Blueprint Approved Institute, Coaching Boys into Men, and North Minneapolis youth outreach and engagement; ongoing support of Juvenile Supervision Center; ongoing YVP service coordination; revamped YVP Executive Committee.

The Blueprint Approved Institute is a capacity building initiative aimed at strengthening community-based agencies’ ability to deliver violence prevention work and positioning them to access resources. By supporting the existing work of community-based providers, MHD can better promote health, wellbeing, and equity for all in the City. In 2017, 286 community participants attended the 10-session Blueprint Approved Institute; attendance may be added as a new measure next year.

## Actions identified in 2017 Results memo

Find ways to increase capacity to provide unconscious bias and trauma-informed care, which was highlighted as a need through the Next Step hospital-based violence intervention program. **Ongoing.**

# Emergency Preparedness and Infectious Disease Prevention

## Program description

Emergency Preparedness is a statutorily-required function for local health departments. Priorities in Minneapolis include routine prevention of, and intervention in, disease outbreaks (in partnership with Hennepin County); response to public health emergencies; support and guidance for residents, communities, and neighborhoods affected by disasters such as the Northside tornado; and preparing for large planned events such as the Super Bowl.

## Analysis

Increasing the community's resilience to traumatic events, shocks, and daily stressors will increase their ability to recover from emergencies. A steady decrease in federal funding led to a reduction in staffing, resulting in the 2013 loss of one FTE that focused on community preparedness. Subsequent requests for City general funds to replace the position have not been successful, and the capacity of community preparedness work has not recovered.

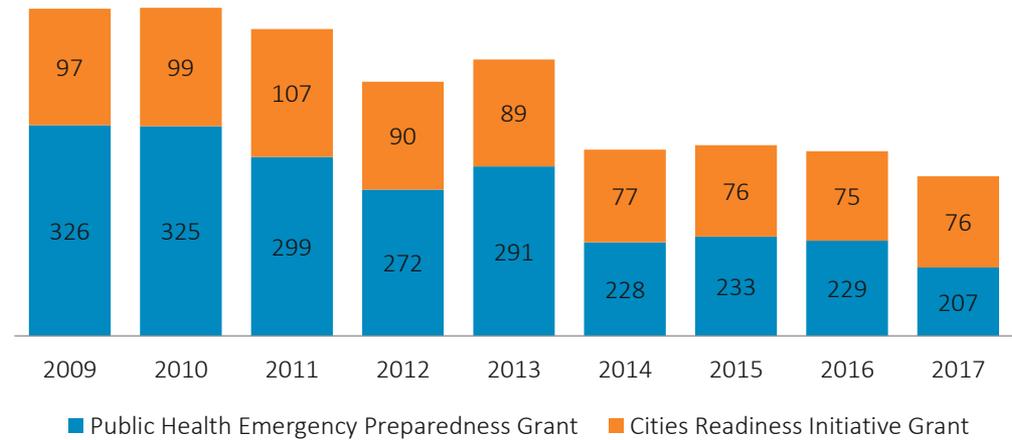
## Action planned for 2018

Maintain staff preparedness status and seek additional resources towards strengthening community resilience and preparedness for emergencies which may include unpaid interns and CDC Associates. Coordinate with OEM and NCR to capitalize on potential joint outreach efforts.

## Actions identified in 2017 Results memo

- N/A

### Federal Funding in \$ Thousands



### Number of Community Outreach, Events

