

HENNEPIN COUNTY

PUBLIC HEALTH



2018
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.

Table of contents

Mission, vision and values	2
Letter from the director	3
Hennepin County demographics	4
Hennepin County Public Health funding 2018	4
Hennepin County disparity reduction goals	5
The priorities that guide us	6
Organizational excellence	22
Looking ahead	24
For more information	26

Letter from the director



Thank you for reading Hennepin County Public Health's 2018 annual bulletin and for supporting our efforts to protect and improve the health of all people in Hennepin County. Our mission is: ***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.***

We realize that we cannot achieve our mission without addressing health and racial inequities. ***"Inequities in health outcomes can only be eliminated when each of us has the opportunity to realize our health potential - the highest level of health possible for us - without limits imposed by structural inequities"*** (2017 Minnesota Statewide Health Assessment)."

Advancing health equity therefore requires removing obstacles to health, like lack of access to jobs, education, housing, transportation, and health care. It also requires us to take a hard look at the impact of structural racism on health. This is a messy and sometimes uncomfortable process, but we – with our partners and the community – are working hard and having brave conversations that move us forward together. This work is only possible with the support of other county departments, our partner organizations, and through engagement with county residents.

As you read about our eight strategic priorities and what we're accomplishing within them, you will see our commitment to health and racial equity throughout. Hennepin County's disparity reduction goals are also integral to our efforts.

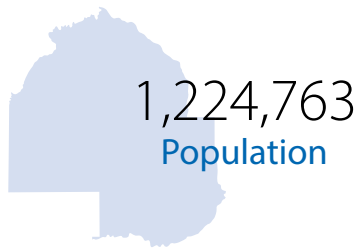
This report is not just about looking back at 2018, but how that progress launches us forward for 2019 and beyond. We share highlights of our organizational excellence: efforts that will continue beyond 2018. We also look ahead to some of our priority efforts for 2019, including: tackling the opioid epidemic, violence prevention, maintaining our status as a nationally accredited public health department, and continuing our commitment to health equity.

We are proud of the community health gains we achieved in 2018. With your continued support, we expect further gains in the months and years ahead. We will not stop until we have achieved our vision of ***"healthy communities, healthy people,"*** because Hennepin County residents deserve nothing less.

A handwritten signature in black ink, appearing to read "Susan Palchick". The signature is fluid and cursive.

Susan Palchick, Ph.D., MPH

Hennepin County demographics



36.3
Median age

Income

- Median household income - \$71,154
- Residents living below 100% of the FPL - 11.5%
- Population below 200% of the FPL - 25.2%

Educational attainment

(for population 25 years and older)

- No high school diploma - 7.0%
- High school graduate (includes equivalency) - 17.2%
- Some college or associate's degree - 27.6%
- Bachelor's degree - 30.7%
- Graduate or professional degree - 17.5%

Language

- Language other than English spoken at home - 17.5%

Race:

- African American/black - 12.5%
- American Indian and Alaska Native-0.5%
- Asian - 6.9%
- Latino - 6.9%
- White - 69.5%
- Some other race - 0.2%
- Two or more races - 3.3%

National origin

- Foreign born - 13.8%

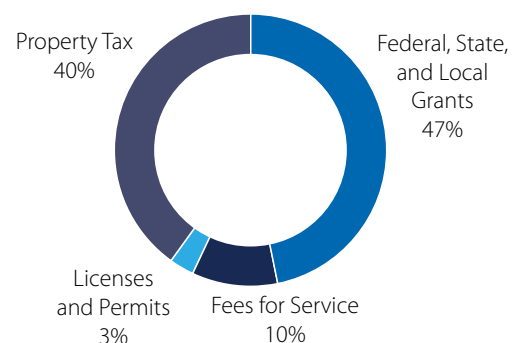
Source: 2013-2017 American Community 5 year estimates

Hennepin County Public Health Funding, 2018

Hennepin County Public Health is a sustainably funded local health department. Nearly half of our funding (47%) comes from grants, which support a wide variety of public health programs and services ranging from HIV prevention to promoting physical activity. The other half of our funding comes from local sources, including fees for services, such as clinical services; and revenue from licenses and permits including restaurants, pools, and tobacco retailers. We are grateful for the generous and ongoing investment made in the health of our county through property taxes.

Funding source	Amount
Federal, State, and Local Grants	\$30,026,934
Fees for Service	\$6,331,190
Licenses and Permits	\$1,781,121
Property Tax	\$25,686,414
Total	\$63,825,659

Public Health Funding Sources, 2018



The priorities that guide us



The mission of our department is to improve the health of all county residents by addressing the social and environmental factors that impact their health and by offering programs and services that help them be healthy. We accomplish this mission by targeting our efforts at demographic groups that experience health disparities, and by continually measuring the progress we're making toward our eight strategic priorities.

Hennepin County's health disparity reduction priorities

1. Improve access to culturally specific mental health services and increase community wellbeing
2. Increase healthy births and create positive early starts
3. Empower community to reduce chronic disease

Hennepin County Public Health's 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

The health outcome measure tables on the following pages use these symbols to put the "current state" data in context.

New new data, no comparison data from prior years

↑ appears to be increasing

↓ appears to be decreasing

↔ appears to be stable or no change

? comparison data from prior years unavailable

SHAPE 2018 the Survey of the Health of All the Population and Environment (SHAPE), Hennepin County data, conducted 2018

MSS 2016 the Minnesota Student Survey (MSS), Hennepin County data, conducted 2016

WIC 2017 Women Infants and Children (WIC) program data for Hennepin County in 2017

Hennepin County MIIC 2017 Hennepin County 2017 data from the Minnesota Immunization Information Connection (MIIC) database



Strategic priority #1

Prevent or reduce the impact of chronic disease

Six in ten Americans live with at least one chronic disease, like heart disease or diabetes. Chronic diseases are a leading cause of death and disability, and the leading driver of health care costs. Fortunately, many chronic diseases can be prevented by reducing risk factors, like avoiding tobacco use and increasing physical activity. Hennepin County Public Health (HCPH) monitors a variety of population health measures within this strategic priority. For this report, we are focusing on the tobacco-use related measures.

Health outcome measures

Measure	Change	Current state	Source
Rate of tobacco use	New	9.2% of adults	SHAPE 2018
Rate of tobacco use (cigarette, e-cig, or other)	New	8% (9 th grade)	MSS 2016
	New	23% (11 th grade)	MSS 2016
Rate of e-cig use (in past 30 days)	New	7% (9 th grade)	MSS 2016
	New	21% (11 th grade)	MSS 2016
Rate of flavored tobacco use among youth using any type of tobacco	New	40% (9 th grade)	MSS 2016
	New	42% (11 th grade)	MSS 2016
Rate of menthol tobacco use among youth using any type of tobacco	New	28% (9 th grade)	MSS 2016
	New	30% (11 th grade)	MSS 2016

By the numbers at HCPH

We monitor selected measures to mark our progress toward meeting the population health outcomes. Some of the tobacco-use related measures we track are shared below.

- **57** smoke free living policies were adopted in 2018 (15 in multi-unit housing complexes and 37 in single family Public Housing units)
- **4** cities passed or strengthened ordinances to reduce youth access to tobacco products (i.e., raise legal sales age to 21 and/or restrict access to flavored tobacco products)

Addressing health inequities

Within Hennepin County, we see disparities for chronic diseases, and related risk factors, based on race, income, and education. For example, African Americans in Hennepin County have significantly higher smoking rates than any other group of county adults.

In 2018, our department worked to reduce inequities through a MDH Statewide Health Improvement Partnership (SHIP) grant (2016 – 2018) that allowed us to contract with the African American Leadership Forum (AALF) to survey African American residents about their smoking habits.

These results launched a menthol education and community engagement campaign that reached over 200,000 people. AALF found that participants strongly supported policy changes, like limiting the sale of flavored products, and increasing the age of sale for tobacco products to 21.



Small team, big impact

The two staff members of our Hennepin County Public Health tobacco prevention team combat the toll of tobacco, in part, by focusing on the tobacco retail environment, or what is sometimes called the “point-of-sale.”

Focusing on point-of-sale is important, because it’s where many youth are exposed and get access to tobacco. Ninety-five percent of adult smokers started smoking when they were adolescents. Research shows that if people don’t start smoking before age 21, they are much less likely to take up the habit.

Our tobacco prevention team works with staff and leaders in cities across Hennepin County. They collaborate with tobacco prevention groups, youth groups, and other community and racial advocacy organizations to increase awareness of the harms of

tobacco. They also help shape point-of-sale policies: like keeping tobacco prices high, limiting the sale of flavored products, and increasing the minimum legal sales age.

In 2018, four cities in Hennepin County increased the legal sales age for tobacco to 21: Brooklyn Center, Eden Prairie, Excelsior, and Minnetonka. Additionally, the City of Brooklyn Center restricted sales of e-cigarettes to adult-only tobacco stores, and the City of Excelsior established restrictions prohibiting tobacco retailers from operating within 500 feet of schools.



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 before they become more complex and costly.

Health outcome measures

Measure	Change	Current state	Source
Proportion of adults who report frequent mental distress	New	12.3% of adults	SHAPE 2018
Rates of self-injurious behavior and/or suicidality	↔	10% (suicidality)	MSS 2016
	↔	14% (self-injurious behavior) among 9 th graders	MSS 2016

By the numbers at HCPH

Some of the mental health related measures we track on an ongoing basis are shared below.

- **36,500+** emergency mental health calls answered by our Community Outreach for Psychiatric Emergencies (COPE) and Child Crisis programs (a 22% increase from 2017).

- **527** lock boxes distributed in 2018 (33% increase from 2017). Lock boxes are a form of means restriction. Means restriction is an effort to limit the ability of a person at risk of suicide to access the means for their suicide plan.
- **22,459** visits to the Hennepin County Mental Health Center. The Mental Health Center offers outpatient mental health services to adults with serious mental illnesses and youth who are emotionally disturbed or have been court ordered for psychological evaluation. It served 3,767 people in 2018 (6% decrease from 2017).

Addressing health inequities

In Hennepin County, we see mental health and emotional well-being inequities by race, income, and education. In 2018, our department worked to improve residents' mental health by offering 24/7 emergency mental health services, including our COPE and Child Crisis programs.

Both programs strive to provide culturally informed care to the people they serve. One way they do this is by employing 37 people of color and American Indians, as well as staff who speak seven different languages: ensuring that our mental health workforce is representative of the diversity of the community we serve.

Minneapolis Police Department's co-responder program



The psychiatric social workers of our Community Outreach for Psychiatric Emergencies (COPE) program respond to people experiencing a mental health crisis, often performing assessments out in the community. But in 2018, the team's job took on a new dimension when Hennepin County began participating in the Minneapolis Police Department's (MPD) co-responder program. The program pairs police officers with mental health professionals to help people having mental health crises.

Our co-responders and the officer they are paired with start each day at an MPD precinct station, where they review 911 calls from the night before and identify those labeled "EDP" (emotionally disturbed person). Then our co-responder (a trained mental health professional) follows up with these people, their relatives or caseworkers.

Later in the day, they help dispatchers decide if incoming 911 calls have a mental health component. If so, the co-responder may accompany police officers to the scene and perform an assessment, making sure residents are safe and connected to needed resources.

So far, the outcomes have been positive. Between fall 2017 and fall 2018, MPD co-responders contacted 985 people dealing with emergency mental health issues: 843 adults and 142 children. Among those, more than 260 people avoided trips to the hospital after being stabilized in their homes or workplace through interaction with a co-responder.



Strategic priority #3

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

Healthy children grow up to be healthy adults. In 2018, our department provided screening and checkups that identified health, growth, and developmental needs in children. We ensured that families had access to supportive services, like home visiting, and education on safe sleep.

Health outcome measures

Measure	Change	Current state	Source
Teen birth rate	↓	12.1 per 1,000 girls age 15-19	2017 birth records
Rate of low birth weight babies	↔	5.7% of single births	2017 birth records
Breastfeeding initiation rates for babies born in Hennepin County	↔	82% of new mothers on WIC	WIC 2017

By the numbers at HCPH

Some of the maternal and child health related measures we track on an ongoing basis are shared below.

- **59** percent reduction in teen birth rates between 2007 and 2017
- **480** families served by evidence-based home visiting programs in 2018 (a 22% increase from 2017)
- **82** percent of women on WIC initiate breastfeeding; more than 61% are still breastfeeding at three months

Addressing health inequities

In Hennepin County, we see inequities for developmental outcomes based on race, household income, and educational attainment. In 2018, our efforts were focused on the members of our community who experience the largest inequities around infant mortality and prenatal care.

For example, HCPH collaborated with community partners on Chocolate Milk Day, an event that celebrated black breastfeeding women and the people who support them. It included music, food, prizes, education about how breastfeeding improves infant mortality and developmental outcomes, and breastfeeding resources.



Moms helping moms breastfeed

When Sunshine Ruiz-Yang got pregnant at 19, breastfeeding wasn't on her radar. That's mostly because she didn't know anyone who'd done it, so had no one to turn to for support.

That changed when Hennepin County WIC connected Ruiz-Yang to its breastfeeding peer counselor program. Peer counselors are women with experience breastfeeding their own children. They support mothers throughout the breastfeeding process (from early pregnancy until their babies are one year old), helping them overcome barriers that prevent them from starting to breastfeed or limit how long they continue.

With the support of her peer counselor, Ruiz-Yang breastfed for over a year. Later, she became a peer counselor herself.

The Minnesota WIC breastfeeding peer counselor program launched in 2005 and has shown positive outcomes. WIC research indicates that moms with a peer counselor have higher rates of breastfeeding initiation and duration than moms without. This is helping to reduce breastfeeding disparities, especially among women of color.



Strategic priority #4

Prevent and control infectious diseases

Prevention and control of infectious diseases is critical to protecting the health of the community. HCPH has prevention programs and services for vaccine preventable diseases, tuberculosis, and sexually transmitted infections.

Some of the infectious disease prevention and control measures we track on an ongoing basis are shared below.

Health outcome measures

Measure	Change	Current state	Source
Percent of 24-35 month olds up to date on immunizations	↑	61.7%	Hennepin County MIIC 2018

By the numbers at HCPH

A few of the infectious disease prevention and control measures we track on an ongoing basis are shared below.

- 4,736 immunization reminders sent to parents by ImmuLink
- 1,727 children received vaccinations following immunization reminders

Addressing health inequities

Certain groups in Hennepin County are more likely to get infectious diseases. These disparities fall along racial and socio-economic lines. In 2018, our department responded to several infectious disease outbreaks. We also focused immunization and other disease prevention efforts on the groups in our community who are experiencing the worst inequities.

As the story on the opposite page shows, our Baby Tracks program concentrates its efforts on supporting low-income and/or bilingual families by sending them immunization reminders, helping them find immunization clinics, and offering them referrals if they need more assistance.

Reducing barriers to keep kids healthy



At HCPH we work to reduce barriers by offering residents “one stop shopping.” An example is connecting WIC families with other available services, like Baby Tracks. Baby Tracks provides immunization reminders to parents who have children age 0 to 2. Our Baby Tracks staff members meet with families to explain the types of vaccinations that babies need and their importance, and to help parents and caregivers enroll in the program so they can continue to receive timely reminders.

In 2018, our Baby Tracks team enrolled 11,702 babies into the program, and provided immunization tracking for more than 21,600 families with young children. If families do not have a provider for vaccinations, Baby Tracks helps them find one.

Baby Tracks works in tandem with our ImmuLink program. ImmuLink helps maintain the Minnesota Immunization Information Connection (MIIC), a database that stores immunization records. MIIC makes keeping track of vaccinations easier, helping ensure Minnesotans get the right vaccines at the right time. In 2018, ImmuLink sent out 34,736 immunization reminder letters to the parents of teens and young children who required vaccination. In the six weeks after the letters were sent, this group of teens and young child received 2,869 new immunizations.

Together, these programs are helping prevent serious diseases like diphtheria, hepatitis B, polio, and pertussis. This keeps children in our community healthy now, and in the future.



Strategic priority #5

Reduce illness, injury, and unintended death

Clean water and safe food are critical to health. People can easily fall ill from eating contaminated food or from drinking, swimming in, or washing with contaminated water. Additionally, our department reduces illness, injuries, and unintended deaths by providing a variety of clinical services.

In 2018, our department worked to prevent and reduce illness, injury, and unintended death by inspecting food and water sources and by providing clinical services like 24/7 emergency mental health services and access to Naloxone (a drug that can reverse an opioid overdose).

Health outcome measures

Measure	Change	Current state	Source
Deaths and overdoses related to opioids	?*	149 deaths	2017 death records
Deaths due to drowning	?**	161 Minnesota youth between 2002 and 2016	2002 to 2016 state death records

* Deaths of Hennepin County residents; year over year trend appears flat, but current numbers are higher than historical figures.

** Unable to determine change due to large time range of data source and rarity of event.

By the numbers at HCPH

Some of the injury and unintended death related measures we track are shared below.

- **1,109** Naloxone kits distributed by the Public Health Clinic to reverse an opioid overdose
- **38,000** youth received low or no-cost swim lessons and swim education through Make a Splash.

Addressing health inequities

We targeted our efforts at the communities within Hennepin County who are experiencing the worst inequities around injuries and unintended deaths. The “Make a Splash” swimming lesson pilot project focused on reaching children of color (who have higher rates of accidental drowning); it is described on the next page.



Make a Splash

Drowning is a leading cause of accidental death for children. Among children of color, the risk is even higher. According to the USA Swimming Foundation, 70 percent of African American, 60 percent of Latino, and more than 40 percent of whites have little to no swimming ability.

Hennepin County's Make a Splash program is trying to help. Since 2017, the county has partnered with the USA Swimming Foundation to connect underserved youth and communities to swimming lessons and water safety education. Organizations that are part of the Make a Splash local partner network can apply for grants to provide families with youth swimming scholarships.

Our department's Environmental Health and Health Promotion programs support the initiative by acting as conveners: bringing partners to the table and helping them to succeed. For instance, they connected potential swim lesson providers to grant information, and collected data to help partners identify the areas in our county where the lessons and scholarships are needed the most.

In 2018, over 38,000 Hennepin County youth participated in Make a Splash. "I know that we are having an impact," said one local provider. Said another, "Mothers have cried on the phone out of thankfulness because their kids have never had lessons before because of the cost barrier."



Strategic priority #6

Ensure effective responses to public health emergencies

Hennepin County, like other large counties, faces the potential for large-scale threats, including infectious disease outbreaks, severe weather, and incidents causing mass fatalities. Our department plans for and coordinates public health and human services responses to these emergencies. We work with federal, state, and local agencies, local hospitals, and clinics. We educate residents to help them prepare for health and safety risks. In addition, we investigate and contain infectious disease outbreaks.

In 2018, our department responded to public health and human services emergencies and planned for special events with the potential for emergency response. This was done through staff training and exercises. For example, we trained and activated our incident command system (ICS) for Super Bowl 52, in support of our partners at the City of Minneapolis. We continue to train and prepare staff for emergencies, as well as update and exercise our emergency plans.

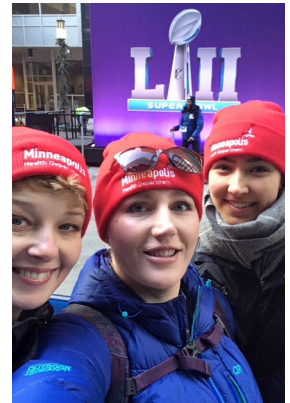
By the numbers at HCPH

Some of the emergency preparedness and response related activity measures we track are shared below.

- **37** staff activated in response to the Franklin-Hiawatha homeless encampment; equaling 1,650 staff hours
- **1,485** staff in Hennepin County received emergency preparedness training in 2018

Super Bowl 52 preparation and activation

- **2,700** staff were trained and 13 staff were activated for ICS roles during the event
- **50+** hotels were surveyed during National Human Trafficking Awareness month to prepare for Super Bowl 52
- **271** Hennepin County Environmental Health staff hours were provided to the City of Minneapolis in support of Super Bowl 52



Addressing health inequities

Housing is an important social determinant of health. People who lack safe and stable housing are at much greater risk for negative health outcomes. People of color and American Indians in Hennepin County experience significant inequities when it comes to housing.

A majority of people living at the encampment were American Indian people experiencing homelessness. The opioid epidemic, which disproportionately affects American Indians in Hennepin County, exacerbated the situation.

Collaborating on the Franklin-Hiawatha homeless encampment

In response to the Franklin-Hiawatha homeless encampment, our Emergency Preparedness program activated the incident command system (ICS) to help coordinate our county's response efforts in support of the City of Minneapolis.

One way that our health department supported the response was through infection control. People living in homeless encampments are at higher risk of contracting infections, like Hepatitis A and influenza.

In September 2018, the ICS activated staff from our Health Care for the Homeless program and our Public Health Clinic ran three vaccination stations at the encampment. Prior to the vaccination events, staff conducted outreach to inform encampment residents about the types of vaccinations being provided and their health benefits. In September 2018, staff administered 53 Hepatitis A and 21 seasonal influenza vaccinations.

In addition to administering vaccinations, our staff also provided medical care to people at the encampment who were suffering from illnesses, injuries, and infections. This work was streamlined and well-coordinated thanks to the ICS discipline provided by our Emergency Preparedness program staff. Activities included weekly briefings, incident action plans, and situation reports that kept all participating staff informed and engaged.

Other county services provided at the encampment and coordinated through the ICS process were family sheltering, housing, child protection/child welfare and child well-being, adult behavioral health, and chemical dependency assessments and treatment referrals.





Strategic priority #7

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

Access to comprehensive, quality health care and other supportive services is important for maintaining health, preventing and managing disease, and reducing unnecessary disability and premature death. In addition to providing a variety of clinical care services, we also help identify and fill gaps that prevent people from accessing services. For instance, we help clients sign up for medical insurance. Within Hennepin County, we see striking inequities in access to health care, and other services that are based on race, household income, and educational attainment.

Health outcome measures

Measure	Change	Current state	Source
Proportion of adults delaying needed physical health care due to cost or lack of insurance (among those who needed but delayed health care)	New	24.9% of adults	SHAPE 2018
Proportion of adults delaying needed mental health care due to cost or lack of insurance (among those who needed but delayed health care)	New	59.2% of adults	SHAPE 2018

HCPH by the numbers

Some of the healthcare access measures we track are shared below.

- **2,367** people living with HIV in Hennepin County were provided core medical and supportive services through our Ryan White program, which connects residents living with HIV to primary care and support services.
- **~12,000** people tested for HIV and sexually transmitted infections by the Red Door Clinic
- **3,866** people served by Health Care for the Homeless (in 2018, an estimated 10,200 Minnesotans experienced homelessness)
- **2,278** people enrolled in Medical Assistance with help from Health Care for the Homeless

Addressing inequities

In 2018, our department reduced barriers to health care access by addressing factors like cost of care, insurance coverage, and improving the availability of culturally competent care.

Our Health Care for the Homeless program is one example of our efforts to increase access. It is a federally qualified health care center with eight locations in shelters and drop in centers. It provides health care services, ranging from medical and mental health care to care coordination and transportation for people experiencing homelessness in Hennepin County. In 2017, this amounted to 13,169 visits.

The Red Door Clinic’s syringe exchange program story on the following page is another example of our work to reduce harm and reach out to people in the community who are facing health inequities.



A confluence of care

Fifty-three percent of HIV positive Minnesotans live in Hennepin County. Our department is working to help HIV positive residents connect to care and attain viral suppression. A person living with HIV is considered virally suppressed when the amount of virus in their blood is so low that they cannot transmit the virus sexually. We are also working to prevent the spread of HIV.

The Red Door Clinic is one of Minnesota's largest HIV and sexually transmitted infection (STI) clinics. Red Door's syringe exchange program is one facet of the clinic's vital prevention work. The syringe exchange program is geared toward injection drug users: a demographic at high risk for contracting blood-borne infections, including HIV. (In the United States, 16 percent of new HIV infections are attributable to injection drug use.)

The program provides people with sterile syringes and other safe injection supplies. It also collects and safely disposes of used items. Injection drug users are also encouraged to pick up Naloxone, a medicine that can reverse opioid overdoses to prevent death. The Red Door Clinic offers a nonjudgmental space where people can get tested for infections, get connected to HIV care, and receive referrals for substance abuse treatment.

HCPH is working to end the HIV epidemic in other ways, too. Our Ryan White program connects HIV positive residents to HIV care and related services. And Positively Hennepin, the county's HIV strategy, is bringing people and organizations together around the goal of "no new HIV infections by 2027."



Strategic priority #8

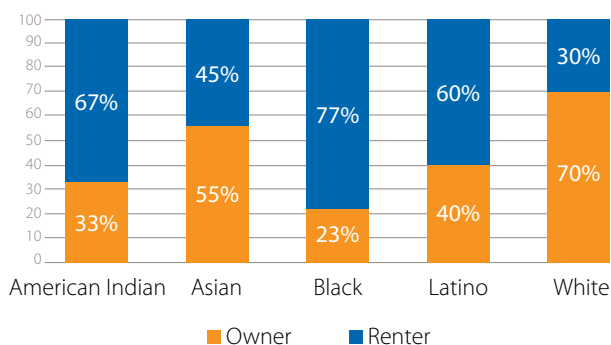
Deploy changes in policies, programs, and practices to advance health equity

Many factors help to create or inhibit health. These factors are sometimes called the “social determinants of health,” and they include income, education, housing, transportation, and social connectedness, to name a few. Advancing health equity entails positioning policies, programs, and practices to address and improve the social determinants of health. When these factors are working optimally everyone has the opportunity to attain their highest level of health.

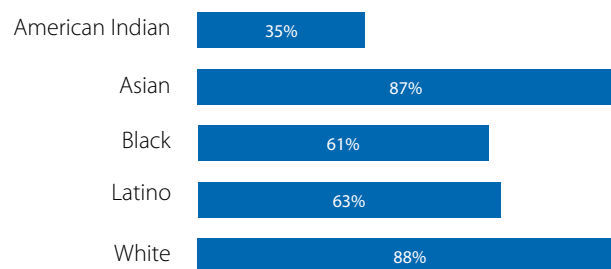
Addressing health inequities

In Hennepin County, we have significant inequities, particularly racial inequities, for many social determinants of health. The graphs below show two of these inequities: housing and education.

Occupied housing in Hennepin County by race/ethnicity, 2017



Four-year graduation rates, 2016-17 school year



In order to address the social determinants of health, HCPH must work with other county departments like Human Services, Public Works, Environment and Energy, and work in partnership with the community to move the needle toward equity.

Conducting community health assessments is a unique role for public health departments. An important contribution that HCPH makes toward this end is conducting the SHAPE survey every four years. The SHAPE survey was conducted in 2018 for the sixth time, and is described on the next page. SHAPE provides important insight into the extent of health disparities among various populations in Hennepin County, including racial and ethnic groups.



SHAPE supports health equity

Every four years, the Survey of the Health of All the Population and the Environment (SHAPE) surveys Hennepin County residents about their health, lifestyle, and ability to access health care. Our department's SHAPE team uses this data to create an overview of the health issues facing our county's diverse population.

In 2018, the SHAPE team worked to increase participation by people in the community who have not been well represented in previous iterations of the survey. This includes young adults, people with lower educational attainment and incomes, people of color and American Indians, and those residents who do not speak English as their primary language. Increasing the participation of these groups helps ensure that SHAPE data is truly reflective of all Hennepin County residents.

In addition to mailing surveys to 40,000 randomly selected households, the SHAPE team invited residents seeking services at the Hennepin County regional human service centers, the Office of Multicultural Services, and NorthPoint Health and Wellness Center to take the survey

while they waited for their appointments. The SHAPE team then matched participants who took the in-person survey to households that had not completed the mailed survey. Additionally, SHAPE enlisted the county's Office of Multicultural Services to provide translation both in-person and over the phone.

The in-person data collection strategy yielded an additional 3,200 completed surveys by a diverse group of people. Nearly 300 of the in-person surveys were completed in Spanish and nearly 100 were completed in Somali. Over 25 percent of the in-person survey participants were under the age 30. Our in-person strategy expanded the populations that the survey results include, such as 18-24 year-olds and residents identifying as foreign-born black.



Organizational excellence

At Hennepin County Public Health, we strive to lead and innovate. To do this we focus on five priorities:

- Meeting or exceeding health mandates, statutory requirements, and goals
- Ensuring resources are optimized and aligned with the county's health priorities
- Collaborating with partners and communities to address shared goals and health equity
- Building and maintaining an innovative and engaged workforce
- Advancing public understanding of what creates health

Here are some ways we worked to meet these priorities in 2018.

We championed health equity

In 2018, our department amplified the work of the Health Equity Leadership Team (HELT) to ensure that health equity is a part of every decision made at our department, while also leveraging our influence with other county departments and partners.

The HELT developed a five-year health equity plan, conducted an all-staff health equity assessment, and launched four health equity pilot projects. These accomplishments position us to continue to advance equity and improve health outcomes for our whole community, now and in the future.



We rolled out CHIP 2.0

The Community Health Improvement Partnership (CHIP) of Hennepin County was created in 2012 to foster alliances and target community health issues together for greater impact.

CHIP is convened by HCPH, Bloomington Public Health Division, and the Minneapolis Health Department, and includes affordable housing and mental health experts, communities of spirituality and faith, and organizations representing cultural and ethnic communities.

As of early 2017, CHIP's two community priorities for action are 1) community mental well-being and 2) housing stability. CHIP is led by an executive committee that drives its work. In 2018 they led the kickoff of two CHIP action teams to coordinate and implement each priority.

A new CHIP Collaborative was also initiated; this group includes all communities CHIP serves and ensures accountability to them. They provide advice and make recommendations for future actions.



We expanded our culture of quality improvement

Quality improvement (QI) is a core value of our health department. We've agreed that "it's everyone's business" and have made it pervasive throughout our department. In 2018, HCPH staff undertook more than 40 QI projects.

One project, a collaboration between our Women Infants and Children (WIC) and Thrive by Five programs, improved WIC referrals to Thrive by Five by 167 percent from 2017 to 2018 (from 146 to 389 children). Thrive by Five provides supportive services that help children prepare for and succeed in kindergarten.

We improved our community engagement skills

We believe that our department is the most effective when we work with communities to create their own healthy futures. To improve our ability to be good partners and do authentic community engagement, we started a community of practice (CoP) for our employees. This "learning and sharing" group developed a community engagement inventory, and compiled a library of tools to help staff evaluate and assess community engagement initiatives.

Staff in the CoP also acted as mentors to other employees on a number of HCPH projects. For example, a project was undertaken with WIC staff and program participants to learn why enrollment has been declining, and to get community-specific ideas for improvement.

We strengthened our workforce

HCPH is committed to attracting, developing, and retaining talented and passionate people who care about health and the community. In 2018, our workforce development (WFD) committee expanded its toolkit, adding an extensive list of WFD resources for all staff to access.

To help build our future workforce, in 2018 we also hosted 94 students, 17 interns, and over 30 volunteers, and did outreach to high school students interested in health careers.

Our department is working to improve the racial diversity of our staff in order to better reflect the communities we serve in Hennepin County. Between 2015 and 2017, 20 percent of our new hires were people of color and American Indians (8 of 40); in 2018 this rose to 53 percent (21 of 40). While we are proud of this improvement, we know we have more work to do.



Looking ahead



Continuing our commitment to health equity

Our work to advance health and racial equity has just begun. Our department will continue to focus on health equity in 2019, and for years to come. We anticipate that the results of the 2018 SHAPE survey will help guide our future work.

Additionally, our commitment to the Hennepin County disparity reduction goals (see page 5) will contribute to making Hennepin County more equitable.

We are committed to expanding upon the efforts noted throughout this document, like building a more diverse public health workforce, engaging in authentic community engagement, and using quality improvement tools to drive impactful projects.

Maintaining our national accreditation status

Hennepin County Public Health was the first health department in Minnesota to receive national accreditation from the Public Health Accreditation Board (PHAB) in 2014. Achieving PHAB accreditation means that our department meets a nationally agreed upon set of practice-focused, and evidence-based standards for public health departments. PHAB accreditation must be renewed every five years.

In 2018, we began preparing for our PHAB reaccreditation application, which will be submitted in the spring of 2019. In this application, we will show that we've not only maintained our reputation as a public health leader in Minnesota, but have continued to improve and grow as a department.



Tackling the opioid epidemic

Hennepin County's Opioid Strategic Framework was approved in January 2018 and a steering committee was formed to carry out the work. The county also hired an opioid prevention coordinator, who reports to the public health director, and is tasked with overseeing the steering committee, ensuring coordination among partners, and driving implementation of the framework.

In 2018, the county expanded its medication disposal and Naloxone training efforts. It also used data to create policies and interventions around opioid use disorder medications for individuals experiencing incarceration.

Going forward, the steering committee is pursuing multiple funding opportunities. With additional funding, Hennepin County will be better able to integrate criminal justice, public health, and human services prevention and treatment interventions, while expanding engagement by creating a community intervention design team.

Preventing violence

Violence is a serious problem in the United States. In 2016, more than 19,000 people were the victims of homicide and 45,000 took their own lives. People that survive violence often have emotional and physical problems. Violence prevention is a public health function, because public health is concerned with the health, safety, and wellbeing of people and populations.

Our Public Health Promotion program is collaborating with the Minnesota Department of Education on a federal school climate transformation grant. National research shows that students who feel connected to and engaged in their schools have better academic outcomes and are less likely to engage in risk behaviors that can lead to violence, like drug use or gang involvement.

Our staff will assist in recruiting middle and high school schools to participate in the program, and will provide technical assistance to two to three metro school districts. In addition, they will work with the Minnesota Department of Health to recruit high schools for a school-based suicide prevention project.

For more information

Data

Available at hennepin.us/publichealthdata and hennepin.us/shape

Find us on the web

hennepin.us/publichealth

healthyhennepin.org

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Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording.

