



# Health

November 19, 2014

(Updated)

# Table of Contents: Health

Performance Measures	Page
<b>Overall Indicator</b>	
Resident Survey: Importance of and Satisfaction with City’s Protection of Residents’ Health and Well-being	5
<b>Goal 1: A Health Start to Life and Learning</b>	
Infant Mortality Rate by Race/Ethnicity and Mother’s Country of Birth	7
Low Birth Weight Rate by Race/Ethnicity	8
Preterm Birth Rate by Race/Ethnicity	8
Preterm Birth Rate by Race/Ethnicity and Mother’s Country of Birth	9
<i>Preschool Screenings</i>	10
<i>Incoming Minneapolis Public School Kindergartners Meeting and Exceeding Literary Benchmarks</i>	10
<b>Goal 2: Thriving Youth and Young Adults</b>	
Teen Pregnancy Rates by Race/Ethnicity	12
Gonorrhea Rates by Race/Ethnicity	12
HIV Rates by Race/Ethnicity	13
Homicide Deaths of Minneapolis Residents Ages 24 and Under	13
<i>Science-Based Sexuality Education in Minneapolis Public Schools</i>	14
<i>School-Based Clinics: Physical Health Clients and Mental Health Screenings</i>	15
<b>Goal 3: Healthy Weight and Smoke-Free Living</b>	
Percentage of Adult Residents at Healthy Weight, Overweight and Obese	17
Percentage of Adult Residents Who Smoke Cigarettes in Minneapolis, Minnesota and US	17
<i>Public Housing Tobacco-Free Building Policies: Number of Buildings and Residents</i>	18
<i>Healthy Living Partnership with Minneapolis Public Housing Authority Buildings</i>	19
<i>Venues for Increasing Access to Healthy Foods</i>	19
<b>Goal 4: A Healthy Place to Live</b>	
Percent of Children Tested for Lead and Number of Children with Elevated Lead Levels	21
<i>Risk Assessment Inspections compared to the Number of Lead Poisoned Children</i>	22

Measures in regular text are “influence” level. *These measures are high-level measures that the department wants to impact with its work. Measures in italics are “supporting” measures. They can add context to the influence level measures, represent the programmatic or operational activities of the department, or be the direct outcomes of the department’s work.*

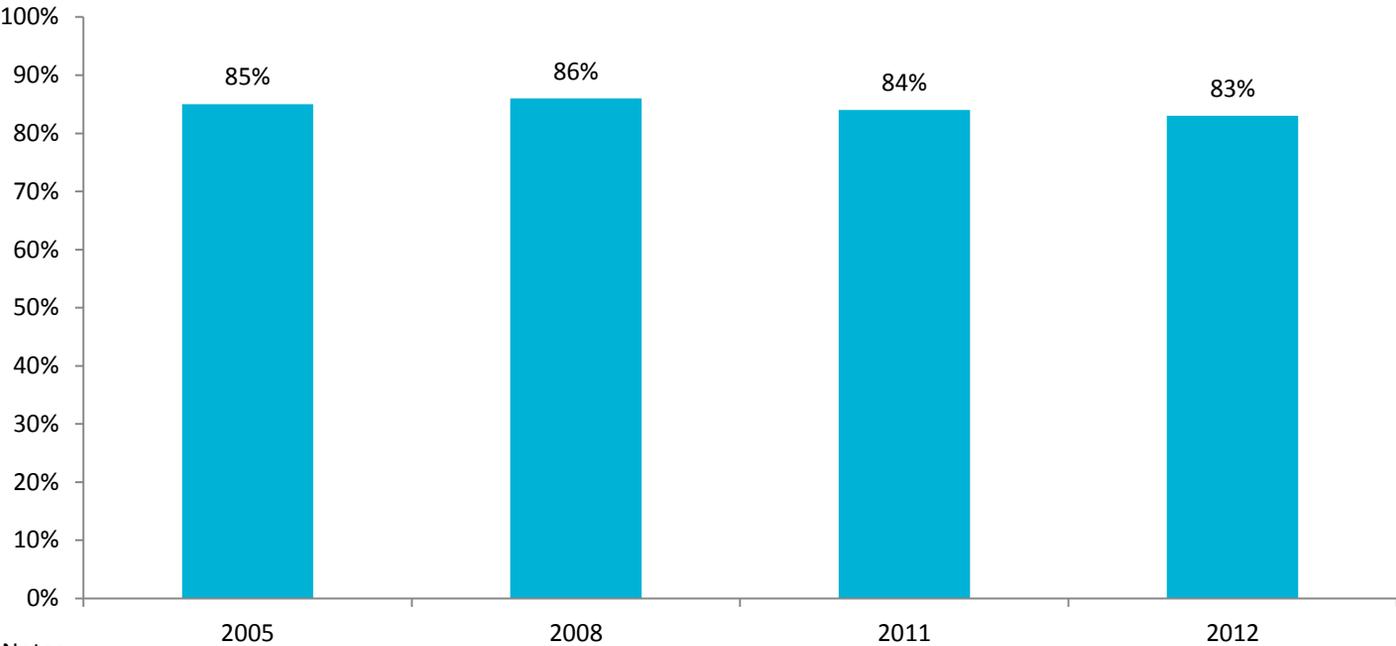
# Table of Contents: Health (Continued)

Performance Measures	Page
<b>Goal 5: Safe Places to Eat, Swim, and Stay</b>	
Foodborne Illness Outbreaks	24
<i>Number of Routine Food Inspections by Violation Points</i>	25
<b>Goal 6: A Healthy Environment</b>	
Number of Days When Metro Area Ozone Levels Exceeded Health Standards	27
<i>Green Business Matching Grant Program</i>	28
<i>Annual Air Pollution Reduction in Pounds, through Green Business Grants</i>	29
<i>Tree Planted on Commercial Property in Minneapolis</i>	30

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# Overall Indicator

### Minneapolis Residents Who Rank "Protecting the Health and Well-Being of Residents" as Important

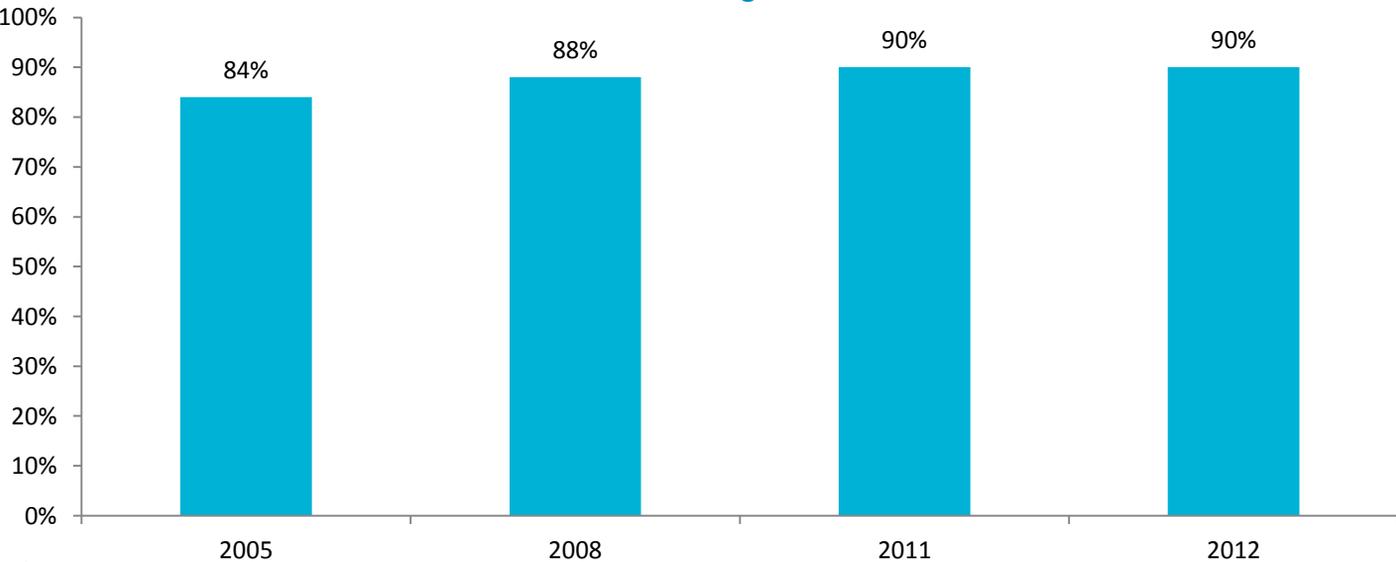


Notes:

- 1) Survey respondents were asked to rank the importance of this service on a 5 point scale, with 5 being "extremely important" and 1 being "not at all important." Percentages shown represent a response of a 4 or a 5.
- 2) The differences from year to year must be at least five percentage points or higher before they are considered real changes in population sentiment.

Source: Resident Surveys

### Minneapolis Residents Who Report Satisfaction with the "City's Protection of the Health and Well-Being of Residents"



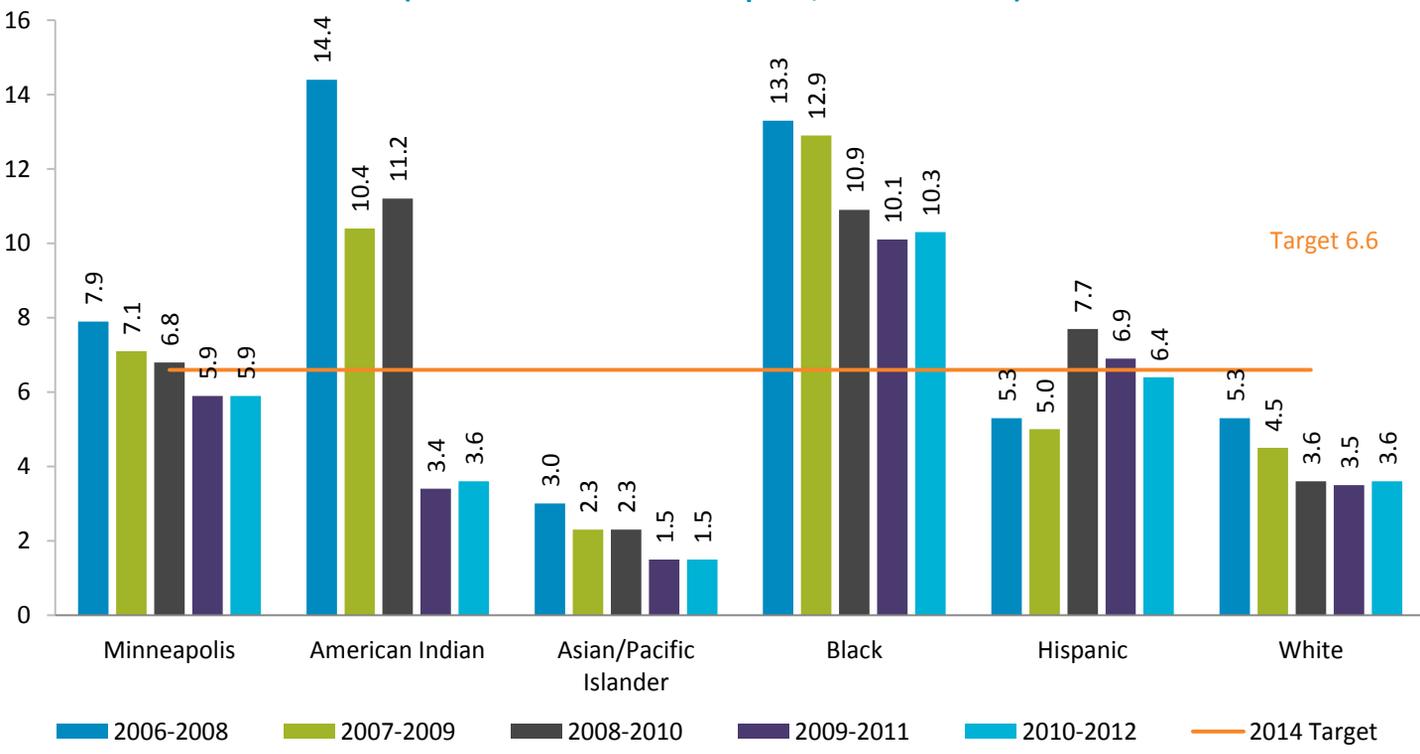
Notes:

- 1) Survey respondents were asked to rank their satisfaction on a 5 point scale, with 5 being "extremely satisfied" and 1 being "not at all satisfied." Percentages shown represent a response of a 4 or a 5.
- 2) The differences from year to year must be at least five percentage points or higher before they are considered real changes in population sentiment.

Source: Resident Surveys

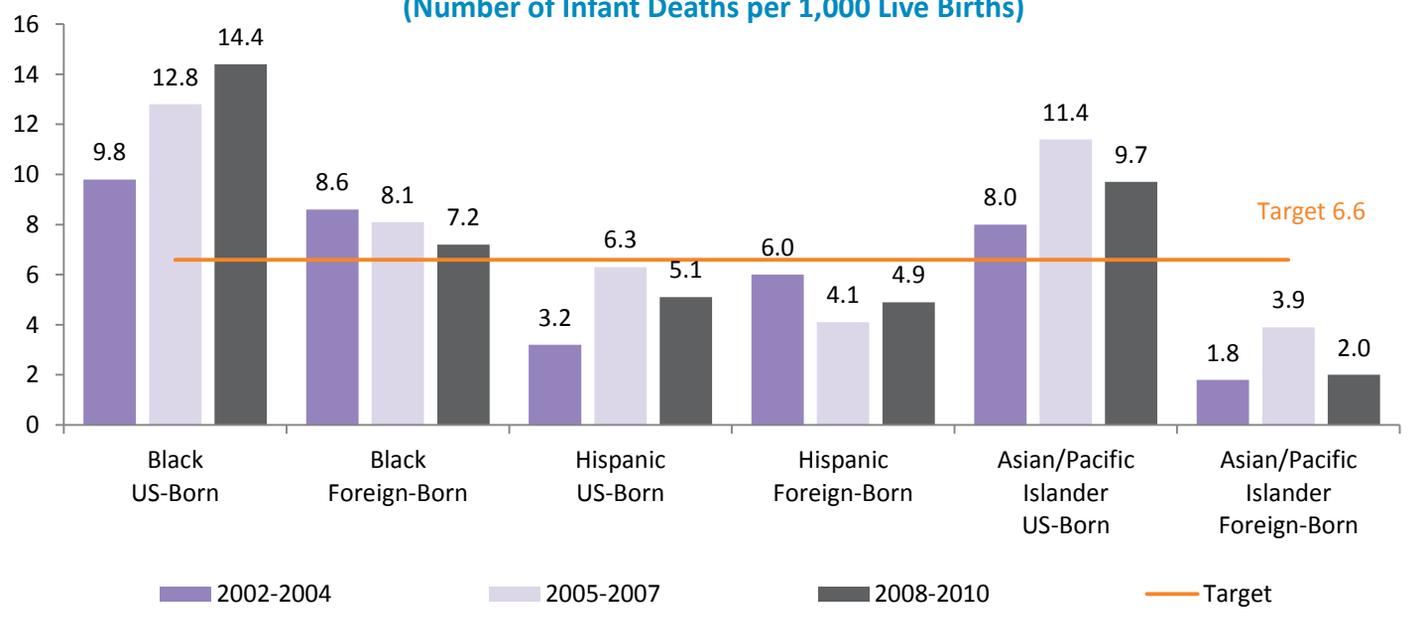
# Goal 1: A Healthy Start to Life and Learning

### Infant Mortality Rates by Race/Ethnicity (Number of Infant Deaths per 1,000 Live Births)



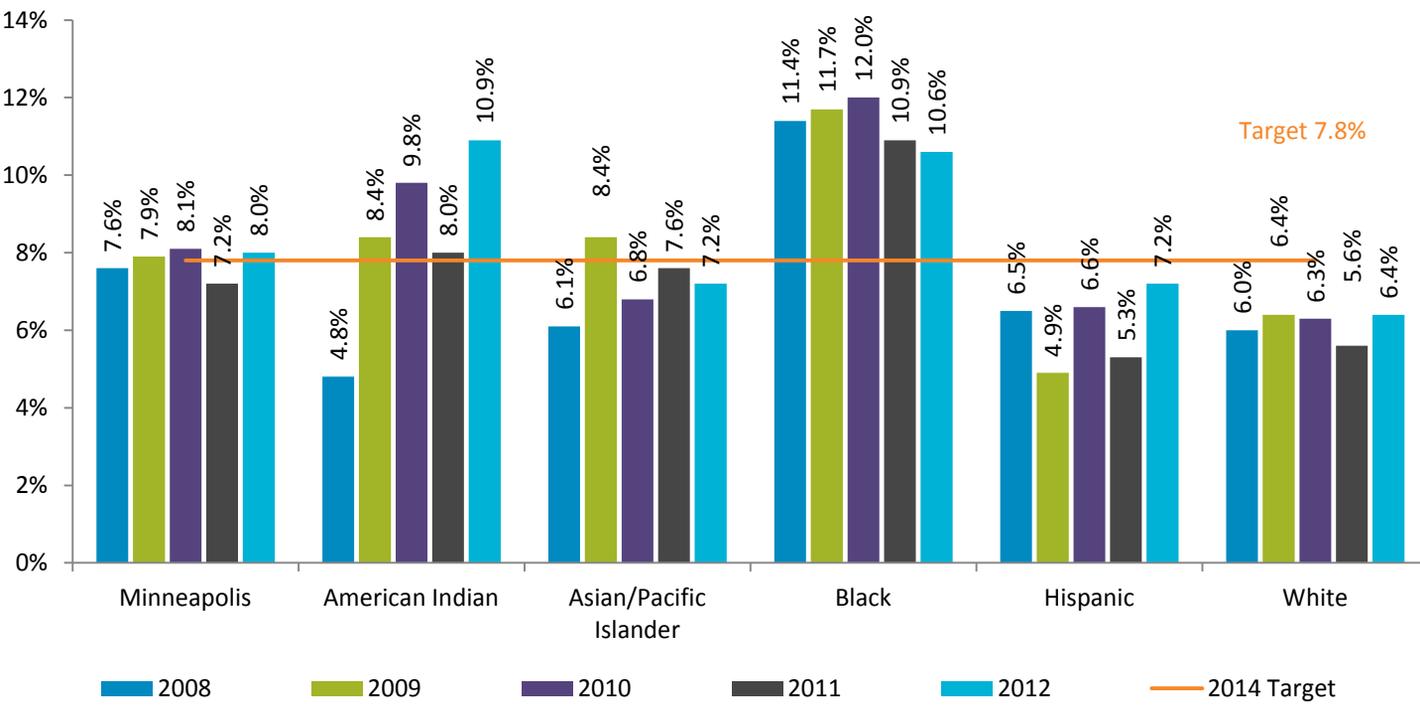
Note: Hispanic is a mutually exclusive category that includes whites, blacks, and Asians that identify as Hispanic.  
 Source: Minnesota Department of Health

### Infant Mortality Rates by Mother's Race/Ethnicity and Country of Birth (Number of Infant Deaths per 1,000 Live Births)



Note: Hispanic is a mutually exclusive category that includes whites, blacks, and Asians that identify as Hispanic.  
 Source: Minnesota Department of Health

### Low Birth-Weight Babies by Race/Ethnicity

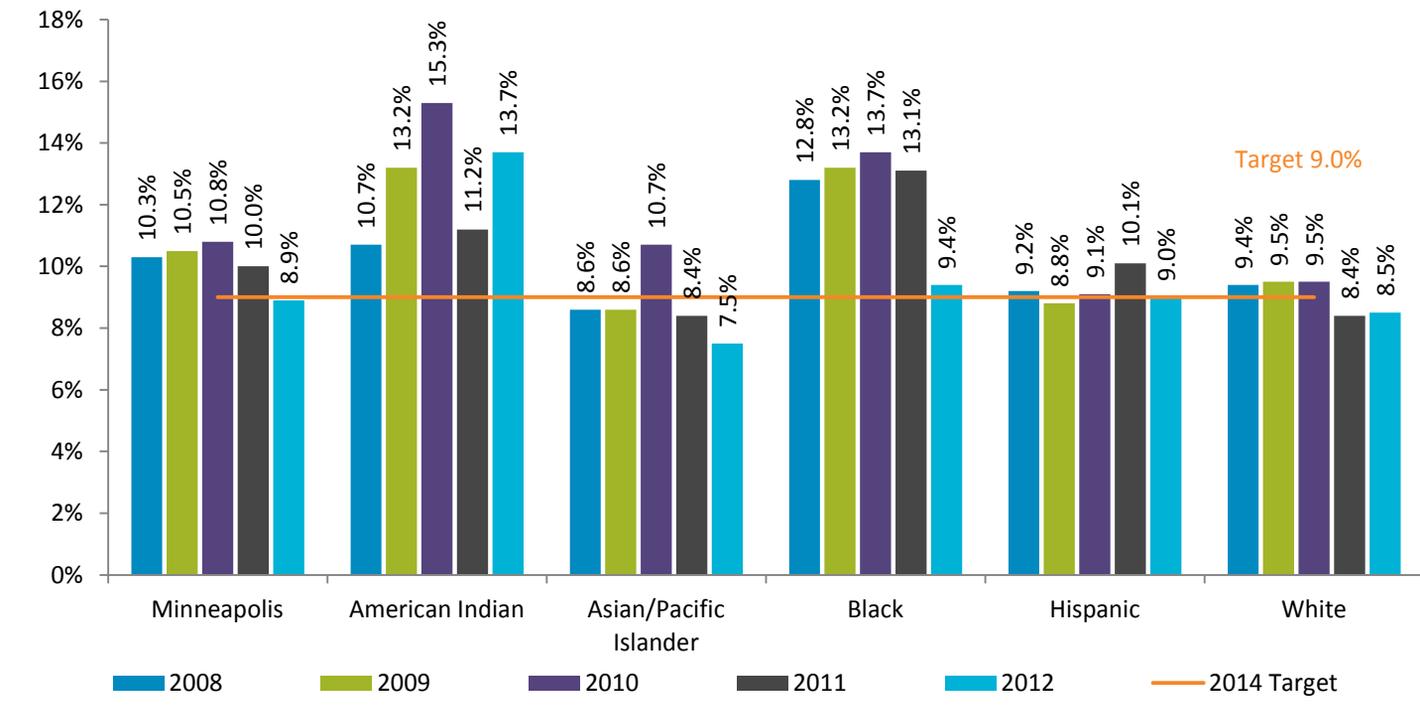


Target: Reduce the proportion of infants born at low birth weight to 7.8 percent by 2014 from 7.9 percent in 2009.

Note: Hispanic is a mutually exclusive category that includes whites, blacks, and Asians that identify as Hispanic.

Source: Minnesota Department of Health

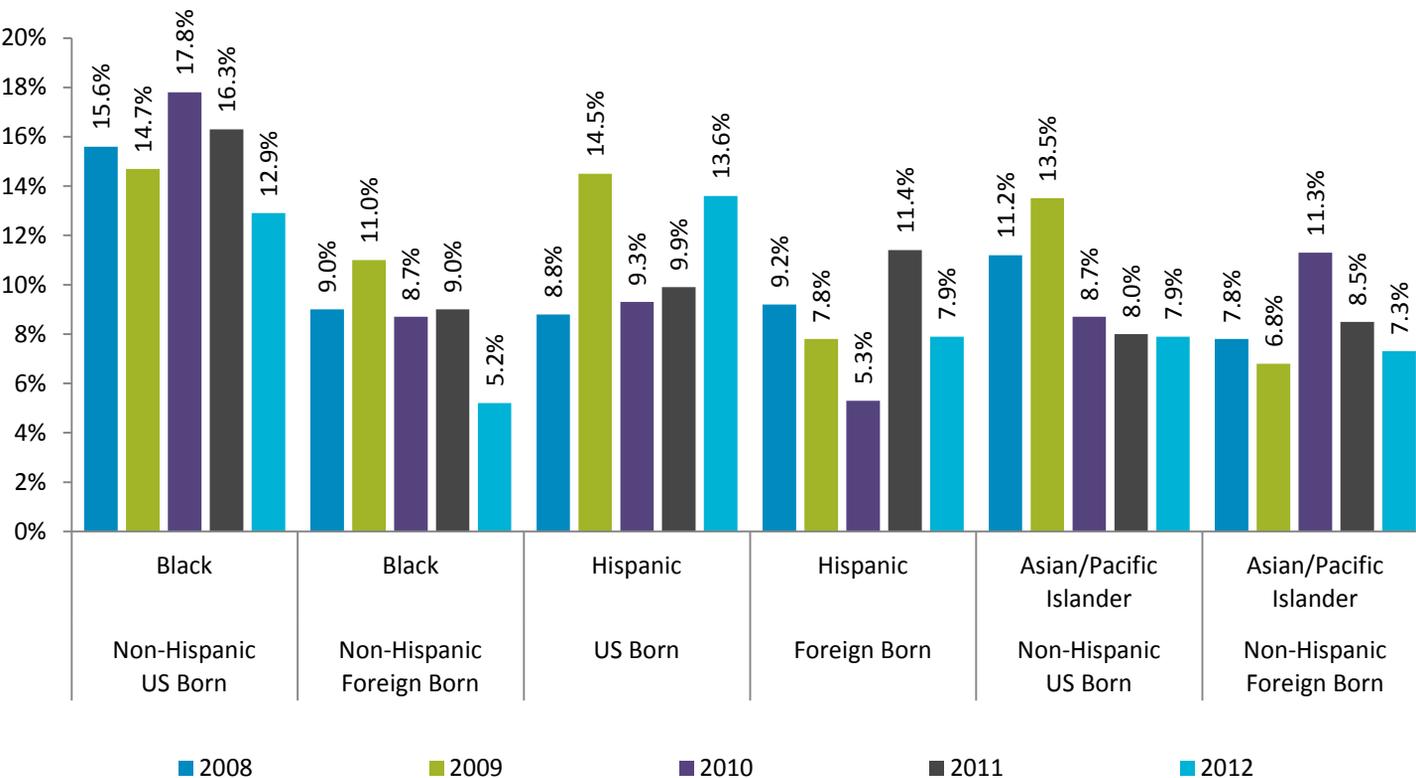
### Preterm Birth Rate by Race/Ethnicity



Note: Hispanic is a mutually exclusive category that includes whites, blacks, and Asians that identify as Hispanic.

Source: Minnesota Department of Health

Preterm Birth Rate by Race/Ethnicity and Mother's Country of Birth



Source: Minnesota Department of Health

**Why is this goal important?**

A healthy start to life and learning begins with a healthy pregnancy and birth. The early years are a period of critical child development in terms of overall physical and emotional health and school readiness. Large differences occur among racial and ethnic groups in birth outcomes – similar to those evident nationally – that reflect socioeconomic disparities, a history of racism and discrimination, and the associated stress and trauma experienced by minority populations.

**What strategies are we using to achieve our goal?**

In order to improve birth outcomes in 2013 and into the future:

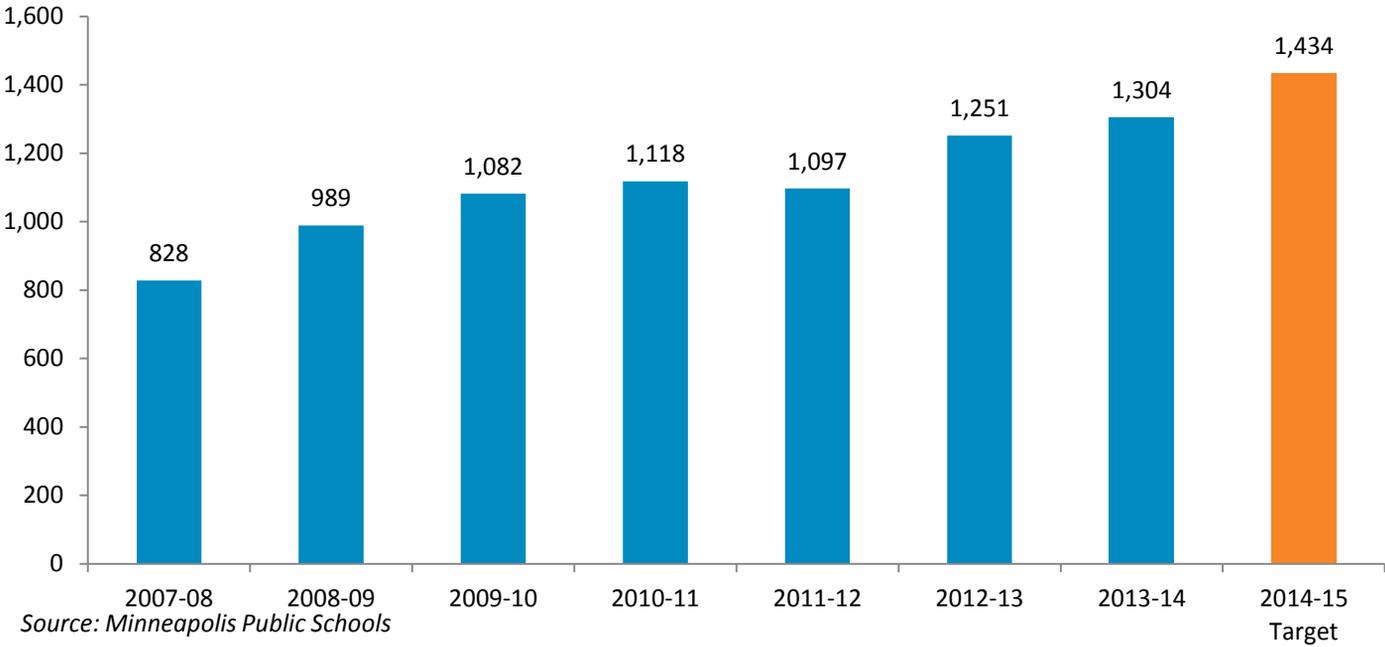
- Prenatal Risk Screening:** Psychosocial risk screening was provided to 584 pregnant women in communities with higher rates of infant mortality, preterm birth and low birth weight to identify women in need of services such as housing, food, transportation, mental health or substance use assessments, social support, or domestic violence services.
- Home Visits:** Home visits were provided to 3,518 individuals in 1,915 families, for a total of 17,162 visits during pregnancy and after birth to provide support and education related to safe infant sleep environments, injury prevention, secondhand smoke, tobacco, alcohol, and drug use, childbirth education, nutrition, family planning, and breast feeding. 14,621 of the home visits were provided to newborns and postpartum women. Ninety-three percent of the families served were living at or below

# A Healthy Start to Life and Learning

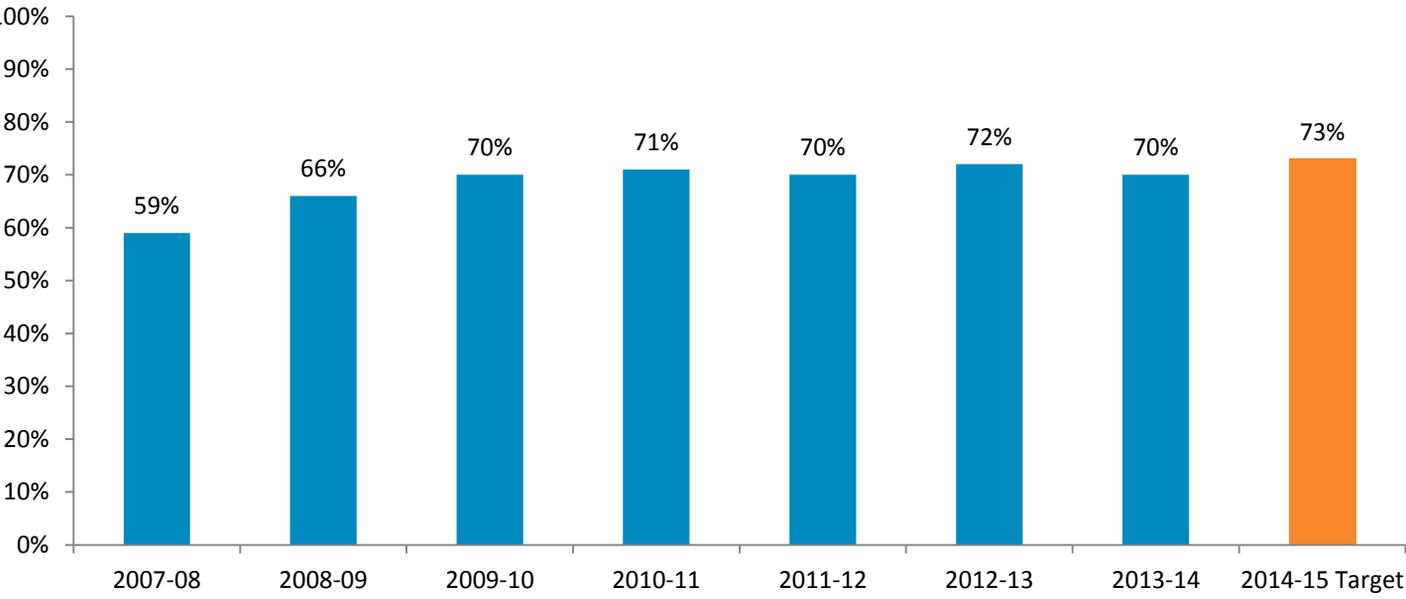
200% of the federal poverty threshold.

- **Three Year Old Screenings:** Minneapolis Public Schools is partnering with Generation Next to continue engagement with families with three year olds through medical clinics and expects three year old screening to increase as a result of this focus.

### Number of Three Year Olds Screened by Minneapolis Public Schools

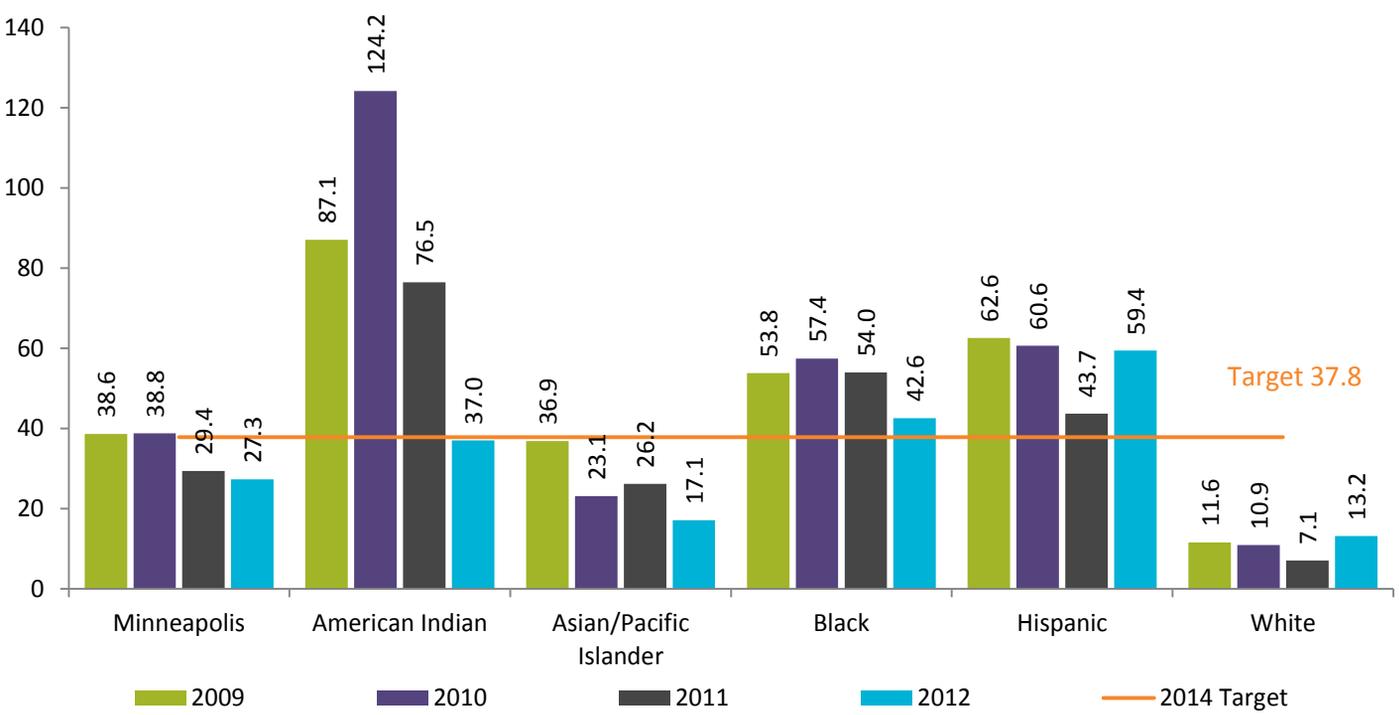


### Percentage of Incoming Minneapolis Public School Kindergartners Who Meet/Exceed Total Literacy Benchmarks on the Beginning Kindergarten Assessment



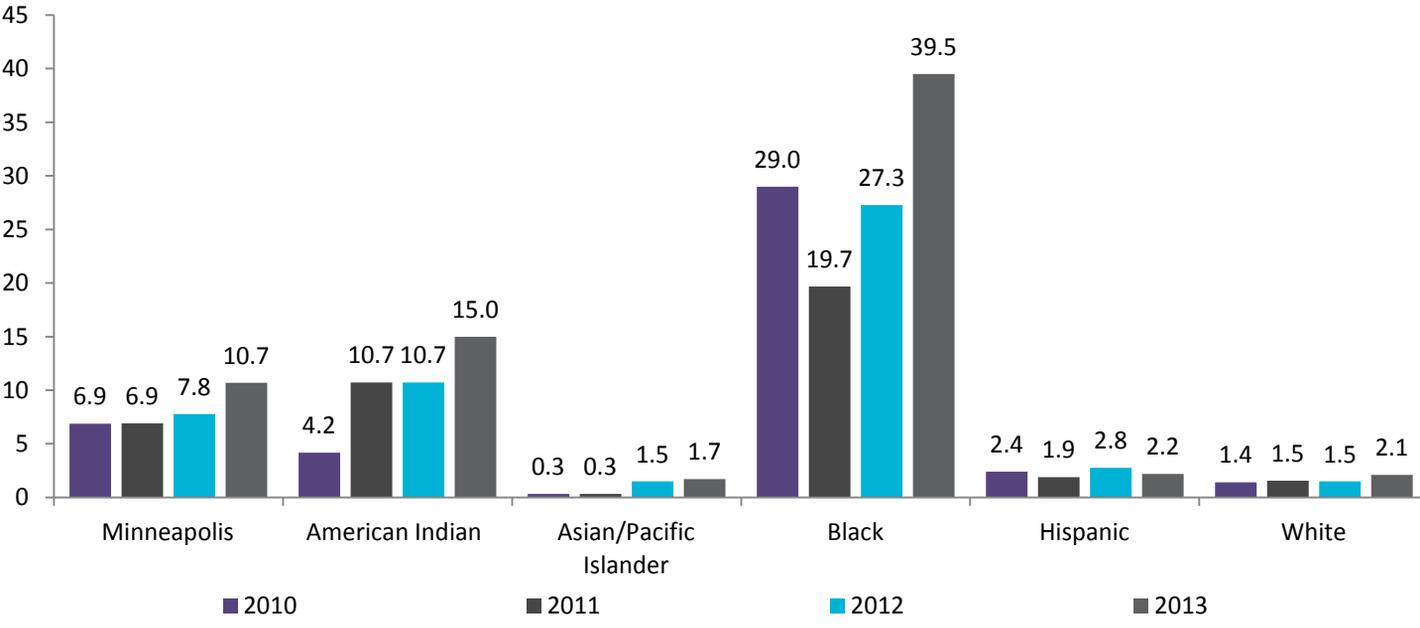
# Goal 2: Thriving Youth and Young Adults

Teen Pregnancy Rates by Race/Ethnicity  
(Number of Pregnant Teens, per 1,000, Ages 15-17)



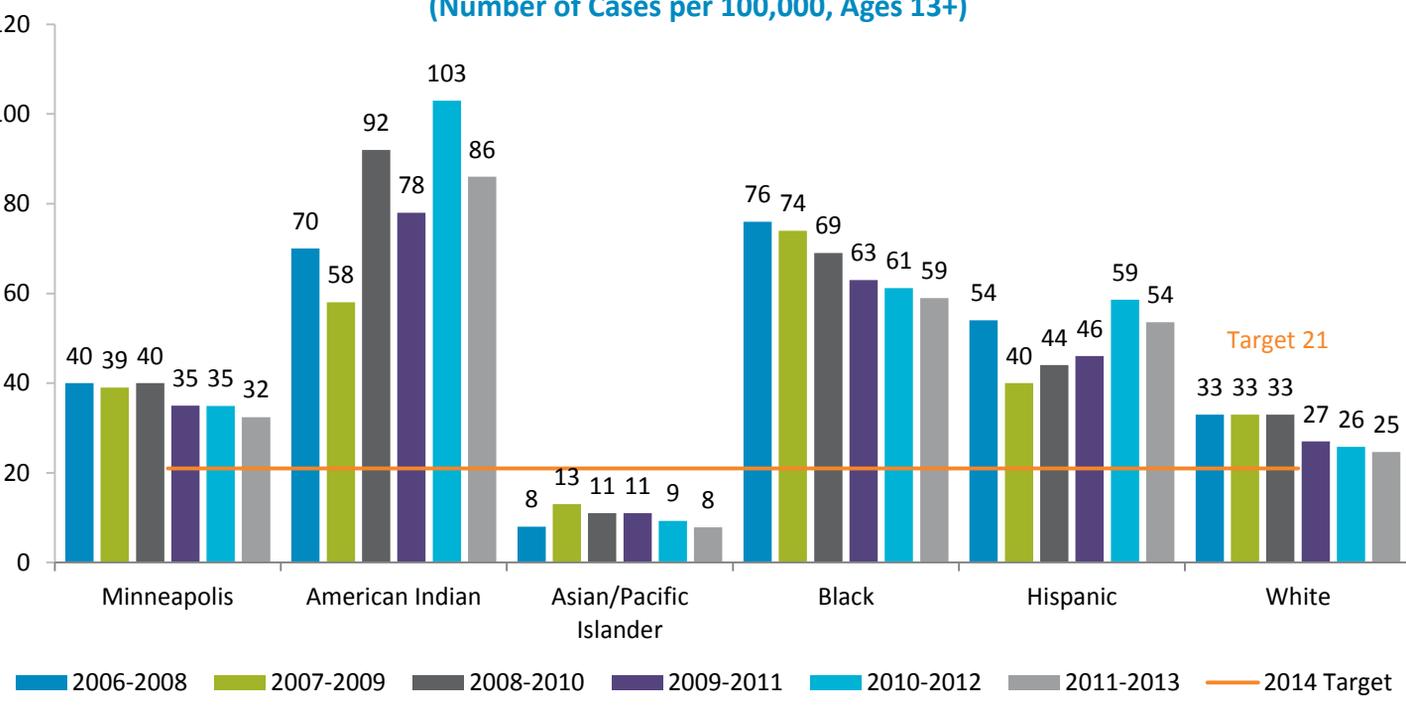
Source: Minnesota Department of Health

Gonorrhea Rates by Race/Ethnicity  
(Number of Residents, per 1,000, Ages 15-24)



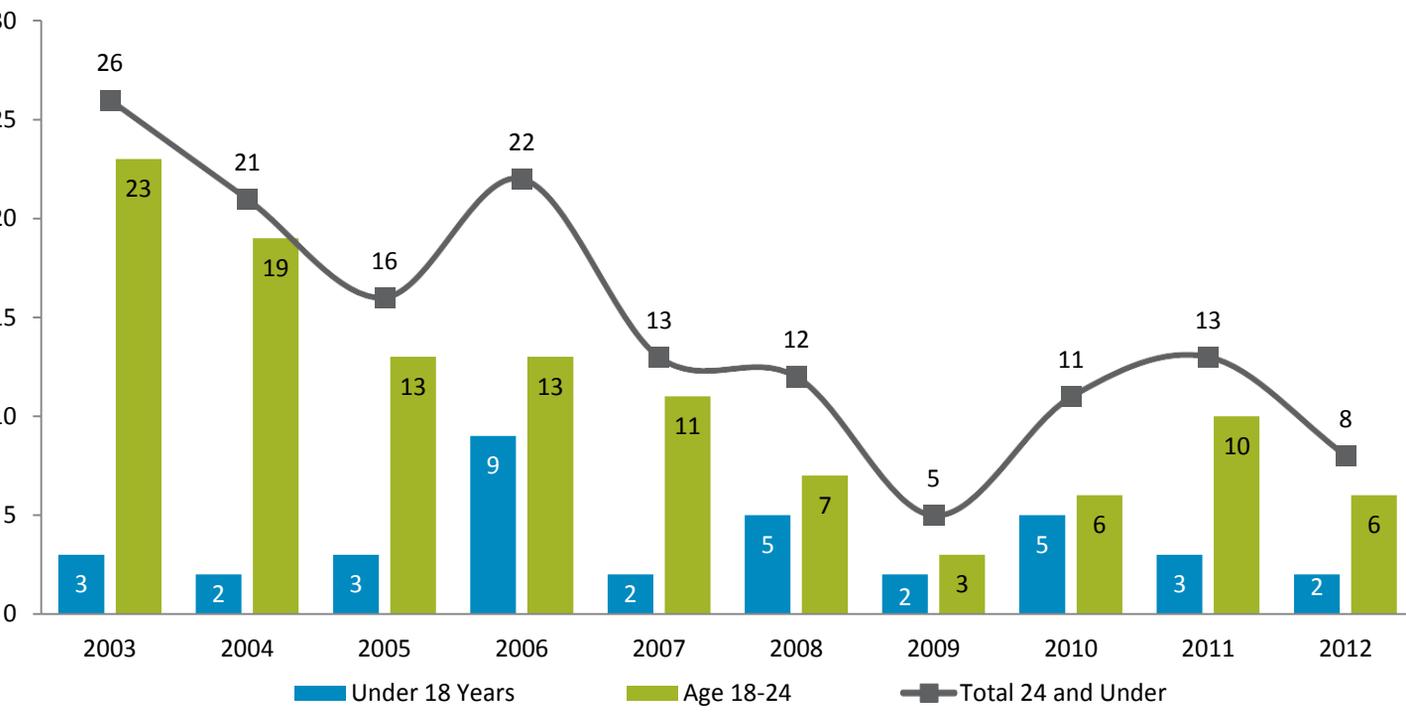
Sources:  
1) Gonorrhea data - Minnesota Department of Health  
2) Population data - ACS 3 year estimate, 2010-2012

### New HIV Cases by Race/Ethnicity (Number of Cases per 100,000, Ages 13+)



Source: Minnesota Department of Health

### Homicide Deaths of Minneapolis Residents, Age 24 and Under



Note: Resident homicides include deaths by homicide of juvenile Minneapolis residents regardless of where the death occurred.  
Source: Minneapolis Department of Health

**Why is this goal important?**

Healthy and thriving youth are a sign of a healthy community. Certain social factors affect the health and well-being of young people, including social support, education, physical environment, healthy development, personal health behaviors and coping skills and opportunities for positive social engagement. The measures listed on the following pages are some of the activities the Minneapolis Health Department is doing to address the serious health concerns affecting youth and young adults.

**What strategies are we using to achieve our goal?**

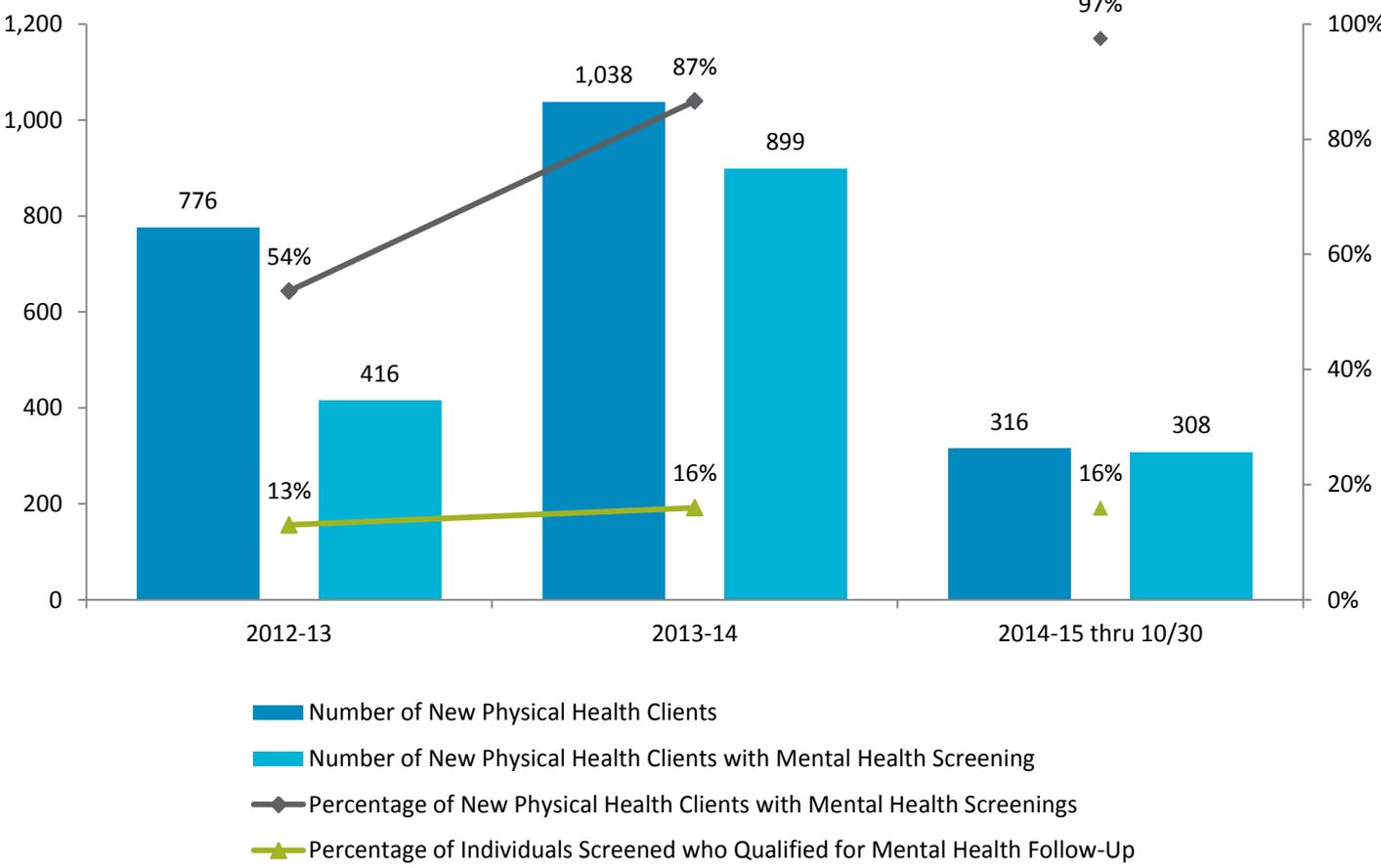
Youth who have positive support and access to services that promote their physical and mental well-being are less likely to engage in risky violent or unhealthy behaviors. The Minneapolis Health Department’s strategies to address these health issues are as follows:

- Implementation of the “Blueprint for Action: Preventing Youth Violence”, a multifaceted public health approach promoting strategies that reduce factors that put young people at risk for experiencing violence.
- Policy, advocacy and program planning focused on teen pregnancy prevention efforts in the community and in Minneapolis Public Schools, charter and alternative schools.
- Targeted strategies for communities experiencing increased rates of gonorrhea by continuing to fund the Seen on Da Streets program which provides clinic outreach, education, and testing services directed at African American males.
- Outreach, education, and health services to high school students enrolled in Minneapolis Public High Schools through our school-based clinics, including mental health and sexual health screening, as well as STD testing and treatment.
- Contracted services for home visits to families with parents age 20 and under to ensure that they have the resources they need to stay in school, raise healthy families, and reduce the risk of subsequent pregnancies.
- Tailored services for youth who are at risk of exposure to or involvement in violence.

**Implementation of Science-Based Sexuality Education in Minneapolis Public Middle Schools (Grades 6-8)**

School Year	2010-11	2011-12	2012-13	2013-14
Number of Students Receiving Science-Based Sexuality Education	2,933	2,814	2,411	2,584
Number of Schools Providing Sexuality Education in Health Classes	17	21	19	22
Percent of Schools Providing Sexuality Education in Health Classes	77%	95%	86%	100%

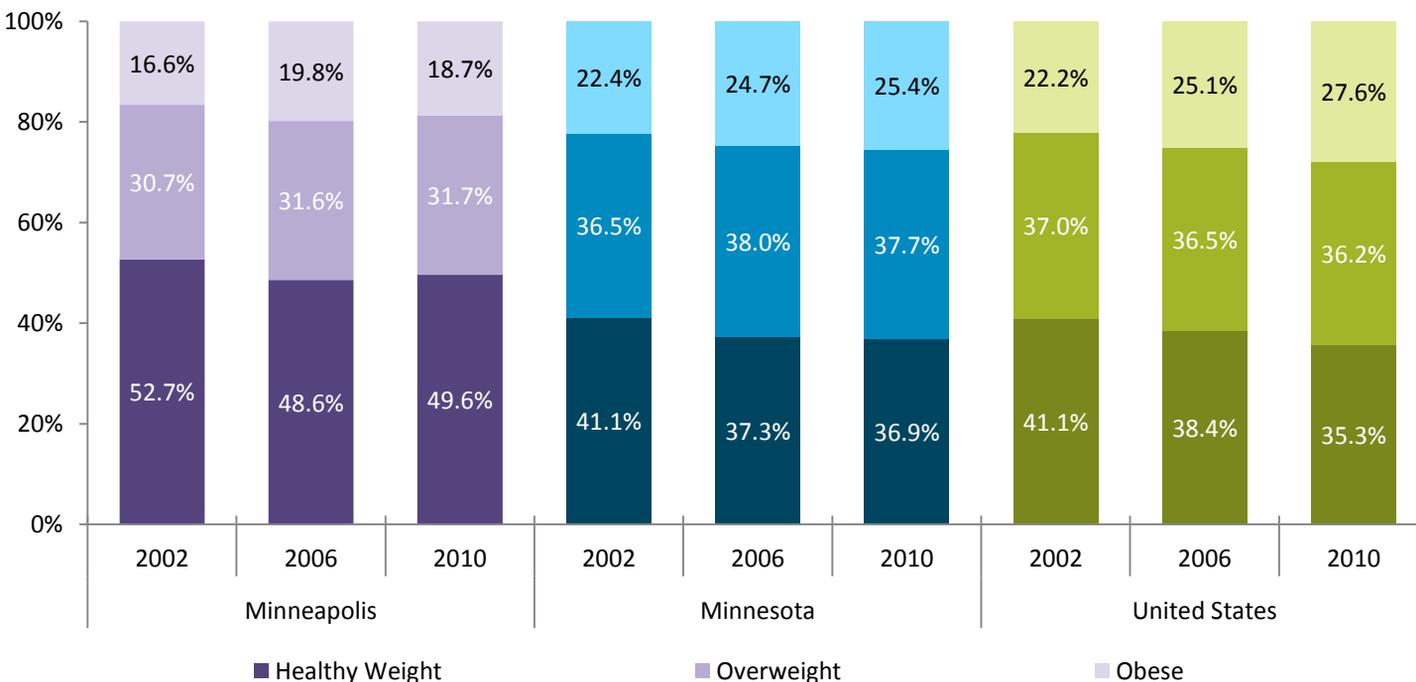
School-Based Clinics: New Physical Health Clients with Mental Health Screenings



Source: School-based clinic electronic health records

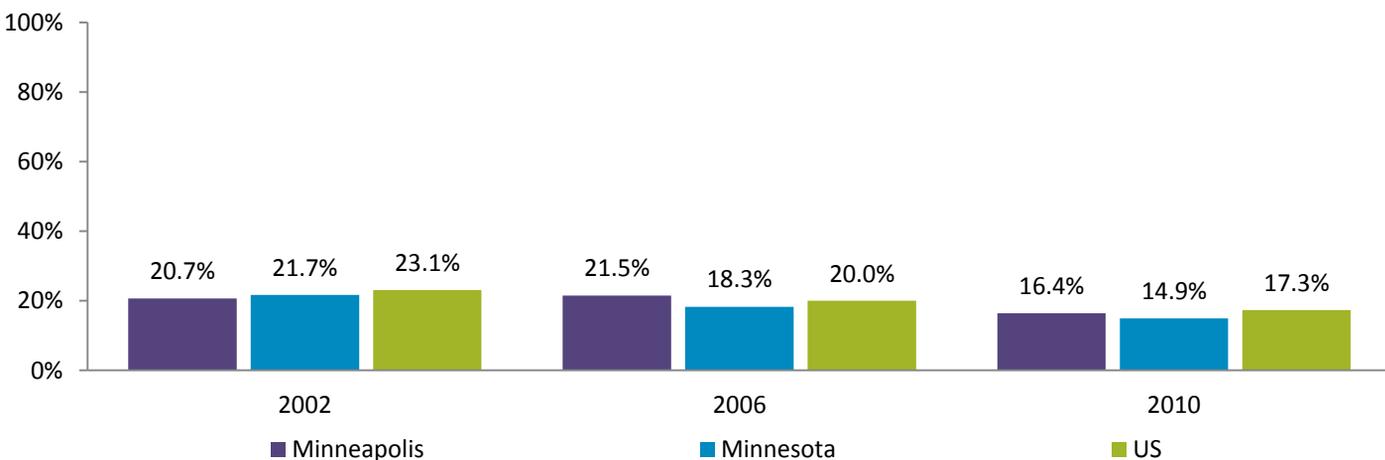
# Goal 3: Healthy Weight and Smoke-Free Living

## Adults at Healthy Weight, Overweight and Obese in Minneapolis, Minnesota, and the US



Note: See source and notes below.

## Adults Who Smoke Cigarettes in Minneapolis, Minnesota, and the US



Note: The validity of household survey data has decreased over time due to the large reduction in response rates attributed in part to changing from telephone to mail administration because of funding constraints. (For the SHAPE survey, the response rate declined from 66 percent in 2002 to 23 percent in 2010). The validity of SHAPE and other household survey results are further compromised by response bias: respondents are disproportionately white, female, older, and higher income; non-English speakers are not included. Response bias results in a population profile that represents healthier segments of the population. Health Department staff are working with the State of Minnesota and Hennepin County to develop new methods to assess population health, including aggregating de-identified electronic health records to provide more complete and accurate profiles of population and subpopulation health (for example, broken down by race/ethnicity, country of origin, or age group).

Sources:

1) Minneapolis; SHAPE

2) Minnesota and United States; BRFSS

## Why is this goal important?

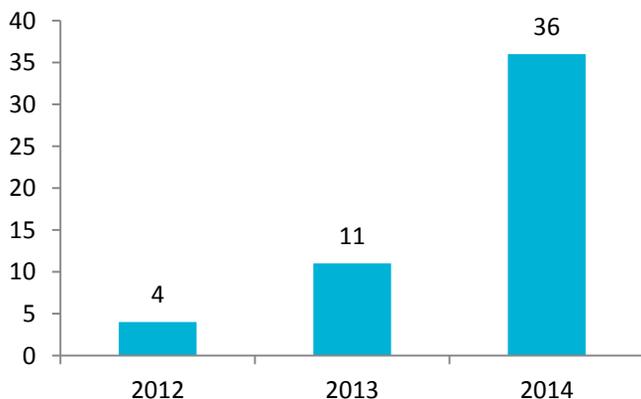
Access to high-quality medical care is essential but only contributes to 20% of what makes us healthy. The rest of what makes us healthy is determined by the places we live and our personal choices. These choices are heavily influenced by the opportunities available to us.

## What strategies are we using to achieve our goal?

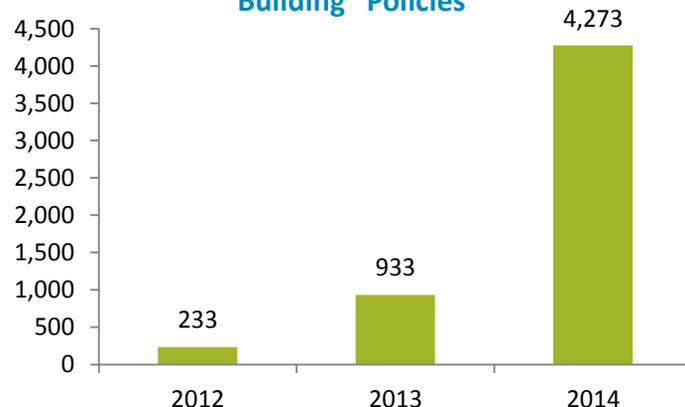
The Health Department's Healthy Living Initiative works with residents, community groups, and local businesses to create more opportunities to eat healthy, be physically active and live tobacco-free. Strategies include:

- **Changing policies and practices in institutions such as schools, worksites and apartment buildings:** We continue to help Minneapolis Public Housing Authority (MPHA) implement its smoke-free building policy across 42 high rise buildings. Residents from seven buildings reported a 50% reduction in exposure to secondhand smoke and lower rates of current smoking.
- **Increasing opportunities for healthy food and active living:** The Health Department spearheaded the recently passed staple foods ordinance and we continue to support schools, child care programs, worksites, and the Park Board in adopting healthier food and beverage practices.
- **Building effective partnerships with community organizations to pursue long-term, sustainable improvements:** The Health Department's nine-year relationship with Minneapolis Public Schools has yielded salad bars in schools, a districtwide wellness policy, and a "Safe Routes to School" program that started as a one-day, annual event to a daily and weekly event at many elementary schools. Our partnership with MPHA, which started with implementation of its smoke-free policy has evolved into efforts to increase community gardening and physical activity opportunities for residents.
- **Engaging residents—youth and adults—in creating healthier environments:** We have engaged young people through the YWCA and the Youth Congress to pursue solutions to youth tobacco use and obesity. We're working with MPHA residents to improve physical activity opportunities in and around their high rise buildings and we're supporting a community-driven process to create safer, more active environments in Phillips neighborhood, along Franklin Avenue, and the potential Northside Greenway.

### Number of Public Housing Buildings with "Tobacco-Free Building" Policies



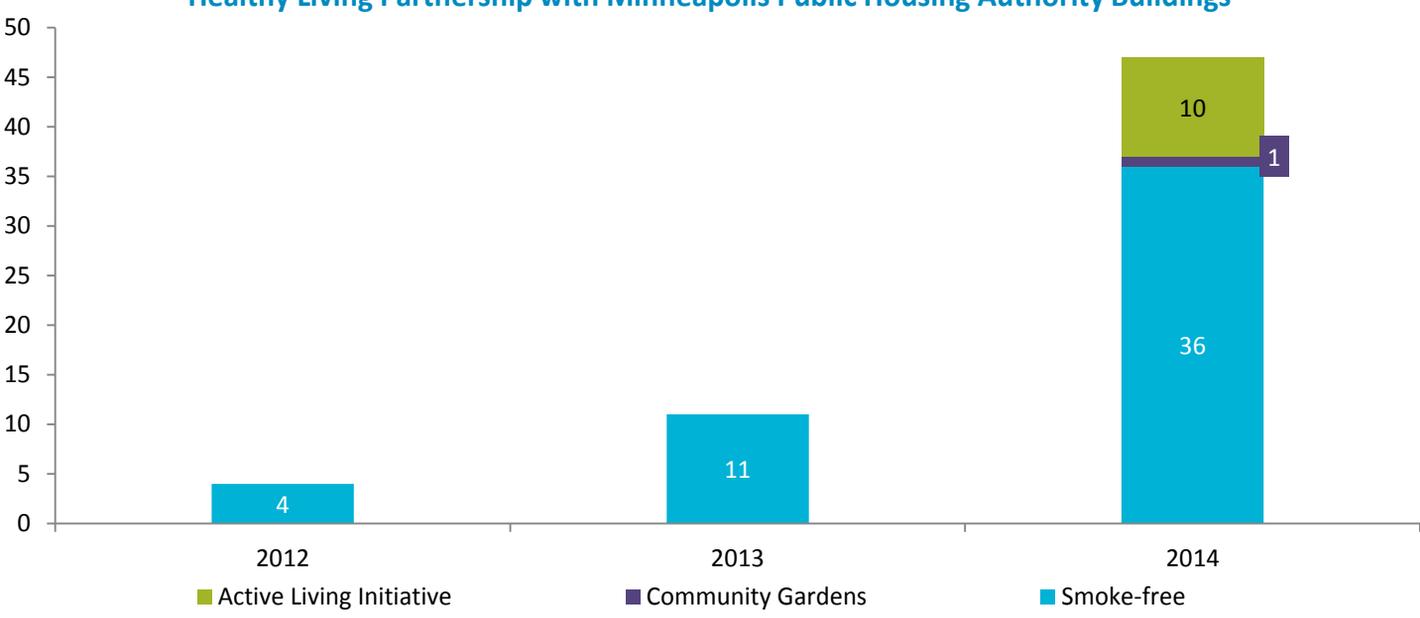
### Number of Residents Residing in Public Housing Buildings with "Tobacco-Free Building" Policies



Note: The 2014 data reflects the portfolio of work for the entire year.

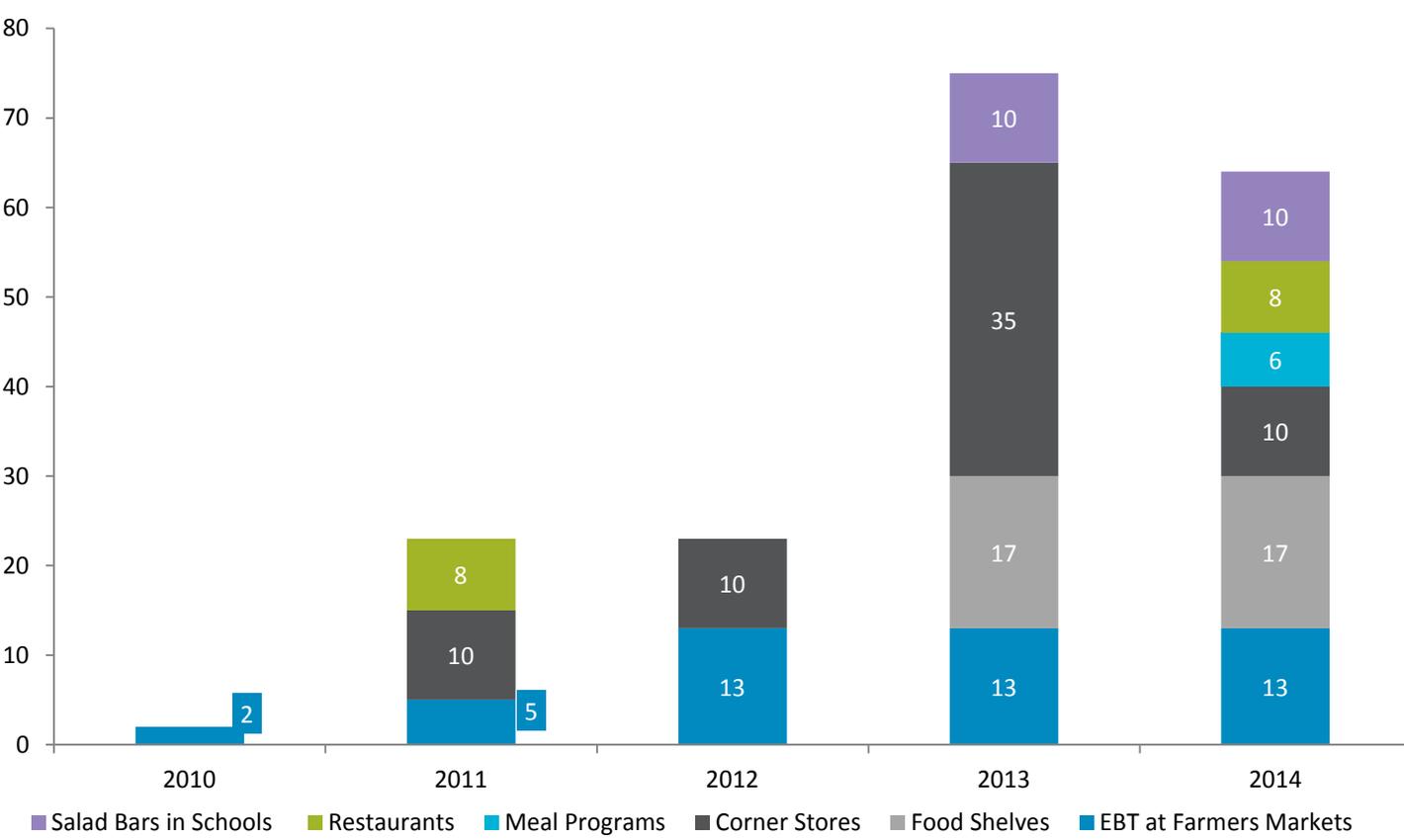
Source: Health Department

Healthy Living Partnership with Minneapolis Public Housing Authority Buildings



Note: The 2014 data reflects the portfolio of work for the entire year – there is no “through” date.  
 Source: Minneapolis Health Department

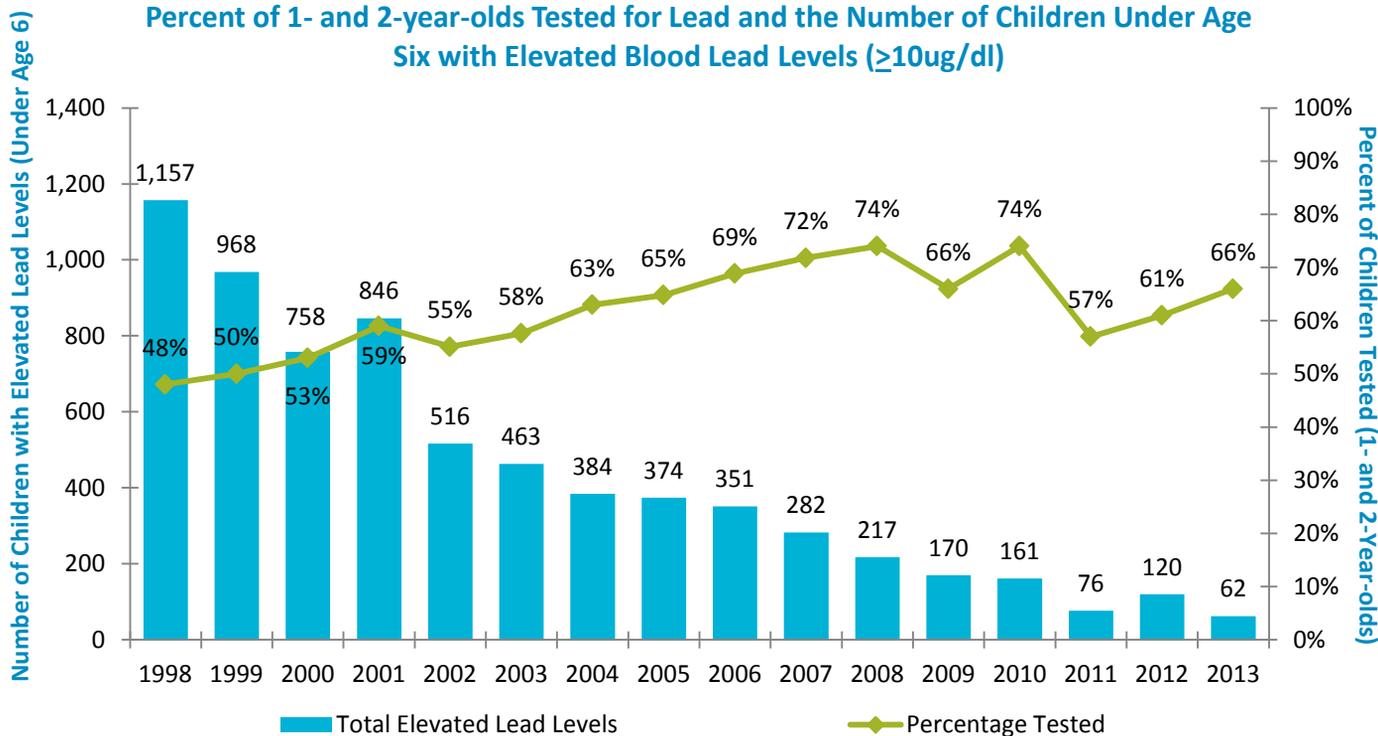
Venues for Increasing Access to Healthy Foods



Source: Minneapolis Health Department

# Goal 4: A Healthy Place to Live

Percent of 1- and 2-year-olds Tested for Lead and the Number of Children Under Age Six with Elevated Blood Lead Levels ( $\geq 10\mu\text{g}/\text{dl}$ )



Source: Minnesota Department of Health

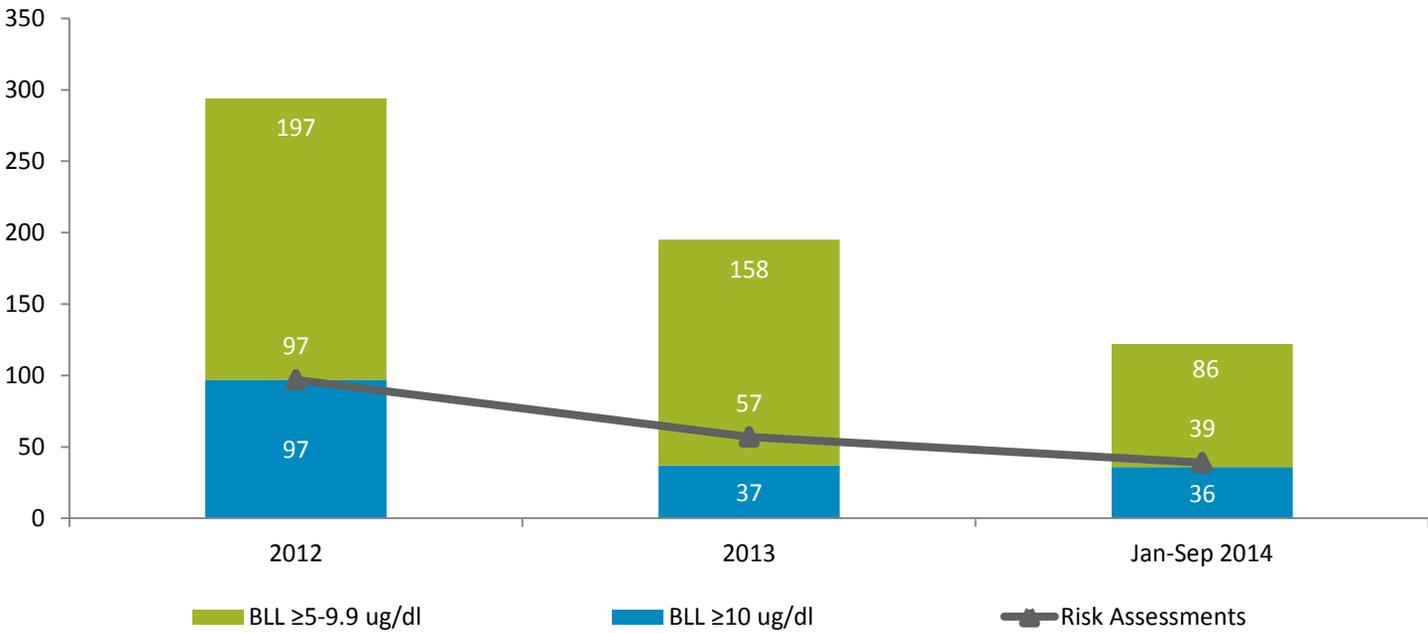
**Why is this goal important?**

Childhood lead poisoning remains a significant health problem in Minneapolis and throughout our nation. Lead is very dangerous to children under the age of six years old because of their developing brains and nervous systems. Children with an elevated blood lead level, a venous test result of five micrograms per deciliter of blood ( $\mu\text{g}/\text{dl}$ ) or higher, may suffer from irreversible damage including nervous system and kidney problems, learning disabilities, attention deficit disorder, decreased intelligence, language and behavioral problems, decreased muscle and bone growth and hearing damage. High lead levels in children can cause seizures, unconsciousness, and death. Recent studies have linked lead exposure in children to criminal activity and unintended pregnancies as lead poisoning inhibits the control of impulsive behavior.

**What strategies are we using to achieve our goal?**

- **Increased Grant Dollars:** Awarded \$3.4 million HUD Lead Hazard Control grant. \$3 million for lead hazard control, \$400,000 for healthy and safety improvements (radon mitigation, repair of electrical hazards, plumbing leaks, mold remediation, installation of handrails, etc.).
- **Risk Assessments:** Offered inspections to families in rental properties where child had a blood lead level  $\geq 5\mu\text{g}/\text{dl}$ , as recommended by the CDC.
- **Changes to State Policy:** By successfully lobbying the Minnesota Department of Health to change the definition of lead poisoned children to match CDC recommendations, properties where children reside in Minneapolis with a blood lead  $\geq 5\mu\text{g}/\text{dl}$  will receive a lead risk assessment beginning in 2015. (See next page)

### Risk Assessment Inspections Compared to the Number of Poisoned Children

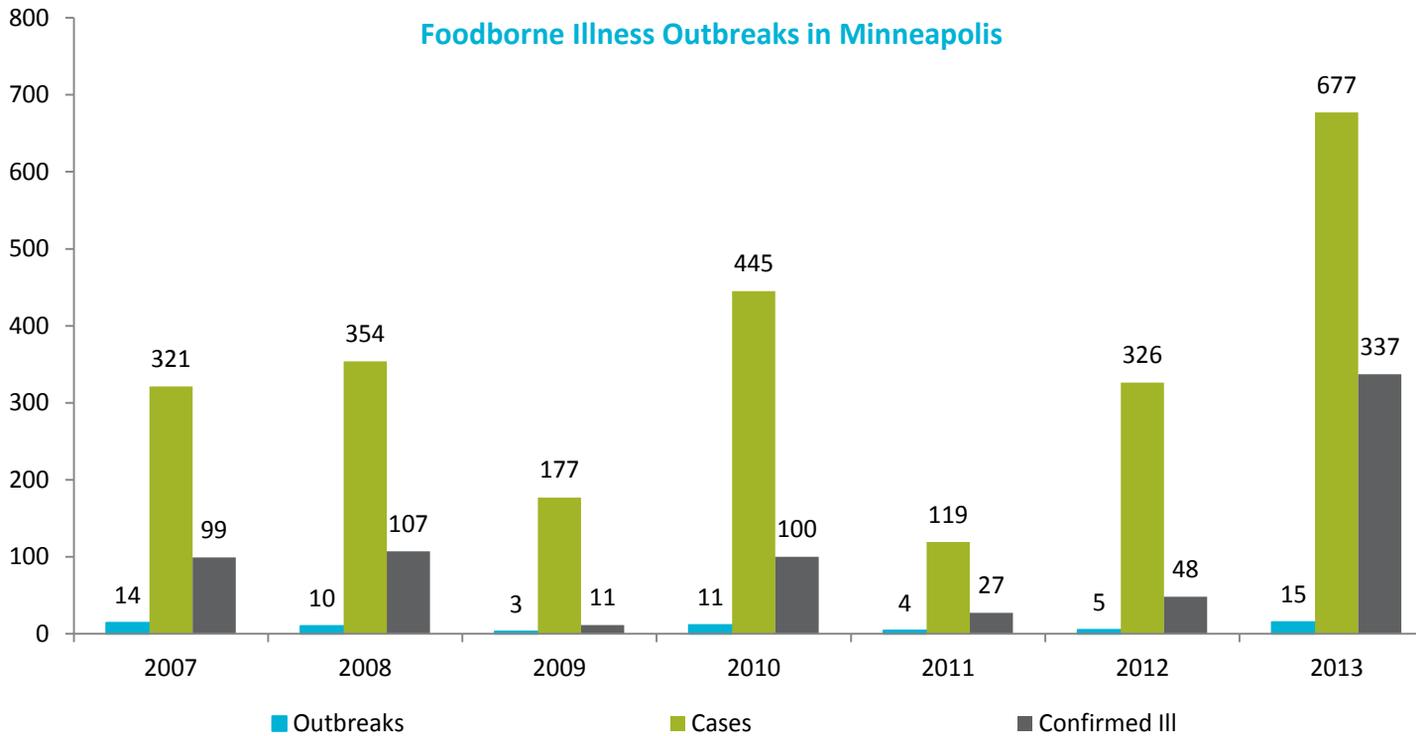


Note: A Risk Assessment is a comprehensive inspection of lead hazards in the home, which is initiated after a child is identified as having an Elevated Blood Lead Level, or EBLL. Risk Assessment inspections can only be mandated if a child receives an EBLL lab test result. Prior to 2012, the definition of a lead-poisoned child was one with an EBLL of  $\geq 10$  ug/dl. In 2012, the CDC updated the EBLL of concern to  $\geq 5$ ug/dl, and in 2014, MDH changed the Minnesota definition of a lead poisoned child to match the CDC. As the definitions of a lead poisoned child change, our process changes. We have been unable to mandate interventions for children with EBLL of  $\geq 5$ ug/dl – 9.9ug/dl without the updated MDH standard. With the change in definition, we expect to conduct significantly more Risk Assessment inspections and intervene much earlier on a child’s lead poisoning.

Source: Minnesota Department of Health

# Goal 5: Safe Places to Eat, Swim, and Stay

Foodborne Illness Outbreaks in Minneapolis



Definitions:

Outbreaks: Number of Outbreaks Investigated

Cases: Number of Patrons and Employees Interviewed

Confirmed Ill: Number of Patrons and Employees Confirmed Ill

Source: Minneapolis Health Department

**Why is this goal important?**

According to the CDC, one in six Americans have been afflicted with a foodborne illness and annually there are 3,000 tragic, preventable deaths. City health inspectors investigate all reports of foodborne illness. During an outbreak, inspectors collaborate with State and County epidemiologists, working around the clock with the implicated business to stop the outbreak and prevent more people from becoming ill.

Foodborne illnesses result in missed work, missed paychecks and medical costs. As a result of a single outbreak last year, 119 residents were sick for an average of four days, 97 of whom received medical treatment, with 19 being hospitalized. This was coupled with substantial expenditure of City and County resources to investigate and contain the outbreak.

The well-trained and knowledgeable food worker is the frontline defense against foodborne outbreaks. The number and types of violations in an establishment directly correlate to a higher risk for foodborne illness.

In Minneapolis, points are assigned to both critical and noncritical violations. Each critical violation, one that can directly result in illness, is given four (4) points. Noncritical violations, those that increase the likelihood of illness but are not directly linked to illness, are given one (1) point. The greater the number of violation points the greater the risk of foodborne illness at a given establishment.

### What will it take to make progress?

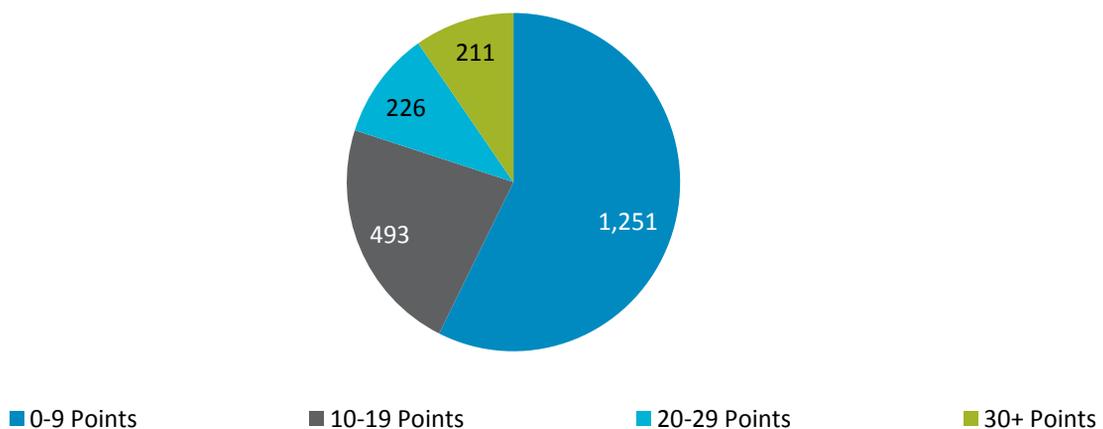
2013 saw the highest number of foodborne illness outbreaks and ill patrons than any year on record, the largest of which was at a special event. When properly followed, food safety guidelines prevent foodborne illnesses. In 2014, the Health Department inspected 725 vendors at special events, a 130% increase over the previous year, and revamped the special event application process.

For the MLB All-Star Game festivities, the Health Department worked closely with staff at major venues, provided training to over 300 food service workers and conducted an extra 180 inspections. No foodborne illnesses were reported from the event.

Over a third of Minneapolis establishments have too many health code violations. The Health Department must use a variety of tools, including education, enforcement and technical assistance, to ensure business operators follow food safety guidelines as outlined in the Minnesota Food Code. In 2014, a number of strategies were implemented to address the spike in 2013 in foodborne illness and similar activities will be continued into the future.

- The Health Department implemented a new e-Newsletter to better communicate and educate licensed establishments.
- Staff conducted 14 community meetings with 426 business owners, managers and chefs that included training, workshops and listening sessions.
- Multicultural inspectors began quarterly meetings conducted in Spanish and Somali with Latino and Somali business owners.
- Many health code violations are caused by old or malfunctioning equipment. In partnership with CPED, a new loan program was established to provide operators the needed capital to address these issues.

**Number of Routine Food Inspections, by Violation Points**  
2014 thru October 31<sup>st</sup>



#### Notes:

- 1) Target is to have zero businesses with more than 20 violation points.
- 2) In Minneapolis, points are assigned to both critical and noncritical violations. Each critical violation, one that can directly result in illness, is given four (4) points. Noncritical violations, those that increase the likelihood of illness but are not directly linked to illness, are given one (1) point. The greater the number of violation points the greater the risk of foodborne illness at a given establishment.

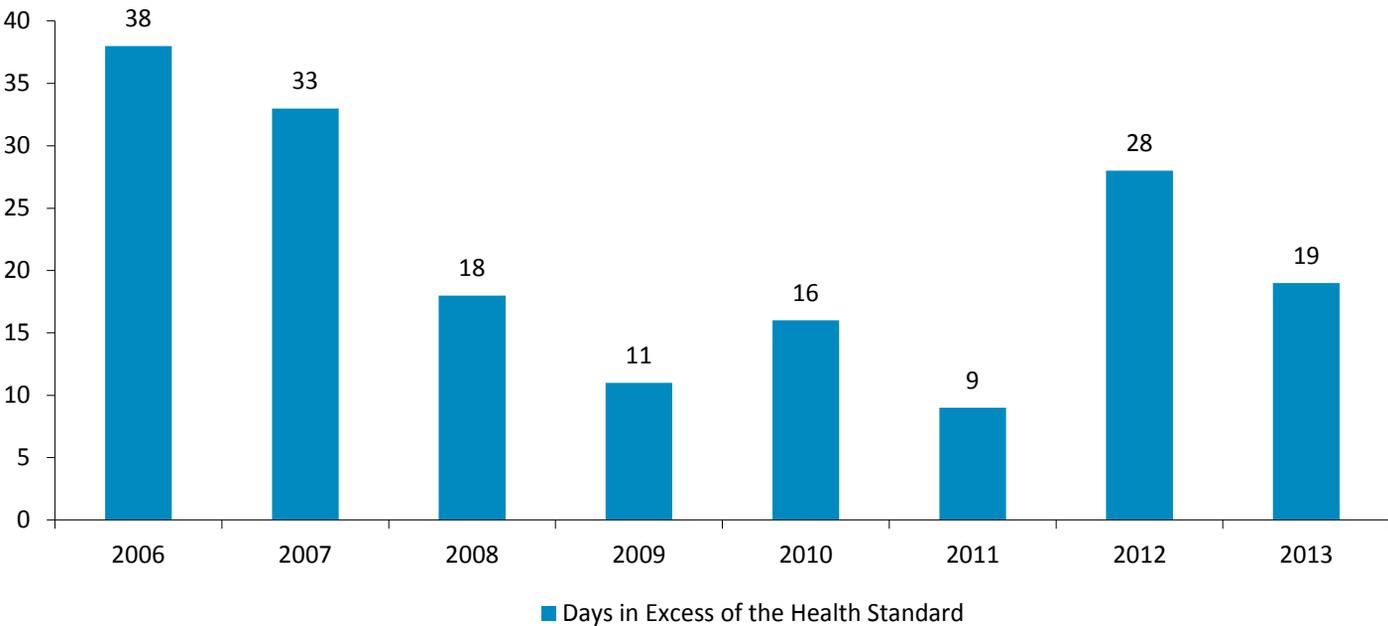
Source: Minneapolis Health Department

Results Minneapolis: Health

November 19, 2014

# Goal 6: A Healthy Environment

Number of Days When Metro Area Ozone Levels Exceeded Health Standards



Notes:

- 1) Based on Minnesota's annual 183-day ozone season from April 1 to September 30
  - 2) Health Standard is set by CASAC: Clean Air Scientific Advisory Committee of the Environmental Protection Agency.
- Source: Minnesota Pollution Control Agency

**Why is this goal important?**

In our study, "Neighborhood Air Quality: A Neighborhood Approach the Health Department", we are examining a set of 72 chemicals called volatile organic compounds (VOCs). Each VOC has a Health Risk Value above which there is concern for human health.

VOCs also contribute to ground level ozone. Ground level ozone can be harmful to our respiratory system causing permanent damage to our lungs. It is also detrimental to our natural environment causing damage to plants.

Several times in the last two years, ground level ozone in Minneapolis and the greater metro area has exceeded health standards set by an advisory committee to the Environmental Protection Agency (EPA). Minneapolis region exceeded the health standards for 28 days in 2012 and 19 days in 2013.

The EPA is currently proposing to lower the permissible amount of ground level ozone levels. To be certain Minneapolis and our region meet the new standards, the City is actively involved with Clean Air Minnesota a public-private partnership to address air quality on a state level. The group consists of non-profits like the American Lung Association, government agencies such as the Minnesota Pollution Control Agency, and private business partners from 3M, working together to address air quality.

The City of Minneapolis values protecting health and the environment. Addressing air quality supports City of Minneapolis' Great Places and Health goals by providing a healthy environment for everybody.

### What will it take to make progress?

The City can focus on and play a part in solving the larger issue of poor air quality. Environmental Services programs addressing air quality include:

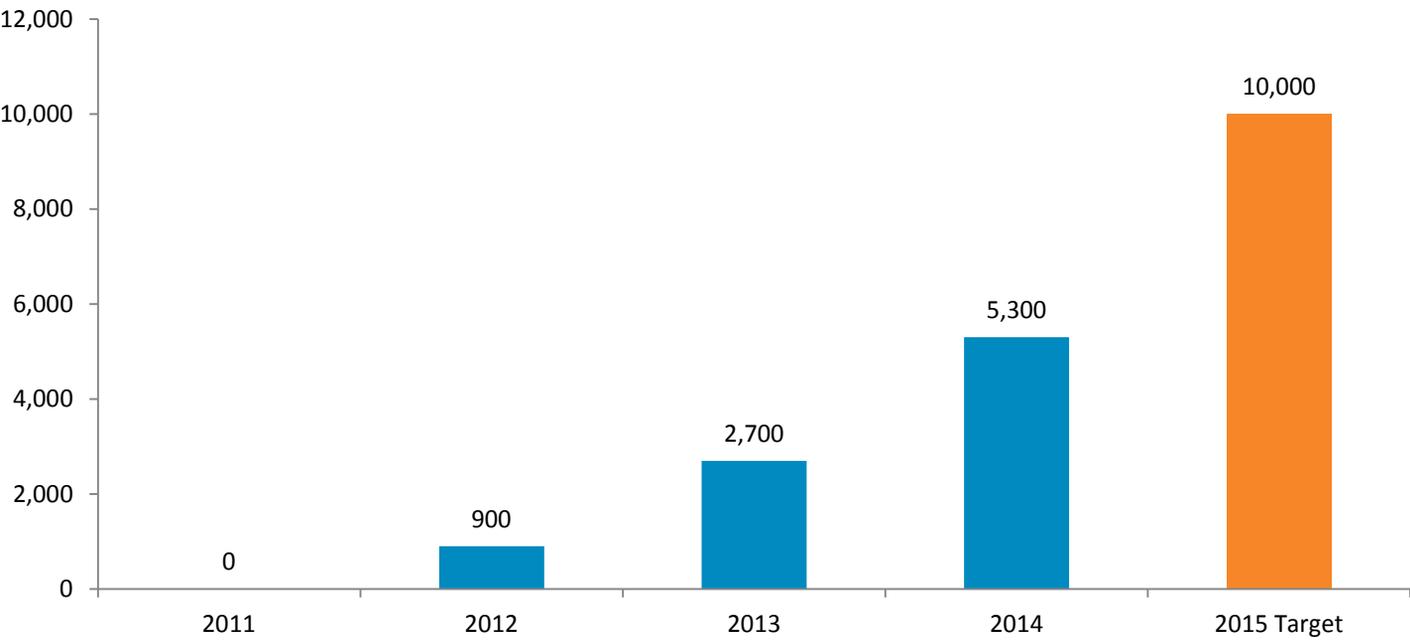
- **Neighborhood Air Quality: A Neighborhood Approach** is a two year study examining VOC pollutants in Minneapolis.
- **Collaboration** with the Minnesota Pollution Control Agency on their monitoring efforts to prioritize pollutants Minneapolis needs to address. We especially want to know if these pollutants are disproportionately affecting people of color or people with lower incomes in our city.
- **Green Business Matching Grant Program (See table below):** Use research and monitoring results to develop targeted programs that reduce the levels of harmful pollutants. This year 5,300 pounds of pollutants were directly removed from our neighborhoods. That number is expected to double next year.
- **Energy Benchmarking:** Energy use in buildings contributes to poor air quality through nitrogen oxides (NOx), VOCs, and fine particulate emissions caused by the generation of energy for heating, cooling and lighting. The City's Energy Benchmarking Program is helping us track, understand, and promote energy efficiency in Minneapolis. 2014 was the first year of private participation in the benchmarking program. Benchmarking will increase our understanding of energy use and its impacts from year to year.
- **Urban Tree Project:** Increasing the coverage of the urban tree canopy positively affects air quality. Among the other City of Minneapolis tree programs, the Health Department has developed a commercially driven *Urban Tree Project* to meet a need to fill in the tree canopy on non-residential lots.
- **Cool Soils Partnership:** The Health Department is examining how to increase tree vitality in urban environments by studying a soil amendment called biochar through the *Cool Soils Partnership*. The partnership is between the University of Minnesota, the Mdewakanton Sioux Community, and the Minneapolis Park Board.

Understanding air quality in Minneapolis will help in evaluating policy and development issues. While air quality issues do not stop at city borders, Minneapolis can have a positive impact by addressing pollution issues in our city. We can improve local air quality, protect the health of our residents and visitors, and work to prevent Minneapolis and the region from falling below federal standards for ozone.

The Green Business Matching Grant Program has worked with seven businesses for a total of 5,300 lbs of volatile organic compound (VOC) air emission reductions in our local neighborhoods.

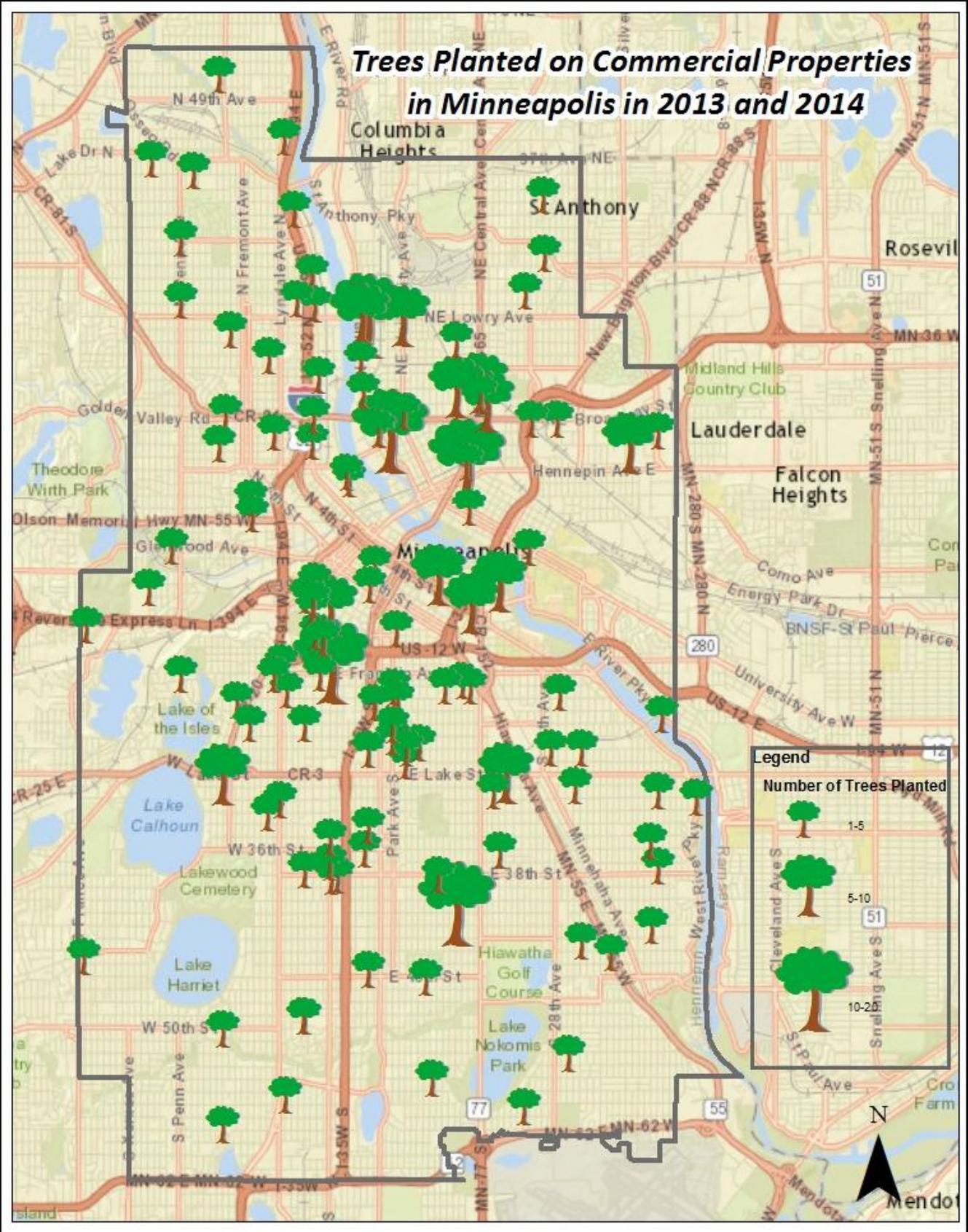
Business	Change Implemented
Avestopolis	Perc Free Dry Cleaner
Martinizing	Perc Free Dry Cleaner
U.S. Cleaners	Perc Free Dry Cleaner
Paramount Collision	Waterborne Paint
Dunwoody College	Waterborne Paint
Oscar's Auto Body	Waterborne Paint
University Auto	LED/Lead Free Weights

Annual Air Pollution Reduction in Pounds, through Green Business Grants



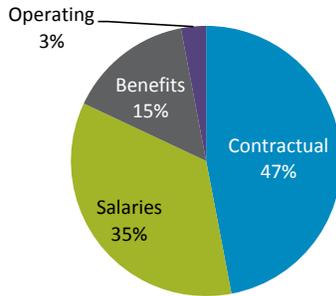
Source: Minneapolis Health Department

### Trees Planted on Commercial Properties in Minneapolis in 2013 and 2014

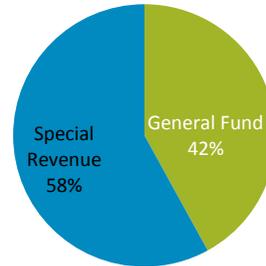


# Management Dashboard: Health Department

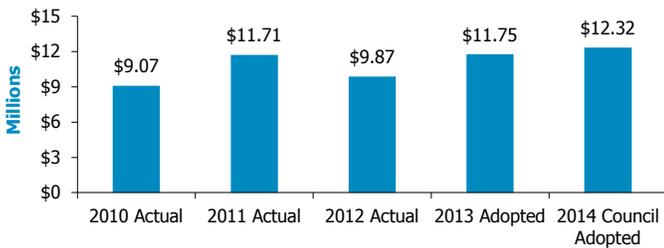
**2014 Expenditures by Type: \$17.8 million**



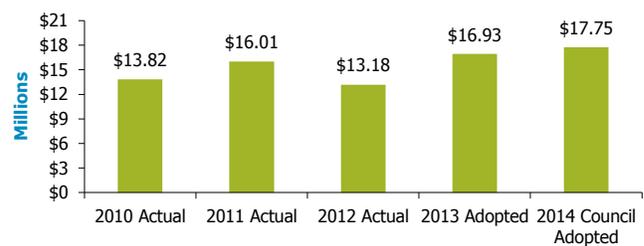
**2014 Expenditures by Fund: \$17.8 million**



**Revenue 2010-2014 (in millions)**



**Expenditure 2010-2014 (in millions)**



### Loss Prevention Data

Year	2009	2010	2011	2012	2013
Workers Comp	\$3,612	\$4,142	\$32,807	\$74,641	\$55,985
Liability Claims	\$0	\$0	\$0	\$0	\$0

### Average Sick Days Taken per Employee

Year	2009	2010	2011	2012	2013
Days	8.30	7.90	9.30	7.50	6.40

### Workforce Demographics

Year end	12/31/11	12/31/12	12/31/2013
% Female	87%	91%	70%
% Employee of Color	33%	37%	31%
# of Employees	53	55	88

Note: See back for detailed workforce analysis

### Overtime Costs

Year	2009	2010	2011	2012	2013
Hours	110.3	40.8	191.0	39.5	245
Cost	\$3,046	\$1,097	\$6,245	\$1,270	\$10,156

### Employee Turnover

Year end	2009	2010	2011	2012	2013
Turnover	25%	14%	22%	21%	18%

### Positions Vacancies

Year end	2009	2010	2011	2012	2013
Percent of Total	14%	5%	10%	8%	6%

### Perform Minneapolis Participation

As of 11/25/13: 62%

### Retirement Projections

Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Number	3	1	0	2	0	2	3	1	3	4	3

**Notes:**

Average Sick Days taken per Employee

- A) Based on the payroll calendar year not the calendar year.
- B) Does not include employees who were in a suspended ("S") Pay Status at the end of a given payroll year.
- C) Includes employees who are in a paid ("P") Leave of Absence status and an unpaid Leave of Absence status ("L").

Overtime Costs

- A) OT amount - Fiscol. Reconciled with CRS and Data ware house queries.
- B) Hours - based on HRIS management reports with payroll data

Workforce Demographics

- A) Includes employee counts at year's end for 2003 and 2007.
- B) Only includes active FT regular employees.

Employee Turnover and Savings

- A) Turnover Savings= \$Budgeted (personnel) - \$Actual (personnel)

Position Vacancies

- A) Includes only budgeted positions.

Retirement Projections

- A) The projected time an employee is eligible to retire is based on service time in HRIS. For employees who received pension service credit in other organizations, the actual year of retirement eligibility may be sooner than the projections show.

Workforce Analysis

1 of 8 categories indicates under-utilization:

- Service Maintenance            2 incumbents            POC = 0.0%            Available workforce = 20.0%

Goal: If any deficiency exists in HFS, it would be that the department is heavily female. Of the 65 total FTEs only 9 are male. Emphasis to be placed on creating a diverse workforce that is culturally and technologically competent and who are highly engaged in their work environment and relationships.

