




Health and Family Support

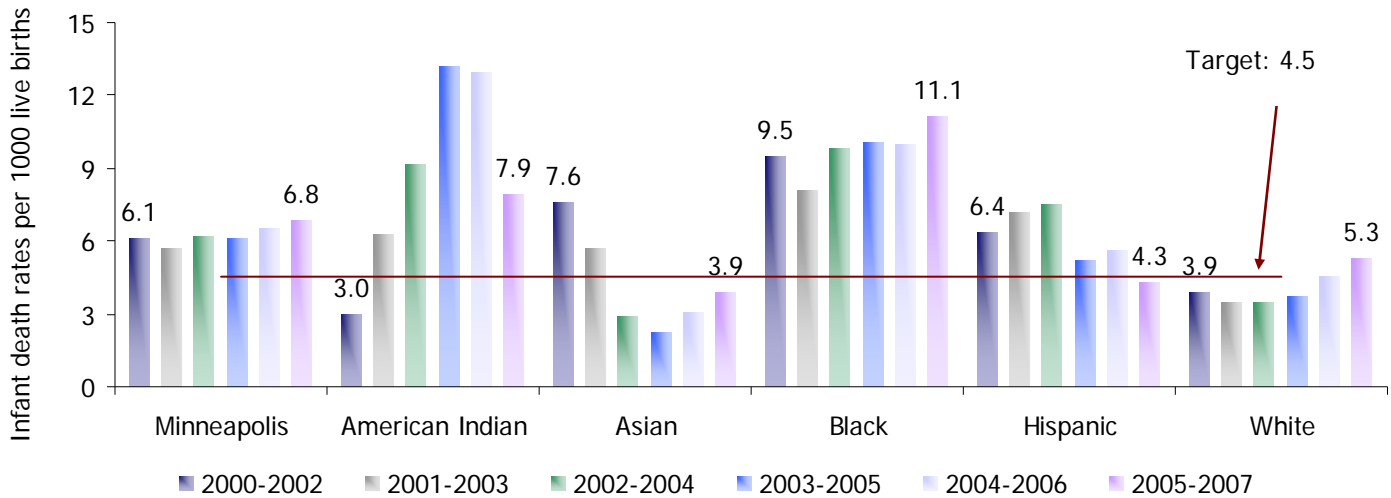
September 29, 2009

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Health and Family Support

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Minneapolis infant mortality rates by race/ethnicity during 2000-2007 (3 year rolling average rates)



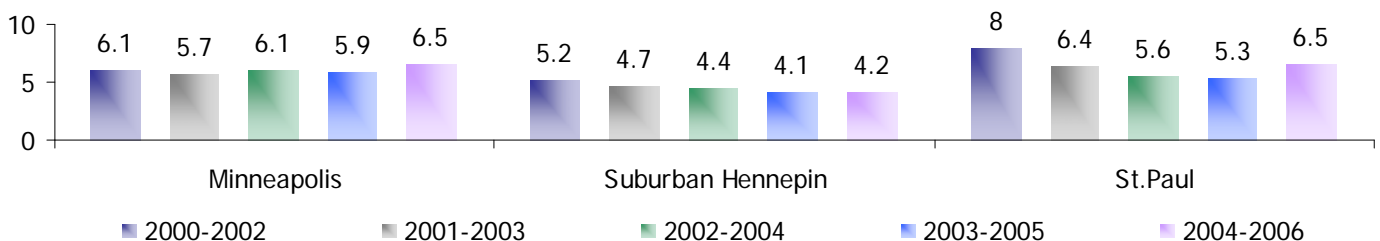
Why is this measure important?

Infant mortality is recognized by the World Health Organization (WHO) as a sentinel measure of population health. Disparities in infant mortality reflect a constellation of risk factors, including the long-term effects of poverty and stress, poor maternal health, unhealthy physical and social environments, and lack of access to high-quality health care.

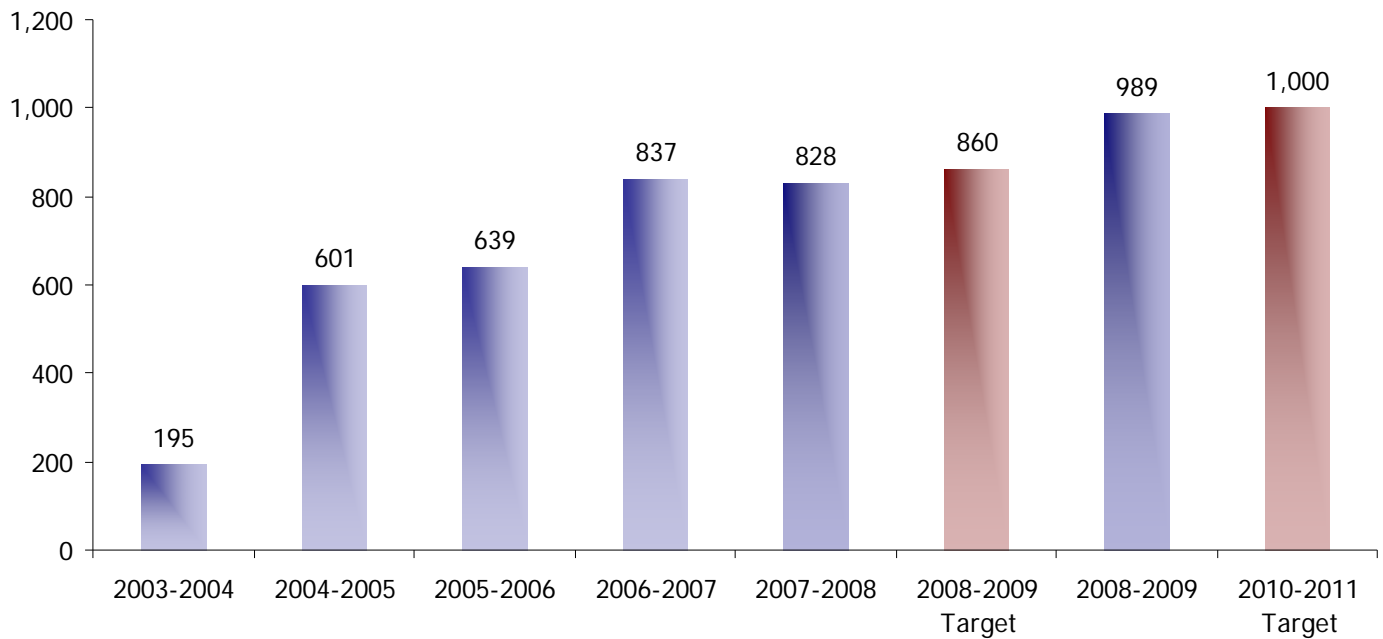
What will it take to achieve the targets?

Reducing infant mortality, especially among low-income and racial/ethnic minority groups, will require concerted and collaborative efforts by policy makers, service providers and community members to increase education, provide enhanced social support for pregnant women and new mothers, ensure adequate nutrition and safe living environments for families, and increase access to affordable and high-quality healthcare before, during and after pregnancy. Recent efforts are targeting preventable deaths by suffocation by increasing training on safe sleep practices and providing portable cribs to new mothers who need a safe place for their infant to sleep. Continuing culturally sensitive efforts to encourage and support the cessation of smoking, drinking, and non-medical drug use during pregnancy, especially among American Indian and African American women are essential.

Number of infant deaths before age 1 per 1,000 births



Number of 3-year olds screened by Minneapolis Public Schools



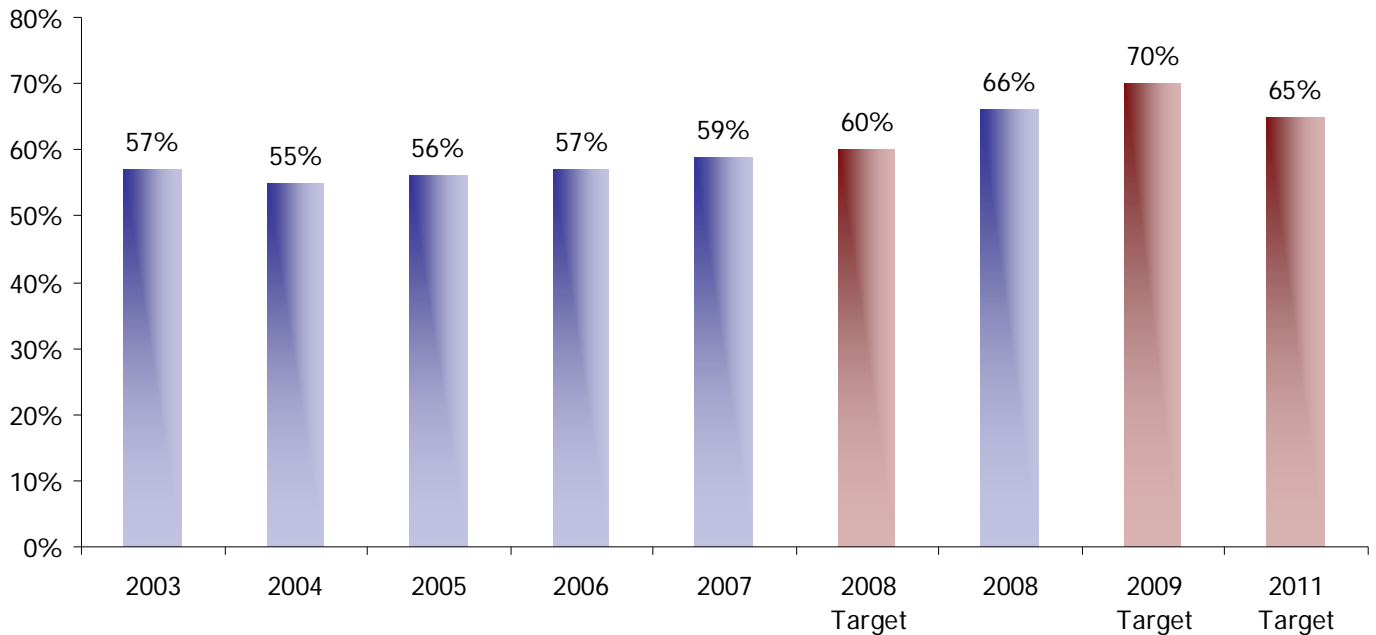
Why is this measure important?

Preschool screening is recommended well in advance of kindergarten in order that health problems or developmental delays can be identified, and appropriate responses initiated, to reduce the likelihood that these problems will impede learning.

What will it take to achieve the targets?

The capacity of the Public Schools to conduct screenings needs to be enhanced with increased reimbursement for screenings. Extensive outreach to families needs to be focused on the value of screening and the need for screening at age 3 rather than 5. Physician offices need to be encouraged to increase in-depth developmental screening, referrals and reporting of results to schools. DHFS is working with Hennepin County Child and Teen Checkup, health plans, state health and human services agencies, Ready for K, and pediatricians to change screening and reporting practices and public policy.

Percent of incoming kindergartners considered proficient in areas critical to school success



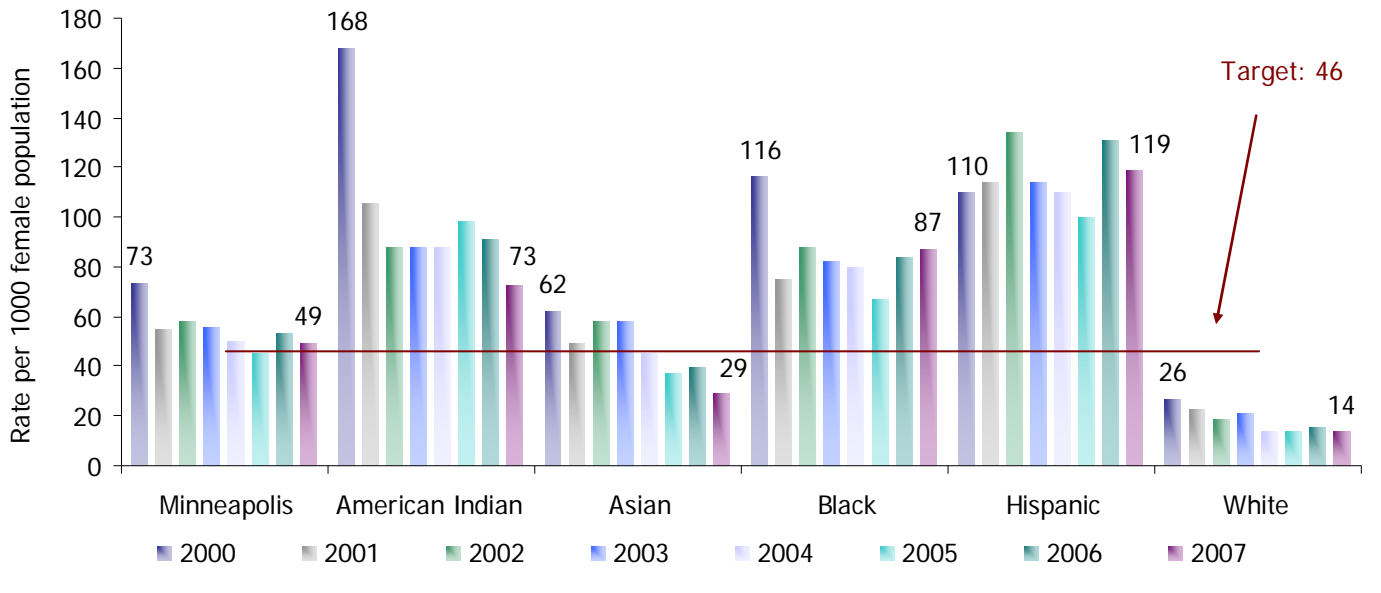
Why is this measure important?

School readiness is important because children who lag behind their peers in learning skills in the early grades often fail to catch up later; many become discouraged and eventually drop out of school. The Beginning Kindergarten Assessment is closely aligned with academic success.

What will it take to achieve the targets?

Children whose child care providers participated in early literacy training and coaching enter kindergarten ready to learn at much higher rates than average. More providers need to be reached with this training. There also needs to be increased access to high quality early childhood opportunities. Early preschool screening helps identify children who need enriched experiences and to connect them to services so that they are more prepared to learn to read once they begin school.

Minneapolis teen pregnancy rates by race/ethnicity during 1999-2007 (age 15-17)



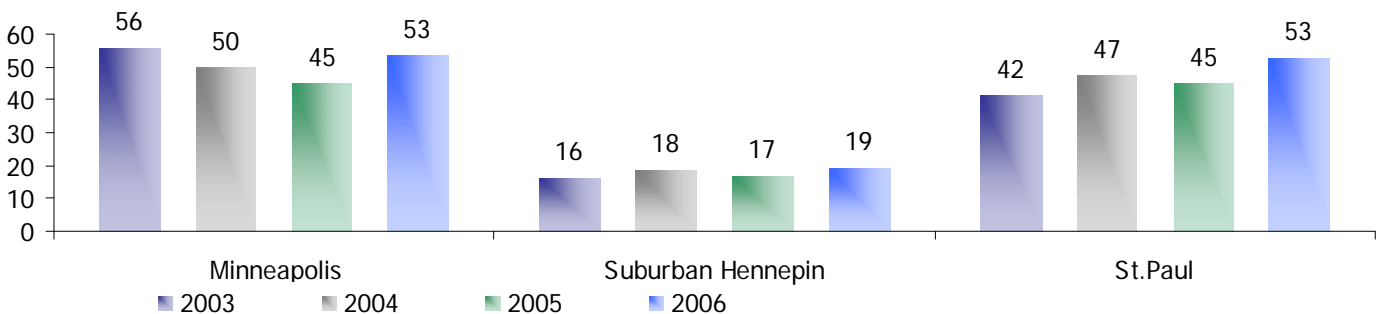
Why is this measure important?

Pregnancy during adolescence increases the likelihood that a mother will not complete high school and that her children will be raised in poverty. The children of a teenage mother are at higher risk for being underweight at birth and much more likely to exhibit behavioral problems than children of older mothers.

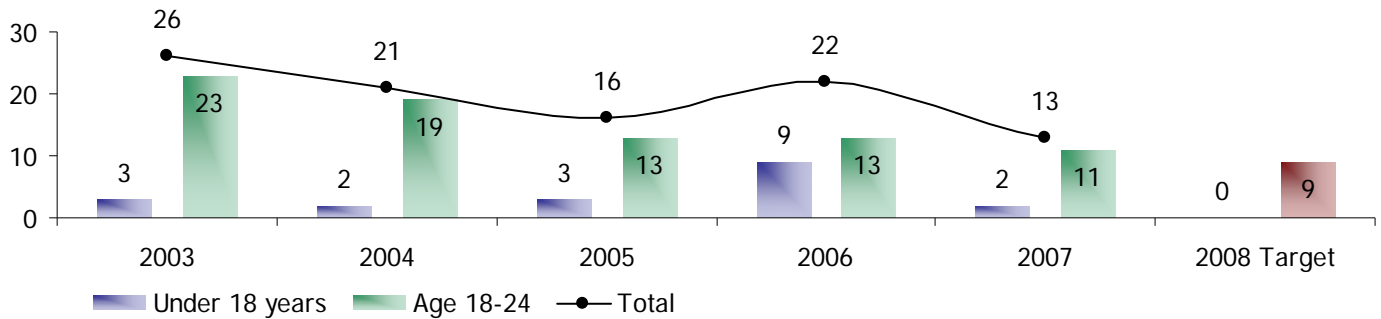
What will it take to achieve the targets?

Teens who value education, are involved in school and community activities, and believe in the possibility of a bright future are less likely to engage in sexual relationships at a young age, and are more careful about using contraception when they initiate sexual activity. To reduce teen pregnancy, it is essential that young people receive accurate information about reproductive health and have access to confidential medical care, including contraception.

Number of pregnancies per 1,000 teens aged 15-17

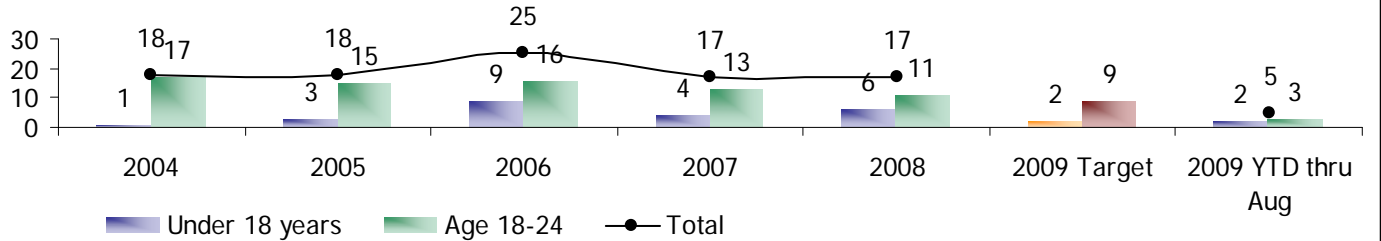


Homicides of Minneapolis residents (2003-2007)



Source: Vital Statistics, 2003-2007

Homicides occurring in Minneapolis (2004-2009)



Source: Minneapolis Police Department, 2003-2008

Why is this measure important?

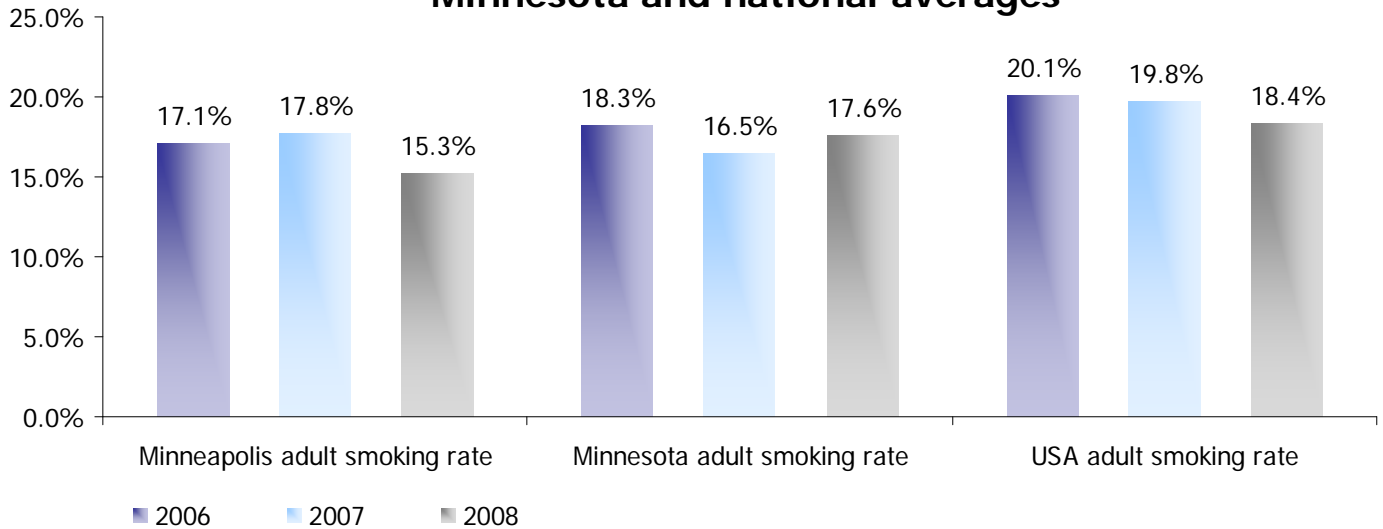
The wellbeing and quality of life of many youth and families whose lives have been uprooted by injury, disability or death resulting from youth violence is a public health concern. Besides the obvious tragedy of life lost at a young age, homicide has a traumatic impact on the entire community. Unfortunately, retaliation due to homicide can lead to yet more violence; as a result, early intervention with youth is important. From a public health perspective, violent behavior which leads to homicide is a form of intentional injury which is preventable.

What will it take to make progress?

Reducing homicide requires increased efforts to engage youth, particularly disaffiliated and at-risk young men, in activities that increase their skills and self-efficacy, expose them to positive role models and provide them hope for a better future. Increasing youth development initiatives, positive community programs, employment opportunities and supporting parents of teens are bedrock strategic efforts that are being pursued as research has shown them to best suppress risk factors associated with youth violence.

The City's efforts at reducing youth violence are twofold: increasing the law enforcement tools through the Minneapolis Police Department's Juvenile unit and a multi year prevention strategy outlined in the Mayor's "Blueprint for Action." This partnership is implemented through the Department of Health & Family Support in collaboration with a host of community partners who work in concert with each other to implement the 34 recommendations. In addition, MDHFS funds community-based strategies for positive youth development and recently hired a gang prevention specialist to coordinate community based efforts on gang abatement in the following neighborhoods: Folwell, Hawthorne, Jordan and McKinley.

Minneapolis adult smoking rate compared to Minnesota and national averages



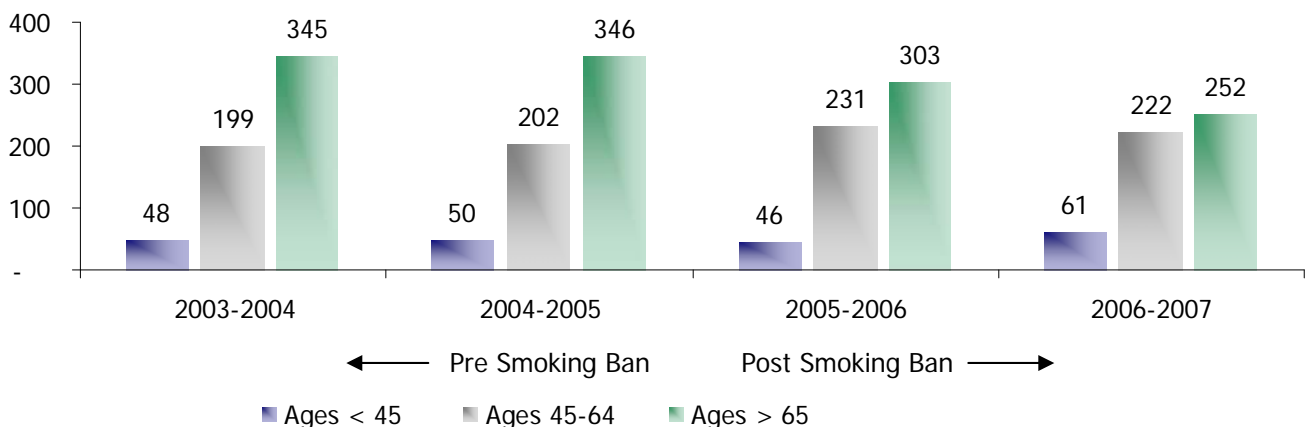
Why is this measure important?

Cigarette smoking remains the number one preventable cause of death in the United States, and contributes to high health care costs. The health effects of second hand smoke are now also well documented.

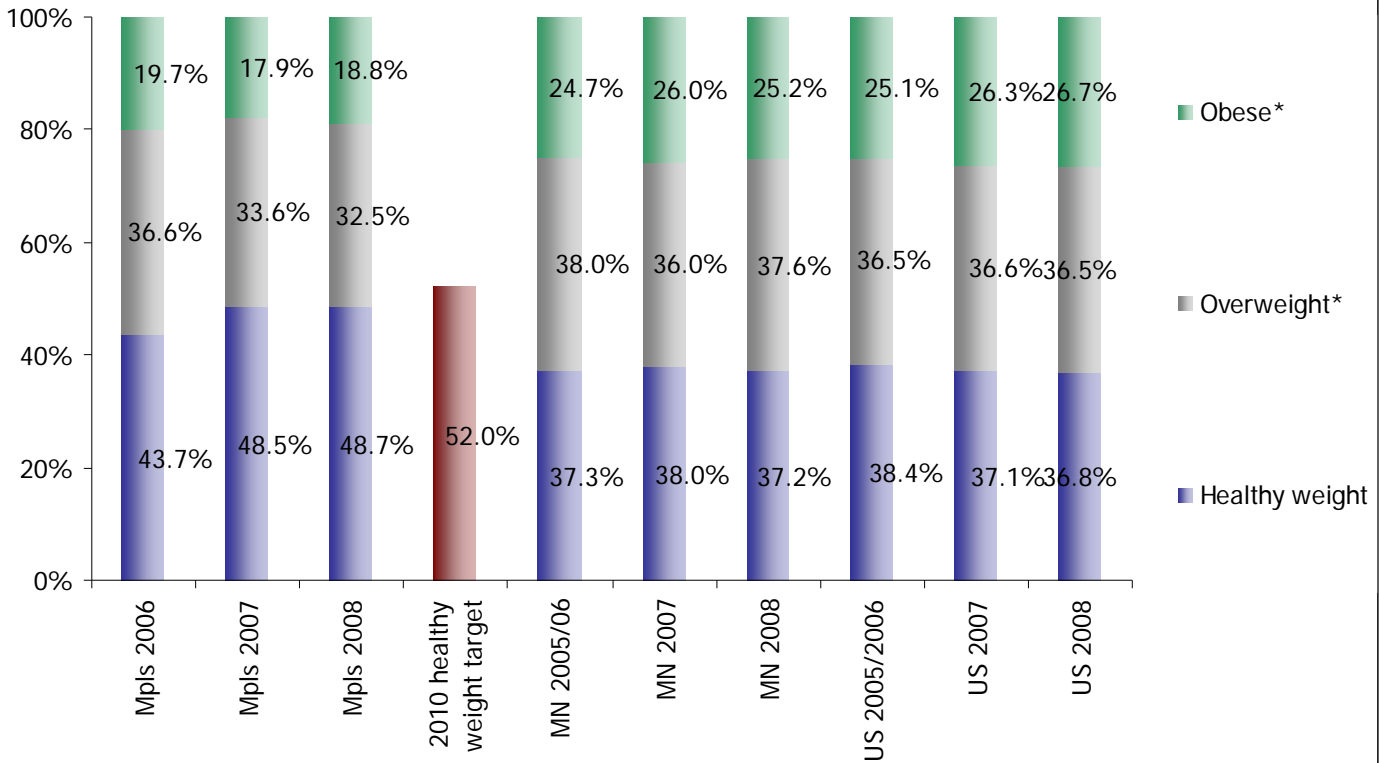
What will it take to achieve the targets?

Initiating of cigarette smoking and continued smoking are affected by the cost of cigarettes and by policies which restrict the areas where smoking is permitted. Policies must continue to address the hazards of smoking and be complemented by low-cost access to smoking cessation programs and products.

Hospitalizations from acute coronary events among Minneapolis residents



Percentage of Minneapolis residents at healthy weight, overweight, and obese compared with MN and US



* BMI of 25-29.9 for overweight; BMI of 30+ for obese

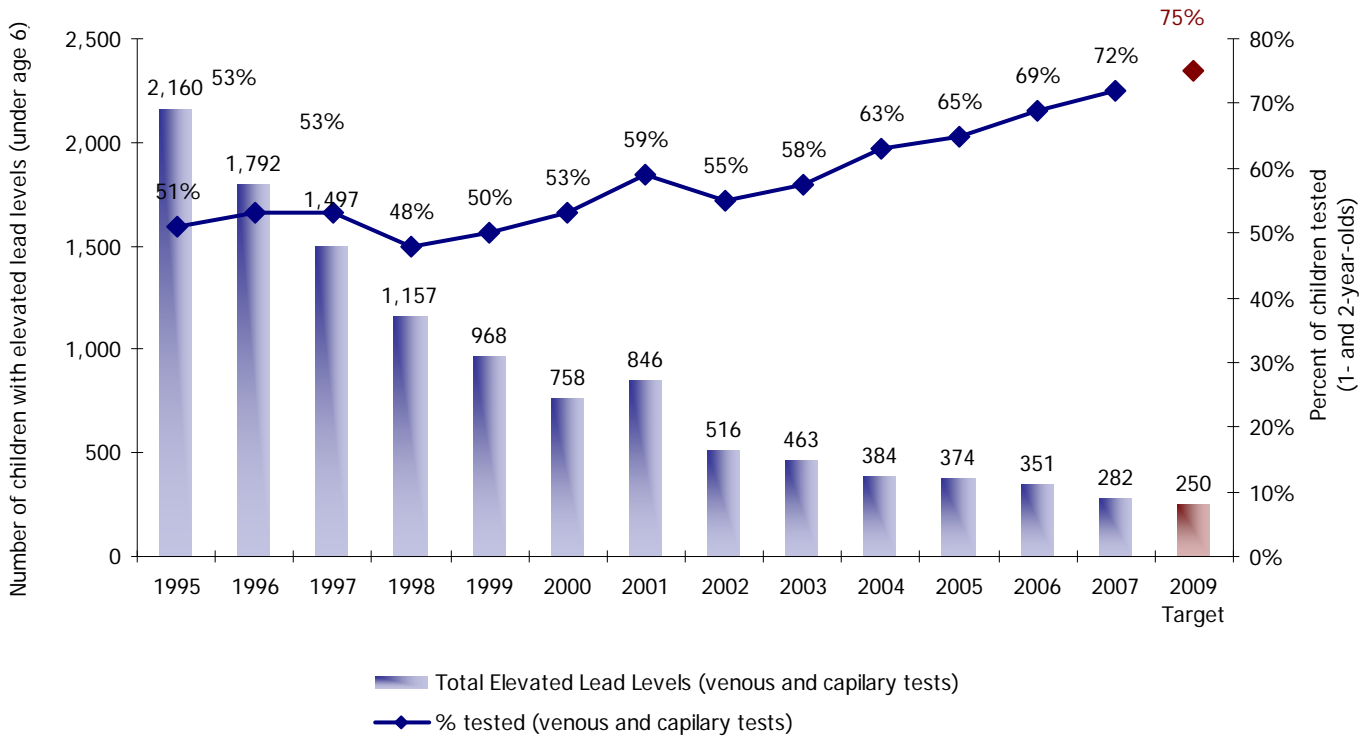
Why is this measure important?

Obesity is fast rising and is projected to eventually outpace cigarette smoking as the number one preventable cause of death. Obesity increases the risk for diabetes and cardiovascular disease, as well as some cancers, and greatly reduces the quality of life for many individuals.

What will it take to achieve the targets?

Factors which influence the rising rate of obesity are reduced need and opportunity for walking and biking, promotion and availability of low-cost, high calorie food, and changing dietary norms including large portions. Preventing weight gain and reducing weight require increased education about healthy diet, physical activity and the importance of a healthy weight; access to nutritious food at reasonable cost and opportunities for physical activity in safe neighborhoods; and policies that promote healthy eating and exercise within families and in school and work environments.

Percent of 1- and 2-year-olds tested for lead and the number of children under age 6 with elevated blood lead levels



Why is this measure important?

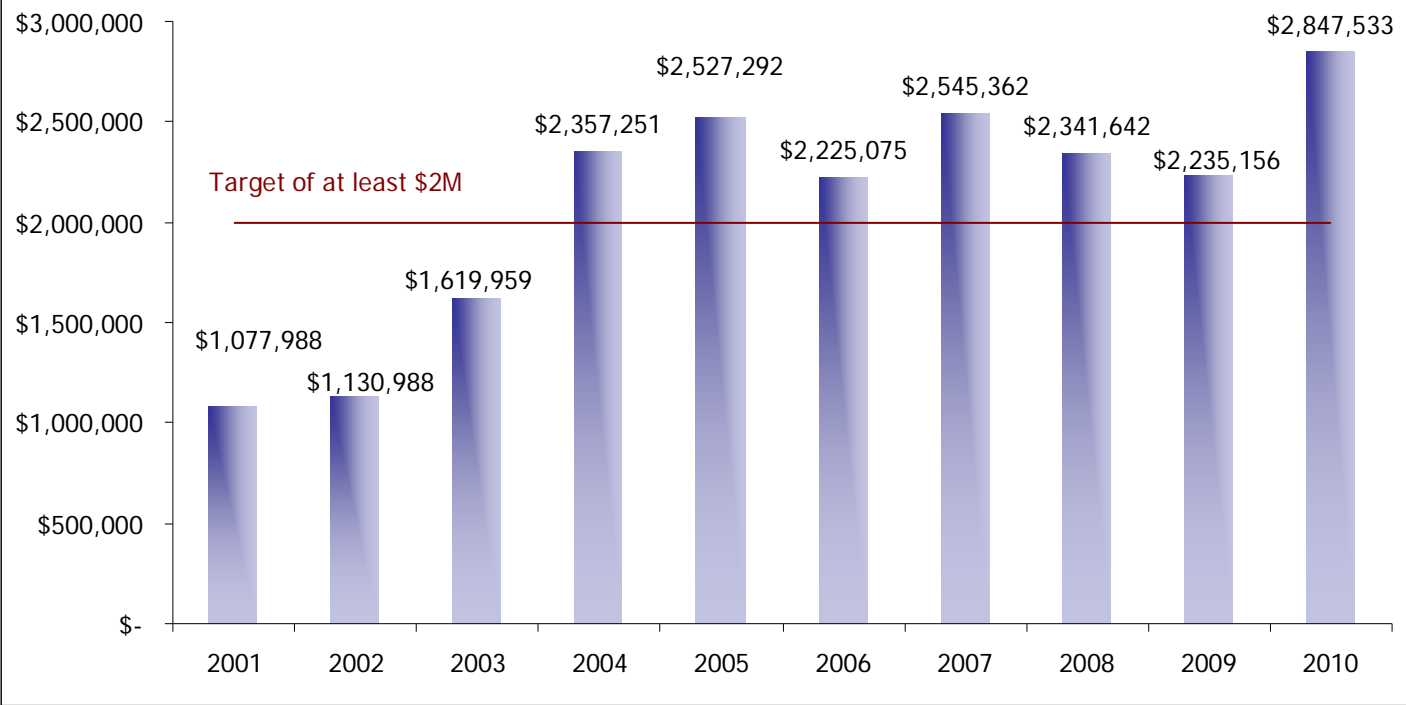
An elevated blood lead level in a child has significant and irreversible impacts, including learning disabilities, decreased IQ, decreased growth, hyperactivity, hearing impairment, brain damage and, at very high levels, death.

What will it take to achieve the targets?

Reaching the screening target requires coordinated efforts with the state health department, clinical providers, and health plans, as well as the availability of community resources to address lead hazards once elevated lead levels are detected.

Eliminating lead poisoning requires broad-based community and government efforts to remediate lead hazards in homes prior to poisonings occurring.

Discretionary grant funds awarded as of Aug 31, 2009



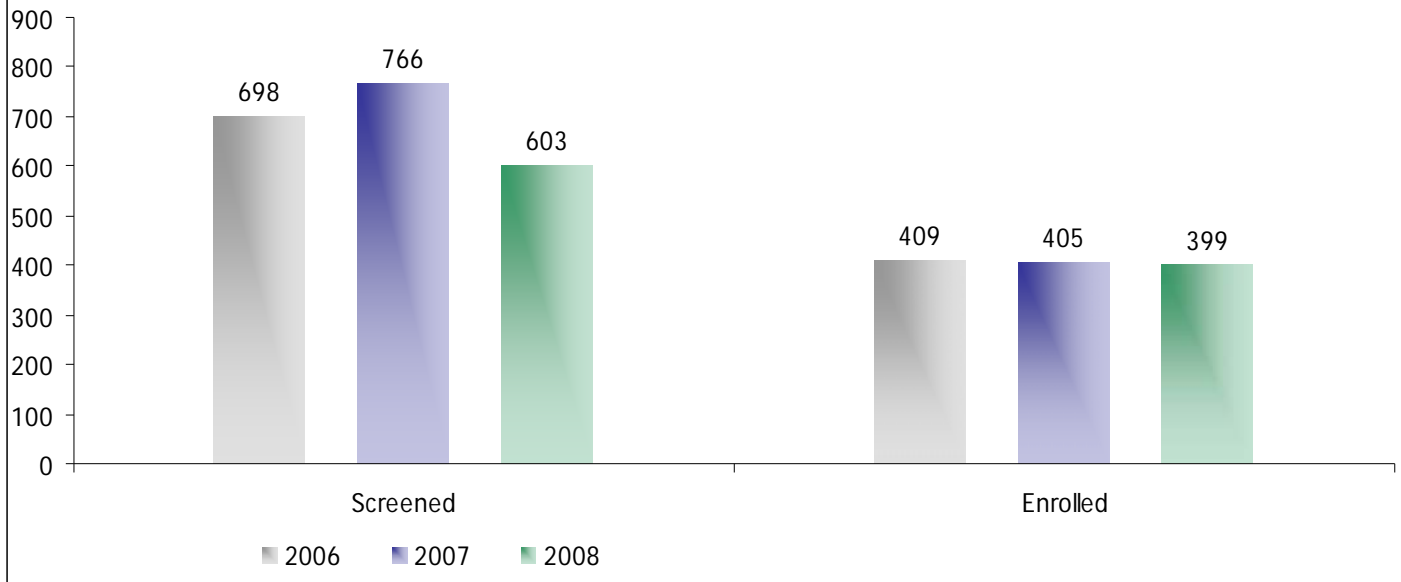
Why is this measure important?

Public health department funding through city general funds and state block grants have remained stagnant or decreased over recent years. At the same time, demands for public health services have increased, with high numbers of refugees and immigrants and higher numbers of uninsured residents. Racial and socioeconomic health disparities persist. The Department's ability to obtain government and foundation grants is critical to targeting its resources toward city and department goals.

What will it take to achieve this target?

Grant awards have become increasingly competitive. The department's ability to retain staff with proven ability to secure funds combined with strong partnerships with community agencies are essential to grant-seeking success.

Screening for Healthy Start program



Why is this measure important?

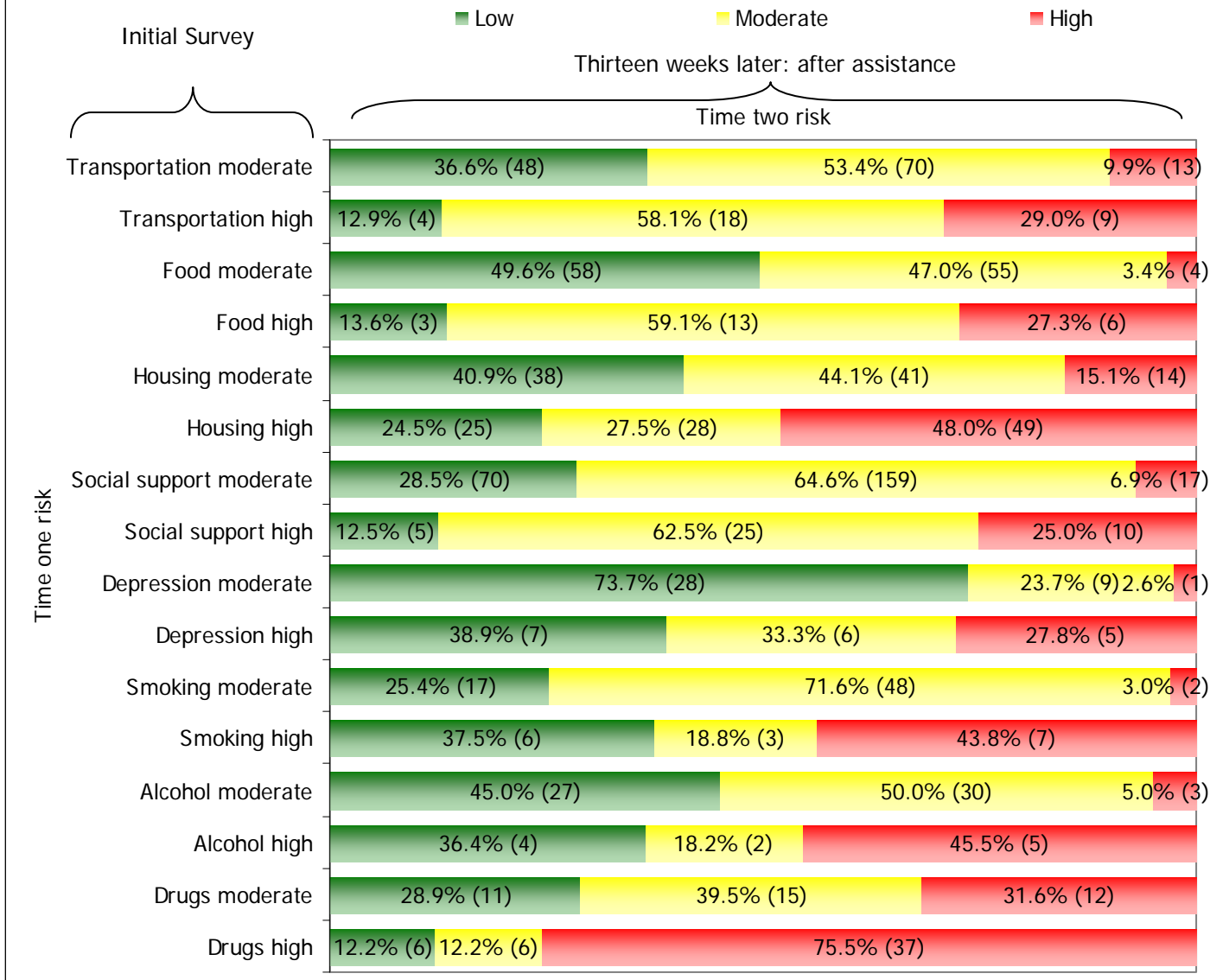
Improving birth outcomes requires attention not only to medical needs but also to psychosocial factors that jeopardize a healthy pregnancy and birth. These include housing instability, food insecurity, domestic violence, mental health and substance use problems, which disproportionately affect low-income women and women of color. Systematically screening pregnant women, as early as possible during the pregnancy, facilitates the identification of risks and leads to referrals to appropriate services.

With Twin Cities Healthy Start funds, the department developed a screening tool and case management protocol that has been implemented at three community clinics in Minneapolis. In 2008, 603 pregnant women were screened at these sites for psychosocial risk factors, and 399 were enrolled into the Twin Cities Healthy Start program.

What will it take to achieve the targets?

A study is underway that involves matching birth certificates to the records of pregnant women who completed the screening tool, including the subset of women who received enhanced case management services through the Healthy Start program. Data analyses will examine the relationship between psychosocial risk factors and birth outcomes, along with the benefits of services designed to reduced risk. Healthy Start is also modifying its program model in 2009 to foster sustained participation in the two years following birth, to better promote maternal and infant health.

Risk factors identified at two points during pregnancy



Improving prenatal care

As part of a prenatal care study, 423 women were administered a structured screening interview – at their first visit and approximately 13 weeks later. Automated scoring classified responses in each risk domain as low, moderate, or high risk. Women classified as moderate or high risk received specific assistance based on a standardized case management protocol. Overall, substantial improvements were seen in terms of basic needs, social support and behavioral health by the second interview. This measure is important because it assesses service providers' responsiveness to individual needs which is expected to lead to increased compliance with prenatal care recommendations and improved birth outcomes. Additional resources for enhanced case management and community resources will be necessary to assist all women with psychosocial risk factors.