

HEALTH AND FAMILY SUPPORT

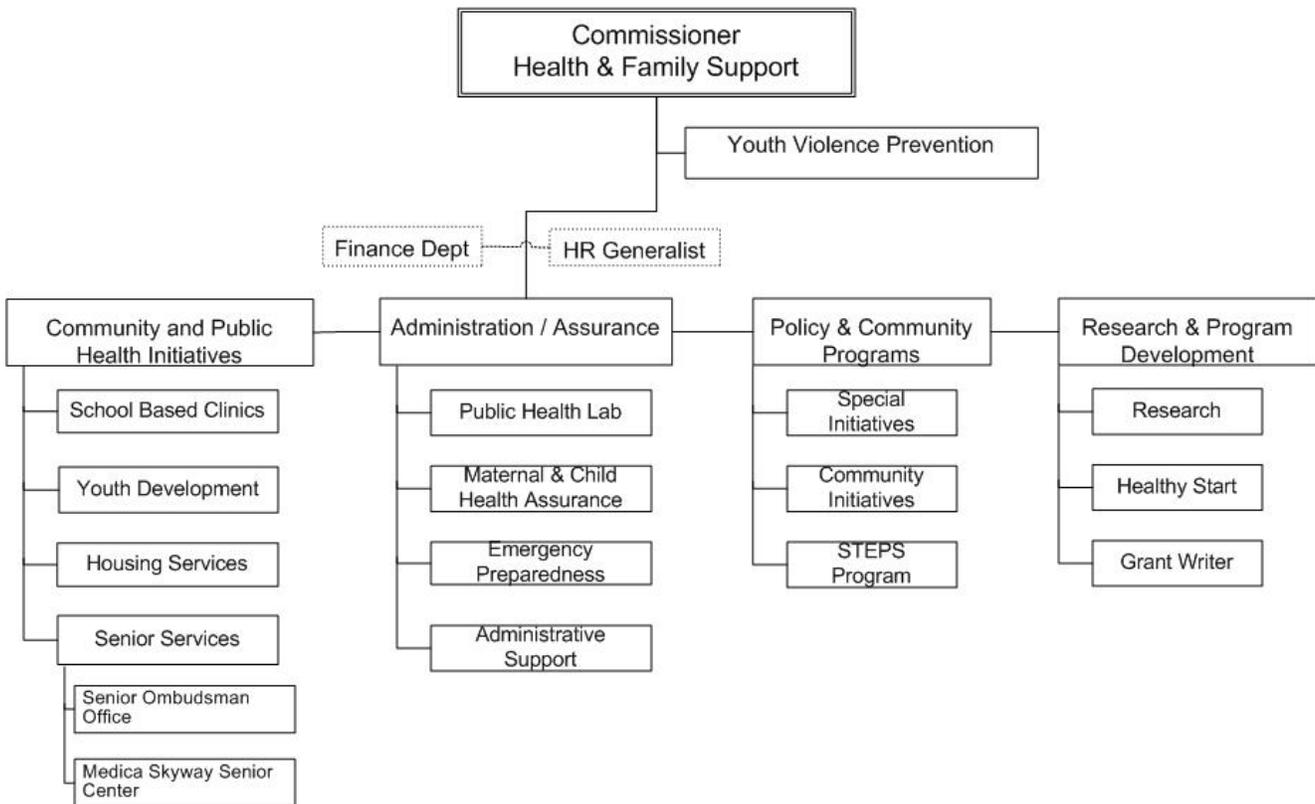
MISSION

To provide leadership in meeting the unique needs of our urban population and eliminating disparities by engaging partners in promoting individual and community health.

BUSINESS LINES

- Promote health: healthy residents, communities, and environments.
- Address factors affecting health: social conditions and physical environment.
- Protect the Public’s health: disease prevention and control and emergency preparedness.

ORGANIZATION CHART



FIVE –YEAR DEPARTMENTAL GOALS, OBJECTIVES

City Goals & Strategies	Department Goal	Objective
One Minneapolis: A. Close race & class gaps Lifelong learning: A. Kids ready-to-read by kindergarten	Improve infant & child health	<ul style="list-style-type: none"> Improved care coordination for pregnant women and young families to decrease infant mortality Increased proportion of children between the ages of 3 and 5 who have received preschool screening by age 3 Decreased exposure of children to lead.
A safe place to call home: E. Youth: valued, challenged & engaged	Youth development and violence prevention	<ul style="list-style-type: none"> Community agreement on priority investment in youth violence prevention Engagement of disaffiliated youth in productive activities Increased state and national funding for youth development
One Minneapolis: A. Close race & class gaps	Improve teen & young adult sexual health	<ul style="list-style-type: none"> Decreased rate of sexually-transmitted diseases (STDs) among adolescents and young adults Increased access to health services and contraception for adolescents Increased healthy parenting of adolescents
A safe place to call home: D. Make healthy choices Connected communities: B. Walkable, bikable, swimmable!	Increase exercise & healthy nutrition	<ul style="list-style-type: none"> Implementation and maintenance of community strategies to increase physical activity Increased community awareness and institutionalization of healthy diets and behaviors and increase access to healthy foods
One Minneapolis: A. Close race & class gaps	Assure maintenance of healthcare safety net for underserved populations	<ul style="list-style-type: none"> Maintenance of community clinics and public health nursing to provide services for the uninsured Increased support for service providers who address unmet needs of underserved and/or new populations
A safe place to call home: A. Close race & class gaps One Minneapolis: C. Equitable City services	Assure preparedness for public health emergencies – today and into the future	<ul style="list-style-type: none"> Formalized relationships with community partners to address vulnerable population needs Formalized regional relationships to streamline coordination and planning An updated plan A strong network of community agencies with developed and developed plans

RESULTS MINNEAPOLIS MEASURES, DATA AND TARGETS TABLE							
Measure Name	2004 Data	2005 Data	2006 Data	2007 Data	2008 Target	2009 Target	2011 Target
Teen pregnancy rate defined as number of teen pregnancies per 1000 population aged 15-17 years.	49.9	45.1	53.3.	NA	48.0	47.0	46.0 by 2010 ²
STI rate defined as Gonorrhea rate per 100,000 people	264	313.9	312.6	NA	225	180	161 by 2010 ³
Percentage of population at healthy weight as defined by Body Mass Index among adults age 18 years and older	46.8% (2002 data)	46.8% (2002 data)	48.6% (2006)	NA	50.0%	51.0%	52.1% by 2010 ⁴

Measure Name	2004 Data	2005 Data	2006 Data	2007 Data	2008 Target	2009 Target	2011 Target
Infant mortality defined as number of deaths in the first year of life per 1000 live births ¹	6.2 (2002-2004)	6.0 (2003-2005)	6.5 (2004-2006)	NA	5.5	5.0	4.54 ⁵
For whites (non-Hispanic)	3.4	3.7	4.5	NA	3.8	3.6	3.4
For Blacks (non-Hispanic)	9.8	10.1	10.0	NA	9.0	7.5	5.4
For American Indians	9.2	13.2	12.9	NA	10.0	7.2	5.4
For Asian/Pacific Islanders	2.9	2.3	3.0	NA	3.0	3.0	5.4
For Hispanics	7.5	5.2	5.6	NA	5.6	5.5	5.4
Number of 3-year-olds screened by Minneapolis Public Schools	601	647	740	835	900	950	1,000
Percentage of children 9-36 months old screened for lead poisoning	66%	64.8%	68.9%	NA	90%	95%	100% by 2010 ⁶
Number of children 0-5 screening positive	384	374	351	NA	265	180	150
Number of homicide deaths among individuals aged 15-24 years	21	13	19	NA	16	12	10

KEY TRENDS AND CHALLENGES

The department is completing the Community Health Assessment and Action Five -Year Plan, a planning process required by the Minnesota Department of Health every 5 years. The plan will leave in place current department priorities as reflected in the City 5 year goals. Additional efforts in the areas of teen pregnancy prevention, health literacy and youth violence are included in the plan. The Public Health Advisory Committee has encouraged the department to pay special attention to the influence of chemical use and mental health in relation to violence prevention and teen pregnancy.

The department receives funding from a number of sources. During the 2008 Minnesota Legislative Session, the Local Public Health fund was cut by 1.8%. This cut began in July 2008 and means \$26,700 less funding in 2008 and \$53,400 less in 2009. A new fund was also created by the Legislature in 2008 to support efforts to address obesity and tobacco use. A competitive process will be used to disperse the funds beginning in July 2009. DHFS will apply for these funds.

Federal funding decisions will also be affecting the department adversely. Funding for Pandemic Influenza planning will end in August of 2008. One Emergency Preparedness position will be eliminated as a result. No state or local funds come to the department to specifically support Emergency Preparedness. As the Federal Government continues to whittle its appropriation, this will affect the department's ongoing ability to maintain a level of preparedness to respond to public health and other emergencies.

¹ Infant mortality is reported as 3-year average rates because of low incidence. ²(Source: Healthy People 2010), ³(Source: Minneapolis Sustainability Indicators), ⁴ (Source: City of Minneapolis Sustainability Indicators), ⁵(Source: Healthy People 2010), ⁶ (Source: MDH Guidelines & City of Minneapolis Sustainability Indicators)

Several major competitive grants are expected to end in 2009: Steps, Seen on da Streets and Healthy Start. Efforts are underway to apply for grants in related areas so that intensive activities to address obesity, STIs and infant mortality can continue.

Core Department staff is finding it increasingly difficult to respond to even basic requests because their time is committed to grant funded activities. The ability of the department to respond in a timely way to emerging needs and priorities is compromised.

The public health laboratory, which has historically had a business model that allowed it to recoup up to 90% of its funding through the revenue it generates, is experiencing financial challenges. This is partially due to a decrease in the number of refugees coming to the community who need laboratory screening tests. Another contributing factor is the change in business model of Regulatory Services which has resulted in fewer food sample tests. If this trend continues additional cost cutting efforts will be initiated including eliminating a staff position as early as fall of 2008.

The *Blueprint for Action: Preventing Youth Violence* was completed in January 2008. A coordinator was hired in April. The department is in the process of writing several grant proposals to implement *Blueprint* recommendations. Beyond these grants which address specific issues like gang violence, mentoring and healthy relationships, there is a need for increased and ongoing support for youth development activities targeted at youth who are disconnected and/or exhibiting high risk behavior.

City support for mentoring and outreach would help jumpstart these efforts and would provide the foundational underpinnings for grant funded efforts. A number of mentoring organizations have been mobilized to focus on serving young people living in the neighborhoods targeted in the *Blueprint for Action*. Additional resources are needed to recruit and train new mentors. The department proposed \$300,000 to assist mentoring recruitment, training and support in the four target neighborhoods.

A portion of Empowerment Zone funds (\$50,000) will be used in 2008 to pilot the door-to-door outreach strategy recommended in the *Blueprint for Action* in one targeted neighborhood. Additional resources will be needed to implement this strategy in each of the four remaining target neighborhoods. The department requested \$200,000 to implement door-to door outreach in remaining target communities in 2009 (\$50,000 for each of 4 communities). The Mayor does not recommend this funding.

In order to fully realize the impact of the recommendations of the *Blueprint for Action*, *preventing youth violence* the department proposed and the Mayor recommends funding for a **second year for Coordinator** to coordinate implementation of the plan and to actively pursue outside funding to support both community-based and government sponsored efforts.

FINANCIAL ANALYSIS

EXPENDITURE

For 2009 the department's total budget is approximately \$13.6 million, a 0.1% increase from the 2008 adopted budget. Based on the State requirements, the City needs to maintain a minimum of \$2.2 million as local match to qualify for the available local public health grants. One position in the lab will be eliminated to align expenses with anticipated revenue.

REVENUE

There is an overall 4.3 % revenue decrease. In 2009, the largest revenue source, federal grant fund availability, decreases by \$218,000 or 5.2% from the 2008 level, primarily due to decreases in federal grants. The second largest revenue source, charges for laboratory services, decreases by \$125,000 or 18.3% over the prior year. Because of this decrease the Lab will also decrease its expenses by eliminating one position.

FUND ALLOCATION

The department's expense budget for the year 2009 is derived from the general fund (34%), federal grants (30%), CDBG (11%), and state and other local grants (25%).

ORIGINAL BUDGET

In 2009 the Mayor recommended the department receive \$100,000 in one-time funding to assist domestic violence efforts, \$75,000 in one time funding for youth violence prevention activities and recommended the department internally fund identified related administrative needs, and \$150,000 in one time funding for the Youth are Here buses (\$100,000 from the general fund and \$50,000 from CDBG). The Mayor also recommended moving the housing advocacy program to CPED from Health and Family Support. The Mayor did not recommend any additional reductions for this department.

The Council approved the Mayor's Recommendation. Additionally, the Council directed funding for the Youth Hotline to be reduced by \$75,000. The department should increase funding by \$75,000 on a one-time basis for Somali Gang Outreach Efforts.

MAYOR'S REVISED BUDGET

The Mayor recommended a reduction of \$210,000.

COUNCIL REVISED BUDGET

The Council concurs with the Mayor's recommendations.

The Health Department is directed to report back to Health, Energy and Environment and Ways and Means/Budget committees by May 15, 2009 regarding potential cost savings from closing the public health lab and shall also work with the Police Department, Regulatory Services and other departments to determine whether or not there would be any additional costs incurred by other departments. The committees shall move forward with a final recommendation to the City Council on closing the public health lab effective January 1, 2010.

The Council further directs Health and Family Support staff to consult with City and external stakeholders, including the Senior Citizen's and Persons with Disabilities Advisory Committees, to ensure the Senior Ombudsperson's Office priority functions and the two advisory committees have sufficient administrative support. This shall include exploring options such as location of the office, prioritization and range of services provided, and coordination of efforts within the City to maximize the use of available resources. The Department will report back to the HE&E Committee no later than July 1.

The budget for this department includes a reduction of BIS charges of \$26,800 due to the Council's actions to reduce the BIS budget by \$725,000. This reduction in BIS charges will subsequently reduce the department's appropriation by the same amount. Backing out this reduction in charges, the 2009 supplemental budget for Health and Family Support is \$13.4 million, a 1.6% decrease over the 2008 Adopted budget.

RESULTS IMPLICATIONS

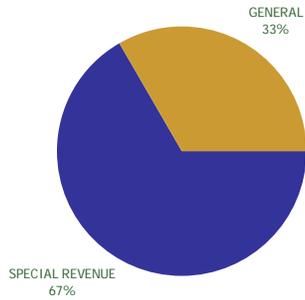
The department anticipates it can absorb the Council's revised cuts while minimizing impacts to its core services.

HEALTH AND FAMILY SUPPORT EXPENSE AND REVENUE INFORMATION

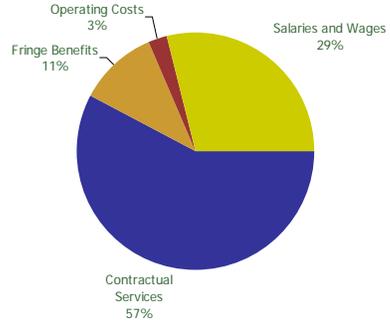
EXPENSE	2006 Actual	2007 Actual	2008 Adopted Budget	2009 Revised Budget	Percent Change	Change
GENERAL						
Salaries and Wages	956,856	978,703	911,337	870,097	-4.5%	(41,240)
Fringe Benefits	279,490	308,655	318,245	361,865	13.7%	43,620
Contractual Services	2,297,923	2,543,567	2,529,674	2,967,955	17.3%	438,281
Operating Costs	159,024	242,768	321,744	275,624	-14.3%	(46,120)
TOTAL GENERAL	3,693,293	4,073,693	4,081,000	4,475,542	9.7%	394,542
SPECIAL REVENUE						
Salaries and Wages	2,543,314	2,665,580	3,242,149	2,999,387	-7.5%	(242,762)
Fringe Benefits	755,480	789,240	1,013,713	1,092,551	7.8%	78,838
Contractual Services	7,244,052	6,334,014	5,197,548	4,785,438	-7.9%	(412,110)
Operating Costs	377,296	356,690	105,170	64,422	-38.7%	(40,748)
TOTAL SPECIAL REVENUE	10,920,142	10,145,524	9,558,580	8,941,798	-6.5%	(616,782)
TOTAL EXPENSE	14,613,435	14,219,217	13,639,580	13,417,340	-1.6%	(222,240)

REVENUE	2006 Actual	2007 Actual	2008 Adopted Budget	2009 Revised Budget	Percent Change	Change
GENERAL						
Charges for Service	711,305	658,790	680,000	555,300	-18.3%	(124,700)
Contributions	1,160	700	0		0.0%	0
TOTAL GENERAL	712,465	659,490	680,000	555,300	-18.3%	(124,700)
SPECIAL REVENUE						
Sales and Other Taxes	11,000	46,916	50,000	26,000	-48.0%	(24,000)
Federal Government	4,557,391	4,214,030	4,211,382	3,993,759	-5.2%	(217,623)
State Government	3,411,957	3,584,895	2,969,503	2,912,344	-1.9%	(57,159)
Local Government	519,931	389,651	120,000	147,000	22.5%	27,000
Charges for Service	188,540	264,179	240,000	245,000	2.1%	5,000
Contributions	213,657	232,999	125,000	160,000	28.0%	35,000
Other Misc Revenues	8,269	203,575	8,000	5,000	-37.5%	(3,000)
TOTAL SPECIAL REVENUE	8,910,745	8,936,244	7,723,885	7,489,103	-3.0%	(234,782)
TOTAL REVENUE	9,623,210	9,595,735	8,403,885	8,044,403	-4.3%	(359,482)

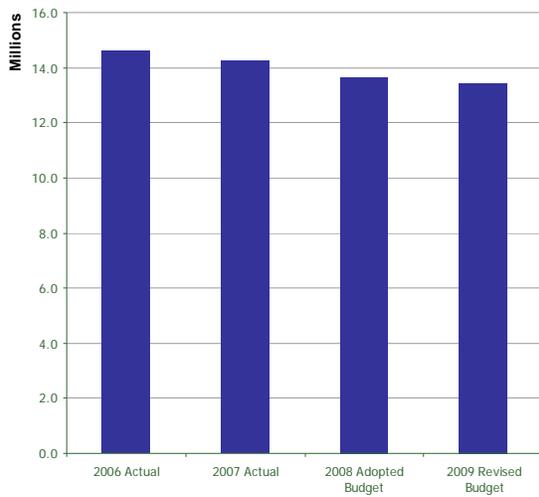
Expense by Fund, 2009 Revised Budget



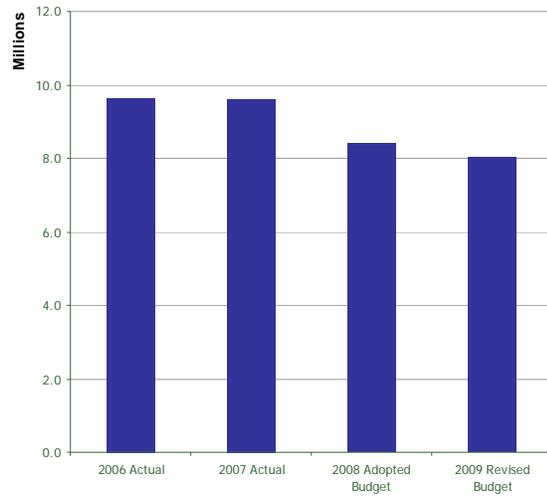
Expense by Category, 2009 Revised Budget



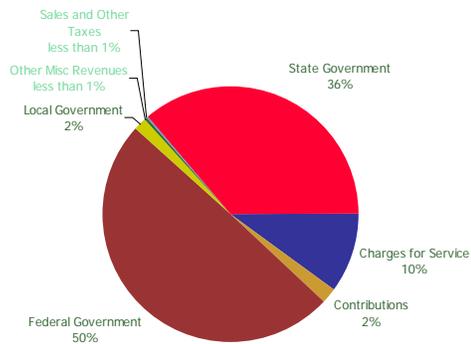
Expense 2006 - 2009



Revenue 2006 - 2009



Direct Revenue by Type, 2009 Revised Budget



HEALTH AND FAMILY SUPPORT Staffing Information

Expense	2006 Actual	2007 Actual	2008 Adopted	2009 Revised	% Change	Change
COMMUNITY SERVICES	66	66	66	67	1.5%	1
TOTAL	66	66	66	67	1.5%	1

Positions 2006-2009

