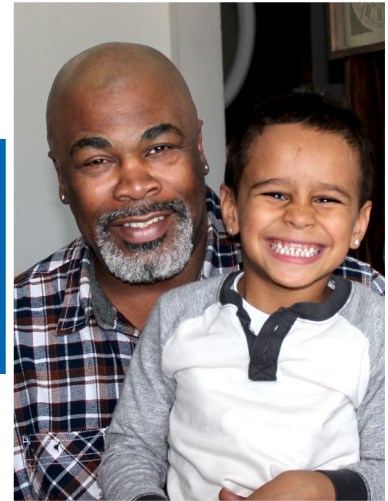


HENNEPIN COUNTY

PUBLIC HEALTH



2017
annual bulletin



Hennepin County Public Health



Our mission:

To improve the health of all county residents by addressing social and environmental factors that impact their health and offering programs and services that help them be healthy.

Our vision:

Healthy Communities, Healthy People

Our values:

- **Continuous improvement:** Using science and evidence to guide our work, we are committed to a quality improvement (QI) culture and getting better in all we do. We strive to be innovative and cutting edge.
- **Focus on prevention:** The best investments and strategies are those that prevent disease and promote good health. Public Health focuses on the core functions of assessment, policy development, and assurance.
- **Customer service:** Public Health solutions require collaboration with our partners and the residents we serve. We hold ourselves to high customer service standards as we strive for optimal outcomes.
- **Diversity and inclusion:** Public Health is driven by social justice and health equity. We continually pursue the elimination of disparities in health outcomes across our communities. We support a workforce and workplaces where every employee and client is treated with dignity and respect.
- **Employee engagement:** Employees are essential to our success. We consciously and continually work to make sure all are engaged in achieving our mission and know the value their contributions make.
- **Workforce development:** We support every employee in their development of the knowledge, behaviors, and competencies needed to deliver high quality services now and in the future.

Letter from the director



Thank you for reading Hennepin County Public Health's 2017 annual bulletin and for supporting our efforts to improve and protect the health of the county's population.

Although Minnesota is one of the healthiest states in the country, it has some of the nation's largest health disparities. And some of them are widening. To combat these trends, our work in 2017 increasingly focused on health equity – the state in which everyone has an equal opportunity to attain their highest level of health. Advancing health equity involves deploying policies, programs, and practices that address and optimize the social determinants of health, forming strategic partnerships with other sectors, and working upstream of problems.

As you read on about our department's eight strategic priorities and what we're trying to accomplish with each of them, you will see our commitment to advancing health equity mirrored in the work.

We are proud of the community health gains we achieved in 2017. Working together with our many community partners, we expect continued gains in the months and years ahead.

A handwritten signature in black ink that reads "Susan Palchick". The signature is written in a cursive, flowing style.

Susan Palchick, Ph.D., MPH



Our eight strategic priorities

1. Prevent or reduce the impact of chronic disease
2. Improve mental health and emotional well-being of people at all stages of life
3. Promote optimal health and developmental outcomes from the prenatal period through infancy, early childhood, adolescence and young adulthood
4. Prevent and control infectious diseases
5. Reduce illness, injury, and unintended death
6. Ensure an effective response to public health emergencies
7. Assure access to healthcare, public health services, and human services
8. Deploy changes in policies, programs, and practices to advance health equity

Table of contents

| | |
|--|----|
| • Hennepin County demographics and Public Health annual budget | 5 |
| • Our strategies | 6 |
| • Our organization | 22 |
| • Measures of organizational excellence | 24 |
| • Find us on the web | |

Hennepin County demographics



1,209,265
Population

36.2
Median age

Income

- Residents living below 100% of the Federal Poverty Level: 11.9 percent
- Median household income: \$67,989
- Population below 200 percent of Federal Poverty Level: 26.0 percent

Education (Among residents ages 25+)

- No high school diploma (7.1%)
- High school diploma (17.5%)
- Some college or Associate's degree (27.7%)
- Bachelor's degree (30.3%)
- Advanced degree (17.0%)

Language

- Language other than English spoken at home (17.5%)

Race

- Non-Hispanic Asian alone (6.8%)
- Non-Hispanic Black or African American alone (12.3%)
- Non-Hispanic American Indian and Alaska Native alone (0.6%)
- Non-Hispanic White alone (70.1%)
- Non-Hispanic some other race alone (0.3%)
- Non-Hispanic two or more races (3.2%)

Ethnicity

- Hispanic origin (of any race) (6.8%)

National origin

- Foreign born (13.4%)

2017 Public Health annual budget

| | Public Health Clinical Services | Public Health Protection and Promotion | Public Health Admin (dept. ID 507001) | Total Public Health |
|---------------------------|---------------------------------|--|---------------------------------------|---------------------|
| Intergovernmental Revenue | \$6,609,227 | \$14,769,533 | \$8,304,653 | \$29,683,413 |
| Fees for Services | \$5,865,617 | \$275,133 | \$0 | \$6,140,750 |
| Licenses and Permits | \$0 | \$1,718,177 | \$0 | \$1,718,177 |
| Other Revenue | \$65,398 | \$6,121 | \$0 | \$71,520 |
| Total Revenue | \$12,540,243 | \$16,768,964 | \$8,304,653 | \$37,613,860 |
| Expenditures | \$28,230,977 | \$23,693,945 | \$9,911,721 | \$61,836,643 |
| Property Tax | \$15,690,734 | \$6,924,981 | \$1,607,068 | \$24,222,783 |
| FTEs | 196.1 | 205.4 | 13.4 | 414.9 |

Our strategies

STRATEGIC PRIORITY # 1

Prevent or reduce the impact of chronic disease

Seven of the top 10 causes of death in 2017 were chronic diseases. Two of them — heart disease and cancer — accounted for nearly 38 percent of deaths. Fortunately, many chronic diseases can be avoided by reducing chronic disease risk factors (like tobacco use and lack of physical activity).

Within Hennepin County, we see disparities for chronic disease (and for chronic disease risk factors) that are based on race, household income, and educational attainment.

For instance:

- 46 percent of U.S.-born black or African American adults 25 and older are obese, compared to 22 percent of all adults
- 14 percent of U.S.-born black or African American adults 25 and older smoke, compared to eight percent of all adults

In 2017, our department worked to reduce chronic disease risk factors and to target demographics that experience disparities related to chronic disease and chronic disease risk factors.

Moving the current state



200,000

People, primarily U.S. born-black and African Americans, who were reached by a menthol tobacco education and community engagement campaign (that was led by the African American Leadership Forum in collaboration with Hennepin County Public Health)

7 worksites, 17 communities, 31 schools

(with 17,000 people reached)

Sites where Public Health Promotion helped leadership adopt policies, practices or changes that increased healthy food access

7 worksites, 5 communities, 8 schools

(with 895 people reached)

Sites where Public Health Promotion helped leadership adopt policies, practices or changes that supported physical activity

Success story

New innovations at the Mental Health Center



The Hennepin County Mental Health Center (MHC) serves over 4,000 Hennepin County residents who are diagnosed with a severe and persistent mental illness. Clients are often uninsured, underinsured, or on Medicaid.

Over the past decade, research has shown that individuals with mental health diagnoses — like those served at the MHC — are two to four times more likely to die prematurely. In fact, on average, individuals served by the public mental health sector have a life expectancy that is twenty-five years less than the general population. The vast majority of these deaths are caused by physical health conditions like cardiovascular disease rather than by causes commonly thought to be related to mental health like accidents or suicides.

Many of these physical health conditions could be impacted by increasing access to preventive health care services. Over the past few years, the MHC has done just that: integrating primary care and pharmacy services into its facility, hiring new providers, and building new exam rooms. Because many patients have difficulty navigating the health care system and are already going to the MHC for care, having mental health, primary care, and pharmacy services in one location makes it easier for them to attend to their overall health.

“People love having multiple services in one spot,” explains an RN care coordinator. “They feel comfortable.” In fact, many patients have established the MHC as their “health care home.” To further reduce the barriers that clients have to receiving comprehensive care, the MHC also offers walk-in appointments.

STRATEGIC PRIORITY #2

Improve mental health and emotional well-being of people at all stages of life

Mental health and emotional well-being fosters productivity and the ability to contribute to community, have fulfilling relationships, adapt to change, and cope with challenges. Early screening can help diagnose and treat mental health disorders early, before they become more complex and costly.

Within Hennepin County, we see disparities for mental health and emotional well-being that are based on race, household income, and educational attainment.

For instance:

- 23 percent of adults with lower income experience frequent mental distress, compared to five percent of adults with higher income
- 28 percent of adults with less than a high school diploma experience frequent mental distress, compared to six percent of adults with a bachelor's degree or higher

In 2017, our department worked to improve residents' mental health and emotional well-being by offering 24/7/362 emergency mental health services and by targeting demographics that experience disparities related to mental health and emotional well-being.

Moving the current state

 ~30,000

Emergency mental health calls answered by Public Health's Community Outreach for Psychiatric Emergencies (COPE) and Child Crisis programs

 1,008

People experiencing homelessness who received mental health services due to coordination between Health Care for the Homeless and the Mental Health Center

 1,419

Diagnostic assessments, psychological evaluations, and psychiatric evaluations (first appointments) completed by the Mental Health Center

Success story

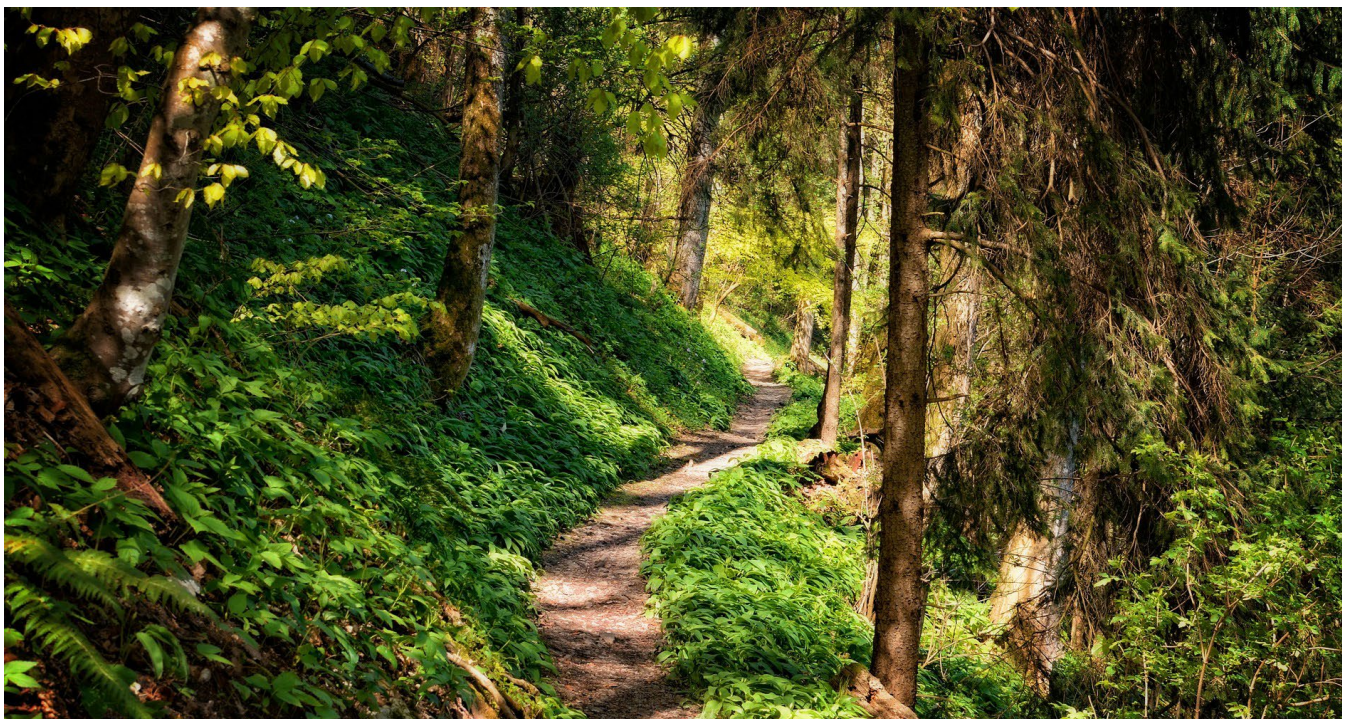
New campaign tackles mental health stigma

In 2017, Public Health's Health Promotion program developed Paths to Positivity (P2P), a five-week mental well-being campaign for employees at local worksites. Then, in November 2017, Health Promotion trained worksite wellness coordinators on how to implement P2P at their worksites.

"The field of worksite wellness has been going in the direction of a holistic approach," says Kelly Harjes, a health promotion specialist. "Nonetheless, we've heard from worksite wellness coordinators that mental well-being is still tricky to address. There's stigma around it, and people don't feel like it's OK to talk about it at work. We hope that P2P provides a starting point."

More than 60 worksite wellness coordinators attended the training. Participants learned how to "connect with others, mind their mood, and find their purpose," three things that are linked to mental well-being; received the tools to bring P2P to their worksites; and connected with other worksite wellness coordinators.

"This is a great program and it's needed because there are so few mental health wellness programs out there," said one participant. Said another, "It was so much more than a training. It was an opportunity to come together to help people become the best they can be."



STRATEGIC PRIORITY #3

Promote optimal health and developmental outcomes from the prenatal period through infancy, early childhood, adolescence, and young adulthood

Healthy children and teens grow up into healthy adults.

Yet, within Hennepin County, we see disparities for developmental outcomes that are based on race, household income, and educational attainment.

For instance:

- The infant mortality rate for babies born to black mothers was 10 deaths per 1,000 babies born compared to 3 deaths per 1,000 babies born to white mothers for the years 2014-16
- 85 percent of white moms received early and adequate prenatal care for their pregnancies, compared to 60 percent of black and 53 percent of American Indian moms

In 2017, our department worked to promote optimal health and developmental outcomes. We provided screening and checkups that identified health, growth, and developmental needs. We also ensured that babies, children, adolescents, young adults, and parents had access to services and supports like targeted home visiting and education on safe sleeping and sudden unexpected infant death. These services and supports helped them excel physically, socially, emotionally, and academically. Efforts were targeted at demographics that experience disparities, such as disparities in infant mortality and prenatal care.

Moving the current state

 **66 percent**

Reduction in teen birth rate between 2007 and 2016

 **123 percent**

(1,890 to 4,223)
Increase in youth receiving sexual health education between 2016 and 2017

 **21,000+**

Families with young children who received immunization tracking education in the first ten months of 2017 by Baby Tracks

 **1,670**

Child developmental screenings facilitated by Maternal Child Health-Early Childhood

 **68,079**

Children that received medical screenings through Child and Teen Checkups

 **51,179**

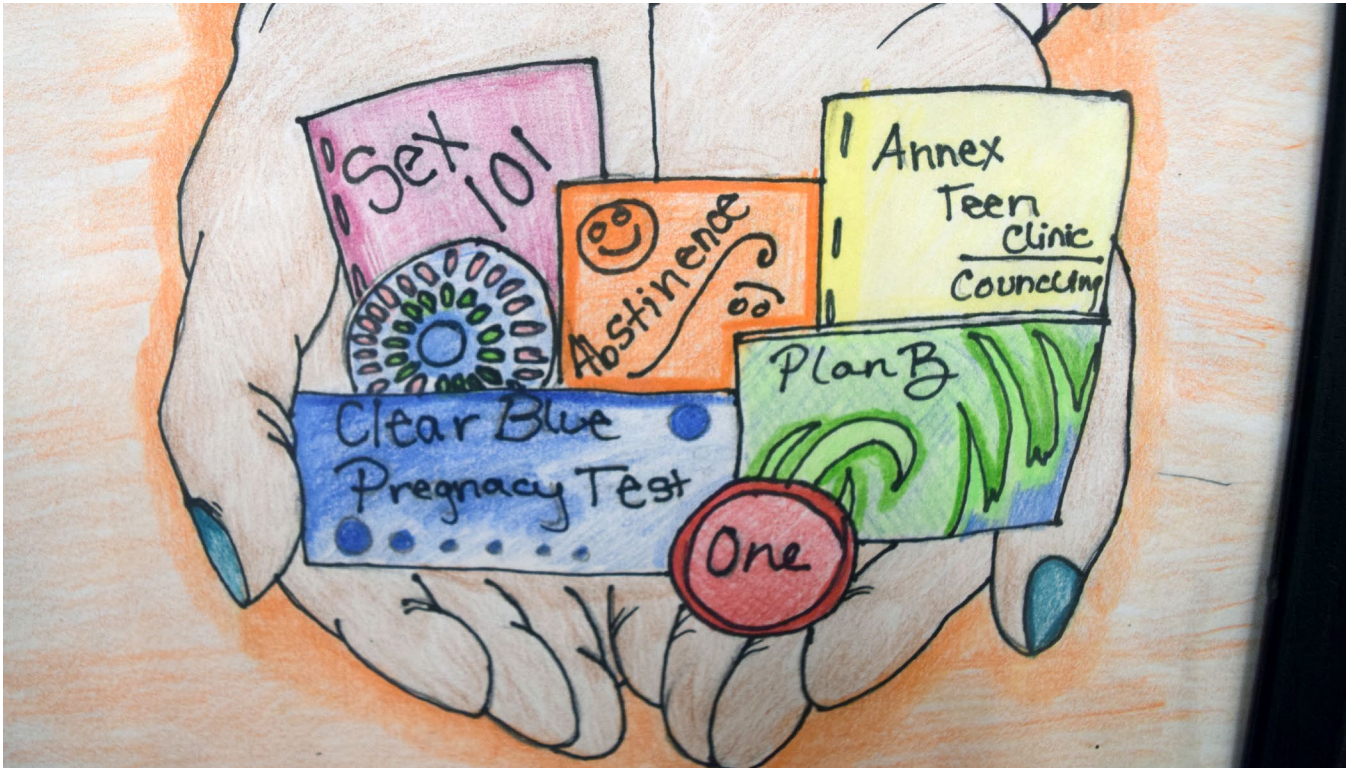
Children that received dental services through Child and Teen Checkups

 **367**

High-risk families that received targeted home visiting

Success story

Teens AIM higher



At a Hennepin County middle school, a Project AIM (Adult Identity Mentoring) facilitator guides students through an exercise: Imagine your life 15 years in the future. Now, write down all the steps you took to get there ...

Project AIM is a teen pregnancy prevention initiative, but pregnancy prevention is rarely discussed during its 12, 50-minute sessions. Instead, the activities — like imagining your life 15 years in the future, producing a resume, and participating in an interview — focus on envisioning a possible future self. The premise is that if adolescents have a clear vision of their future, and if that future sounds appealing, they'll avoid activities that could derail it. The research supports this claim, showing that participants report increased abstinence and decreased intention to engage in sex.

Because of outcomes like these, Better Together Hennepin — Hennepin County's teen pregnancy prevention program — implements Project AIM in several school districts with higher teen birth rates.

In a recent post Project AIM survey, 95 percent of participants reported that Project AIM helped them think about their future, 92 percent said it made them feel like they could succeed, and 86 percent said it motivated them to stay out of trouble.

STRATEGIC PRIORITY #4

Prevent and control infectious diseases

Prevention and control of infectious disease is an important Public Health function. In particular, Hennepin County Public Health has prevention programs and services for vaccine preventable diseases, tuberculosis, and sexually transmitted infections.

Within Hennepin County, we see disparities for infectious diseases that are based on race, household income, and educational attainment.

For instance:

- 43 percent of people diagnosed with HIV in Hennepin County in 2016 were black (65 out of 149 diagnoses). Yet only 12 percent of Hennepin County residents are black.

In 2017, our department responded to several infectious disease outbreaks, including Minnesota's largest measles outbreak in 25 years (70 of 79 confirmed or suspected cases were among Hennepin County residents). It also targeted immunization and other disease prevention efforts at demographics that experience disparities.

Moving the current state

 8,800+

Potential measles exposures directly investigated by Public Health Epidemiology

 ~340

Potential tuberculosis exposures at homeless shelters directly investigated by Public Health Epidemiology

 13,210

Public Health Clinic patients (new and returning) tested for STIs and HIV

 95,192

Immunization reminders send to parents by ImmuLink

 370

Public Health Clinic patients that received and started PrEP, an anti-HIV medication

Success story

Tackling TB

In June 2017, an individual living in a Hennepin County homeless shelter tested positive for active TB. Immediately, three Public Health programs — Epidemiology, the Public Health Clinic (PHC), and Health Care for the Homeless (HCH) — collaborated on a response.

Epidemiology and the PHC initiated a contact investigation to identify exposed individuals. Then HCH, operating nine medical clinics, worked with Epidemiology and the PHC to provide testing and treatment. Staff set up testing and treatment sites at convenient locations with flexible hours.

Additionally, they physically searched for exposed individuals and interacted with them face-to-face — providing education, scheduling appointments, setting up transportation to appointments, and engaging in other case management activities.

During the response, a strong bond of trust formed between individuals experiencing homelessness and health care professionals. Due to these relationships, individuals were receptive to receiving timely TB information and were motivated to remain engaged in their health care. Additionally, a potential TB outbreak was averted.



STRATEGIC PRIORITY #5

Reduce illness, injury, and unintended death

Clean and safe food and water are critical to sustaining human health and life. People can easily fall ill from eating contaminated food or from drinking, swimming in, or washing with contaminated water. Additionally, Public Health reduces illness, injuries, and unintended deaths through its mental health crisis and emergency medical services protocol.

Within Hennepin County, we see disparities for illness, injury, and unintended death that are based on race, household income, and educational attainment.

For instance:

- American Indians are 1 percent of the Hennepin County population, but account for 10 percent of opioid-involved deaths
- The age-adjusted rate of violence-related firearm death was 21 deaths per 1,000 black residents, compared to 4 deaths per 1,000 white residents for the years 2010-2014

In 2017, our department strove to prevent and reduce illness, injury, and unintended death by inspecting food and water sources, by providing 24/7/362 emergency mental health services, and more. It targeted some of its efforts at demographics that experience disparities.

Data and statistics



Families educated about infant safe sleep by Maternal Child Health-Early Childhood



Public beach water samples taken by Environmental Health



Narcan kits distributed by Public Health Clinic (Narcan can prevent an opioid overdose)



Public swimming pool inspections completed by Environmental Health



Routine restaurant/food inspections completed by Environmental Health

Success story

The science of food safety



On a summer day, Hannah Marschinke stops at the Neumann Farms: Pork and Beef stand. As a Hennepin County health inspector, she's there to make sure its complying with the Minnesota Food Safety Code.

Marschinke is one of 17 health inspectors deployed by Hennepin County Public Health to enforce the state's food safety rules at food service establishments. At the Neumann Farms stand she checks that the frozen meats are fully frozen and the grilled meats are fully cooked. She also looks for a functioning handwashing station, a posted food license, and a wash-rinse-sanitize set-up.

"Our customers count on our meats being safe," Ron Neumann says. Because periodic inspections help the Neumanns' achieve that aim, the family doesn't see them as a hindrance.

If Marschinke or her peers identify food safety violations, they educate vendors about the food code. If necessary, they can also issue legal citations. But Marschinke says those extreme circumstances rarely happen because vendors don't want them to. "All food vendors are in business to provide food that people want to purchase," she says. "And we're in business to make sure they can do that — and in the process, we protect people's health."

STRATEGIC PRIORITY #6

Ensure effective responses to public health emergencies

Hennepin County, like other counties, faces threats with a potential for large-scale health consequences, including natural disasters, terrorist attacks, and disease outbreaks. By having coordinated public health, health care, and emergency response systems in place, our county can more effectively alleviate and curtail illnesses, injuries, and deaths associated with these types of threats.

In 2017, Public Health responded to several public health emergencies, including two location-based tuberculosis outbreaks and Minnesota’s largest measles outbreak in 25 years (70 of 79 confirmed or suspected cases were among Hennepin County residents). It also continued to prepare staff for potential emergencies.

Moving the current state

Measles outbreak

 90

Hennepin County staff mobilized by Public Health Emergency Preparedness’ coordinated incident command response

 2,700

Hennepin County staff trained on emergency preparedness; Public Health Emergency Preparedness conducted eight types of trainings, including 43 in-person trainings

 115

Staff trained on psychological first aid by Public Health Emergency Preparedness

Tuberculous outbreaks

 33

Public Health staff mobilized

 210

Students/staff tested for tuberculosis at local schools

Success story

A community conquers measles

From April to August 2017, Minnesota was hit with its largest measles outbreak in 25 years. The outbreak sickened 79 people, 22 of whom were hospitalized. Seventy of those individuals were Hennepin County residents. The outbreak was concentrated in the Somali-Minnesotan community, which had low Measles Mumps Rubella (MMR) vaccination rates due to targeting by anti-vaccination groups.

Hennepin County mobilized a group of Somali-Minnesotan employees to form a cultural response team. Using their unique expertise, the team developed a strategy for increasing MMR vaccination rates. They identified locations where Somali-Minnesotans congregate and people, like Imams, who could help them deliver messages there.

Between April and August 2017, the team led approximately 150 face-to-face visits across nine cities. During their interactions, they handed out flyers, educated people about measles, and encouraged MMR vaccination.

During the 13-week period, the team helped increase the number of MMR vaccines to Somali-Minnesotans in Hennepin County from about 200 to 1,600, an eight-fold increase. During the same period, over 25,000 vaccines were given to county residents, compared with about 8,000 during the preceding 13-week period.



STRATEGIC PRIORITY #7

Assure access to health care, public health services, and human services

Access to comprehensive, quality health care, public health, and human services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity.

Within Hennepin County, we see disparities for access to health care, public health, and human services that are based on race, household income, and educational attainment.

For instance:

- 34 percent of adults with lower income had unmet medical needs, compared to 16 percent of adults with higher income
- 28 percent of Hispanic/Latino adults had no usual place of care, compared to 18 percent of all adults

In 2017, our department strove to reduce barriers to access by addressing and optimizing factors like cost of care, insurance coverage, service location and availability, and culturally competent care. Efforts were targeted at demographics that experience disparities.

Moving the current state

 3,400

HIV+ people provided medical and supportive services through Ryan White, a program that helps low-income people with HIV; 94 percent were retained in care

 4,383

People provided health care, public health, and/or human services by Health Care for the Homeless

 2,304

People experiencing homelessness that Health Care for the Homeless provided application assistance to and successfully enrolled in medical insurance

 15,050

People provided health care, public health, and/or human services by the Mental Health Center

 324

Refugees screened by the Public Health Clinic

Success story

The art of connection

A regular health check can detect problems before they start. But scheduling one is not simple for many people. They face barriers like language, transportation, or a bad provider experience.

Staff at Hennepin County Child and Teen Checkups (C&TC), a program that serves Medicaid-eligible families, are trained to help people break through those barriers. And as Cheryl Branch, a community health worker has found, they're most successful when they cultivate a client connection.

"I don't mind being a fool for health care," says Branch. "I use humor. And I also listen for the shame that people share with me. Then I use my

personal stories to connect to them." For example, when a client told Branch about his bad provider experience, she told him about a doctor who made a joke about her weight. "Develop a relationship with your provider," she encourages. "If you don't like how you're being treated, we'll help you find another."

In addition to spreading messages, Branch and her colleagues provide services like appointment reminders, appointment scheduling, and helping clients find a regular provider. Recently Branch called a client and, while the mother was breastfeeding, helped her schedule health checks for her children.



Deploy changes in policies, programs, and practices to advance health equity

There are factors besides health care that influence health. These factors — called the “social determinants of health” — include income, educational attainment, the neighborhood where you live, access to transportation, and social connectedness. Advancing health equity means deploying policies, programs, and practices that address and optimize the social determinants of health and give everyone the opportunity to attain their highest level of health.

Within Hennepin County, we see disparities related to the social determinants of health that are based on race, geography, and more.

For instance:

- 46 percent of American Indians/Alaskan Americans, 61 percent of Hispanics, and 58 percent of blacks graduated from high school in four years in 2014/2015, compared to 77 percent of all students
- There is a higher concentration of housing burdened individuals and families (people paying 30 percent or more of their income for housing) in Minneapolis and the first ring suburbs (e.g., Brooklyn Park, Brooklyn Center, Richfield) compared to people in most outer ring suburbs

In 2017, our department strove to advance health equity by addressing and optimizing the social determinants of health. It targeted its efforts at demographics that experience disparities.

Moving the current state

Brooklyn Center and Brooklyn Park residents experience greater health inequities compared to residents of other suburban areas in Hennepin County. Public Health Promotion is collaborating with these communities to increase access to healthy food, physical activity, and more. Here’s a sampling of efforts:

- Installed vegetable gardens at a senior housing complex, family housing complex, faith community sites, and elsewhere
- Increased fruit and vegetable access in elementary and secondary school cafeterias
- Offered more physical fitness activities at housing complexes and in school districts, like yoga and flag football



2,304

People that Health Care for the Homeless helped apply for medical insurance

Success story

New HIV strategy targets disparities



HIV disproportionately impacts certain communities. For instance, nearly half of Hennepin County residents diagnosed with HIV in 2016 were black, even though only 12 percent of the county population is black. Stigma, homophobia, and untreated/undiagnosed STIs are some reasons why.

In order to promote health equity and stop the factors that reinforce disparities, Positively Hennepin, the county's strategy to end the HIV epidemic — is building partnerships with community organizations and other Hennepin County departments.

For instance, Positively Hennepin is collaborating with the Central Library to curate HIV-related literature and other works. Through highlighting HIV, patrons will learn about the HIV epidemic and how people living with HIV are vibrant members of the community. Positively Hennepin is also developing training for Eligibility and Work Services (EWS) staff on the basics of HIV and the services that the county has to treat and prevent it. Positively Hennepin has also been distributing HIV-related brochures and flyers that help connect residents to HIV and STI services at Red Door, Hennepin County's sexual health clinic. These are just some ways that the county is working to better serve communities that experience a disproportionate HIV impact.

Our organization

Clinical Services

Emergency Mental Health Services — Provides mobile services to avert mental health crises in the community and assess persons referred for commitment.

- **Child Crisis** — Serves children and youth (0-17 years) in mental health crisis and their families.
- **Community Outreach for Psychiatric Emergencies (COPE)** — Provides 24-7-365 on-site crisis services to adults (18 years and up) experiencing a psychiatric emergency.
- **Prepetition Screening Program (PSP)** — Assesses and screens individuals being considered for commitment by the court and, when possible, diverts individuals to less restrictive, voluntary alternatives.

Health Care for the Homeless — Provides acute medical care and supportive social services to homeless individuals at nine community-based locations.

Mental Health Center — Delivers outpatient mental health services to adults with serious mental illnesses and works with youth who are emotionally disturbed or have been court ordered for psychological evaluation.

Public Health Clinic — Delivers health services to prevent, diagnose and treat communicable diseases and improve the health of county residents. Primary programs include:

- **Health Education** — Addresses sexual health issues of women ages 13 to 19.
- **Hepatitis B Prevention** — Provides education, testing, and referral for those at high risk of hepatitis B.
- **Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infections (STI) Prevention** — Provides adults with HIV/STI counseling/testing services, linkage to medical care, and supportive services

- **Immunization Services** — Provides immunizations for un- and underinsured clients.
- **Prevention Grant Services** — Plans and delivers HIV and STD testing, education, linkage to care, programs, and services within the Public Health Clinic and community outreach.
- **Refugee Health** — Provides multilingual and multicultural assessment, treatment, and referral for diseases and conditions affecting newly arriving refugees.
- **Tuberculosis Prevention** — Evaluates and treats latent and active tuberculosis infection.

Public Health Integrated Care — Helps integrate primary care, behavioral health, social services, and case management supports between Public Health Clinical Services and other county systems.

Family Health

Better Together Hennepin — Builds supports that young people need to delay parenthood.

Child and Teen Checkups (C&TC) — Enables well-child checkups for children and teens under the age of 21 who are on Medical Assistance. Services include help scheduling appointments, arranging transportation, and more.

Maternal & Child Health/Early Childhood — Supports prenatal, infant, early childhood and adolescent health through early childhood mental health, home health care visits, the Safe Sleep Campaign, and other initiatives.

Women, Infants, and Children (WIC) — Helps families put more fresh and healthy food on the table, and make positive nutrition and health decisions for a lifetime.

Health Protection and Promotion

Emergency Preparedness — Plans and ensures that proper systems are in place to respond and protect the health and safety of county residents in public health emergencies.

Environmental Health — Licenses and inspects food, beverage, and lodging facilities, septic systems, pools, camps, and body art businesses; addresses environmental threats and public health nuisances

Epidemiology, Assessment, ImmuLink — Responds to communicable disease occurrences; collects and disseminates data that supports decision-making; provides immunization services through ImmuLink.

Health Promotion — Reduces chronic diseases and improves health equity by promoting healthy behaviors and environments. Focus areas include physical activity, healthy foods, reduced tobacco use, and mental wellbeing.

Administration

Administration and Public Health Practice — Provides administration services and performance management coordination.

- **Accreditation** — Partners with the national Public Health Accreditation Board to maintain our accredited public health agency status, and to advance the quality and performance of our department.
- **Strategic planning** — Develops and implements the department strategic plan, defining priorities and direction.

- **Community Health Improvement Partnership (CHIP)** — Partners with stakeholders from multiple sectors to align efforts to improve the health of individuals, families, and the community.
- **Contracts** — Manages expenditure and receivable contracts, overseeing the approval process with County Administration, the Hennepin County Board of Commissioners, and external partners.
- **Emergency Medical Services** — Plans and regulates emergency medical services and works to ensure common standards for medical response and transportation.
- **Quality Improvement** — the department's QI Council and subcommittees carry out the department's QI plan and integrate QI into the organizational culture.
- **Ryan White Program** — Coordinates services for people with HIV/AIDS; administers federal funds that enable people to receive care; provides support to the Minnesota HIV Services Planning Council.
- **Safety** — Develops and maintains a safe work environment for public health employees; identifies and responds to safety issues with training, technical assistance, and specialized support.
- **Workforce Development** — Builds, develops, and maintains an innovative and engaged workforce through staff competency assessments, training and professional development opportunities, and more.

Communication — Provides writing, editing, graphic design, and media services; leads program marketing campaigns; builds public awareness of “how health happens;” and creates internal communication materials

Organizational excellence

Public Health maintained its national accreditation status

In March 2014, Hennepin County Public Health became the first local public health department in Minnesota to achieve accreditation through the Public Health Accreditation Board (PHAB). In 2017, Public Health maintained its PHAB accreditation.

Public Health continued to develop its quality improvement culture

In 2017, Public Health initiated 41 quality improvement projects, and 22 were completed. The projects represented a mix of administrative and programmatic projects that were underway during this reporting period. Also in 2017, 125 Public Health employees completed QI 101 training and the training became mandatory for all Public Health staff.

Public Health focused on workforce development

In 2017, Public Health's Workforce Development Committee finalized an environmental scan of existing workforce development activities and completed a wave analysis of workforce development trends that are established, emerging, and disappearing. This informed the committee's activities. Activities included: expanding StrengthsFinder-related training and consultations and ensuring new staff completed self-assessments; engaging leadership to complete talent reviews for all managers and supervisors; providing staff with a more robust workforce development budget to use on conferences, trainings, and other opportunities; and expanding the number/type of Public Health student placements and internships, and allocating funding to pay all interns.

Public Health won numerous awards for helping to end Minnesota's largest measles outbreak in 25 years

The 2017 Minnesota measles outbreak sickened 79 people and was concentrated among Somali-Minnesotan residents of Hennepin County. In response, Hennepin County mobilized a cultural response team that helped increase Somali-Minnesotan MMR vaccination rates and end the outbreak. The team was awarded:

- 2017 Minnesota Department of Health G. Scott Giebink Excellence in Immunization Award
- 2017 National Association of County and City Health Officials Promising Practice recognition
- 2017 Hennepin County Employee Recognition Program Diversity and Inclusion Award

Public Health led Health in All Policies (HiAP) efforts

Hennepin County Public Health led a county HiAP guidance committee. In 2017, the committee completed a package of HiAP deliverables, including a HiAP policy and implementation plan, to the county board. A HiAP approach incorporates key health principles and health equity practices into all areas of decision-making. The team was awarded a 2017 Hennepin County Employee Recognition Program Administrator's Award for its work.

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Hennepin County
Public Health

<https://www.hennepin.us/residents#health-medical>



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