SUMMARY OF RECOMMENDATIONS AND ACTION STEPS

OF THE BLUE RIBBON PANEL ON PUBLIC HEALTH IN MINNEAPOLIS

PREPARED BY HALLELAND HEALTH CONSULTING

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ABOUT THE BLUE RIBBON PANEL

Elected officials in the City of Minneapolis and Hennepin County, faced with tough choices about allocation of resources, raised the question of whether it is good public policy to maintain two different public health departments serving Minneapolis. To help answer this question, the Hennepin County Board of Commissioners and the Minneapolis City Council adopted resolutions to establish the Blue Ribbon Panel on Public Health in Minneapolis in the summer of 2003. The City's resolution prescribed a membership reflecting the ethnic and cultural diversity of Minneapolis and community leaders, public health experts and nonprofit health care agencies. The Panel was convened and co-chaired by Minneapolis Council Member Natalie Johnson Lee and Hennepin County Commissioner Gail Dorfman. Michael Scandrett and Deanna Mills of Halleland Health Consulting facilitated the Panel's deliberations and prepared its report. The Panel members met five times in the fall of 2003.

Mary Ann Blade
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Minnesota Visiting Nurse Agency

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Senior Citizen Community Activist from Northeast Minneapolis

Sharon Day
Executive Director
Indigenous Peoples Task Force

Edward Ehlinger
Director and Chief Health Officer
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Sharon Henry-Blythe
Executive Director
Greater Minneapolis Daycare Association and Chair of the Minneapolis Public School Board of Education

Kinshasha Kambui
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Jim Koppel
Executive Director
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Cha Lee
Executive Director
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Jan Malcolm
Program Officer
Robert Wood Johnson Foundation and former Commissioner of the Minnesota Department of Health

Christopher Reif
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Special Note: City and County public health department staff provided administrative support, technical expertise and information about the City and County departments as requested by panel members. A special thanks is extended to Ken Dahl, Gretchen Musicant, Ellie Ulrich Zuehlke, and Shada Buyobe Hammond of the City of Minneapolis Department of Health and Family Support and Todd Monson and Diane Loeffler of the Hennepin County Community Health Department.

RECOMMENDATIONS AND A CALL TO ACTION

Promoting health in an urban area such as Minneapolis is a dynamic process that requires full community involvement. Despite the recent successes in reducing the infant mortality rate, increasing immunizations, decreasing teen pregnancies and early sexual activity, to name a few, the data reveal that Minneapolis' public health needs are actually increasing!

Today, the key public health issues facing Minneapolis residents include:

- **Growing at-risk populations with greater health disparities.** One in three Minneapolis residents represents an ethnic or racial group other than Caucasian. People of color experience worse health than their white counterparts on several measures.

- **Concentrated areas of pervasive and persistent poverty.** One in six Minneapolis residents lives in poverty. Poverty is one of the greatest risk factors for poor health.

- **Student performance lagging behind the statewide average.** The graduation rate of the Minneapolis Public Schools is 43 percent, just a little over half the rate statewide of 78 percent. Well documented research has shown that the more educated person tends to be healthier.

- **Risk of bioterrorism and emerging infectious diseases in densely populated areas.** There is a critical need for overall community planning and preparations for emergencies, as became evident following the September 11 terrorist attacks.

- **Growing risk of outbreaks of infectious diseases and their effect on vulnerable populations.** Seemingly "resolved" health issues such as tuberculosis have come back

to life with new arrivals to Minneapolis and other highly infectious diseases are always on the horizon.

- **Growing number of uninsured people.** One of nine residents lacks health insurance; double that of the state rate.

Given what is now known about the overwhelming impact of social, environment and economic determinants on health status, these and many other factors affecting health status are interconnected and vary significantly among Minneapolis neighborhoods. In summarizing the views of her fellow panel members, Jan Malcolm, Program Officer at the Robert Wood Johnson Foundation and former Commissioner of the Minnesota Department of Health stated,

> *At the end of the day, we need more focus on public health and more output from the public health systems, not less. The recommendations ought to be how best to produce more of the most important public health interventions given limited resources.*

To fulfill their charge, the Panel carefully examined the key question raised by elected officials of whether it is good public policy to maintain two different public health departments serving Minneapolis. They ultimately concluded that merger is *not* in the best interest of Minneapolis residents at this time, but believe that significant improvements *can* be made in the way the two departments and their respective governing bodies work with each other and community partners.

The Panel appreciated the elected officials' concerns about assuring effective and efficient public health in Minneapolis in the face of challenging fiscal times. They too, are concerned cutbacks will be deeply felt in the community and will increase the disparities that exist in health status and access to health care.

From their perspective, this presents an urgent call to action for our community to work more strategically on a *shared* Urban Health Agenda. Furthermore, the Panel believes elected officials and the staffs of the two public health departments are in key positions of leadership to call the community into organized action to tackle the most pressing public health issues in Minneapolis**.**

The key concepts that formed the Panel's recommendations are:

This is a time of major change. Business as usual is not an option. Mayor R.T. Rybak expressed his concern as this, *"We are facing a radically different financial picture today. Elected official are forced to make extremely difficult choices with reduced public funds."* This is juxtaposed against laws and societal values recognizing that government has a responsibility to protect citizens from injury, illness and disease. This is not a discretionary activity that can be dispensed with when money is tight. It will take not only efficiency, but innovation to meet the City's growing public health needs with dwindling budgets. New and forward-thinking approaches are called for leading to overall, systemic changes in how the

public health departments and the respective governing bodies work with each other and community partners.

Public health is a core business function of government. The mission of public health is *"to fulfill society's interest in assuring conditions in which people can be healthy."* The importance of this societal interest cannot be overstated. Unhealthy children cannot learn. Unhealthy workers cannot contribute to a thriving economy. Sick and injured residents require more medical attention at a higher cost to the community and government. Unhealthy social conditions are a drag on the economic vitality and quality of life of Minneapolis. They also drive up costs in other areas of government spending such as public education and criminal justice. A major cause of the current government budget crisis is rapidly rising health care costs. The community is paying the price today for failing to devote enough attention in the past to assuring better health by addressing the conditions in our communities that result in illness and injury. Public health is a solution to fiscal woes rather than a drain on the public coffers.

Public health's central goal is to improve the health of populations. The central goal of public health is to identify the particular *conditions* that cause illness and injury in the City, and work to change these conditions so the *entire population* is healthier. It is important to distinguish the public health role from the role of the medical care system, which treats *individual cases* of illness and injury. Public health activities prevent epidemics and injuries, protect against environmental hazards, promote healthy behaviors, and assure that residents have access to health care. It is tempting to view public health as something that can be turned over to the private health care market and the not-for-profit and voluntary sectors, but there is no substitute for a robust public health system with the authority and capacity to protect and promote the health of Minneapolis residents.

Recommendation #1 . . . *The City and County Public Health Departments should not be merged.*

The Panel believes that merger of the two departments will leave Minneapolis with a diminished capacity to serve increasing public health needs. Each department has a distinct expertise and their respective strategies complement rather than compete with or duplicate the other. These two departments represent a synergistic relationship – remove one and the other will weaken, but when working side-by-side, their strengths are enhanced.

- **Minneapolis Department of Health and Family Support** currently has 83 formal community partnerships. The department has developed expertise in relationship building with community groups, communities of color, new immigrant populations and many others. It has the capacity to bring the community viewpoint to the table in

assessing and defining issues, prioritizing investments and designing solutions that reflect the complexity of urban issues and acknowledge the unique needs and skills of its residents. The Panel also found that this expertise is of value to other city departments and to elected officials as other citywide strategies are pursued.

- **Hennepin County Community Health Department** embodies the core science of public health. It is known throughout the state as a powerhouse of solid epidemiological study, which results in implementation of strong data-driven public health policy and strategy. This Department's strategic plans define implementation of the core public health functions of assessment, policy and assurance, and their programs support this direction. The Department recently moved under Hennepin County's newly re-organized Human Services Department. The new department model preserves a strong public health identity while using a multi-disciplinary and shared approach to serving clients. This integration focuses on issues exacerbated by poverty and will provide multiple opportunities to apply public health strategies to social determinants of health.

Merger would also result in less money for public health in Minneapolis. The City has the ability to leverage additional funding from other sources to increase the impact of each local dollar. For each dollar that the City puts up, an additional $2.61 leveraged for Minneapolis residents. Public dollars leverage additional resources for public health in community organizations. Private funders are much more likely to provide their financial contributions to community organizations when local government is part of the funding formula. Additionally, several of the City-County funded community organizations leverage grassroots-community volunteers to carry out much needed relationship-based activities in the neighborhoods. The financial impact of community volunteerism is very hard to quantify, but we know it is *priceless* to our overall community fabric.

Recommendation #2 . . . *Establish Accountability for a Shared Urban Health Agenda.*

Together, the City and County need to establish a clearly focused public health agenda that is based on the unique health needs of an urban community. Health disparities, generally associated with Minneapolis' core areas, are now becoming widely dispersed in Hennepin County, especially in the first ring suburbs. These urban health priorities that are shared by the two departments should be addressed through a common community agenda. The common agenda should then be pursued with a coordinated strategy that takes advantage of the diverse skills, relationships and voices of the City and County, as well as community partners.

Look beyond traditional public health. The health of our urban community is strongly influenced by conditions that require interventions in areas not usually thought of as public

health. An Urban Health Agenda addresses social, behavioral and environmental conditions affecting health.

A shared agenda as a way of doing business. Identifying a shared Urban Health Agenda should be institutionalized as a way of doing business for the City and County.

An agenda that maximizes external partnerships. Government acting alone can never effectively address all public health needs of Minneapolis, even in times of abundance. The Urban Health Agenda must be developed in close partnership with communities, nonprofit agencies, grassroots groups and other groups.

Today there is heightened awareness in the community of changing roles of government due to a number of factors, financial constraints being only one. City and County departments can seize this window of opportunity for transformational change and work in close partnership with community organizations and nonprofit agencies to push forward community engagement in public health issues through collaboration.

Recommendation #3 . . . *Set Public Health Priorities Based on Expected Outcomes in Relation to the Amount Invested.*

Current research on the social and economic determinants of health proves that public health can be a *solution* to fiscal woes, rather than a drain on government coffers. The City and County public health departments can strive to define and quantify the outcomes of their activities and concentrate on those that are most likely to produce a benefit whose value outweighs the amount of the investment. Strategies to engage other areas of government in public health improvement and disease prevention programs can also create synergy to impact overall government expenditures.

Public health strategies produce quantifiable economic payoffs by reducing health care costs, reducing burdens on criminal justice, corrections and education institutions, and improving worker productivity. If greater public health investments had been made in the past – for example, to prevent smoking or head off the obesity epidemic – the current budget crisis would be much milder. Priorities should be carefully chosen based on the likelihood the investment will produce results.

Great care is also needed so that the biggest long-term impacts aren't the first to be cut because the results don't show up in the next budget period. Numerous short-term and less expensive investments made now will pay off in big returns—or reduction of large expenses—down the road.

Recommendation #4 . . . *Improve and Formalize Working Relationships Between the City and County Public Health Departments.*

Changes are needed in how the two departments work together so that their respective strengths can be combined in an efficient, focused and strategic way. These changes will not result in cost savings, but will enable the departments to accomplish more with available resources.

Inter-governmental agreement. Communication channels and expectations should be established to assure appropriate communication and coordination becomes a way of doing business. These should be formalized in an agreement between the two departments.

Assessment and planning. Both departments should continuously share information and coordinate their planning processes in order to produce a joint, coordinated plan for addressing shared urban public health priorities, and to assure that the activities of the different departments do not create conflict or confusion.

Develop a formalized process for defining the roles and responsibilities. The staff and elected leaders for the two departments must work together to develop a process and criteria for continuously redefining the departments' respective roles in meeting Minneapolis public health needs. The process should be formalized so it will not be disrupted in the event of changes in staff or elected leadership.

Partnership models. The strategic partnership should be tailored to each particular public health issue and strategy. These categories can be used for defining roles and responsibilities:

- Activities undertaken independently by the two departments
- Shared activities divided according to political or geographic boundaries
- Shared activities with different leadership roles for each department
- Shared activities with one lead department and one supporting department

Voices of urban public health. It is important that there be strong and consistent messages for urban public health, especially in today's environment of growing health concerns and competing fiscal priorities. The City and County should support a shared Urban Health Agenda with compelling messages and advocacy.

NEXT STEPS

The Blue Ribbon Panel on Public Health in Minneapolis convened to make recommendations consistent with their charge outlined in the County and City resolutions, *"…to assess the health and human development delivery systems of Minneapolis and develop recommendations to the Mayor and City Council of Minneapolis and Hennepin County Board of Commissioners regarding structure, accountability, funding and governance."* The necessary steps to put their recommendations in action were beyond their charge. Thus,the following are suggestions by the authors based on discussions with public health staff, the Panel's Co-Chairs, and Citizen-Chairs of the Public Health Advisory Councils of the two public health departments.

… If the Panel's recommendations are adopted.

Support the development of a shared Urban Health Agenda. Although public health departments typically lead these efforts, strategies used to promote an Urban Health Agenda require resources and participation from many other disciplines and areas of expertise in addition to public health. An Urban Health Agenda is a plan that engages communities to prioritize activities and strategies in order to improve and protect health in an urban environment. The Agenda takes into account the link between health and health determinants. The Agenda balances a large number of health needs and builds on the human resources, community assets and physical amenities cities offer.

In light of this, the following decisions are needed:

Who will take on the leadership for the Urban Health Agenda? Presumably this would be Hennepin and City in partnership but could the Minneapolis Public Schools also be a key partner? What other community organizations provide key public health services that need to be partners? Who are key partners that can address the social determinants of health?

What will be the process to identify key health goals for community engagement? Health goals need to be jointly selected in a thoughtful way that utilize good data, information on what else is happening in the community, and an assessment of organizational and budgetary capacity. Top priority areas for collaboration suggested by the public health staff during the Panel's deliberations were: focus on the obesity epidemic, assure health care access, and reduce teen pregnancy. The Panel members also suggested mental health concerns of children and youth.

What resources are available or could be leveraged in the community? A broad look at funding would be necessary. Identifying where funding is aligned could be considered the "low hanging fruit" for collaboration. Other funding could be redirected and considered for infrastructure development.

Change the internal operations of the public health departments. Consistent with the Blue Ribbon Panel's Recommendation #4, a formal, inter-governmental agreement needs to be collaboratively developed that articulates how the departments and the governing bodies will:

- Coordinate assessment and planning for core public health activities.
- Define the roles and responsibilities of each public health department
- Identify partnership models tailored to each particular public health issue and strategy
- Develop methods to support strong and consistent messages for urban public health

Increase awareness of the unique health issues faced by urban residents. The Minnesota Department of Health's Rural Health Advisory Committee holds high visibility conferences on rural health issues and supports legislation related to those concerns. A structure similarly formed for urban areas in Minnesota could be an opportunity to jointly raise awareness of the unique public health challenges of the urban populations with state legislators and the administration.

… If the City continues current plan for the Health Department.

The City of Minneapolis presently has a five-year plan to remove the approximately $3.5 million of general tax revenue from supporting its Department of Health and Family Support. This plan will likely shut down the department prior to the five-year mark because much of the Department's revenue requires matching general fund dollars to leverage other state and federal funds, which supports the programs and administration. The required minimum general funds match would be insufficient before the end of 2006.

Begin closure planning immediately. If the City council chooses to stand by its previous decision, it will need to begin planning immediately for closure of its health department. Significant planning is necessary to effectively transfer or close down health department services and terminate contracts with community vendors. Hennepin County would likely be able to meet the state match requirements and earn the state Local Public Health Grant (LPHG) allocations for both Minneapolis and Hennepin. The services currently supported in Minneapolis by this LPHG could be transferred to Hennepin County. The County's public health department would need to devise a plan for integration of these services.

Consider internal and community impacts. Other than the LPHG services, many other factors need to be considered that are funded by other sources. For example, the five-year plan will require the Minneapolis Health Department to reduce the general funds by approximately $1.76 million for the 2005 budget. This dollar amount could be viewed in real community impacts as:

- $1.76 million closes the school-based clinics and Multi-Cultural Center Services, or
- $1.76 million stops support for about 19,000 safety net medical/dental visits for uninsured families, or
- $1.76 million stops support for about 14,000 public health nursing visits to low income families

Internal services would also need consideration such as the future of the public health laboratory, or special projects funded by outside foundations or government agencies such at Healthy Start and the New Families Center. Another key question is with a downsized health department, would the City be able to attract and retrain highly qualified public health staff?

This begs the question of whether or not Hennepin County could increase its level of effort on behalf of Minneapolis residents in the same amount to compensate for the loss of the City investment in health. It is difficult to imagine in these fiscally constrained times that Hennepin County could make property tax funds available to replace city property tax investments, but this would ultimately be a decision of the County Board.

CONCLUSION

The City Council will need to carefully review its core values and determine whether the best course of action is to continue with its five-year plan, or endorse the recommendations of the Blue Ribbon Panel on Public Health in Minneapolis and support a shared Urban Health Agenda for Minneapolis residents. Either way, time is of the essence and clear directives from the Mayor of the City of Minneapolis, Minneapolis City Council and Hennepin County Commissioners is needed.

"Together, create an Urban Health Agenda. Tackle the greatest public health issues in Minneapolis - those of the health disparities experienced by some racial and ethnic people and those that exist because of poverty. Central to this agenda will be linking the greater community with the City and County governments. In order to put this plan of action in place, public health services need restructuring to magnify their effectiveness."

- Dr. Chris Reif, Panel Member