



City of Minneapolis
Public Health Advisory Committee

Tuesday, Jan 26, 2010, 6:00 – 8:00 pm
Minneapolis City Hall
350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve Oct 27, 2009 Minutes	Noya Woodrich	Vote	6:00 – 6:10
Post-Urban Health Forum Minneapolis Tobacco-Free Parks	Brittany McFadden	Presentation	6:10-6:15
Comprehensive Assessment of Services Intended to Prevent Youth Gang Crime in North Minneapolis	David Carson & Jared Erdmann	Presentation	6:15-6:50
Crisis Connection	David Therkelsen	Presentation	6:50-7:05
Youth Violence & Chemical Use Subcommittee	Noya Woodrich	Report/Discussion	7:05-7:25
Social Host Ordinance Hearing Feb 3 rd	Emily Wang	Report	7:25-7:30
Co-Chair Elections	Noya Woodrich	Vote	7:30-7:40
Subcommittees <ul style="list-style-type: none">• PHAC 2.0• CDBG	Emily Wang		7:40-7:45
Department Updates <ul style="list-style-type: none">• New City Council• Department 5 Year Goal Setting	Gretchen Musicant	Report	7:45-7:55
Information Sharing	All	Report	7:55 – 8:00

Next Meeting: Feb 23, Minneapolis City Hall, Room 132

If there are any problems/changes the night of the meeting, please call 612-919-3855.

**Minneapolis Department of Health & Family Support (MDHFS)
Public Health Advisory Committee (PHAC)
January 26, 2010**

Members Present: Gavin Watt, Noya Woodrich, David Therkelsen, Debra Jacoway, John Schrom, Jim Hart, Mitchell David Jr.

Members Excused: Samira Dini

Members Unexcused: Clarence Jones, Renee Gust, Doug Lemon

Staff Present: Gretchen Musicant, Emily Wang, Hattie Wiysel

Speakers: Brittney McFadden

Guests: None

Noya Woodrich opened the meeting at 6:10 pm at City Hall, members introduced themselves.

Item	Discussion	Outcome
Approve October 27, 2009 Minutes	David Therkelsen moved to accept the minutes with the addition, Gavin Watt seconded the motion, all approved.	Motion to approve October 27, 2009 minutes was carried.
Post-Urban Health Forum Minneapolis Tobacco-Free Parks	<p>Brittany McFadden presented information from Minneapolis Tobacco-Free Park to gain the support of the PHAC. She distributed the following related documents: Tobacco-free Parks & Recreation (brochure); Support Tobacco Free! Community Advocacy Drive to make Minneapolis Parks Tobacco Free (w/ map of tobacco-free metro parks & information on March 3rd formal hearing); Talking Points for Letters of Support on Tobacco-Free Policies for Park Property; & University of Minnesota's Tobacco-Free Parks & Recreation Study Summary of Findings.</p> <p>Gavin moved to support the TFP attempts to get Minneapolis Parks tobacco free. Mitchell Davis Jr seconded the motion. After discussion Gavin withdrew the motion.</p>	Gavin Watt will contact members of the Park Board to discuss how this will impact Minneapolis Parks and report back at the February meeting.
Crisis Connection	David Therkelsen gave a presentation on the current activities of the Crisis Connection. Their call center provides confidential crisis counseling, information, and referral 24 hours a day (see brochure). Volunteer counselors with at least 55 hours of specialized training received over 46,000 calls in 2009; ~1,000 calls/week.	
Youth Violence & Chemical Use Subcommittee	<p>Subcommittee met with Youth Violence Prevention Coordinator, Bass Zanjani. Subcommittee discussed that the focus will be the intersection between alcohol use and violence in youth aged 10-24. The subcommittee identified the following work to be done:</p> <ul style="list-style-type: none"> • Collect more race specific data • How many truancy cases are related to alcohol • Research current best practices • Plan a conference call with Prevention Institute in Oakland, CA • Review the environmental vs. behavioral changes theory with Toben Nelson from U of M. • What effect will increased enforcement of current ordinances have? • Identify objective measures • Focus on alcohol vs. illegal drugs because it's legal and can be affected by ordinances and related data is more available. 	Emily will coordinate conference call with Prevention Institute at PHAC meeting and invite Toben Nelson/other local experts to attend.
Social Host Ordinance	Emily distributed the Social Host Ordinance that is being introduced on February 3 rd by Council Member Cam Gordon. Members reviewed the ordinance and discussed. Gavin Watt moved that the Public Health Advisory Committee endorse the intent and language of the Social Host Ordinance. David Therkelsen seconded the motion. All approved.	Public Health Advisory Committee endorses the intent and language of the Social Host Ordinance. Noya Woodrich will speak on behalf of PHAC at the February 3 rd City Council hearing.

Co-chair Elections	Gavin Watt nominates John Schrom for Co-chair, Debra Jacoway 2 nd motion. John abstains from vote, all approved.	John Schrom is newly elected Co-chair.
Subcommittees	Emily asked for members to form a subcommittee to discuss the current PHAC bylaws. Council Members are finding it difficult to find Minneapolis residents in their ward to appoint to the committee. The committee may want to consider opening up the criteria to include those who work, study, worship, or own property in Minneapolis. The CDBG Subcommittee will be forming in March.	Mitchell Davis Jr, John Schrom, and David Therkelsen agreed to work with Emily on the bylaws. Emily will draft some proposed changes and forward to subcommittee for discussion.
Department Updates – Gretchen Musicant	New City Council Member include Kevin Reich (Ward 1), Meg Tuthill (Ward 10), and John Quincy (Ward 11). Gretchen and the Directors met with each of the new Council Members for a first introduction to the department. They all appear supportive of department efforts. The standing committees were also reorganized and we will now report to the Public Safety and Health Committee that is chaired by Council Member Samuals. The City is currently working on realigning goals and the department will also be working on collecting data and reviewing department goals. Gretchen met with Senator Al Franken's aid who has expressed interest in the health care reform principles PHAC developed in 2007.	Co-chairs and Ward Rep, Mitchell Davis, Jr. will schedule an introductory meeting with CM Samuals and invite him to attend a future PHAC meeting. Gretchen will report back to the committee in March with data collected to begin the process of defining department goals.
Information Sharing	Members discussed the newly released data on HIV-AIDS that indicates Minnesota's rate has increased. It appears that while the state rates have increased, Minneapolis rates have not.	Gretchen will send out more Minneapolis-specific information via email to members.

Meeting adjourned at 8:05 pm

Minutes submitted by Hattie Wiysel

Support Tobacco Free!

A Community Advocacy Drive To Make Minneapolis Parks Tobacco Free



**Help gather support
for tobacco-free
parks in Minneapolis!!**



Partners include: Boys & Girls Club,
Catalyst, Tobacco-Free Lavender
Communities, STEEP, and the Division of
Indian Work.

Tobacco-Free Youth Recreation, community members, and local organizations will be presenting a request for tobacco-free parks to the Minneapolis Park and Recreation Board (MPRB) at a formal hearing. This hearing will be taking place at MPRB Headquarters on 2117 West River Road in Minneapolis on March 3rd @ 5:30-8:30.

If you are interested in supporting this policy, please consider writing a letter of support for us to submit to them at the hearing. Attached to this flier are some talking points and some samples to get you started! Most importantly though, we want you to add a personal touch; the reason why these policies are so important to you!

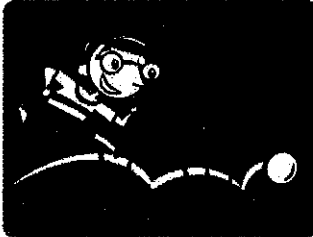
ATTENTION COMMUNITY MEMBERS:
Support tobacco-free parks in Minneapolis by writing a letter to the MPRB!

It's as easy as 1-2-3!




1. **Write your letter.** We've started you off with some samples and talking points; now just add your own personal flair!
2. **Submit your personalized letter of support.** Once you have finalized your draft, you can submit it to Derek Larsen, who is collecting all of our letters, to ensure that the Minneapolis Park and Recreation Board receives your letter.
3. **Attend the hearing on March 3rd.** We need to show support at the meeting too. Showing up at the MPRB hearing could really be the extra push needed to pass a comprehensive tobacco-free park policy in Minneapolis!

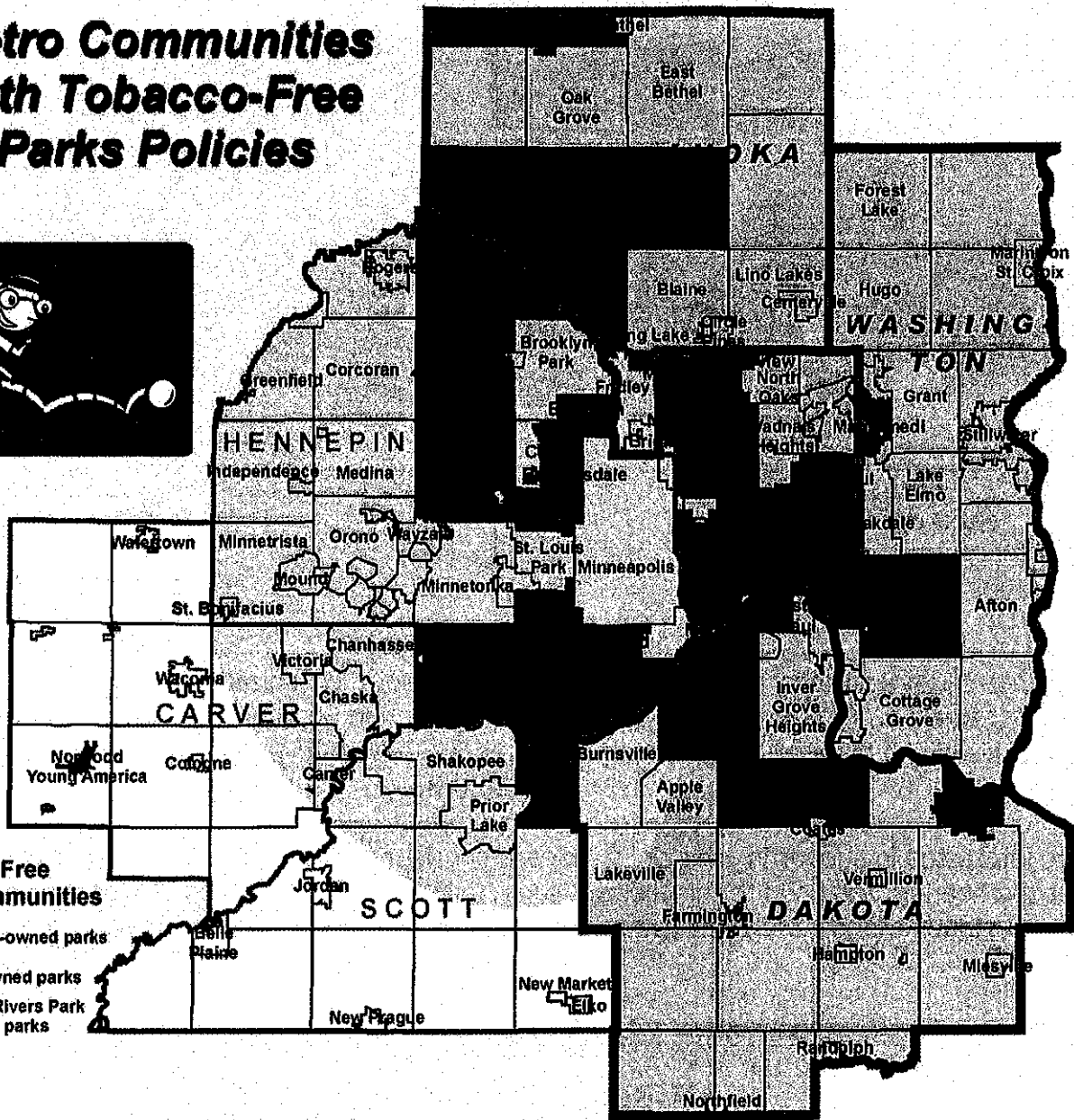
Tobacco-Free Youth Recreation
Association for Nonsmokers—Minnesota
2395 University Ave. West, Suite 310,
St. Paul, MN 55114-1512
(651) 646-3005; dkl@ansrmn.org
Derek K. Larsen, Program Coordinator

Metro Communities with Tobacco-Free Parks Policies



Tobacco-Free Park Communities

-  County-owned parks
-  City-owned parks
-  Three Rivers Park District parks



January 2010





Talking Points for Letters of Support on Tobacco-Free Policies for Park Property

Comprehensive tobacco-free policies for community park systems cover the entire park system, including parks, all athletic facilities, trails, etc. as these policies promote the health of residents by protecting them from secondhand smoke and tobacco litter. Comprehensive policies also make no exception for certain events; instead they apply at all times the park system is being used.

Should you prefer that your community adopt a comprehensive tobacco-free policy that covers the entire park system, the following talking points address comprehensive policies:

- As a citizen of [community name], you support a policy that creates tobacco-free recreational environments for **all** community members using park land, recreational facilities, trails and open space owned by the city.
- Youth and families who attend adult softball games, use trails, beaches, and picnic shelters, or attend community events in parks deserve to have their health protected by a tobacco-free policy as well as those at playgrounds and youth athletic events.
- A policy that prohibits tobacco use on **all** park land, facilities, and open space owned by the community is easier for everyone to understand.
- A tobacco-free policy for city-owned recreational facilities provides consistency for recreation facilities in the community, since school district facilities are already tobacco free.
- By having policies, we can ensure that coaches, parents and other role models do not smoke or use other forms of tobacco during recreational events.
- By having policies that create tobacco-free spaces, the community is sending youth the message that tobacco use is an unacceptable behavior during all recreation and sports activities.
- The 2006 U.S. Surgeon General's report on secondhand smoke exposure concluded that there is no risk-free level of exposure to secondhand smoke. A tobacco-free policy for [community name] park land would protect **all** residents from secondhand smoke.
- A tobacco-free park policy also protects toddlers and pets from discarded cigarette butts tossed near playground or beach areas.

Sample Letters of Support

From a community member:

[Insert date]

Dear *[Park Board or City Council Members]*:

I am writing to express support for tobacco-free parks for our community. By supporting a tobacco-free policy, the *[Park Board or City Council]* can send a clear message that we care about the health of the kids in our community and want them to make positive lifestyle decisions. A tobacco-free policy will also ensure that coaches and parents can be positive role models by not using tobacco in recreational areas.

Tobacco use not only exposes participants and spectators to the harmful effects of secondhand smoke, but it is also a nuisance and safety concern. The litter caused by tobacco use diminishes the beauty of the city's park areas and can be accidentally ingested by young children. In addition, our city parks should be places where we can go to improve our health and fitness or just relax. Of course, allowing tobacco use in our parks is nothing but detrimental to our health.

[Insert personal experiences].

I encourage you to make all city-owned parks and recreation facilities tobacco free.

Thank you,

Jane Brown
Concerned Community Member

From a principal or school:

[Insert date]

Dear *[Park Board or City Council Members]*:

I am writing in support of tobacco-free park and recreational areas in the city of Yourtown. A tobacco-free policy sends a clear message that we care about the health of the community, especially our youth.

[Yourtown elementary school] is in close proximity to *[XYZ Park]*. Many of our students and families use this park area. Since our school district already prohibits tobacco use at our buildings and grounds, including the playground and athletic fields, a city-wide policy will create a consistent tobacco-free policy for all park and recreational facilities in our community.

Tobacco use not only exposes participants and spectators to the harmful effects of secondhand smoke, but it is also a nuisance and safety concern. We strive to teach our students the value of a clean, healthy community by not littering, and the tobacco-free policy will help reduce litter and support the healthy message that we teach. Tobacco use in a park setting also sends a negative message to our youth that tobacco use is an acceptable behavior within our community.

I support *[name of youth group asking for a policy]* students and encourage you to prohibit tobacco use at all city-owned parks and recreation facilities.

Thank you for considering a tobacco-free policy.

Thank you,

John Doe
[Principal of XYZ school]

What will the Social Hosting ordinance do?

Make it illegal to:

- a. Host or allow an event or gathering;
- b. At any residence, premises, or on any other private or public property;
- c. Where alcohol or alcoholic beverages are present;
- d. When the person knows or reasonably should know that an underage person will or does:
 1. Consume any alcohol or alcoholic beverage; or
 2. Possess any alcohol or alcoholic beverage with the intent to consume it

Why pass a Social Hosting ordinance?

1) Safety. There are risks and evidence of the danger associated with underage drinking. Much of the underage drinking that happens in Minneapolis occurs in homes and apartments and at social gatherings.

2) Closing Loopholes. MN Statute 340A.801, subdivision 6, allows only civil actions against a social host over the age of 21 who knowingly provides alcohol to an underage person. The courts have ruled that allowing a party at a home does **not** fall within the meaning of "providing or furnishing alcohol to minors." This loophole makes the current law inadequate to deal with the issue of underage drinking.

When police show up to parties, they can't charge people who clearly provided the alcohol to underage persons, because they can't prove that the person actually put the alcohol into those persons' hand.

3) Legislative Mandate. A recent state law allows municipalities and counties to pass social hosting ordinances.

What process have we followed?

1) We have reviewed the social hosting ordinances that have recently passed in nine Minnesota cities: St. Paul, South St. Paul, Minnetonka, Apple Valley, Chaska, Elk River, Mankato, Prior Lake and Waseca.

2) We have shared language with interested groups. We have ensured that property owners, parents/guardians and responsible institutions with no knowledge of the social event will not be cited.

3) We have sought the opinion of the City's Public Health Advisory Committee and other interested stakeholders.

4) There is a public hearing on February 3rd, 1:30 pm, City Hall room 317, 350 S 5th St.

CHAPTER 370. REGULATIONS INVOLVING MINORS

370.45 Social Host

(a) *Purpose and Findings.* The City Council seeks to reduce underage possession and consumption of alcohol by imposing criminal penalties on those person(s) who host events or gatherings where persons under 21 years of age possess or consume alcohol.

The City Council finds that:

- 1) Alcohol is an addictive drug, which, if used irresponsibly, could have drastic effects on those who use it as well as those who are affected by the actions of the irresponsible user.
- 2) Events and gatherings held on private or public property where alcohol is possessed or consumed by persons under the age of 21 are harmful to those persons and constitute a potential threat to public health, safety and welfare requiring prevention or abatement.
- 3) Holding persons criminally responsible for hosting or allowing an event or gathering where underage possession or consumption of alcohol occurs will help deter underage consumption.

(b) *Definitions.*

- 1) *Alcohol* means ethyl alcohol, hydrated oxide of ethyl or spirits of wine, liqueur, cordials, whiskey, rum, brandy, gin, or any other distilled spirits including dilutions and mixtures thereof from whatever source or by whatever process produced.
- 2) *Alcoholic beverage* means alcohol, spirits, liquor, wine, beer, and every liquid or solid containing alcohol, spirits, wine or beer and which contains one-half of one percent or more of alcohol by volume and which is fit for beverage purposes either alone or when diluted, mixed or combined with other substances.
- 3) *Adult* means any person eighteen (18) years of age or older.
- 4) *Underage Person* means any person under the age of twenty-one (21) years.
- 5) *Parent* means any person having legal custody of a juvenile as a natural parent, adoptive parent, step parent, legal guardian, or a person to whom legal custody has been given by order of the court.
- 6) *Person* means any individual, partnership, co-partnership, corporation, or any association of one or more individuals.
- 7) *Host* means to allow, aid, conduct, entertain, organize, supervise, or control an event or gathering.
- 8) *Event or gathering* means any group of three or more persons who have assembled or gathered together for a social occasion or other activity.
- 9) *Residence or Premises* means any home, yard, field, land, apartment, condominium, hotel or motel room, or other dwelling unit, or a hall or meeting room, park or any other place of assembly, public or private, whether occupied on a temporary or permanent basis, whether occupied as a dwelling

or specifically for a party or other social function, and whether owned, leased, rented, or used with or without permission or compensation.

(c) Prohibited Acts.

- 1) It is unlawful for any person(s) to:
 - i. Host or allow an event or gathering;
 - ii. At any residence, premises, or on any other private or public property;
 - iii. Where alcohol or alcoholic beverages are present;
 - iv. When the person knows or reasonably should know that an underage person will or does:
 - a. Consume any alcohol or alcoholic beverage; or
 - b. Possess any alcohol or alcoholic beverage with the intent to consume it.
- 2) It is a violation of Section (c) if the person intentionally aids, advises, hires, counsels, or conspires with another or otherwise procures another to commit the prohibited act.
- 3) A person who hosts or allows an event or gathering does not have to be present at the event or gathering to be criminally responsible for a violation of Section (c).
- 4) A person who has no direct or indirect knowledge of any evidence or facts that would cause a reasonable person to believe that a violation of Section (c) might be occurring or about to occur does not violate this section.

(d) Penalty.

A violation of this Ordinance is a misdemeanor.

(e) Exceptions.

It shall be an affirmative defense to a charge pursuant to Section (A) of *Prohibited Acts* if defendant proves by a preponderance of the evidence that he/she falls under one of the below exceptions:

- 1) The conduct of the underage person was specifically authorized by his or her parent while present in the parent's household.
- 2) The conduct was part of a legally protected religious observance.
- 3) The conduct occurred on the licensed property of a retail intoxicating liquor or 3.2 percent malt liquor licensee, municipal liquor store, or bottle club permit holder who is regulated by Minn. Stat. §340A.503.

(f) Severability.

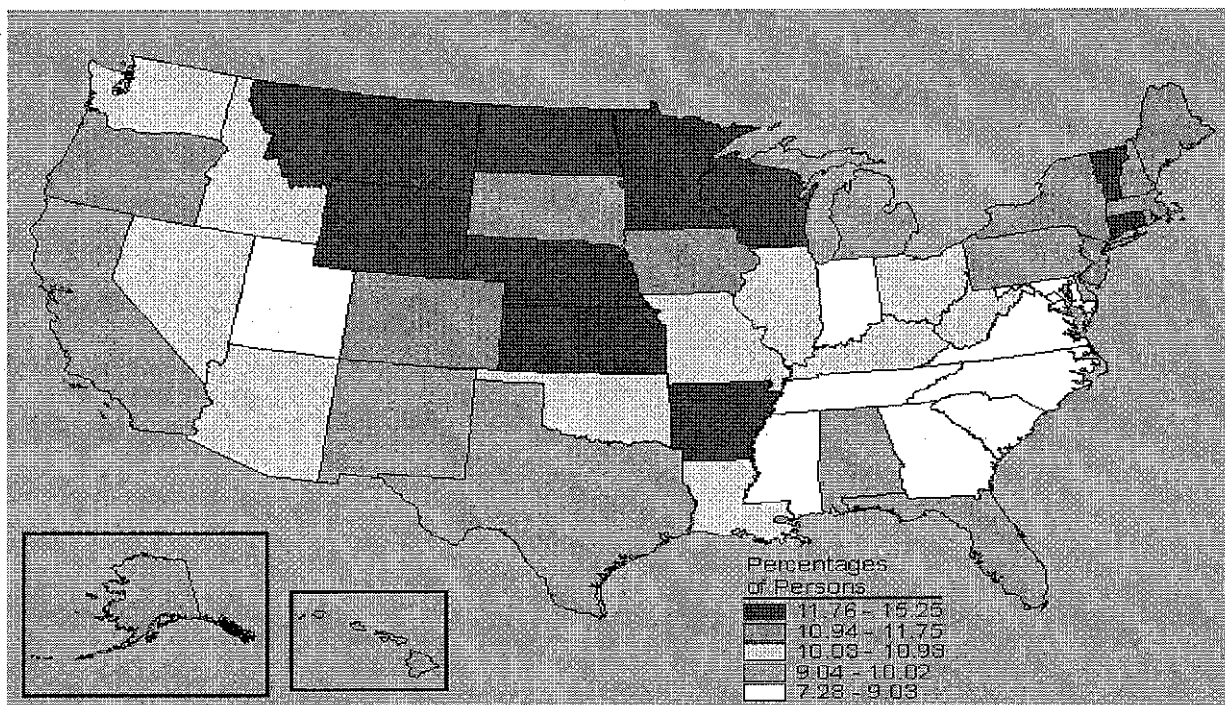
(a) If any section, subsection, sentence, clause, part, provision, phrase, word, or other portion of this Ordinance is, for any reason, held to be unconstitutional or invalid, in whole or in part by any court of competent jurisdiction, such portion shall be deemed severable, and such unconstitutionality or invalidity shall not affect the validity of the remaining portions of this chapter, which remaining portions shall continue in full force and effect.

- Underage alcohol use poses important public health and public safety risks.
- This should be of concern to professionals, policymakers, parents, and others who are attempting to reduce the negative consequences of underage alcohol use.
- Knowing the locations where this behavior is most likely to occur can help alert parents to times when they need to exercise greater monitoring and supervision, and support the adoption of effective policies to protect children.
- The National Survey on Drug Use and Health is an annual survey conducted by the Substance Abuse and Mental Health Services Administration. The data in this report are based on information obtained from 62,495 persons aged 12 to 20.
- A majority (53.4 percent) of current alcohol users aged 12 to 20 drank at someone else's home the last time they used alcohol, and another 30.3 percent drank in their own home.

Location of the most recent alcohol use in the past month among past month alcohol users aged 13 to 20, by age:								
Location	13	14	15	16	17	18	19	20
Own Home	36.1%	37.4%	30.9%	24.9%	23.8%	25.2%	32.0%	36.5%
Someone Else's Home	45.3%	47.6%	57.0%	63.6%	61.0%	56.3%	49.9%	46.2%
Car or Vehicle	6.9%	5.1%	6.6%	10.1%	6.3%	5.7%	4.6%	3.2%
Park, Beach, or Parking Lot	10.0%	7.9%	8.0%	8.1%	7.1%	3.4%	3.4%	1.9%
Restaurant, Bar, or Club	6.1%	3.7%	2.8%	4.2%	3.7%	9.3%	14.1%	15.0%

Binge Alcohol Use in Past Month Among Youths Aged 12 to 17 by State:

Based on 2005 and 2006 National Surveys conducted by SAMHSA,
an agency in the U.S. Department of Health and Human Services.



Underage Drinking Facts

Where and with whom do young people drink?

Among 9th and 12th graders:

- The most common place to drink is in someone else's home.
- Those who drink usually drink with friends and in groups of 3 or more.
- 9th graders are more likely than 12th graders to drink with their parents.
- Those who drink in large groups are more likely to have 5 or more drinks at one time.

Source: <http://www.epi.umn.edu/alcohol/policy/hostliab.shtm>

Underage Drinking Myths

Myth: "Alcohol is a relatively harmless drug compared to illegal drugs."

Fact: Compared to youth who wait until they are 21, youth who drink before age fifteen are 12-times more likely to be unintentionally injured while under the influence of alcohol, 7-times more likely to be in a motor vehicle crash after drinking, and 10-times more likely to get in a physical fight after drinking.

There is a strong correlation between youth alcohol use and violence, risky sexual behavior, poor school performance, and suicide.

Evidence shows that adolescent drinking can inflict permanent damage on the developing brain. Early onset drinking is associated with greater levels of alcohol problems in adulthood.

Myth: "Alcohol use is rite of passage to adulthood."

Fact: Not all adolescents drink, and many who do drink in high school or college choose to drink less as they enter young adulthood, suggesting that both developmental and contextual factors contribute to alcohol consumption during adolescence.

Myth: "Underage drinking is inevitable, and it is safer if it occurs in a controlled, residential setting."

Fact: Underage drinking parties represent an unusually high-risk setting for youth alcohol problems, including alcohol-related traffic crashes, other forms of injury, sexual assaults, and other forms of violence.

Providing alcohol to adolescents explicitly indicates approval of underage alcohol use, while disregarding underage drinking may lead to future substance use or abuse.

When parents provide alcohol to teenagers at parties, there is a significantly greater likelihood of regular and binge drinking by youth. These behaviors are also strong predictors of alcohol use and misuse in later life.

Sources: 1) *Reducing Underage Drinking: A Collective Responsibility*, Schulenberg, J., O'Malley, P., Bachman, J., Wadsworth, K., and Johnston, L. (1996).

2) *Getting Drunk & Growing Up: Trajectories of frequent binge drinking during the transition to young adulthood.* Journal of Studies on Alcohol.

According to a 2003 report by the National Research Council's Institute of Medicine, underage drinking costs the nation at least \$53 billion a year, mostly because of traffic deaths and violent crime. The report, which urged communities to hold adults accountable for teen drinking parties, was a catalyst for many recent ordinances.

Source: USA Today: January, 2007

Someone calls Crisis Connection

The chances are good that right now, as you read this, two or three people in our community are talking to a Crisis Connection counselor, getting help.

Help with what? It could be almost literally anything. Typically, calls involve family and relationship matters, depression, coping with abuse of many kinds, seeking out community resources. Sometimes, several times each week in fact, a caller is considered to be at serious risk of suicide, or harm to self or others.

While the needs of our callers are many and varied, our response usually involves two vital steps:

- First, we help the caller reach a place of emotional and physical safety. We have been described as the "paramedics of mental health."
- Then we connect the caller to resources that offer longer-term support.

Important Phone Numbers

Community Call Center	
24/7 crisis line	612/379-6363
Sowing Seeds of Hope/ Minnesota crisis line	866/379-6363
Men's Line	612/379-6367
WorkLine	612/852-2225
Teen Education Program	612/852-2203
Community Education Program	612/852-6388
LinkVet	1/800/546-5838
National Suicide Prevention Lifeline	1/800/273-TALK
United Way Information and Referral Line	2-1-1

How you can be involved

There are several ways people can be involved in the important, life-saving work of Crisis Connection:

Put our crisis line number — **612/379-6363** — on your refrigerator. Make sure you, your family and friends know how to reach us in time of crisis.

Volunteer as a counselor

Several times a year we run classes to equip people for one of the most vital volunteer roles in our community. *Contact: Volunteer Resources, 612/852-2203*

Volunteer in other ways

We have numerous other volunteer positions that enable people to assist our efforts in fundraising, public policy, technology development, and more. *Contact: Volunteer Resources, 612/852-2203*

Contribute money

Individuals, corporations and foundations, religious and civic organizations, all help us generate the funds needed to fulfill our mission. *Contact: Financial Development, 612/852-2224*

Hire Crisis Plus

If you or your business can benefit from our 24/7/365 capability to provide coverage and specialized services, we can provide the highest levels of professional competence. *Contact: Business Development, 612/852-2213*



CrisisConnection

*Every hour of every day, someone is here to listen.
If you or someone you know needs us please call
(612) 379-6363, or (866) 379-6363.*

crisis.org

Every 7 minutes...
Every hour of every day...
Someone is in crisis.



CrisisConnection

*Confidential crisis counseling, information
and referral 24 hours a day*

Two call centers, two ways to serve people in need

Community Call Center

Our Community Call Center, which has operated continuously since 1969, is a confidential, anonymous service, available without charge, to anyone at any time. Nearly all of the 45,000 calls we receive annually are handled by a volunteer staff of about 75 counselors, all of whom have at least 55 hours of specialized training.

Crisis Plus

In more recent years, we've operated a second call center: Crisis Plus (formerly known as the After Hours Call Center). This is a fee-for-service enterprise that supports the work of private psychology practices, employee assistance programs, counties, and other entities, with after-hours telephone coverage and other custom services. The 20,000 calls we receive in this call center each year are handled by staff members with a master's degree or higher in a counseling-related field. The fees we receive from Crisis Plus help fund our Community Call Center.

Our newest service...

We provide overnight and weekend coverage for Greater Twin Cities United Way's popular 2-1-1 information and referral program.

Our services can be highly specialized

Crisis Connection counselors are adept at serving populations with special needs or which require particular understanding of culture and circumstances:

- Our "Sowing the Seeds of Hope" crisis line is available to farmers and farm families throughout Minnesota.
- In a joint venture with Minnesota's Department of Veterans Affairs, we collaboratively operate the LinkVet line, available to all veterans and their families, but with special focus on Iraq war veterans.
- Our Men's Line is a resource to help men and others who want to talk to someone about issues of abuse and violence in their lives.
- We are Minnesota's arm of the National Suicide Prevention Lifeline. We are one of just two Minnesota entities certified by the American Association of Suicidology.

Other programs

Our crisis-oriented counseling expertise, developed over 40 years, led us into these other programs:

Workline

Through a partnership with Hennepin County, we work with about 500 "welfare-to-work" clients each year, helping them overcome the barriers to getting and keeping full-time jobs, such as child care or transportation complications.

Teen Education Program

Through partnerships with area high schools, we provide adolescents with access to mental health information and crisis counseling. While suicide rates in the United States are on a slight downward trend, an exception is teenage populations – and the TEP program provides suicide awareness and prevention skills for students, teachers, counselors and parents.

Community Education Program

We offer training in crisis intervention counseling and suicide prevention, with workshops tailored to the needs of individual organizations.

Why we matter

We matter for this reason: people have emergency mental health needs 24 hours a day. We are the only agency Minnesotans can count on to be there at any time, with a qualified counselor able to respond to a crisis with empathy, and with expert knowledge of resources.

We provide a more accessible, and far less costly, intervention resource, at times when few options for mental health support are available except hospital emergency rooms.

Tobacco-free Parks and Recreation Areas Promote Healthy Communities

Each year in Minnesota, more than 6,300 young people under the age of 18 become new daily smokers. More astonishingly, 118,000 youth under the age of 18 will ultimately die prematurely from smoking. Tobacco use is unhealthy and an unacceptable behavior, so supporting tobacco-free parks and recreation areas sends a positive message to youth and community members.

Parks promote healthy activities

The purpose of community park systems is to promote community wellness, and tobacco-free policies fit with this idea.

Youth model adult behaviors

Youth who see adults using tobacco in a family-friendly place like a park or recreation area may think smoking is acceptable and are

more likely to mimic the behavior. Tobacco-free policies encourage young people to make healthy choices. The more tobacco-free environments a community provides, the fewer opportunities for youth to start using tobacco.

Secondhand smoke is dangerous

There is no risk-free level of exposure to secondhand smoke, according to the 2006 U.S. Surgeon General's Report on secondhand smoke.

Cigarette litter is harmful

Cigarette butts are the most littered item in the world, including in park and recreation areas. Discarded cigarettes are toxic and pollute the land and water and may be ingested by toddlers, pets, and wild animals.



Here's what You can Do in Your Community

Join your local tobacco-free coalition or call your public health agency to find out how you can help create tobacco-free outdoor park and recreation areas.

You can also help educate your community about why tobacco-free recreation areas promote healthy communities:

- Tell friends and neighbors why you support tobacco-free recreation areas and ask them to join you.
- Gather support from organizations who regularly use community recreation areas.
- Distribute educational materials at community events.
- Write a letter to your local elected city officials and community leaders.
- Volunteer to speak to elected officials about this issue.

For more information or to join a group working on tobacco-free parks and recreation initiatives in your community, contact:

Tobacco-Free Youth Recreation
2395 University Avenue W, #310
St. Paul, MN 55114
651-646-3005
tfyr@ansrmn.org
www.tobaccofreeparks.org



Why are Minnesota Communities Adopting Tobacco-Free Park Policies?

Most Minnesota cities have tobacco-free park and recreation policies.

A 2004 University of Minnesota survey found that 70% of Minnesota residents support tobacco-free park and recreation areas.

Minnesota park directors are increasingly focused on making park systems to enhance community health.

In 2004, the University of Minnesota surveyed over 250 Minnesota park directors. Directors with policies had positive experiences, and 90% recommended a tobacco-free park policy to other communities.

Policies provide evidence of strong community values and leadership.

Many community athletic associations have policies for their organizations, but use city recreation facilities and would benefit from a city-wide policy.

Policies provide tobacco-free and smoke-free areas.

In a 2004 survey, 58% of Minnesota park directors in cities with policies reported cleaner park areas since the policy was enacted.

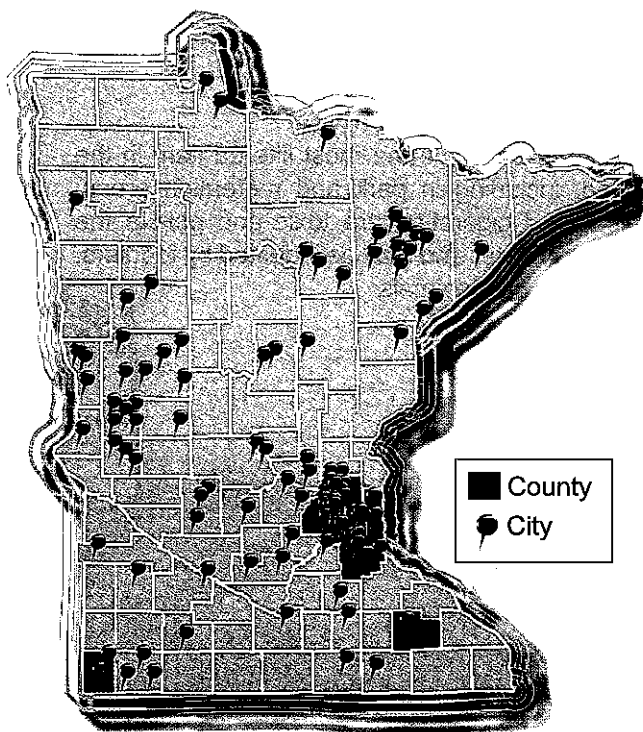
Parks and other tobacco-free areas are the number one setting for secondhand smoke exposure in Minnesota. Following the implementation of tobacco-free policies in 2004, the number of tobacco-free areas has increased.

Community sports event	0.9%
Another person's car	2.9%
Outdoor shopping mall or strip mall	3.3%
Gambling venue	6.1%
Some other place	6.9%
Another person's home	7.8%
Restaurant that does not serve alcohol	7.8%
Building entrance	10.8%
Park or somewhere outdoors	14.8%
Restaurant that serves alcohol	18.1%
Bar or tavern	20.7%

Source: Minnesota Adult Tobacco Survey, 2007

Communities with Tobacco-Free Parks

Communities throughout Minnesota have adopted tobacco-free policies for outdoor park and recreation areas with positive results. These policies are largely self-enforcing with a combination of signage and community education about the policy. Policies are the most effective and the easiest to understand when they cover an entire park system.



Visit www.tobaccofreeparks.org
for the latest list and map of communities with
tobacco-free park policies.

TFYR is a program of the Association for Nonsmokers—Minnesota. This brochure is funded by a Tobacco-Free Communities Grant from the Minnesota Department of Health, Office of Tobacco Prevention and Control.
Updated December 2009

Tobacco-Free Parks Recreation



Play Tobacco Free!

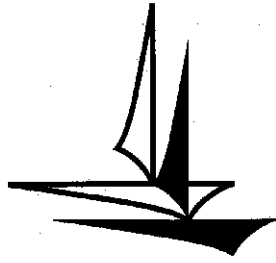
City of Minneapolis
Public Health Advisory Committee Members
2010

7 Q

Ward	Council Member	Committee Member	RSVP	Attend
1	Ostrow	Gavin Watt		✓
2	Gordon	Vacant	—	
3	Hofstede	Vacant	—	
4	Johnson	Vacant	—	
5	Samuels	Mitchell Davis Jr		✓
6	Lilligren	Vacant	—	
7	Goodman	Vacant	—	
8	Glidden	Debra Jacoway		✓
9	Schiff	John Schrom	✓	✓
10	Remington	Vacant	—	
11	Benson	Vacant	—	
12	Roy Colvin	David J. Therkelsen	✓	✓
13	Hodges	Vacant	—	
	Mayor's Representative	Clarence Jones	✓	u
	Minneapolis Public Schools	Vacant	—	
	Hennepin County Human Services	Renee Gust	✓	u
	U of M School of Public Health	Dr. James Hart	✓	✓
	Member at Large	Samira Dini <i>class</i>	<i>no E</i>	<i>E</i>
	Member at Large	Noya Woodrich	✓	✓
	Member at Large	Douglas Lemon		u
	Professional Advisory Committee			
	Professional Advisory Committee			
	Exofficio Environmental Health	Lori Olson		

*Emily
Gutchen
Hatten*

11 members



City of Minneapolis
Public Health Advisory Committee

Tuesday, Feb 23, 2009, 6:00 – 8:00 pm
Minneapolis City Hall
350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve Oct 27, 2009 Minutes	Noya Woodrich Co-Chair	Vote	6:00 – 6:10
Comprehensive Assessment of Services Intended to Prevent Youth Gang Crime in North Minneapolis	Jared Erdmann David Carson	Report	6:10 – 7:00
Minneapolis Park Board Perspective on Tobacco-Free Park Initiative	Gavin Watt	Report/Vote	7:00 – 7:10
Proposed changes to PHAC By-Laws	John Schrom Mitchell Davis David Therikelsen Emily Wang	Discussion/Vote	7:10 – 7:20
Unnatural Causes – Introduction (Part 1)	Noya Woodrich	View DVD	7:20 – 7:50
Department Updates • 2/3 Social Host Ordinance Hearing	Emily Wang	Report	7:50 – 7:55
Information Sharing	All	Report	7:55 – 8:00

Next Meeting: March 23, Minneapolis City Hall, Room 132

If there are any problems/changes the night of the meeting, please call 612-919-3855.

**Minneapolis Department of Health & Family Support (MDHFS)
Public Health Advisory Committee (PHAC)
February 23, 2010**

Members Present: Robin Kay Schow, Mitchell Davis Jr, Sean Cahill, Debra Jacoway, John Schrom, David Therkelsen, Clarence Jones, Julie Young-Burns, Renee Gust, Samira Dini, Noya Woodrich, Doug Lemon

Members Excused: Gavin Watt, Jim Hart

Members Unexcused: None

Staff Present: Emily Wang, Hattie Wiysel, Jared Erdmann, David Carson, Patty, Bowler, Janet Mengelkoch

Guests: Katie Mengelkoch

Noya Woodrich opened the meeting at 6:10 pm at City Hall, members introduced themselves.

Item	Discussion	Outcome
Approve January 26, 2010 Minutes	Renee Gust moved to accept the minutes with the addition, Sean Cahill seconded the motion, all approved.	Motion to approve January 26, 2010 minutes was carried.
Minneapolis Tobacco-Free Parks	Gavin Watt was out of town and unable to attend tonight's meeting but was able to contact Park Board Members and submitted a written report to the committee. Mitchell Davis Jr. moved to recommend that the Department support tobacco-free parks in Minneapolis. Doug Lemon seconded the motion. All approved.	PHAC recommends that the Department support tobacco-free parks in Minneapolis.
Assessment of services to prevent youth gang crime in North Minneapolis.	Jared Erdmann, Epidemiologist and David Carson, Gang Prevention Coordinator, from the Department presented work that is being done through a grant from the Office of Juvenile Justice and Delinquency Prevention. The grant's goal is to improve the coordination of services for at-risk and/or gang involved youth in North Minneapolis. They presented new data that has been collected from police statistics, assessment interviews with all levels of stakeholders and youth forums with at-risk and/or gang involved youth. Draft copies of the report were distributed. The official report from the Department is due to be publicly released in September of 2010. Samira Dini asked about findings related to the Somali community, especially given the recent triple homicide. Jared responded that the target neighborhoods were based on 2008 data. Data in the report that will be released includes mostly 2009 data. In addition, he shared general challenges he has encountered in using police data, which is collected for different reasons than for studying health trends. For example, police do not consistently record race and ethnicity data, and even when they do, it is difficult to determine if "Black" means "Somali" or "African American." Patty Bowler asked how police would record a Latino person's race. Jared responded that police could record them as "Black," "White," or "other." Although data are imperfect, MDHFS is appreciative of police's willingness to share this data for the first time in recent history and will work with what is available in moving forward. Within the next few months, Jared and David will review a 10% sample of gang members' records from birth to current age to identify precursor behaviors in youth's lives and potential key times for intervention. David Therkelsen added that implications for different types of interventions will be dependent upon the youths' ages (i.e. 8 yrs vs. 13 yrs). Mitchell Davis asked if additional resources would be made available for this work. Jared responded that people will be able to use this assessment to apply for additional funds. He added that MDHFS & Minneapolis Parks & Recreation Board has received a grant to work with highest risk youth (who are often black-listed from youth clubs & programs for	If members are interested, Jared can provide an electronic version of the power point presentation. Also, if members are interested in receiving the inventory list of community agencies involved in the assessment, please contact David Carson.

	<p>at-risk youth) and “violence interrupters.” These are people who are among the first at the scene of a homicide who try to prevent retaliation & revenge, etc.</p> <p>John Schrom asked if MDHFS had future plans to expand this work from red zones (very high risk) on the map to orange (high risk) zones. Jared responded affirmatively and added that MDHFS has asked the National Youth Gang Center to make the Community Resource Inventory information more available to the public, even through a view-only mechanism available on the web.</p>	
Social Host Ordinance	<p>Emily Wang reported that the hearing on February 3rd was well attended. College students were one of the larger groups in attendance who expressed a variety of perspectives, including their concern that the ordinance might discourage hosts from calling for help (911) if needed. Julie Young Burns and others added perspectives of the dangers of underage drinking among middle and high school-aged children. Noya Woodrich shared results of PHAC’s previous work specific to binge drinking prevention. The ordinance passed and Council Member Cam Gordon proposed he would work with the City Attorney’s office to potentially include two additions: revisit impact of ordinance after 1 year to determine if any unintended consequences have occurred; and take a restorative justice approach for youth-specific offenses so they would not become barriers for youth in advancing their education and/or obtaining future employment.</p>	
PHAC By-laws	<p>The subcommittee met to review by-laws and distributed document with proposed changes. The significant changes being that the ward reps will live and/or work in the ward they represent and PHAC members are expected to communicate regularly with their respective appointing authority about the committee’s work. John Schrom moved to accept the changes to the bylaws; David Therkelsen 2nd the motion. All approved.</p>	<p>A copy of the final bylaws with approved changes will be distributed at next meeting.</p>
Department Updates	<p>City staff are currently reconstructing the City Goals. There are health goals sprinkled throughout the language in the proposed goals. It appears that the video series Unnatural Causes has sparked some thinking about how public health plays a role in a successful city.</p>	

Meeting adjourned at 8:00 pm

Minutes submitted by Hattie Wiysel and Emily Wang

Comprehensive Assessment of Services Intended to Prevent Youth Gang Crime in Minneapolis

Presenters:

David Carson
Jared Erdmann

Minneapolis Department of Health and Family Support

23 February 2010

1

Overview: Gang Prevention Coordination Grant

- Awarded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- 2-years (one year left)
- Purpose: Improve coordination of gang prevention and intervention activities

Minneapolis Department of Health and Family Support

23 February 2010

2

Target Area

- Target Area: Folwell, Hawthorne, Jordan & McKinley (Precinct 4)
- Selected due to disproportionately high homicide rates involving young people compared to other areas in Minneapolis
- Also overlaps with City's Empowerment Zones

Minneapolis Department of Health and Family Support

23 February 2010

3

Community Partnerships

- We are working towards improving coordination of gang prevention and intervention activities between community agencies, healthcare and faith-based organizations, law enforcement, school personnel and families
- Brotherhood Inc. Team Meetings
- Hawthorn Huddle
- JDAI Steering committee meeting
- Bury Our Guns, Not Our People Project II-Gun Buy Back
- Hospital-based youth violence intervention committee
- Hmong Gang Violence Prevention
- Community Power against Violence: Youth Violence Prevention Campaign
- Minneapolis Public Schools Youth Violence Prevention Task Force Meeting

Minneapolis Department of Health and Family Support

23 February 2010

4

Development of Organizational-Level Policies and Initiatives

- Provided technical assistance to YouthLink that is funded to provide case management services to gang-involved youth.
- Developed a partnership between MDHFS, the Minneapolis Parks and the Minneapolis Police School resource officers to reach out to gang-involved youth in the summer of 2009
- Worked with the Minneapolis Police to develop a plan for School Resource Officers to conduct home visits to high risk youth who have been brought to the Juvenile Supervision center on the previous day
- Worked with community partners to develop an outreach strategy to high-risk parents in order to engage them in Parent Support programming that has been developed as a part of the Youth Violence Prevention Blueprint for Action.

Minneapolis Department of Health and Family Support

23 February 2010

5

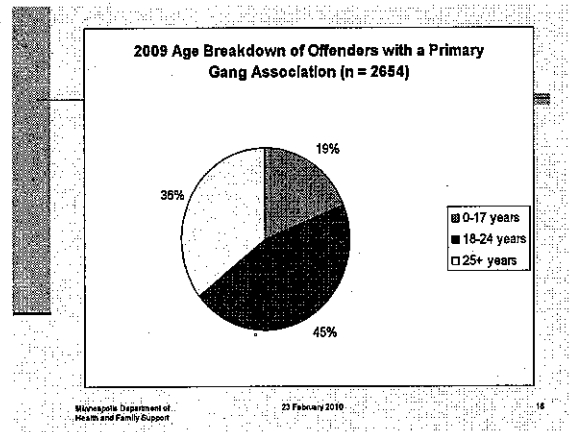
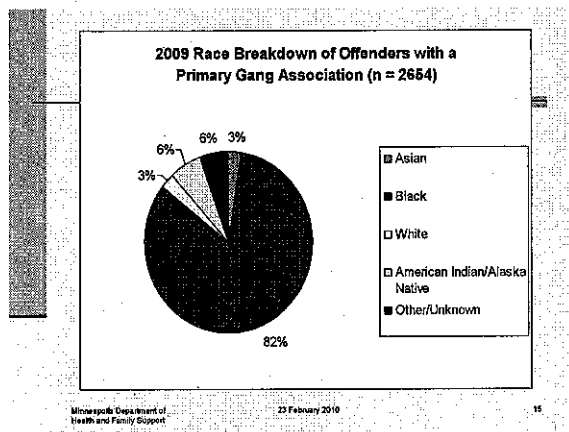
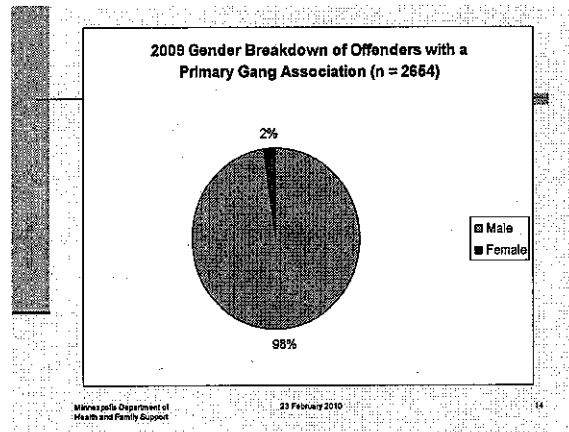
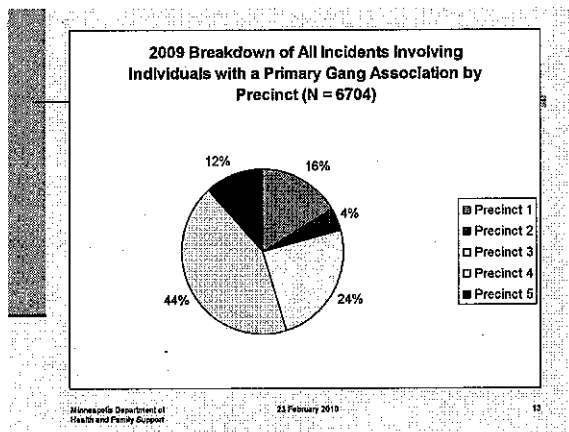
Community Resource Inventory

- Hosted by the National Youth Gang Center
- Web-based (view-only)
- To date we have entered 77 community based organizations into the Community Resource Inventory.

Minneapolis Department of Health and Family Support

23 February 2010

6



Next Steps

- Compile school data
- Analyze Victim data and crimes committed over time
- Complete full report
- Develop action plan in collaboration with partners
- Implement action plan
- Secure additional funding

Minneapolis Department of Health and Family Support 23 February 2010 17

Student Achievement and School Data

- Minneapolis Public School Data
- Attempting to connect with leadership at Minneapolis Charter Schools
- Complete school summary in report

Data to Include:

- Background of school-based initiatives
- Maps of Attendance Zones
- School-by-school Info Reports (K-8 schools on North Side & high schools) on academic achievement

Minneapolis Department of Health and Family Support 23 February 2010 18



MINNEAPOLIS POLICE • CRIME ANALYSIS UNIT

STRATEGIC INFORMATION & CRIME MANAGEMENT DIVISION



2009 Gang Associated Crime in Minneapolis

OFFENSES	2009 Gang Associated Incidents	Total Minneapolis Crimes	% of Gang-Associated Crimes	Uniform Crime Report	Gang Members Arrested	Total Minneapolis Arrests	% of Arrests
HOMICIDE	6	20	30.00%	20	4	11	36.36%
RAPE	14	425	3.29%	429	5	57	8.77%
ASLT1	13	33	39.39%	NA	6	26	23.08%
ASLT2	175	696	25.14%	NA	80	297	26.94%
ASLT3	10	199	5.03%	NA	3	93	3.23%
ASLT4	9	102	8.82%	NA	9	106	8.49%
Domestic Agg ASLT	74	823	8.99%	NA	10	NA	NA
TOTAL AGGRAVATED ASSAULT	281	1853	15.16%	2176	108	815	13.25%
ASLT5	89	2358	3.77%	NA	30	807	3.72%
Assault of Mounted Patrol	0	25	0.00%	NA	NA	NA	NA
Misdemeanor Domestic Assault	169	2822	5.99%	NA	56	1293	4.33%
ROBBIZ	10	167	5.99%	NA	4	39	10.26%
ROBPER	73	737	9.91%	NA	30	143	20.98%
ROBAG	36	739	4.87%	NA	53	243	21.81%
TOTAL ROBBERY	119	1643	7.24%	1707	87	425	20.47%
BURGLARY	111	4887	2.27%	4764	51	338	15.09%
WEAPONS	75	421	17.81%	NA	98	421	23.28%

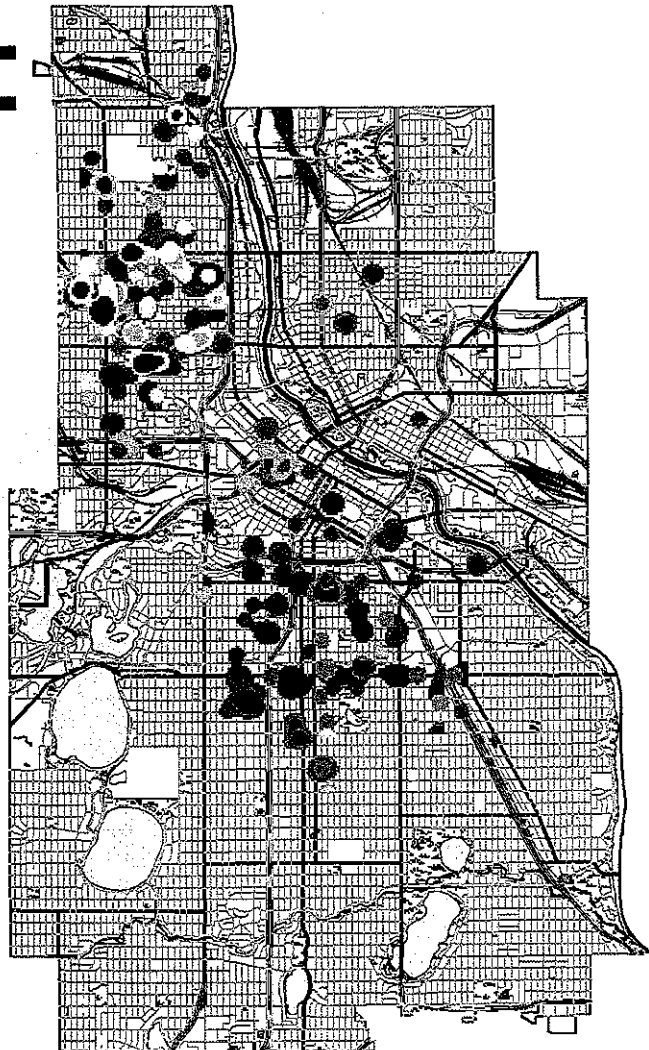
Gang associated crime in 2009 is determined through comparative database query of verified individuals with a gang association against suspects, arrests, witnesses, victims and others connected with incidents in the Minneapolis Police Department report management system (CAPRS). The query matches exact name fields and any margin of error within the 5,055 individual gang associated incidents results from name misspellings, inspecific use of hyphens and incomparable suffixes used.



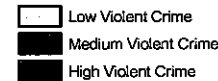
Minneapolis Police Department - Crime Analysis Unit



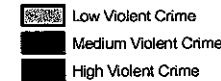
Violent Crime Density involving Gang Members or Associates 2009



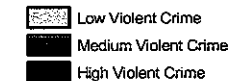
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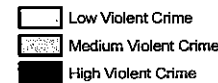
Family Mob



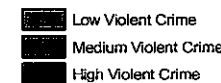
Black P Stones



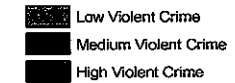
Taliban



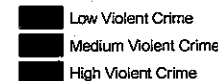
Da Team



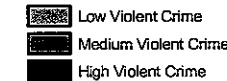
Somali Hot Boys



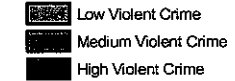
Stick Up Boys



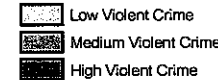
Bloods Rolling 30s



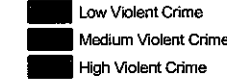
YNT Young N Thuggin



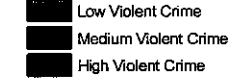
19 Block Dipset



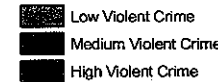
Surenos 13



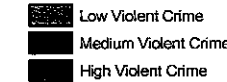
Somali Outlawz



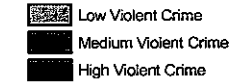
Gangster Disciples



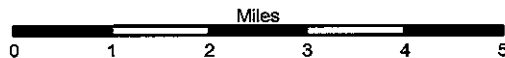
Bogus Boys



YTB Young Taliban



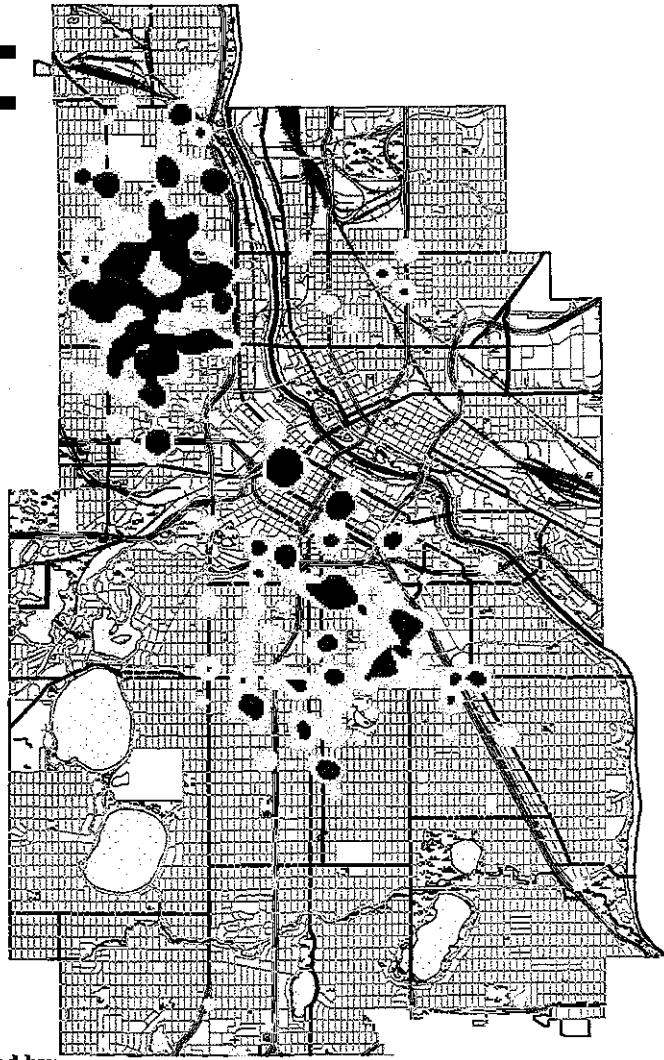
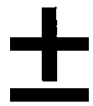
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1/29/2010



Gang	Total Incidents	Names	Members	Associates	Secondary
CRIPS TRE TRES	81	247	60	9	12
TALIBAN	72	191	32	3	0
STICK UP BOYS	63	165	37	0	0
19 BLOCK DIP SET	62	233	59	10	5
GANGSTER DISCIPLES	60	789	469	73	23
FAMILY MOB	60	376	155	12	4
DA TEAM	59	87	11	4	0
BLOODS ROLLING 30S	54	381	103	4	4
SURENOS 13	47	721	397	46	2
BOGUS BOYS	43	361	126	34	11
BLACK P STONES	38	333	189	20	27
SOMALI HOT BOYS	37	175	79	2	3
YNT / YOUNG N THUGGIN	37	66	30	1	2
SOMALI OUTLAWZ	33	192	73	15	0
YTB / YOUNG TALIBAN	32	22	8	0	0

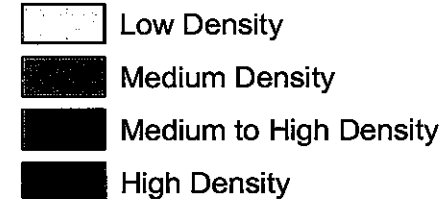
Minneapolis Police Department - Crime Analysis Unit

Violent Crime Density involving Gang Members or Associates 2009



Violent Crime includes Homicide, Rape, Robbery, Aggravated Assaults, Domestic Aggravated Assaults, and Weapons Charges.

Violent Crime Incidents 2009



Gang	Total Incidents	Names	Members	Associates	Secondary
CRIPS TRE TRES	81	247	60	9	12
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SOMALI OUTLAWZ	33	192	73	15	0
YTB / YOUNG TALIBAN	32	22	8	0	0

Created by:
Chris Hackett
1/29/2010



MINNEAPOLIS PUBLIC HEALTH ADVISORY COMMITTEE

1. The Public Health Advisory Committee (PHAC) for the Minneapolis Department of Health and Family Support has the following responsibilities and composition:

A. Role of the PHAC

The role of the PHAC is to advise the City Council and the Department on policy matters affecting the health of Minneapolis residents, and to serve as liaisons between the City and the community in addressing health concerns. In this role PHAC shall make every effort to ensure that the concerns represented reflect the diverse viewpoints and interests of the Minneapolis community.

B. PHAC Functions

The Public Health Advisory Committee has responsibility for the following functions:

1. To advise the City Council regarding: a) policy matters affecting health of Minneapolis residents, and b) general roles and functions of the Department of Health and Family Support.
2. To review the proposed priorities of the Department of Health and Family Support and make recommendations to the City Council;
3. To consider complaints and views expressed by residents affecting delivery of public health services in Minneapolis, forward those concerns, and make recommendations as necessary to the City Council and/or the Department of Health and Family Support;

C. Size and Composition

It is the clear intent that the composition of the Public Health Advisory reflects the diverse interests and perspectives of the Minneapolis community. It is the expectation that all parties responsible for the recruitment, recommendations to and approval of members shall make every effort to ensure the realization of this intent.

The PHAC will have up to 22 members composed of 14 residents and up to 8 other representatives. The 14 residents will be selected by having each of the 13 City Council Members appoint one member who lives and works in their respective wards, and one resident representative shall be appointed by the Mayor.

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The 8 other representatives will be appointed by the City Council by requesting the following organizations to submit a nominee representing their interests;

- 1 - The Minneapolis Public Schools, Health Related Services;

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- 1 - Hennepin County Human Services and Public Health
- 1 - The University of Minnesota. School of Public Health

3 (up to) - At Large appointees to be recommended by the PHAC to ensure that the membership reflects the diversity of the Minneapolis community.

Deleted: 2 -The Minneapolis Health and Human Services Leadership Group (Urban Health Professional Advisory Committee).¶

1 - The Minneapolis Health and Human Services Leadership Group (Urban Health Professional Advisory Committee); ex-officio member

1 - The Minneapolis Health and Human Services Leadership Group (Urban Health Agenda Community Advisory Committee); ex-officio member

1 - Environmental Services of City's Regulatory Services Department; ex-officio member

D. Organization, Term, Meeting Frequency

1. Continuity of membership will be assured by having an approximately equal number of terms expire each year.
2. All terms will be two years and no member will serve more than three consecutive terms.
3. The PHAC will elect a chairperson and vice-chairperson or co-chairs,
4. The PHAC shall establish its own operating rules and procedures and meeting schedule, provided that it meets at least six times each year to conduct its business. Add language from Mitchell Davis specific to telephonic meeting alternative, as needed.
5. A quorum shall be the majority of members appointed by Mayor and City Council Members.

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E. Relationships between the PHAC, City Council and the Department of Health and Family Support

(1) The City Council is the Board of Health and makes final decisions regarding policy and programs of the Department of Health and Family Support. Add short description of the role of the Board from Becky McIntosh. The City Council's health-related Committee shall review and decide upon Department of Health and Family Support matters prior to final action by the City Council.

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(2) PHAC members are expected to communicate with their respective appointing authority.

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Regulatory

(3) The PHAC is an advisory committee to the City Council and the Department of Health and Family Support.

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(4) The Department of Health and Family Support is responsible for providing staff assistance to the PHAC to carry out its advisory functions.

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(5) It is expected that the Department of Health and Family Support will give significant weight to the recommendations of PHAC. On those occasions when the Department cannot incorporate these recommendations into its policy and program operations, the Commissioner will provide explanation.

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Deleted: into its Department policy and program operations. In instances

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Deleted: appropriate staff leadership from the Department will appear before the PHAC to provide an explanation. ¶

(6) The Department of Health and Family Support staff will present department business to the Health and Human Services Committee. Such staff presentations shall include an explanation of how such activities fit within the framework of the priorities as approved by the PHAC.

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(7) While prime responsibility for presenting PHAC views rests with the Department of Health and Family Support staff, the PHAC may elect to designate its members to directly explain PHAC views to the Health and Human Services Committee.

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Report to PHAC Re: Tobacco-free Minneapolis Parks

I corresponded with 4 Park Board Commissioners and a staff member. Commissioner Bourn has the lead on this issue and has been working with TFY. The first steps [next steps] begin Wed, March 3, when TFY presents its proposal at open time(? confirm with them).

The general response to "where does the Park Board stand" is "all well and good" nobody that I spoke to came out in favor of smoking. Minneapolis Park Board was ahead of the curve as a very early adopter of a smoke-free policy in all its buildings.

A question for TFY: is there a specific problem being addressed here? Do people complain about outdoor smoking? Is there evidence of benefit that the ordinance will effect, a real measurable harm reduction? Asking because there will be real costs associated with this ordinance. Two obvious costs are enforcement and communications. The Park Board is strapped -- considering park closings. Will Parks be able to take on an additional enforcement burden? Similarly, communication is not free. The parks have a minimal signage standard for aesthetic and expense (initial and maintenance) reasons.

Summary: My sense is that the Park Board Commissioners and staff that I heard from support the concept but some had specific concerns about the execution.

Aside: UMN-Duluth and UMN-Crookston are smoke-, tobacco-free campuses. Beginning ~2008 a grass roots effort to make UMN-TC smoke- or tobacco-free. "They" worked thru the process, got general assent and support but the administration has not taken action. My guess is 'grief we don't need in this tough time' -- the benefit does not justify the cost.

Submitted by Gavin D. Watt on 2/23/10

Comprehensive Assessment of Services intended to Prevent Youth Gang Crime in North Minneapolis

Prepared by:

Minneapolis Department of Health & Family
Support

In collaboration with:

Minneapolis Police Department

*Full report to be released September 2009

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Gang Prevention Coordination Grant Highlights

- The City of Minneapolis received a two-year grant through the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to improve the coordination of services intended for youth who are involved or at-risk for being involved in gangs.
- Minneapolis approaches youth violence as a public health epidemic. Through its partnership with the Minneapolis Police Department (MPD), MDHFS seeks to balance youth violence suppression efforts with youth violence prevention efforts. A signed memorandum of understanding between MDHFS and MPD marks a significant step forward in the area of youth violence prevention for the City of Minneapolis.
- The geographic target area for purposes of this grant is the Folwell, Hawthorne, Jordan, and McKinley neighborhoods. This area was selected due to disproportionately higher homicide rates for young people compared to other parts of the City of Minneapolis. These neighborhoods also overlap with the city's Empowerment zones and the zones of prominent gangs in the state.
- MDHFS' focus is to improve coordination of gang prevention and intervention activities between community-based, youth-serving agencies, faith-based organizations, law enforcement, employers, healthcare organizations, government and school personnel. This effort overlaps with the **Blueprint for Action: Preventing Youth Violence**, Goal 1C: Strengthen the coordination of public and private youth programs, services and opportunities.
- During the months of March and April a total of 20 interviews were conducted as part of a comprehensive assessment of services intended to prevent youth involvement in gangs. Results of the assessment reveal a wide gap in services that target youth who are gang-entrenched relative to those intended for youth in general. Including the 20 assessment interviews, MDHFS met with a total of 40 individuals representing multiple service sectors including: youth program staff, school representatives, religious leaders, formal and informal community Leaders, employers, government and law enforcement, Minneapolis Park Board, and community residents.
- In June, three Youth Forums were conducted with 18 young men at varying risk levels of involvement in gangs to glean their perceptions of gang involvement, gang violence and eliminating violence in their communities. , Several similar community forums will follow to involve parents in the target communities.
- **A Comprehensive Assessment of Services Intended to Prevent Youth Gang Crime in North Minneapolis** report is anticipated to be released publically in September. The assessment report will inform the development of a focused work plan to be shared with the Youth Violence Executive committee.

Assessment Overview

In winter 2008, the Minneapolis Department of Health and Family Support (MDHFS) was awarded grant 2008-51459-MN-JV from the US Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP) to implement the Comprehensive Gang Model: ***Minneapolis Gang Prevention and Intervention Coordination Initiative***.

Minneapolis was one of twelve recipients on a national level to be awarded this competitive grant. Successful implementation of the Comprehensive Gang Model depends on conducting a comprehensive assessment of the gang problem in a community. This report consolidates findings of an assessment of the gang problem in a sub-region of North Minneapolis that includes the Folwell, Hawthorne, Jordan and McKinley neighborhoods. Besides demographic and socio-economic indicators (outlined in this report), the assessment area was selected as an initial focus for this project because it has experienced the most youth homicides of any area in the city.

While gang suppression efforts led by the Minneapolis Police Department (MPD) are strong, MPD's partnership with MDHFS on this grant represents a significant step forward for the City in the area of gang prevention. Through this partnership MPD and MDHFS can build upon the City's capacity to fill a much needed gap for coordination of preventative (not just suppression) services intended for youth at-risk of violence and violent behavior.

Assessment of the gang problem in this sub-region of North Minneapolis involves multiple assessment activities. These activities include:

- **Gang Data:** Obtaining and analyzing available data to determine demographic trends, the types of gang activity, levels of gang activity and patterns of gang activity in the target area;
- **Student and School Data:** Obtaining and analyzing available data related to academic achievement, the types of gang activity, levels of gang activity and patterns of gang activity in the target area;
- **Community Perceptions:** talking with key individuals and young people who resided in or work with young people in the target neighborhoods;
- **Community Resource Inventory:** Consolidating a list of programs that serve high-risk youth in an online database and assessing specific gaps in services intended to prevent youth from gang involvement.

The following is the "Community Perceptions" section of the assessment report. It summarizes data collected from interviews and focus groups with residents of the target neighborhoods on the North Side of Minneapolis. As stated above the "Community Perceptions" section of the assessment is one of four major components of the overall assessment. MDHFS anticipates that the report of findings of the entire assessment will be released in September 2009.

Perceptions of Gangs and Gang Violence on the North Side

A major component of the assessment of the gang problem in the four target neighborhoods involved talking with key individuals and young people who resided in or work with young people in the target neighborhoods. MDHFS conducted 20 key informant interviews with youth-serving providers and professionals and three focus groups with youth at varying risk levels for gang involvement. The following sections summarize what was shared with MDHFS staff during the assessment interviews and focus groups.

Interviews with youth-serving providers and professionals

Twenty-nine (29) service providers representing government, not-for-profit agencies, law enforcement, community residents, churches and schools participated in 20 key informant interviews and expressed their viewpoints on the gang problem in North Minneapolis. The way they define the gang problem on the North Side informs the discourse and dialogue about how to address the problem. Many acknowledged that an unnecessarily narrow understanding perpetuates a limited perspective toward the solutions. School staff that was interviewed caution against a common misperception that the gang problem is just a school problem. To the contrary, the gang problem is not only a school problem but a problem that affects the whole community. Defining the problem at multiple levels, namely, the individual, family, community, and institutional levels is imperative.

Whereas previously gangs in the North Side sub-region were perceived to be more organized, a common observation across interviews was that gangs in this area are much different than what they used to be. Given that many of the OG's (original gangsters) of the recent past have been locked up, gangs—also referred to as “cliques,” “sets,” “hybrids,” and “splinter groups”—are currently less organized with less established leadership, are smaller and are perceived as more unpredictable and more violent. Two service providers' perspectives summarize a common community perception:

Today, these are not gangs—there are no leaders in these gangs. They have learned over time that the leaders of gangs get killed or locked-up ... The violence is a free for all, random, in fact... Today, the gangs are cliques. Cliques are different from gangs and are composed of kids from different “sets.”—Youth worker

The leadership used to be very different. With the older gangs they [gang members] were held accountable for their actions because the gangs were from LA or Chicago. Nowadays the “big homie” is a 16-18 year-old. Back then, there was an order to it and an older person to tell them what to do.—Youth worker

Some cliques and sets are still associated with larger, more established gangs and some are not. The criminal levels of fighting and violence are what cause “cliques” and “sets” to be recognized as gangs. “Now there is no street law that governs,” observed an interviewee about today's gang problem. “Beat downs” occur because the gang

members are younger, not as organized or predictable, and are more likely to commit crimes to "get a name for themselves." "Kids are just claiming they are gang-bangers and are being destructive, not constructive as gangs can be," states a prominent leader in the community.

Interviewees identified problems that are related to the gang problem, that exacerbated the gang problem and that contributed to North Side youth becoming involved in gangs in the first place. The following sections break down service providers' perceptions of the gang problem on the North Side by perceptions of who is committing gang crime and the impact of gangs and gang violence at the individual, family, community and institutional levels.

Who is committing gang crime?

"Gang-involvement" is defined quite loosely for this report encompassing perceptions of gang association, affiliation and membership. After all, perceptions of a youth's level of involvement can differ depending on the perspective, e.g. a teacher, a police officer, a probation officer, a youth worker, a peer, a parent, etc. The main concern from a service provider's as well as a victim's perspective is the violent and criminal behavior or as one service provider describes "the objective behavior of the youth." Not always clear is identifying where youth fall on the spectrum of gang involvement, how it changes over time, and how much of a role gang involvement has played in the violent and/or criminal behavior.

Nonetheless, young people of various races and ethnicities are "clickin'-up" in North Minneapolis, as well as in other parts of the city. The ages at which boys and girls are siding with the gangs are perceived to be different. Generally boys get involved earlier (e.g. 5th to 7th grade) than the girls (e.g. 8th to 9th grade). At least for boys, the real "hard hitters" were perceived among many service providers interviewed to be 17 and older—basically at ages that they can drive. An analysis of inpatient and outpatient firearm-related injuries for the 55411 and 55412 zip codes that overlap with the North Side sub-region corroborates that firearm-related injuries begin to occur in the 10 to 14 year-old age group. They increase among 15 to 17 year-olds and of all the age groups of young people, firearm-related injuries occur highest among 18 to 24 year-olds.

Although gang involvement was perceived to be more prevalent among the boys, the problem is rapidly escalating among the girls and is a cause for urgency.

[...] there is a serious increase among girls. Years ago the girls got involved for sex, holdin' drugs, and companionship and now the girls are taking a much more active role. For boys it is what it always is.

The Junior High School gang problem for the girls is terrible, and we can't wait anymore to intervene because they are already tainted.

The girls are getting worse than the men, and it is usually about hearsay.

The girls sometimes are trying to make a name for themselves more than the guys.

I know girls that are involved and they will tell you [that they are involved]. They tell you it's because they don't want to 'cross sets.'

The reasons for gang involvement were not considerably different between the boys and the girls, other than the perception that the girls get involved through the affiliation of their boyfriends. Many of the things (described later in the report) that draw young people into gangs at the individual level affect boys and girls alike.

The distinction between whether a youth is gang-affiliated or gang-involved was perceived as important to the extent that it helped to understand a youth's behavior and incidents of violent behavior. Multiple service providers perceived that youth who are on the fringes, i.e. whose gang does not perceive him/her as a "member" in spite of his/her desire to be a member, can sometimes be the most violent.

The ones that are affiliated want to be part [of the gang] but don't think they are in. They are some of the worst ones because they have to gain their reputation and do "the work" to get in.

The kids that want to be affiliated are not in a gang but "roll out" like they are in one.

The youth who are on the fringes are the ones who "are trying to make a name for themselves" and need to "put their work in."

Individual Level

At an individual level, gangs promote protection and provide youth a form of extended family. Youth on the North Side, from the perspectives of people who work with them most closely, experience a lot of pressure to join gangs. At some point, the youth need to align themselves with one side or another for fear of their personal safety. "Everybody has to be plugged with somebody. You can't be neutral," says a service provider. Although the sense of protection is very real for youth, the gangs benefit from that fear and "perpetuate a myth that you need to be gang-affiliated to survive."

In the absence of strong ties to a family, gangs fulfill a need for youth to be accepted and to be a part of something—part of a family, whatever form it happens to take. Whereas the financial gain of selling drugs at school or in the community can draw youth into gangs, alcohol and drug use exacerbate the gang problem. Poverty and living conditions of youth oblige them to contribute financially to the family, and gangs provide an avenue for youth to fulfill that role. Gangs are an accessible source of cash. A chemical treatment provider states, "When people cannot take care of themselves, they find a way [to do it]." Youth are "giving in to circumstances that their environment dictates," says a youth worker.

Youth are lured into gang activity at a young age before they understand the ramifications of decisions they make to benefit a gang.

Gangs have led to a cultural branding of black men [...] the cultural look has been framed as saggin' and has been normalized through mass media. It is hard

for a youth to separate himself from that brand and many youth do not have the skills to deal with the pressure.—Youth program director

On one hand, the lack of a positive, adult male role model or figure to inculcate skills in young boys to deal with negative social pressures was perceived as a major contributor to the gang problem. Some youth have a male role model or figure, but that figure is not active in their lives. "Gangs are not just about extended family; it's beyond that. Gangs become a space and time for expression about masculinity," states a youth worker. Sporting the gang colors becomes a rite of passage along with becoming a father.

The youth are searching for a manhood identity. Many do it by planting their seed and becoming a father too early. Others seek to have control over women that can lead to domestic violence later on. Gangs also lead them to sexual experimentation with the parties that turn out to be just an orgy. They end up not supporting their families or education. Not too long ago it was: "What's your name? Who's your people? Where are you going to college?" We don't have that anymore.—Youth program developer

On the other hand, girls often enter into gangs through affiliation of their boyfriends and to gain a sense of belonging.

What happens with girls is that they associate with the gangs for self-esteem purposes. When they are associated with a gang, they are more likely to be violent, be abused, be truant, but also for the girls, they are more inclined to be in negative sexual relationships with men—which leads to pregnancy. The gangs are not so bad for them at first; they give the girls a sense of belonging—that they "got their back." But then eventually it leads to negative things.—Youth educator and program director

Boredom and not doing well in school or in sports also contributes to the gang problem. The gang lifestyle engages youth and provides those who are not successful in other areas a desired status among their peers. At the same time, school staff observes that some kids have struck an unlikely balance, "They do school really well and they do gang street life really well." Apparently, the gang lifestyle also can fill a void for youth who excel academically.

Family Level

Family can be part of the gang problem, a victim of the problem, part of the solution to the problem or entirely absent from the life of the youth. Beyond the lack of positive, male role models, the general lack of family structure leads to family being part of the gang problem. From the service providers' perspectives lack of family structure results when: "babies are having babies;" fathers are absent; there is a lack of leadership on the home front; children from the same mother are fathered by men in different sets or cliques creating internal familial conflict; one father with too many "baby mamas," parents are afraid of their own kids; and families are "unchurched and unmosqued." Lack of parental guidance and lack of adult supervision are closely related to the lack of family structure as well. A probation officer observes, "The youth come from poor families where they don't get the clothes, the food, or the attention. They get them from the gang."

Another way family can be part of the problem is when parents remain unaware of gangs and signs that children might be getting involved in them. Parents may be in denial of a child's gang involvement and thus unwilling to address the problem. In this scenario, more often than not, the friends, family or extended family become victims of the problem.

Gang members may be the only "family" a youth has ever known. A youth advocate describes how the sense of family varies between gangs from different racial and cultural backgrounds:

There is a different amount of respect for the families within the Latino and Asian groups. Cultural and ancestral background is very strong there and more intentional among the Asian and Latino gangs. The driving component of the African American gang is that the gang is the conduit to feed the older-boy gangs for drugs. The African American gangs are like a fad, whereas it is a way of life for the Latino and Asian [gangs].—Youth Service Provider

The sense of family brings cohesion to gangs whose members are not otherwise related. Gang membership of a family member or someone close to the family was perceived to be common among gang-involved youth. A resident of the North Side shared a story of a young boy from her church who ended up getting involved in a gang presumably because the uncle—who was gang-involved—was the only adult in his life who listened and spent time with him. The youth's parents are sometimes gang-involved; however, service providers did not feel this was the case for a majority of gang-involved youth on the North Side. What was important from the service provider perspective is to approach gang-involved parents differently than parents who are not gang-involved.

The lack of family and the lack of a place to call "home" take various forms for gang-involved youth on the North Side. It can mean moving from house to house, from relative to relative, to have a place to crash. It can mean being placed in foster home after foster home. "Home" might never have been a safe or comfortable place for the youth. The parents might not be alive, are locked-up or have abandoned them. Regardless, the lack of a family or a place to call home leads youth to prematurely taking on what typically would be grown-up responsibilities.

Community Level

"The perception about the North Side is that all the gang activity is here," observes an employee of a youth employment program. Service providers made various references to the high intensity of gang activity on the North Side compared to other areas of Minneapolis and the metropolitan area. The relatively smaller geography of the North Side of Minneapolis compared to the South Side of Minneapolis may affect the perception of intensity of gang activity explains a youth worker.

It's more intense over North because it's a smaller environment; over South is bigger. North is too small. They have to travel to gang-bang on the South Side—even on the East Side of Saint Paul. I don't think the hybrids or sets are more dangerous; they are misled. They want to "work" really bad. They're not fighting for turf anymore.—Youth worker

Nonetheless, service providers described a community-wide "normalization of violence" on the North Side and as a youth program director has observed, "Kids kill in this neighborhood and get away with it." A community resident said he periodically sees groups of 40-50 kids parading loudly down the street in the middle of the night, cars driving way too fast down neighborhood streets, and kids being victims of the violence and wreckless behavior. "If this happened anywhere else, there would be outrage. In North Minneapolis, there is virtually no reaction," a community resident said. "People are complacent with the violence and turning away from what is going on," observes another interviewee. And the violence is not hard to see, nor is the impact contained.

It is different here compared to the South Side. There are more splinter groups here. On the South Side you have the Crips on the one side and the Bloods on the other. [On the North Side] they are more out there with [gang activity]. The drug dealing is in your face.—Youth worker

The interesting thing about Minneapolis in general is that the "North" plays on the "South" and the "South" plays on the "North." North Broadway and 55 are the walls. Bryn Mar doesn't consider itself on the North Side and Harrison people don't go on the other side of 55. The boundaries are invisible but they are very real boundaries. There are areas of containment but the impact is much broader.—North Side resident

Community-wide understood "boundaries," the fighting and violence levels of the cliques and sets, and the impact of violence across multiple communities are what get these groups recognized as gangs.

Cliques and sets have delineated their own boundaries in the community that are hard for service providers to keep a handle on. Specifically, the numbers of the street signs delineate areas where kids will and will not go.

I mainly spend time on the North Side of Minneapolis. Here it is all about the "higher end" and the "lower end." "I don't go to the lows," kids will say. [...] They separate themselves.—Youth worker

The kids come across from [an organization down the street] and they are callin' out these numbers which must be one of their blocks. They got at it and the girls just wouldn't stop. —Youth worker

In North Minneapolis some gangs are block by block and some are traditional. There are pockets of areas where they think they are in control.—North Side resident.

The result is more division among North Side residents, and "the community shuns the youth rather than helps them."

Youth service providers made comparisons between gangs that are predominantly comprised of specific racial and ethnic groups in the community.

The Latino and Asian gangs are much more organized than the African American [gangs]. They are much more strategic. The Asians want to blend in. The African

American gangs have an interest in making you aware of who they are and that's why they end up in prison. [On the one hand,] the MS 13's Latino gang that is coming out of Chicago is growing in the Midwest and is connected to North Minneapolis. They aren't playin'. The African American gangs, on the other hand, are not even committed. It takes a lot to wrestle the Latinos and Asians out of the gang.—Youth Service Provider

At [a school on the South Side] where you are dealing with the Latino gangs, the Latina girls are all up into it because of "love." Well, their boyfriends are in gangs. The girls won't say that they are in a gang, but they ARE in it. Now at [a school on the North Side] is where it is about someone having your back, making it and surviving. —Youth Service Provider

Besides gang-related homicides, the list of negative impacts of gangs on the community was long. Gangs "demoralize and devalue the community." They result in "people feeling unsafe" with "adults acting like they are afraid of the youth" and the youth "can't even get outside to ride a bike." A North Side resident gives an example:

There are virtually no block clubs. One guy [...] set up a block club but not many people participated. Generally by setting up and hosting for a block club people think that they are setting themselves up for someone to "case" their house.—Community resident

Gang violence causes residents to want to move out of the community, and a supporting social network does not exist either due to "people being too transitory or not being able to move out." A school director describes the life paths he has seen among young people who live on the North Side:

I have seen three situations. You either go down the path to be a professional, the path of the wheel chair or you die. When you go to war, they take the time to deprogram you, when you are on the streets, they don't do that. You have to get [these youth] to understand there is a better life out there. You don't know anything other than the few blocks around you, until you see more.—School director

Institutional Level

The gang problem at an institutional level is exacerbated by gaps in community-wide messages and policies, youth programs, and infrastructure intended for positive youth development. As was mentioned earlier in this report, many of the gang-involved youth are responding to conditions that surround them. They feel a great deal of pressure to align themselves with one set or another, the gangs provide them social support and material things that they do not get at home, and the community is afraid of its own youth. What about the systems and policy environment contributes to youth being drawn into the gang lifestyle?

When a community lacks fundamental support systems for its residents, it can appear, as one youth program director, observes that, "the system is designed to force you[th] into doing something wrong and then catchin' [them] at it." A director of a youth employment program summed up most youth service providers' sentiment about their

satisfaction with the agencies' current response to the gang problem: "I am never satisfied when there is always room for improvement." The individuals that work closely with youth on the North Side possess deep knowledge and history about the deficiencies in response on the part of governmental and non-governmental institutions intended to foster positive youth development. Four problematic areas were identified.

First, notwithstanding current collaborative efforts (e.g. the Blueprint for Action on Youth Violence Executive Committee, Youth Violence Prevention Taskforce of the Minneapolis Public Schools, collaboration among religious leaders, Peace Foundation) on the North Side, a sense of a lack of unity and collaboration among organizations persists and has led to negative outcomes for youth and youth programs. Various issues are related to this problem including: start-up organizations' dependency on fiscal agents; politics and personalities getting in the way of partnerships; inability to collaborate to fill gaps and weaknesses in services due to organizations claiming that they do "everything" rather than "respecting the specialization of other agencies"; agencies not prepared or willing to work with high-risk or gang-involved youth; agencies that have not kept up with the times and "don't get it"; and finally agencies that are caught up in "following the money" and "a bureaucratic numbers game" and that are "disconnected" to the local community.

A few interviewees were particularly wary of community leaders and politicians dropping in on the community to be in the "limelight." They made explicit and implicit distinctions between "formal" community leaders and the "informal" community leaders that have "street credibility." Informal leaders, explains a North Side resident, might not be well known by the "programs" but they know how to reach the kids. When too much focus is on formal community and institutional leaders and too little positive change occurs at the community level, people in the community perceive organizations and programs as "disconnected" from the needs of the youth and unresponsive to local community in general. Various interviewees emphasized the importance of ensuring representation of the community at the decision-making table. Striking a balance between formal and informal leadership representation seems to be the challenge due to perceptions of who is aligning with whom and for what reasons.

Second, although many service providers were dissatisfied with government agencies' response to the needs of youth and families in the community, the majority emphasized that **how** government gets involved in the community is more important. Multiple examples of how government involvement in the community has been essential, yet problematic, were identified.

Police involvement around the issue of gangs has focused on suppression of gang activity, or otherwise stated as "shutting down the gangs." Collaboration between the police department and the local community was perceived as insufficient or entirely lacking and profiling kids that look like "gang-bangers" was a concern. At the same time, examples of positive police interaction were also shared such as: the police athletic league where the coach was a police officer; police officers taking time to "stop by" or to check-in at local programs and interact with the youth; and a gun buy-back program that involved police officers out of uniform. Suppression was viewed as essential but insufficient.

From the perspectives of people who work most closely with the youth, government invests a great deal on the North Side but not in the right places. It needs to play a

greater role in assuring high-risk youth and their families have what they need—before they get involved with police.

Law enforcement can't do it by itself but could do it if there was more collaboration with the community. Police can only do something after the fact. When something goes wrong, they are the first ones we call. But they need more cooperation.—Youth program director

Government can play an important role in assuring the availability of programs (such as, youth employment opportunities, afterschool programs, childcare, organized sports and physical activity programs, winter park activities, housing, alcohol and drug abuse programs, education and skill-building programs for incarcerated parents, and tattoo removal programs) targeted to high risk youth, parents who are minors and their families. "How often do you see kids walking down the street in uniform anymore? If we can pay overtime for police, we can pay for sports uniforms," explains an employee of a youth employment program. Given the lack of resources at the family and community levels, such programs struggle to survive or are not available in the private sector without some level of government intervention.

A few youth workers cautioned against integration of youth, who are known to be gang-involved, with other youth in programs and activities. They gave examples of previously successful youth groups that broke up due to conflicts and divisions caused by gang-involved youth; "no trespassing lists" that identify youth who have exhausted privileges of accessing their programs due to bad behavior; and having to spend money on hiring an on-site security officer (described as "a guy with a gun") that otherwise could be spent on youth programming.

Less-mentioned, problematic areas related to government were associations on the part of youth between social workers and out-of-home placement/foster care, government expectations that community-based organizations will take their high-risk youth referrals without providing funding; and the parks being "where all of our cliques are" and the locus of most violent activity. In addition, one interviewee stressed the need to reform the child support system and its "bias against young fathers." The current system was perceived as more concerned about collecting child support than acknowledging and encouraging father involvement as a form of child support.

Third, the lack of a focus on long-term sustainability of youth violence prevention efforts translates into: a lack of a community vision and a uniform message to counter the pressure to join gangs; "period-based programming;" and "inconsistent" relationships between youth service providers and youth. From the perspective of a youth educator and program director, "When talking about youth violence prevention, the youth do not hear 'prevention;' they hear 'violence' and 'gangs.'" Many youth service providers emphasized that community-wide messages to prevent youth violence are not framed using the words "violence" or "gangs" at all; they do, however, combat the negative messages that youth are getting in the media; they are consistent and uniform for issues such as gang signs and symbols, clothing and hand signs; and they are enforced uniformly across prominent institutions and community-based organizations serving youth. The following are examples given of effective messaging at various levels:

My niece was getting into fights at school and her grades started to go down. I pulled her aside to have a talk, and I explained to her that her actions were not

quickly," and access to the "lifestyle," "parties," "nice cars," and "women." Power was related to guns, having "no fear," being able to "control their zone" and "being able to rule." Popularity meant that gang-involved youth earned a "reputation," friends, girls, and were accepted. Mixed with violent threats and violent behavior, respect, money, power and popularity instilled fear in others. One youth observed and others agreed that the popularity, respect and power meant that some gang-involved youth could get away with things at school that other kids could not because the teachers did not want to or could not deal with them.

Joining a gang for "protection," "security" and "safety" was mentioned as a positive aspect of the gang lifestyle in two of the three focus groups. "Protection" and other positive aspects of the gang lifestyle were completely overshadowed, however, by a constant threat of injury, death or incarceration. Other negatives of the gang lifestyle identified by the young men were: "peer pressure;" "doing things because you want to make an impression;" "having a false sense of security;" drugs, alcohol and smoking; sexually transmitted diseases (STDs) and HIV; physical, sexual and emotional abuse; pain, killing and violence; "being labeled," and dropping out of school.

Family Level

According to the young men who participated in the focus groups, gangs provide a sense of family, belonging and connection that otherwise is lacking or absent in their own or their peers' lives. The young men described that a "street family" in some cases has no connection with Mom and Dad. In other cases, either they or their peers have been "born into the gang lifestyle," that close relatives are also in the gang and that the gang is "the only thing they'd ever known." Which scenario is more common among gang-involved youth on the North Side was not clear from the focus groups. Some youth felt that "to be born into a gang" is common and other youth felt that most parents would not willingly raise their child in a gang. For those who did not think being born into a gang was common, deciding to be a gang member was a choice.

All of the young men in the focus groups either knew someone in their immediate or extended family that had been injured, had died, or had been incarcerated due to events precipitating from gang involvement. "Death," "getting shot," "taking a loss," "loss of loved ones," and "people in jail" were common themes at this level. The young men shared personal experiences related to the loss of fathers, brothers, uncles, cousins and other male figures due to gang violence and incarceration across all groups.

In contrast to the interviews with service providers, the young men did not discuss becoming a parent at a young age as a negative aspect or problem. Some were fathers and saw themselves as providers for their families and providers for their parents. The issue of "too many baby mamas" was brought up in one focus group; however, as was highlighted in the previous section, the discussions of sex as a positive aspect of the gang lifestyle focused on gangs as a means of getting sex and women. The negative focused on STDs and problems associated with "not getting any," such as, getting teased for being a virgin.

Community Level

When asked what they would change about their neighborhood, too much boredom was mentioned by the young men in all three groups. Too many young people on the street corners and without positive activities to be involved in were directly related to the boredom.

Themes that were mentioned in at least two of the three focus groups were: getting rid of the garbage and litter; and a lack of a sense of community where the neighborhood "is not just a place where you live" but a place where neighbors know their neighbors and where "elders are talking to the young people." Stopping drugs and alcohol was mentioned various times in the two focus groups that included youth who were not as involved in gangs, but negative aspects of drugs and alcohol were not mentioned in the focus group comprised just of gang members. Similarly, stopping the shootings and violence in the neighborhood was mentioned in the same two focus groups of youth who were less involved in gangs.

Other notable, but less common, themes included: fewer foreclosures; the lack of a mall (the closest mall being Brookdale); and getting rid of "unbanks" that charge a person to cash a check.

Institutional Level

The lack of youth programs and organized sports in the local community was an observation that crossed all three focus groups. Availability of youth programs and organized sports addresses the boredom the young men either experience or remembered experiencing growing up in their community. Due to how recruitment occurred, the young men who participated in the focus groups were engaged to some extent with a youth program and/or were connected to an informal, adult leader in the local community. When asked to whom they would turn if they had a problem, many of the youth mentioned the leaders of their respective youth programs. Nonetheless, they mentioned observing too many young people in their neighborhood without positive alternatives and that gangs and the gang lifestyle were an exciting and easily accessible alternative to the boredom. The young men said that accountability and how a program was perceived were important to them. As one youth summarized what others like him felt, "the youth programs need to be **programs**, not just show-and-tell." Specifically, the young men mentioned the need for more programs to work with young teenagers and more opportunities for teenage moms to go to school. Examples of sports and other positive youth activities they had either enjoyed or thought needed to be provided more were: basketball, pool, open teen nights, poetry cafés, music, dance rooms, and skating.

Although the need for youth employment opportunities was mentioned in all focus groups, the focus group with the strongest opinions about these opportunities was the group that included all gang-involved youth. The young men felt that the opportunities that were currently available did not meet their needs for various reasons. The opportunities often were not available to them when they needed them most, such as when they got out of detention or were on probation. Most employment opportunities were outside of their local community and difficult to get to. They did not like being required to show up day-after-day without being able to miss some days. They also did not like having to wait two weeks or more in order to get paid. Instead they felt that opportunities should be provided where youth could show up to work when they needed

to and be paid the same day. The young men in this focus group in particular had observed that the only business that seemed open to hiring youth was a fast food franchise in the area. Otherwise the young men in this focus group had observed that businesses along Broadway typically do not hire young people. Broadway has a relatively larger concentration of businesses in the neighborhood that could employ youth. Employment opportunities in which the young men mentioned having participated were: a program to remove garbage and trash; landscaping; after-school youth programs; computer labs at the parks; youth organizing; amusement parks and sales. When the young men were asked where they saw themselves in five years, a majority of them across all focus groups mentioned the desire to own their own businesses.

When asked what role school played in achieving their personal goals, graduation from high school was clearly important to many of the young men in all three of the focus groups. This was evident from their aspirations to either graduate from high school or to attend a college or university. Interestingly, the young men in the focus group with all gang-involved youth had already graduated from high school. Two of them cited the support of their youth program leader as the main reason they had pushed themselves to graduate. A small number of youth named a teacher or pastor when asked about someone who had given them the most helpful advice in their lives.

Young men in two of the three focus groups expressed disenchantment with the public schools. One focus group participant observed and others agreed that the teachers needed to have "a better sense of where their students were coming from" in order to work with them more effectively. The community needs a "more respectable school system" explained another participant in another group who felt that too many teachers in the system were "just teaching for the money."

As was addressed earlier, one of the most common negative aspects of the gang lifestyle according to the young men that participated in the focus groups was encounters with the police and being incarcerated. Young men in all focus groups felt the relationship between law enforcement and the people in their community needed to change in large part through the elimination of police harassment and labeling and profiling of youth. Examples of harassment, labeling and profiling by the police were shared in all focus groups by gang-involved youth and youth who were not directly involved with gangs. Young men in one of the focus groups mentioned that the police should make an effort to get to know and interact with young people in the local community beyond just responding to criminal activity.

Full List of Selection Criteria

Indicator Name	Geographic Level of Measurement	Source	Year(s) Available
Homicides	Precinct	MPD	Current
Juvenile arrests by type of crime	Folwell, Jordan, Phillips, Hawthorne, McKinley Only & by Precinct	MPD	Jan-Mar 2009
Firearm-related, assault injuries	Zip Code Only	MN Hospital Association	2007
Gangs are a serious issue in this neighborhood.	Minneapolis Community Only	SHAPE	2006
What is highest grade or year of school completed?	Minneapolis Community Only	SHAPE	2002
Proportion of under age 24 population compared to Minneapolis overall	Neighborhood	Census	2000
Proportion of Families Below Poverty w/ Related Children under 18 compared to Minneapolis overall	Neighborhood	Census	2000
Proportion of single parent households with children under 18 compared to Minneapolis overall	Neighborhood	Census	2000
Proportion unemployed	Neighborhood	Census	2000
Foreclosures	Citywide and by Ward	CPED	1 st Qtr 2009
Recreation Centers	By Neighborhood	MPRB	n/a

Proposed Indicators for Targeting Youth Violence Prevention Efforts toward Priority Minneapolis Neighborhoods

The following table displays a proposed list of indicators that are relevant to the problem of youth violence in Minneapolis neighborhoods. Although the list of indicators is not exhaustive; the data for these indicators are readily available and allow for on-going monitoring and prioritization of neighborhoods. Resources for youth violence prevention efforts are limited; as a result, focusing resources can ensure that the youth who are at greatest risk of getting involved in violent behavior receive appropriate interventions and programming. The indicators fall within three categories, namely, levels of violence, neighborhood demographics and resources.

Category & Indicator Name	Geographic Level of Measurement	Source	Year(s) Available
Levels of Violence			
Homicides	Neighborhood	MPD	2007-2008
Violent Crime Maps	Citywide/ Neighborhood	MPD	2006-2008
Firearm-related, assault injuries	Zip Code Only	MN Hospital Association	2007
Demographics			
Proportion of under age 24 population compared to Minneapolis overall	Neighborhood	Census	2000
Proportion of Families Below Poverty w/ Related Children under 18 compared to Minneapolis overall	Neighborhood	Census	2000
Resources			
MPRB Recreation Centers	Citywide Map	MPRB	N/A

Homicides:

Besides the obvious tragedy of life lost at a young age, homicide has a traumatic impact on youth, their families and the entire community. Furthermore, homicides can beget more violence in the form of retaliation, so it is critically important to intervene early with youth. From a public health perspective, homicides are a form of intentional injury which is preventable.

Maps of Violent Crime:

Violent crime is comprised of murder, rape, robbery, and aggravated assaults. This indicator was selected because it is a measure of environmental exposure to violence. Violent crimes are the most personal and dangerous crimes and affect the community's perception of safety. Reducing the number of these dangerous crimes being committed by juveniles will increase the safety of the city and perhaps prevent the commission of more of violent crimes. Mapping incidents of violent crime allows for the identification of areas where youth are likely to observe, be perpetrators of or become victims of violent acts and behaviors. The maps include all violent crime incidents involving adults and juveniles.

Firearm-related, assault injuries:

Injury due to firearm-related assault is a measure of violence which is preventable. Resulting complications can vary from short-term injuries to lifetime disability to fatalities. The effects can be expensive in terms of life changes for individuals and healthcare costs for society. Because an assault injury may precipitate a retaliatory cycle of violence, outreach to a hospitalized individual offers an opportunity for intervention to interrupt this cycle.

Proportion of Population Age 14 and Under:

Census 2000 data on the proportions of children age 14 and under can be used to infer an estimate of the current proportion of youth and young adults in Minneapolis neighborhoods compared to Minneapolis overall. Children that were 14 years old in 2000, today would still fall under 24 years old. This indicator was selected because it allows for identification of neighborhoods that may still be comprised of disproportionate numbers of youth and young adults relative to Minneapolis overall.

Proportion of Families below Poverty with Related Children under 18:

Poverty has been shown to cause family disruptions, which in turn have a direct relationship to crime rates of juveniles (Hawkins, Laub, et al., 2000). This indicator compares the proportion of families (households) that are below poverty with related children under 18 in each neighborhood to that same proportion for Minneapolis overall.

Map of Minneapolis Recreational Centers:

This indicator was selected because it illustrates accessibility to youth programs that serve a relatively large number of youth and families. It also allows for comparison across different areas of the city.

Minneapolis Neighborhoods and Rankings by Risk Level for Youth Violence Using Six Proposed Criteria

	2008 Homicides	2008 Violent Crime Hot Spots	2007 Firearm-related, Assault Injuries	under 15 years old population	% Family in Poverty with related children <18	MPRB Park and Recreation Centers	Index
Mpls Neighborhoods							
Hawthorne	1		55407	31%	30%	Washburn	9
Jordan	2			31%	30%	Washburn	9
Near - North	3			36%	31%	Washburn	9
McKinley			55412	34%	30%	Washburn	9
Folwell			55412	34%	30%	Washburn	9
Cleveland	1		55412	27%	30%	Cleveland Park	9
Harrison	1			31%	30%	Washburn	9
Phillips	3		55404	27%	30%	Phillips	9
Regina	3		55407	22%	30%	Regina	9
Willard - Hay	1			38%	25%	Washburn	9
Cedar Riverside	3			31%	30%	Washburn	8
Central	1		55407	32%	30%	Central	8
Ventura Village	1		55404	31%	30%	Ventura Village	8
Bancroft			55407	21%	30%	Bancroft	7
Bryant	1		55407	26%	22%	Bryant	7
Elliot Park	1			31%	30%	Elliot Park	7
Holland	2			31%	29%	Holland	7
Standish	2		55407	30%	30%	Standish	7
Webber - Camden	1		55412	31%	22%	Webber - Camden	7
Whittier	1		55404	31%	31%	Whittier	7
Downtown West				31%	31%	Downtown West	6
Lyndale			55408	31%	30%	Lyndale	6
North Loop	2			31%	30%	North Loop	6
Powderhorn Park	1			25%	23%	Powderhorn Park	6
Sheridan				27%	27%	Sheridan	6
Victory			55412	22%	30%	Victory	6
Beltrami				23%	36%	Beltrami	5
Corcoran			55407	23%	31%	Corcoran	5
ECCO			55408	30%	30%	ECCO	5
King Field	2		55408	30%	30%	King Field	5
Marshall Terrace				30%	21%	Marshall Terrace	5
Northrop			55407	30%	30%	Northrop	5
St. Anthony West				30%	30%	St. Anthony West	5
CARAG			55408	31%	30%	CARAG	4
Columbia Park				30%	30%	Columbia Park	4
Diamond Lake				30%	30%	Diamond Lake	4
Longfellow	1			30%	30%	Longfellow	4
Loring Park				30%	30%	Loring Park	4
Marcy Holmes				30%	26%	Marcy Holmes	4
Northeast Park				30%	30%	Northeast Park	4
Wenonah				30%	30%	Wenonah	4
Cooper	1			30%	30%	Cooper	3
East Harriet			55408	30%	30%	East Harriet	3
East Isles				30%	30%	East Isles	3
Field				30%	30%	Field	3
Lind - Bohanon				24%	30%	Lind - Bohanon	3
Lowry Hill East				30%	30%	Lowry Hill East	3
Shingle Creek				26%	21%	Shingle Creek	3
St. Anthony East				30%	30%	St. Anthony East	3
Steven's Square - Loring Heights				30%	30%	Steven's Square - Loring Heights	3
Waite Park	1			30%	30%	Waite Park	3

	2008 Homicides	2008 Violent Crime Hot Spots	2007 Firearm-related, Assault Injuries	under 15 years old population	% Family in Poverty with related children <18	MPRB Park and Recreation Centers	Index
Mpls Neighborhoods							
Bryn - Mawr	0			1%	3%		0
Cedar - Isles - Dean	0			3%	3%		0
Como	0			1%	6%	Como	0
Hale	1			1%	3%		0
Hiawatha	0			1%	7%	Hiawatha	0
Keewaydin	0			7%	7%	Keewaydin	0
Kenwood	0			20%	9%	Kenwood	0
Logan Park	0			3%	26%	Logan	0
Lowry Hill	0			3%	3%		0
Lynnhurst	0			23%	3%	Lynnhurst	0
Minnehaha	0			1%	3%		0
Nicollet Island - East Bank	0			1%	11%		0
Page	0			1%	3%	Page	0
Prospect Park - East River Road	0			4%	20%	Prospect	0
Seward	0			1%	3%	Seward	0
University of Minnesota	0			3%	3%	University	0
Windom	0			1%	1%	Windom	0
Windom Park	0			1%	3%	Windom	0
Armatage	0			1%	3%	Armatage	0
Audubon Park	0			1%	1%	Audubon	0
Bottineau	0			1%	1%	Bottineau	0
Fulton	0			1%	1%	Fulton	0
Howe	0			1%	3%	Howe	0
Kenny	0			1%	3%	Kenny	0
Linden Hills	0			1%	7%	Linden Hills	0
Morris Park	0			2%	3%	Morris	0
Tangletown	0			1%	3%	Tangletown	0
West Calhoun	0			4%	3%		0
Ericsson	0			1%	6%	Ericsson	0
Minneapolis Overall	39	N/A	N/A	19%	19%	N/A	N/A
Legend							
	1	some hot	8	20-28	20-28	Multiple Other Parks--No Rec	3 to 6
	2 to 3	small very hot	17	29-37	29-37	One Other Park--No Rec	7 to 9
	4 to 6	large very hot	31	38-46	38-46	more than one Park--No Rec	10 to 15

Index Score Legend	Value
green	0
yellow	1
orange	2
red	3

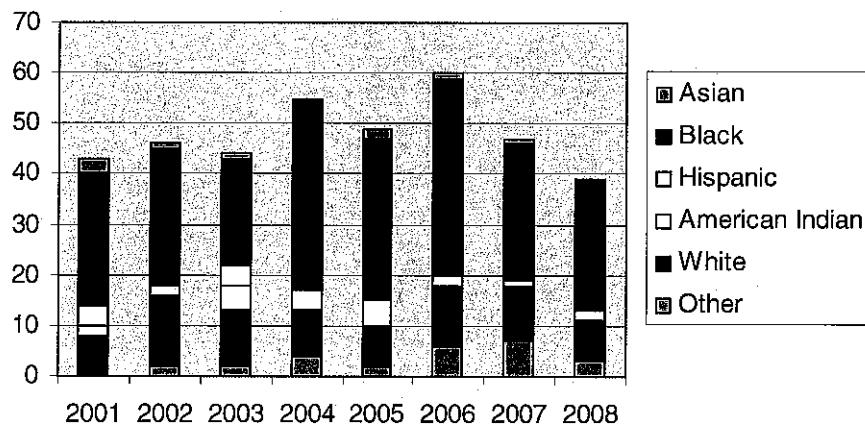
2007 homicides by neighborhood		2008 homicides by neighborhood	
Cedar Riverside	1	Cedar Riverside	3
Central	2	Downtown East	1
Downtown West	1	Elliot Park	1
Elliot Park	2	North Loop	2
Folwell	7	Waite Park	1
Hawthorne	9	Phillips West	2
Jordan	4	East Phillips	1
Lind-Bohanon	3	Bryant	1
Lyndale	3	Cooper	1
Near North	3	Powderhorn Park	1
Nicollet Island	1	Standish	2
Phillips East	3	Longfellow	1
Powderhorn Park	2	Ventura Village	1
Seward	1	Folwell	4
St. Anthony West	1	Hawthorne	5
U of M	1	Jordan	2
Ventura Village	1	Near North	3
Whittier	1	Willard-Hay	1
Willard-Hay	1	Harrison	1
TOTAL	47	Cleveland	1
		Webber-Camden	1
		King Field	2
		Whittier	1
		TOTAL	39

Homicide Victim Race/Ethnicity in Minneapolis ¹								
	2001	2002	2003	2004	2005	2006	2007	2008
Other	0	2	2	4	2	6	7	3
White	8	14	11	9	8	12	11	8
American Indian	2	0	5	4	5	2	1	2
Hispanic	4	2	4	0	0	0	0	0
Black	26	27	21	38	32	39	27	26
Asian	3	1	1	0	2	1	1	0
Total	43	46	44	55	49	60	47	39

Source: City of Minneapolis Police Department

¹ Race/ethnicity categories are mutually exclusive

Homicides by Race in Minneapolis





MINNEAPOLIS POLICE • CRIME ANALYSIS UNIT
STRATEGIC INFORMATION & CRIME MANAGEMENT DIVISION

Citywide Violent Crime Density
January 1st, 2005 through December 31st, 2008

Prepared By: Ryan Hughes

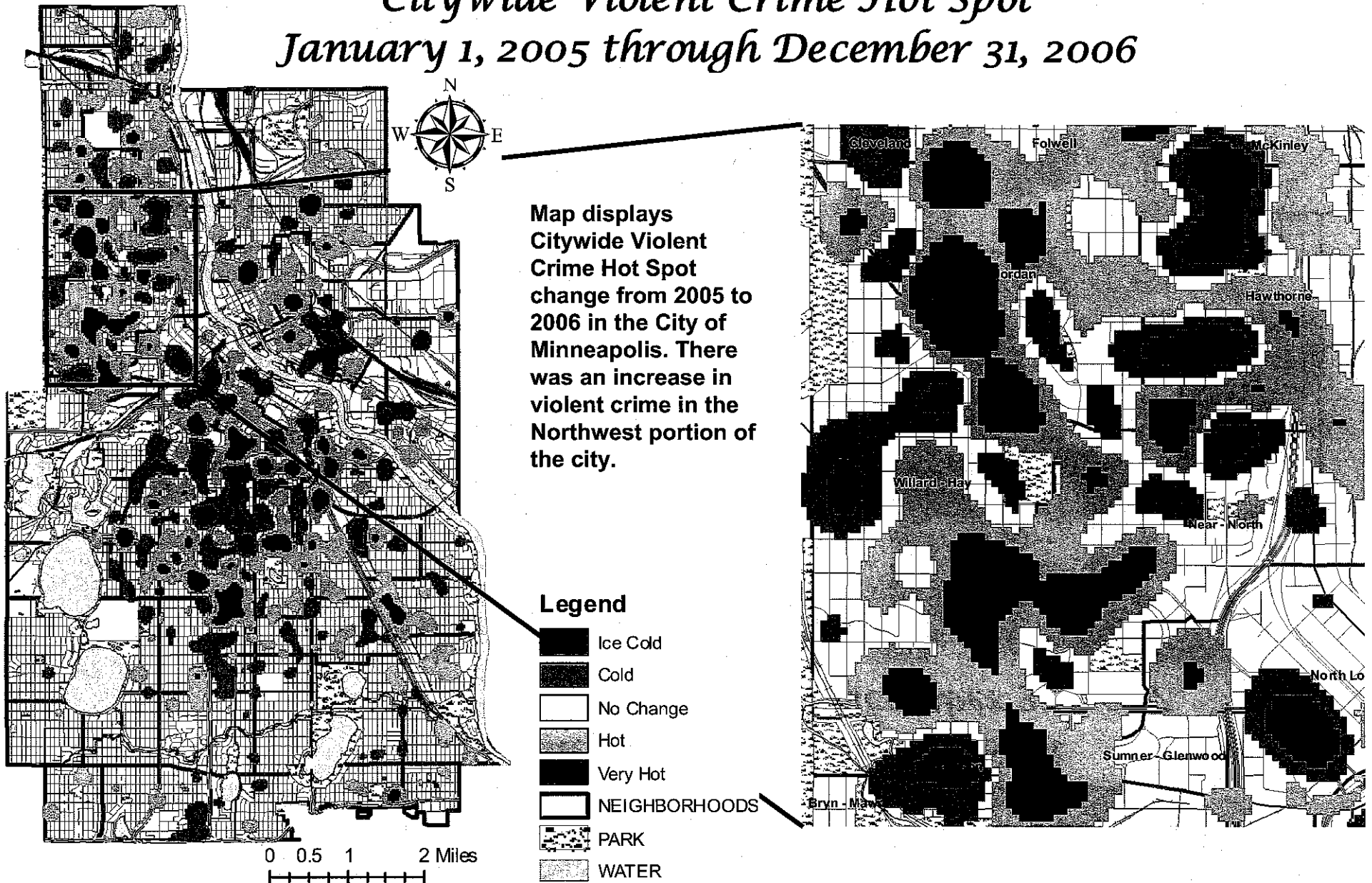
7/23/2009

MINNEAPOLIS POLICE • CRIME ANALYSIS UNIT
STRATEGIC INFORMATION & CRIME MANAGEMENT DIVISION

- Purpose:
 - Request submitted by Jared A. Erdmann
 - Identifying and measuring Violent Crime Hot Spots within the City of Minneapolis
- Criteria:
 - Violent Crime:
 - Homicides, Rapes, Aggravated Assaults, and Robbery
 - Date Range:
 - January 1st, 2005 through December 31st, 2008
- Analysis:
 - There is a significant displacement year-to-year
 - With continued interaction with neighborhoods would help decrease violent crime.

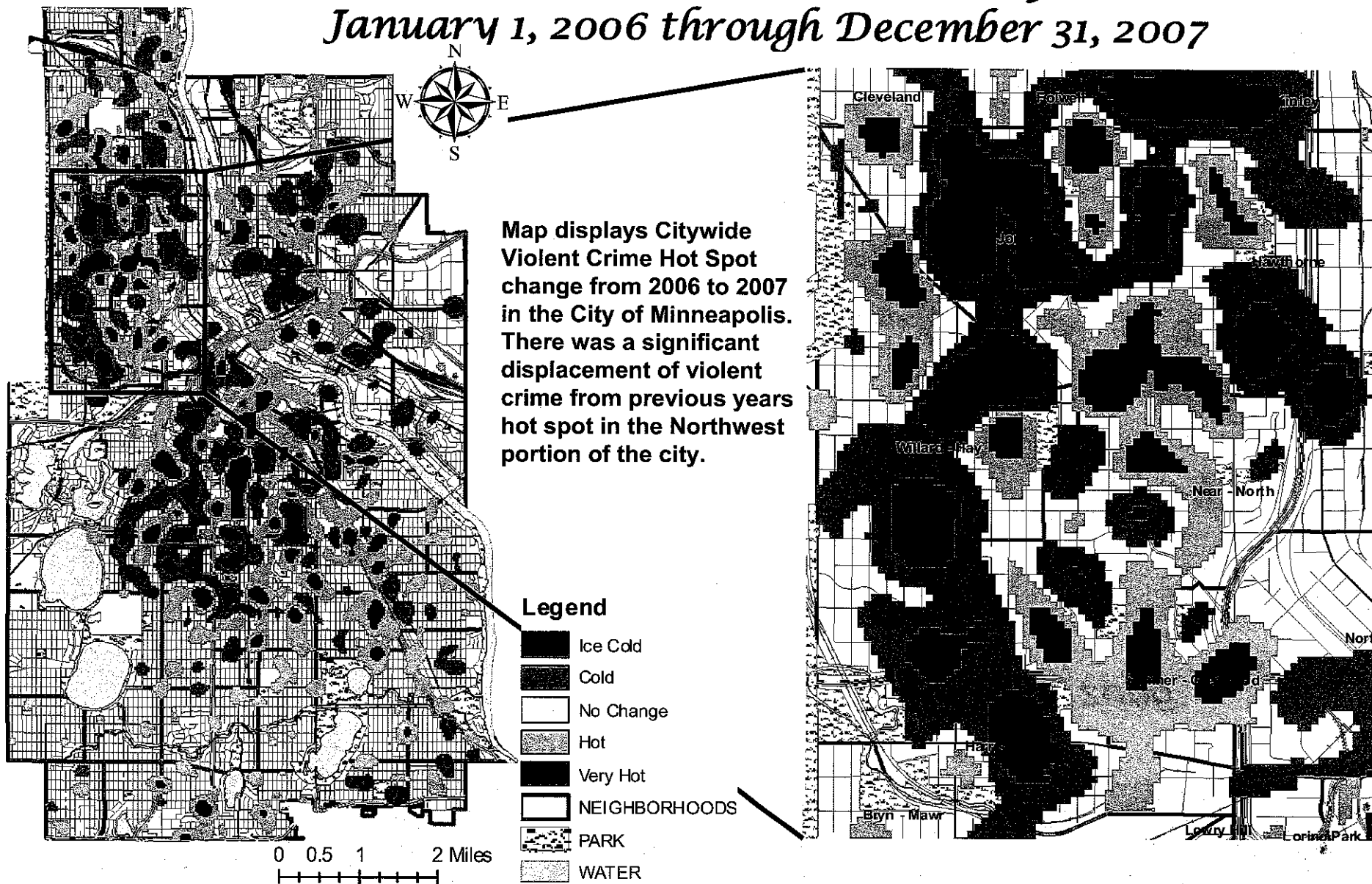
MINNEAPOLIS POLICE • CRIME ANALYSIS UNIT
STRATEGIC INFORMATION & CRIME MANAGEMENT DIVISION

Citywide Violent Crime Hot Spot
January 1, 2005 through December 31, 2006



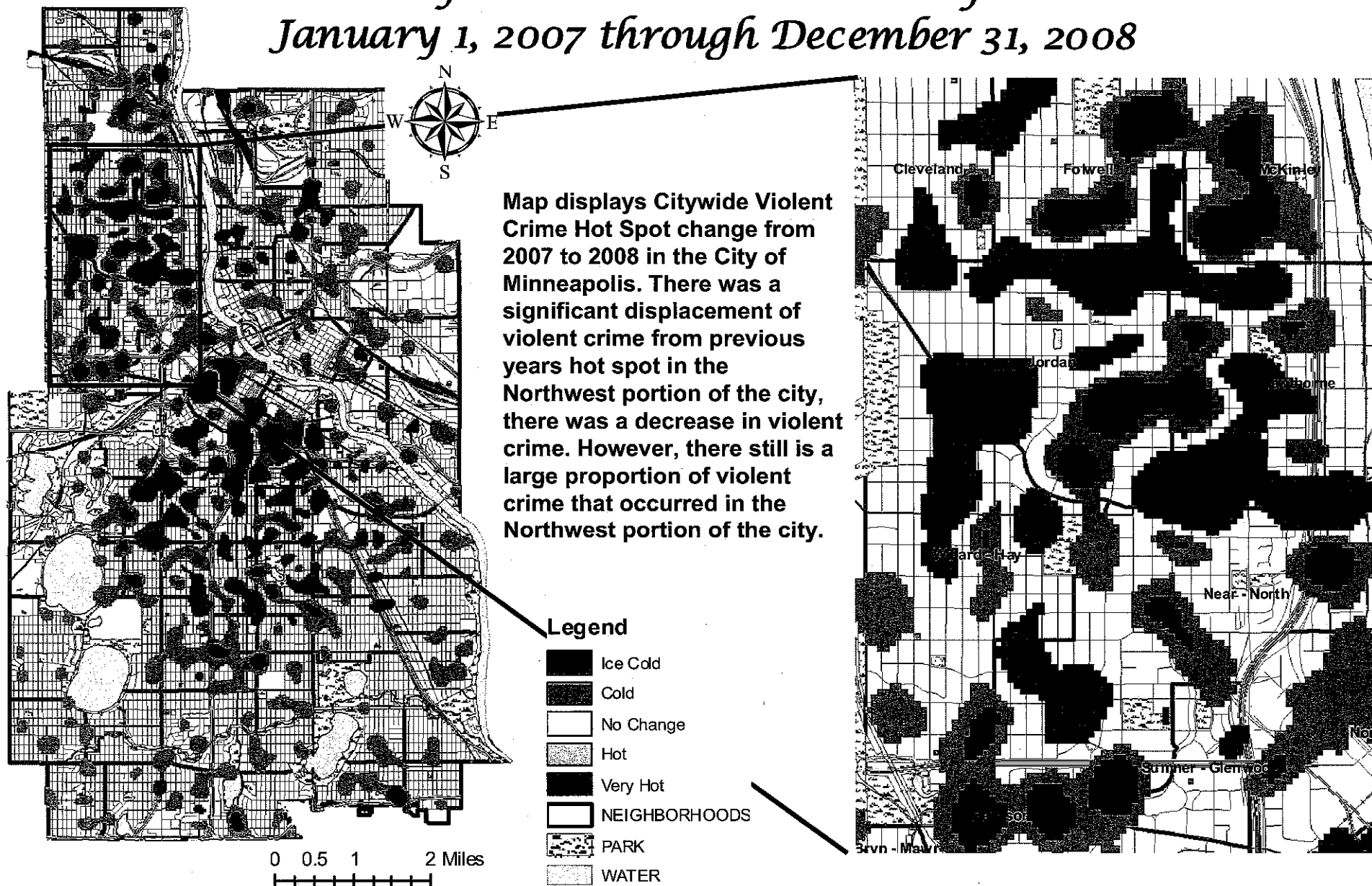
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Citywide Violent Crime Hot Spot
January 1, 2006 through December 31, 2007



MINNEAPOLIS POLICE • CRIME ANALYSIS UNIT
STRATEGIC INFORMATION & CRIME MANAGEMENT DIVISION

Citywide Violent Crime Hot Spot
January 1, 2007 through December 31, 2008



Inpatient and Outpatient Firearm-related Assault Injuries* by Minneapolis Zip Code, 2001-2007

Zip Code: 55411¹

	2001	2002	2003	2004	2005	2006	2007	Total
under 1	0	0	0	0	0	0	0	0
1 to 4	0	0	1	0	0	0	0	1
5 to 9	0	0	0	0	0	0	0	0
10 to 14	1	2	2	1	7	0	3	16
15 to 17	6	2	8	13	18	11	12	70
18 to 24	16	21	19	27	33	48	17	181
Total	23	25	30	41	58	59	32	268

¹ Hawthorne, Jordan, Willard Hay, Near North Neighborhoods

Zip Code: 55412¹

	2001	2002	2003	2004	2005	2006	2007	Total
under 1	0	0	0	0	0	0	0	0
1 to 4	0	0	0	0	0	0	0	0
5 to 9	0	0	0	0	0	0	0	0
10 to 14	0	0	0	2	1	0	0	3
15 to 17	2	4	3	6	4	11	4	34
18 to 24	8	11	9	15	6	15	13	77
Total	10	15	12	23	11	26	17	114

¹ McKinley, Folwell, Cleveland, Victory, Webber-Camden Neighborhoods

Zip Code: 55407¹

	2001	2002	2003	2004	2005	2006	2007	Total
under 1	0	0	0	0	0	0	0	0
1 to 4	1	0	0	0	0	0	0	1
5 to 9	0	0	0	0	0	0	0	0
10 to 14	0	0	1	2	1	1	3	8
15 to 17	3	3	5	5	6	4	4	30
18 to 24	4	6	10	10	13	9	10	62
Total	8	9	16	17	20	14	17	101

¹ Bancroft, Bryant, Central, Corcoran, Northrop, Regina, Standish Neighborhoods

Zip Code: 55404¹

	2001	2002	2003	2004	2005	2006	2007	Total
under 1	0	0	0	0	0	0	0	0
1 to 4	0	0	0	0	0	0	0	0
5 to 9	0	0	0	0	0	0	0	0
10 to 14	0	0	1	0	0	0	1	2
15 to 17	2	2	4	1	2	2	3	16
18 to 24	2	1	9	5	14	9	4	44
Total	4	3	14	6	16	11	8	62

¹ Phillips, Whittier, Ventura Village Neighborhoods

Zip Code: 55408¹

	2001	2002	2003	2004	2005	2006	2007	Total
under 1	0	0	0	0	0	0	0	0
1 to 4	0	0	0	0	0	0	0	0
5 to 9	0	0	0	0	0	0	0	0
10 to 14	0	0	1	0	0	0	0	1
15 to 17	1	2	1	2	4	2	4	16
18 to 24	0	2	10	5	11	4	4	36
Total	1	4	12	7	15	6	8	53

¹ Bryant, CARAG, Central, ECCO, East Harriet, King Field, Lyndale Neighborhoods

Zip Code: 55454¹

	2001	2002	2003	2004	2005	2006	2007	Total
under 1	0	0	0	0	0	0	0	0
1 to 4	0	0	0	0	0	0	0	0
5 to 9	0	0	0	0	0	0	0	0
10 to 14	0	0	0	0	0	0	0	0
15 to 17	0	0	1	0	1	0	0	2
18 to 24	1	0	0	0	0	1	0	2
Total	1	0	1	0	1	1	0	4

¹ Cedar Riverside Neighborhood

*Source: Minnesota Hospital Association

Mpls Neighborhoods (A-L)	Population by Age			Other Demographic Criteria		
	<5 yrs	5-9 yrs	10-14 yrs	% Fam in Poverty	% female hsehd, p	% unemployed
Armatage	12%	5%	4%	12%	7%	12%
Audubon Park	7%	5%	7%	14%	11%	7%
Bancroft	7%	7%	7%	13%	13%	5%
Beltrami	8%	8%	7%	10%	22%	5%
Bottineau	7%	1%	1%	7%	17%	1%
Bryant	8%	9%	9%	22%	28%	7%
Bryn - Mawr	12%	7%	1%	11%	7%	7%
CARAG	12%	12%	1%	12%	14%	2%
Cedar - Isles - Dean	11%	2%	1%	1%	8%	2%
Cedar Riverside	7%	7%	1%	1%	26%	7%
Central	11%	11%	10%	14%	11%	9%
Cleveland	8%	10%	9%	12%	19%	7%
Columbia Park	10%	7%	1%	11%	13%	5%
Como	10%	1%	1%	12%	17%	2%
Cooper	10%	1%	1%	11%	14%	2%
Corcoran	7%	8%	8%	1%	28%	7%
Diamond Lake	7%	1%	1%	1%	1%	7%
Downtown West	11%	1%	1%	11%	1%	12%
East Harriet	13%	1%	1%	1%	1%	1%
East Isles	11%	1%	1%	1%	10%	2%
ECCO	1%	2%	1%	1%	2%	1%
Elliot Park	1%	7%	1%	11%	21%	1%
Ericsson	1%	1%	1%	1%	1%	1%
Field	1%	1%	1%	1%	10%	1%
Folwell	10%	1%	1%	10%	26%	1%
Fulton	7%	1%	1%	1%	1%	2%
Hale	8%	7%	1%	1%	1%	1%
Harrison	11%	1%	1%	1%	1%	1%
Hawthorne	12%	1%	1%	1%	1%	1%
Hiawatha	1%	1%	1%	1%	1%	1%
Holland	1%	1%	1%	1%	25%	1%
Howe	1%	1%	1%	1%	1%	1%
Jordan	1%	1%	1%	1%	1%	1%
Keewaydin	1%	1%	1%	1%	1%	1%
Kenny	1%	1%	1%	1%	1%	1%
Kenwood	7%	7%	7%	1%	1%	1%
King Field	7%	1%	1%	1%	1%	1%
Lind - Bohanon	1%	9%	8%	1%	21%	1%
Linden Hills	1%	1%	1%	1%	1%	1%
Logan Park	1%	1%	1%	26%	1%	7%
Longfellow	1%	1%	1%	1%	1%	1%
Loring Park	1%	1%	1%	1%	1%	1%
Lowry Hill	1%	1%	1%	1%	1%	1%
Lowry Hill East	1%	1%	1%	1%	1%	1%
Lyndale	7%	1%	1%	10%	28%	1%
Lynnhurst	8%	7%	7%	1%	1%	1%

Mpls Neighborhoods (M-Z)						
Marcy Holmes				26%		
Marshall Terrace		7%		21%	21%	
McKinley	9%					
Minnehaha						
Morris Park						
Near - North	11%					
Nicollet Island - East Bank						
North Loop						8%
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Powderhorn Park	9%	9%	8%	23%	27%	7%
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Regina		7%	9%			
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Tangletown						
University of Minnesota						
Ventura Village						
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Waite Park						
Webber - Camden				22%	22%	
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Minneapolis

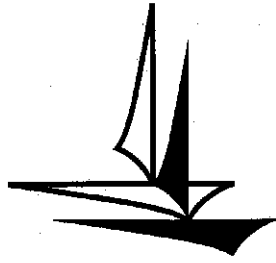
Recreation Center Locations

INDEX

1. - Armatage
2. - Audubon
3. - Batrami
4. - Bethune/P. Wheatley
5. - Bottineau
6. - Bracker
7. - Bryant Square
8. - Central Gym
9. - Corcoran
10. - Creekview
11. - Elliot
12. - Farview
13. - Folwell
14. - Fuller
15. - Harrison
16. - Hiawatha
17. - Keewaydin
18. - Kenny
19. - Kenwood
20. - M.L. King
21. - Lake Hiawatha
22. - Linden Hills
23. - Logan
24. - Longfellow
25. - Loring
26. - Lupton
27. - Lyndale Farmstead
28. - Lynnhurst
29. - Morea
30. - Matthews
31. - Morris
32. - Nokomis
33. - North Commons
34. - Northeast
35. - Painter
36. - Pearl
37. - Peasey
38. - Pershing
39. - Phelps
40. - Phillips
41. - E. Phillips
(Future Center)
42. - Powderhorn
43. - Sibley
44. - Stewart
45. - Van Cleave
46. - Waite
47. - Webber
48. - Whitier
49. - Windom NE
50. - Windom South

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City of Minneapolis
Public Health Advisory Committee

Tuesday, Feb 23, 2009, 6:00 – 8:00 pm
Minneapolis City Hall
350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve Oct 27, 2009 Minutes	Noya Woodrich Co-Chair	Vote	6:00 – 6:10
Comprehensive Assessment of Services Intended to Prevent Youth Gang Crime in North Minneapolis	Jared Erdmann David Carson	Report	6:10 – 7:00
Minneapolis Park Board Perspective on Tobacco-Free Park Initiative	Gavin Watt	Report/Vote	7:00 – 7:10
Proposed changes to PHAC By-Laws	John Schrom Mitchell Davis David Therikelsen Emily Wang	Discussion/Vote	7:10 – 7:20
Unnatural Causes – Introduction (Part 1)	Noya Woodrich	View DVD	7:20 – 7:50
Department Updates • 2/3 Social Host Ordinance Hearing	Emily Wang	Report	7:50 – 7:55
Information Sharing	All	Report	7:55 – 8:00

Next Meeting: March 23, Minneapolis City Hall, Room 132

If there are any problems/changes the night of the meeting, please call 612-919-3855.

**Minneapolis Department of Health & Family Support (MDHFS)
Public Health Advisory Committee (PHAC)
February 23, 2010**

Members Present: Robin Kay Schow, Mitchell Davis Jr, Sean Cahill, Debra Jacoway, John Schrom, David Therkelsen, Clarence Jones, Julie Young-Burns, Renee Gust, Samira Dini, Noya Woodrich, Doug Lemon

Members Excused: Gavin Watt, Jim Hart

Members Unexcused: None

Staff Present: Emily Wang, Hattie Wiysel, Jared Erdmann, David Carson, Patty, Bowler, Janet Mengelkoch

Guests: Katie Mengelkoch

Noya Woodrich opened the meeting at 6:10 pm at City Hall, members introduced themselves.

Item	Discussion	Outcome
Approve January 26, 2010 Minutes	Renee Gust moved to accept the minutes with the addition, Sean Cahill seconded the motion, all approved.	Motion to approve January 26, 2010 minutes was carried.
Minneapolis Tobacco-Free Parks	Gavin Watt was out of town and unable to attend tonight's meeting but was able to contact Park Board Members and submitted a written report to the committee. Mitchell Davis Jr. moved to recommend that the Department support tobacco-free parks in Minneapolis. Doug Lemon seconded the motion. All approved.	PHAC recommends that the Department support tobacco-free parks in Minneapolis.
Assessment of services to prevent youth gang crime in North Minneapolis.	Jared Erdmann, Epidemiologist and David Carson, Gang Prevention Coordinator, from the Department presented work that is being done through a grant from the Office of Juvenile Justice and Delinquency Prevention. The grant's goal is to improve the coordination of services for at-risk and/or gang involved youth in North Minneapolis. They presented new data that has been collected from police statistics, assessment interviews with all levels of stakeholders and youth forums with at-risk and/or gang involved youth. Draft copies of the report were distributed. The official report from the Department is due to be publicly released in September of 2010. Samira Dini asked about findings related to the Somali community, especially given the recent triple homicide. Jared responded that the target neighborhoods were based on 2008 data. Data in the report that will be released includes mostly 2009 data. In addition, he shared general challenges he has encountered in using police data, which is collected for different reasons than for studying health trends. For example, police do not consistently record race and ethnicity data, and even when they do, it is difficult to determine if "Black" means "Somali" or "African American." Patty Bowler asked how police would record a Latino person's race. Jared responded that police could record them as "Black," "White," or "other." Although data are imperfect, MDHFS is appreciative of police's willingness to share this data for the first time in recent history and will work with what is available in moving forward. Within the next few months, Jared and David will review a 10% sample of gang members' records from birth to current age to identify precursor behaviors in youth's lives and potential key times for intervention. David Therkelsen added that implications for different types of interventions will be dependent upon the youths' ages (i.e. 8 yrs vs. 13 yrs). Mitchell Davis asked if additional resources would be made available for this work. Jared responded that people will be able to use this assessment to apply for additional funds. He added that MDHFS & Minneapolis Parks & Recreation Board has received a grant to work with highest risk youth (who are often black-listed from youth clubs & programs for	If members are interested, Jared can provide an electronic version of the power point presentation. Also, if members are interested in receiving the inventory list of community agencies involved in the assessment, please contact David Carson.

	<p>at-risk youth) and “violence interrupters.” These are people who are among the first at the scene of a homicide who try to prevent retaliation & revenge, etc.</p> <p>John Schrom asked if MDHFS had future plans to expand this work from red zones (very high risk) on the map to orange (high risk) zones. Jared responded affirmatively and added that MDHFS has asked the National Youth Gang Center to make the Community Resource Inventory information more available to the public, even through a view-only mechanism available on the web.</p>	
Social Host Ordinance	<p>Emily Wang reported that the hearing on February 3rd was well attended. College students were one of the larger groups in attendance who expressed a variety of perspectives, including their concern that the ordinance might discourage hosts from calling for help (911) if needed. Julie Young Burns and others added perspectives of the dangers of underage drinking among middle and high school-aged children. Noya Woodrich shared results of PHAC’s previous work specific to binge drinking prevention. The ordinance passed and Council Member Cam Gordon proposed he would work with the City Attorney’s office to potentially include two additions: revisit impact of ordinance after 1 year to determine if any unintended consequences have occurred; and take a restorative justice approach for youth-specific offenses so they would not become barriers for youth in advancing their education and/or obtaining future employment.</p>	
PHAC By-laws	<p>The subcommittee met to review by-laws and distributed document with proposed changes. The significant changes being that the ward reps will live and/or work in the ward they represent and PHAC members are expected to communicate regularly with their respective appointing authority about the committee’s work. John Schrom moved to accept the changes to the bylaws; David Therkelsen 2nd the motion. All approved.</p>	A copy of the final bylaws with approved changes will be distributed at next meeting.
Department Updates	<p>City staff are currently reconstructing the City Goals. There are health goals sprinkled throughout the language in the proposed goals. It appears that the video series Unnatural Causes has sparked some thinking about how public health plays a role in a successful city.</p>	

Meeting adjourned at 8:00 pm

Minutes submitted by Hattie Wiysel and Emily Wang

Comprehensive Assessment of Services Intended to Prevent Youth Gang Crime in Minneapolis

Presenters:

David Carson
Jared Erdmann

Minneapolis Department of Health and Family Support

23 February 2010

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Overview: Gang Prevention Coordination Grant

- Awarded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- 2-years (one year left)
- Purpose: Improve coordination of gang prevention and intervention activities

Minneapolis Department of Health and Family Support

23 February 2010

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Target Area

- Target Area: Folwell, Hawthorne, Jordan & McKinley (Precinct 4)
- Selected due to disproportionately high homicide rates involving young people compared to other areas in Minneapolis
- Also overlaps with City's Empowerment Zones

Minneapolis Department of Health and Family Support

23 February 2010

3

Community Partnerships

- We are working towards improving coordination of gang prevention and intervention activities between community agencies, healthcare and faith-based organizations, law enforcement, school personnel and families
- Brotherhood Inc. Team Meetings
- Hawthorn Huddle
- JDAI Steering committee meeting
- Bury Our Guns, Not Our People Project II-Gun Buy Back
- Hospital-based youth violence intervention committee
- Hmong Gang Violence Prevention
- Community Power against Violence: Youth Violence Prevention Campaign
- Minneapolis Public Schools Youth Violence Prevention Task Force Meeting

Minneapolis Department of Health and Family Support

23 February 2010

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Development of Organizational-Level Policies and Initiatives

- Provided technical assistance to YouthLink that is funded to provide case management services to gang-involved youth.
- Developed a partnership between MDHFS, the Minneapolis Parks and the Minneapolis Police School resource officers to reach out to gang-involved youth in the summer of 2009
- Worked with the Minneapolis Police to develop a plan for School Resource Officers to conduct home visits to high risk youth who have been brought to the Juvenile Supervision center on the previous day
- Worked with community partners to develop an outreach strategy to high-risk parents in order to engage them in Parent Support programming that has been developed as a part of the Youth Violence Prevention Blueprint for Action.

Minneapolis Department of Health and Family Support

23 February 2010

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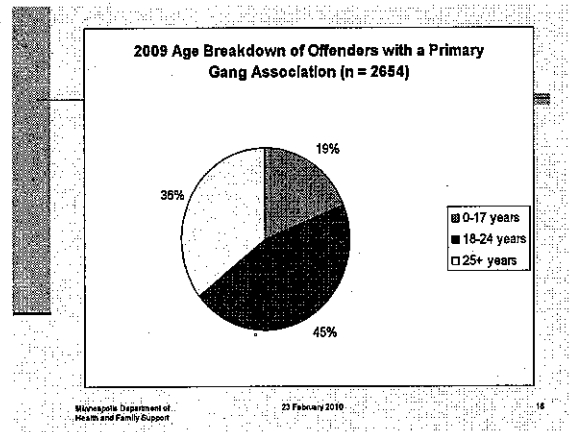
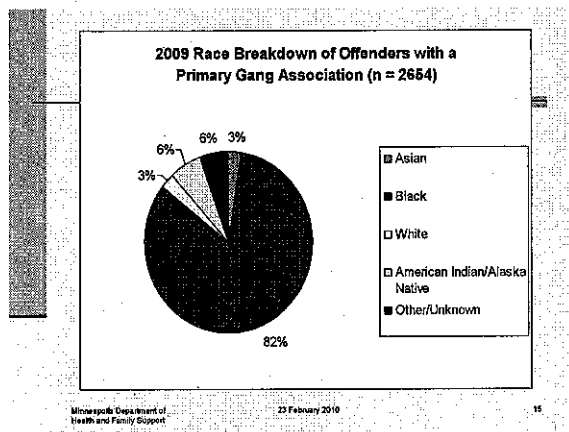
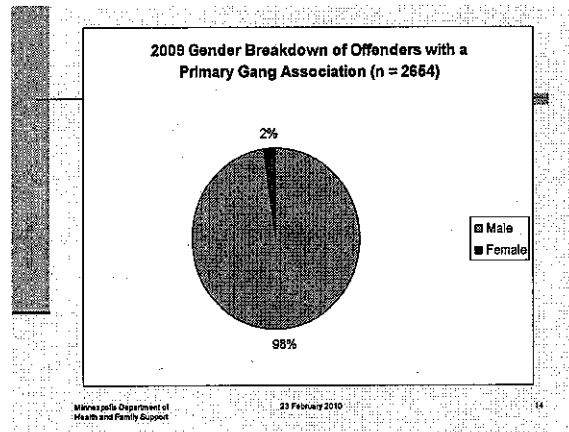
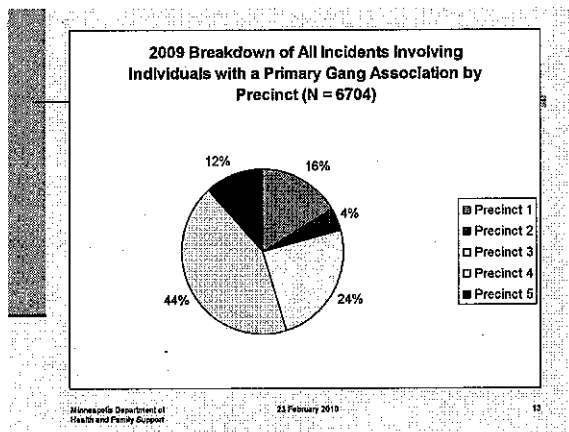
Community Resource Inventory

- Hosted by the National Youth Gang Center
- Web-based (view-only)
- To date we have entered 77 community based organizations into the Community Resource Inventory.

Minneapolis Department of Health and Family Support

23 February 2010

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Next Steps

- Compile school data
- Analyze Victim data and crimes committed over time
- Complete full report
- Develop action plan in collaboration with partners
- Implement action plan
- Secure additional funding

Minneapolis Department of Health and Family Support 23 February 2010 17

Student Achievement and School Data

- Minneapolis Public School Data
- Attempting to connect with leadership at Minneapolis Charter Schools
- Complete school summary in report

Data to Include:

- Background of school-based initiatives
- Maps of Attendance Zones
- School-by-school Info Reports (K-8 schools on North Side & high schools) on academic achievement

Minneapolis Department of Health and Family Support 23 February 2010 18



MINNEAPOLIS POLICE • CRIME ANALYSIS UNIT

STRATEGIC INFORMATION & CRIME MANAGEMENT DIVISION



2009 Gang Associated Crime in Minneapolis

OFFENSES	2009 Gang Associated Incidents	Total Minneapolis Crimes	% of Gang-Associated Crimes	Uniform Crime Report	Gang Members Arrested	Total Minneapolis Arrests	% of Arrests
HOMICIDE	6	20	30.00%	20	4	11	36.36%
RAPE	14	425	3.29%	429	5	57	8.77%
ASLT1	13	33	39.39%	NA	6	26	23.08%
ASLT2	175	696	25.14%	NA	80	297	26.94%
ASLT3	10	199	5.03%	NA	3	93	3.23%
ASLT4	9	102	8.82%	NA	9	106	8.49%
Domestic Agg ASLT	74	823	8.99%	NA	10	NA	NA
TOTAL AGGRAVATED ASSAULT	281	1853	15.16%	2176	108	815	13.25%
ASLT5	89	2358	3.77%	NA	30	807	3.72%
Assault of Mounted Patrol	0	25	0.00%	NA	NA	NA	NA
Misdemeanor Domestic Assault	169	2822	5.99%	NA	56	1293	4.33%
ROBBIZ	10	167	5.99%	NA	4	39	10.26%
ROBPER	73	737	9.91%	NA	30	143	20.98%
ROBAG	36	739	4.87%	NA	53	243	21.81%
TOTAL ROBBERY	119	1643	7.24%	1707	87	425	20.47%
BURGLARY	111	4887	2.27%	4764	51	338	15.09%
WEAPONS	75	421	17.81%	NA	98	421	23.28%

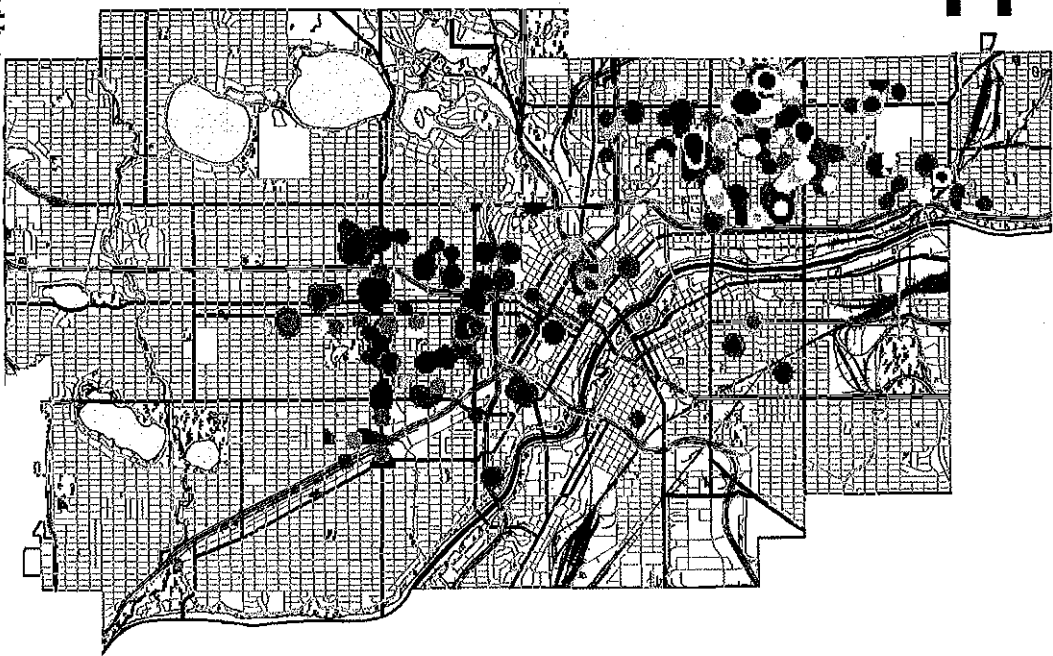
Gang associated crime in 2009 is determined through comparative database query of verified individuals with a gang association against suspects, arrests, witnesses, victims and others connected with incidents in the Minneapolis Police Department report management system (CAPRS). The query matches exact name fields and any margin of error within the 5,055 individual gang associated incidents results from name misspellings, inspecific use of hyphens and incomparable suffixes used.



Minneapolis Police Department - Crime Analysis Unit



Violent Crime Density Involving Gang Members or Associates 2009



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Chris Hackett
1/29/2010

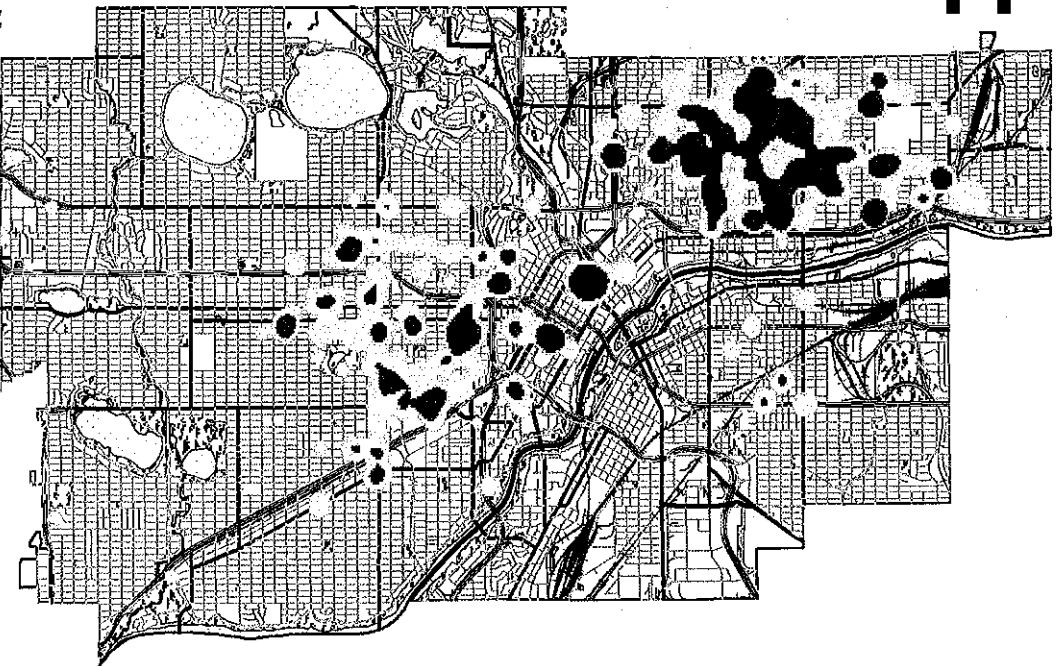


Gang	Total Incidents	Names	Members	Associates	Secondary
CRIPS TRE TRES	81	247	60	9	12
TALIBAN	72	191	32	3	0
STICK UP BOYS	63	165	37	0	0
19 BLOCK DIP SET	62	233	59	10	5
GANGSTER DISCIPLES	60	789	469	73	23
FAMILY MOB	60	376	155	12	4
DA TEAM	59	87	11	4	0
BLOODS ROLLING 30S	54	381	103	4	4
SURENOS 13	47	721	397	46	2
BOGUS BOYS	43	361	126	34	11
BLACK P STONES	38	333	189	20	27
SOMALI HOT BOYS	37	176	79	2	3
YNT / YOUNG N THUGGIN	37	66	30	1	2
SOMALI OUTLAWZ	33	192	73	15	0
YTB / YOUNG TALIBAN	32	22	8	0	0

- Tre Tres Crips**
 - Low Violent Crime
 - Medium Violent Crime
 - High Violent Crime
- Family Mob**
 - Low Violent Crime
 - Medium Violent Crime
 - High Violent Crime
- Black P Stones**
 - Low Violent Crime
 - Medium Violent Crime
 - High Violent Crime
- Taliban**
 - Low Violent Crime
 - Medium Violent Crime
 - High Violent Crime
- Da Team**
 - Low Violent Crime
 - Medium Violent Crime
 - High Violent Crime
- Somali Hot Boys**
 - Low Violent Crime
 - Medium Violent Crime
 - High Violent Crime
- Stick Up Boys**
 - Low Violent Crime
 - Medium Violent Crime
 - High Violent Crime
- Bloods Rolling 30s**
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 - High Violent Crime
- YNT Young N Thuggin**
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 - Medium Violent Crime
 - High Violent Crime
- 19 Block Dipset**
 - Low Violent Crime
 - Medium Violent Crime
 - High Violent Crime
- Surenos 13**
 - Low Violent Crime
 - Medium Violent Crime
 - High Violent Crime
- Somali Outlawz**
 - Low Violent Crime
 - Medium Violent Crime
 - High Violent Crime
- Gangster Disciples**
 - Low Violent Crime
 - Medium Violent Crime
 - High Violent Crime
- Bogus Boys**
 - Low Violent Crime
 - Medium Violent Crime
 - High Violent Crime
- YTB Young Taliban**
 - Low Violent Crime
 - Medium Violent Crime
 - High Violent Crime

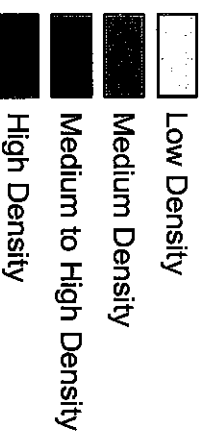
Minneapolis Police Department - Crime Analysis Unit

Violent Crime Density involving Gang Members or Associates 2009



Violent Crime includes Homicide, Rape, Robbery, Aggravated Assaults, Domestic Aggravated Assaults, and Weapons Charges.

Violent Crime Incidents 2009



Gang	Total Incidents	Names	Members	Associates	Secondary
CRIPS TRE TRES	81	247	60	9	12
TALIBAN	72	191	32	3	0
STICK UP BOYS	63	165	37	0	0
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YTB / YOUNG TALIBAN	32	22	8	0	0

Created by:
Chris Hackett
1/29/2010



MINNEAPOLIS PUBLIC HEALTH ADVISORY COMMITTEE

1. The Public Health Advisory Committee (PHAC) for the Minneapolis Department of Health and Family Support has the following responsibilities and composition:

A. Role of the PHAC

The role of the PHAC is to advise the City Council and the Department on policy matters affecting the health of Minneapolis residents, and to serve as liaisons between the City and the community in addressing health concerns. In this role PHAC shall make every effort to ensure that the concerns represented reflect the diverse viewpoints and interests of the Minneapolis community.

B. PHAC Functions

The Public Health Advisory Committee has responsibility for the following functions:

1. To advise the City Council regarding: a) policy matters affecting health of Minneapolis residents, and b) general roles and functions of the Department of Health and Family Support.
2. To review the proposed priorities of the Department of Health and Family Support and make recommendations to the City Council;
3. To consider complaints and views expressed by residents affecting delivery of public health services in Minneapolis, forward those concerns, and make recommendations as necessary to the City Council and/or the Department of Health and Family Support;

C. Size and Composition

It is the clear intent that the composition of the Public Health Advisory reflects the diverse interests and perspectives of the Minneapolis community. It is the expectation that all parties responsible for the recruitment, recommendations to and approval of members shall make every effort to ensure the realization of this intent.

The PHAC will have up to 22 members composed of 14 residents and up to 8 other representatives. The 14 residents will be selected by having each of the 13 City Council Members appoint one member who lives and works in their respective wards, and one resident representative shall be appointed by the Mayor.

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The 8 other representatives will be appointed by the City Council by requesting the following organizations to submit a nominee representing their interests;

- 1 - The Minneapolis Public Schools, Health Related Services;

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- 1 - Hennepin County Human Services and Public Health
- 1 - The University of Minnesota. School of Public Health

3 (up to) - At Large appointees to be recommended by the PHAC to ensure that the membership reflects the diversity of the Minneapolis community.

Deleted: 2 -The Minneapolis Health and Human Services Leadership Group (Urban Health Professional Advisory Committee).¶

1 - The Minneapolis Health and Human Services Leadership Group (Urban Health Professional Advisory Committee); ex-officio member

1 - The Minneapolis Health and Human Services Leadership Group (Urban Health Agenda Community Advisory Committee); ex-officio member

1 - Environmental Services of City's Regulatory Services Department; ex-officio member

D. Organization, Term, Meeting Frequency

1. Continuity of membership will be assured by having an approximately equal number of terms expire each year.
2. All terms will be two years and no member will serve more than three consecutive terms.
3. The PHAC will elect a chairperson and vice-chairperson or co-chairs,
4. The PHAC shall establish its own operating rules and procedures and meeting schedule, provided that it meets at least six times each year to conduct its business. Add language from Mitchell Davis specific to telephonic meeting alternative, as needed.
5. A quorum shall be the majority of members appointed by Mayor and City Council Members.

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E. Relationships between the PHAC, City Council and the Department of Health and Family Support

(1) The City Council is the Board of Health and makes final decisions regarding policy and programs of the Department of Health and Family Support. Add short description of the role of the Board from Becky McIntosh. The City Council's health-related Committee shall review and decide upon Department of Health and Family Support matters prior to final action by the City Council.

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(2) PHAC members are expected to communicate with their respective appointing authority.

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Regulatory

(3) The PHAC is an advisory committee to the City Council and the Department of Health and Family Support.

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(4) The Department of Health and Family Support is responsible for providing staff assistance to the PHAC to carry out its advisory functions.

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(5) It is expected that the Department of Health and Family Support will give significant weight to the recommendations of PHAC. On those occasions when the Department cannot incorporate these recommendations into its policy and program operations, the Commissioner will provide explanation.

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(6) The Department of Health and Family Support staff will present department business to the Health and Human Services Committee. Such staff presentations shall include an explanation of how such activities fit within the framework of the priorities as approved by the PHAC.

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(7) While prime responsibility for presenting PHAC views rests with the Department of Health and Family Support staff, the PHAC may elect to designate its members to directly explain PHAC views to the Health and Human Services Committee.

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Report to PHAC Re: Tobacco-free Minneapolis Parks

I corresponded with 4 Park Board Commissioners and a staff member. Commissioner Bourn has the lead on this issue and has been working with TFY. The first steps [next steps] begin Wed, March 3, when TFY presents its proposal at open time(? confirm with them).

The general response to "where does the Park Board stand" is "all well and good" nobody that I spoke to came out in favor of smoking. Minneapolis Park Board was ahead of the curve as a very early adopter of a smoke-free policy in all its buildings.

A question for TFY: is there a specific problem being addressed here? Do people complain about outdoor smoking? Is there evidence of benefit that the ordinance will effect, a real measurable harm reduction? Asking because there will be real costs associated with this ordinance. Two obvious costs are enforcement and communications. The Park Board is strapped -- considering park closings. Will Parks be able to take on an additional enforcement burden? Similarly, communication is not free. The parks have a minimal signage standard for aesthetic and expense (initial and maintenance) reasons.

Summary: My sense is that the Park Board Commissioners and staff that I heard from support the concept but some had specific concerns about the execution.

Aside: UMN-Duluth and UMN-Crookston are smoke-, tobacco-free campuses. Beginning ~2008 a grass roots effort to make UMN-TC smoke- or tobacco-free. "They" worked thru the process, got general assent and support but the administration has not taken action. My guess is 'grief we don't need in this tough time' -- the benefit does not justify the cost.

Submitted by Gavin D. Watt on 2/23/10

Comprehensive Assessment of Services intended to Prevent Youth Gang Crime in North Minneapolis

Prepared by:

Minneapolis Department of Health & Family
Support

In collaboration with:

Minneapolis Police Department

*Full report to be released September 2009

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Gang Prevention Coordination Grant Highlights

- The City of Minneapolis received a two-year grant through the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to improve the coordination of services intended for youth who are involved or at-risk for being involved in gangs.
- Minneapolis approaches youth violence as a public health epidemic. Through its partnership with the Minneapolis Police Department (MPD), MDHFS seeks to balance youth violence suppression efforts with youth violence prevention efforts. A signed memorandum of understanding between MDHFS and MPD marks a significant step forward in the area of youth violence prevention for the City of Minneapolis.
- The geographic target area for purposes of this grant is the Folwell, Hawthorne, Jordan, and McKinley neighborhoods. This area was selected due to disproportionately higher homicide rates for young people compared to other parts of the City of Minneapolis. These neighborhoods also overlap with the city's Empowerment zones and the zones of prominent gangs in the state.
- MDHFS' focus is to improve coordination of gang prevention and intervention activities between community-based, youth-serving agencies, faith-based organizations, law enforcement, employers, healthcare organizations, government and school personnel. This effort overlaps with the **Blueprint for Action: Preventing Youth Violence**, Goal 1C: Strengthen the coordination of public and private youth programs, services and opportunities.
- During the months of March and April a total of 20 interviews were conducted as part of a comprehensive assessment of services intended to prevent youth involvement in gangs. Results of the assessment reveal a wide gap in services that target youth who are gang-entrenched relative to those intended for youth in general. Including the 20 assessment interviews, MDHFS met with a total of 40 individuals representing multiple service sectors including: youth program staff, school representatives, religious leaders, formal and informal community Leaders, employers, government and law enforcement, Minneapolis Park Board, and community residents.
- In June, three Youth Forums were conducted with 18 young men at varying risk levels of involvement in gangs to glean their perceptions of gang involvement, gang violence and eliminating violence in their communities. , Several similar community forums will follow to involve parents in the target communities.
- **A Comprehensive Assessment of Services Intended to Prevent Youth Gang Crime in North Minneapolis** report is anticipated to be released publically in September. The assessment report will inform the development of a focused work plan to be shared with the Youth Violence Executive committee.

Assessment Overview

In winter 2008, the Minneapolis Department of Health and Family Support (MDHFS) was awarded grant 2008-51459-MN-JV from the US Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP) to implement the Comprehensive Gang Model: ***Minneapolis Gang Prevention and Intervention Coordination Initiative***.

Minneapolis was one of twelve recipients on a national level to be awarded this competitive grant. Successful implementation of the Comprehensive Gang Model depends on conducting a comprehensive assessment of the gang problem in a community. This report consolidates findings of an assessment of the gang problem in a sub-region of North Minneapolis that includes the Folwell, Hawthorne, Jordan and McKinley neighborhoods. Besides demographic and socio-economic indicators (outlined in this report), the assessment area was selected as an initial focus for this project because it has experienced the most youth homicides of any area in the city.

While gang suppression efforts led by the Minneapolis Police Department (MPD) are strong, MPD's partnership with MDHFS on this grant represents a significant step forward for the City in the area of gang prevention. Through this partnership MPD and MDHFS can build upon the City's capacity to fill a much needed gap for coordination of preventative (not just suppression) services intended for youth at-risk of violence and violent behavior.

Assessment of the gang problem in this sub-region of North Minneapolis involves multiple assessment activities. These activities include:

- **Gang Data:** Obtaining and analyzing available data to determine demographic trends, the types of gang activity, levels of gang activity and patterns of gang activity in the target area;
- **Student and School Data:** Obtaining and analyzing available data related to academic achievement, the types of gang activity, levels of gang activity and patterns of gang activity in the target area;
- **Community Perceptions:** talking with key individuals and young people who resided in or work with young people in the target neighborhoods;
- **Community Resource Inventory:** Consolidating a list of programs that serve high-risk youth in an online database and assessing specific gaps in services intended to prevent youth from gang involvement.

The following is the "Community Perceptions" section of the assessment report. It summarizes data collected from interviews and focus groups with residents of the target neighborhoods on the North Side of Minneapolis. As stated above the "Community Perceptions" section of the assessment is one of four major components of the overall assessment. MDHFS anticipates that the report of findings of the entire assessment will be released in September 2009.

Perceptions of Gangs and Gang Violence on the North Side

A major component of the assessment of the gang problem in the four target neighborhoods involved talking with key individuals and young people who resided in or work with young people in the target neighborhoods. MDHFS conducted 20 key informant interviews with youth-serving providers and professionals and three focus groups with youth at varying risk levels for gang involvement. The following sections summarize what was shared with MDHFS staff during the assessment interviews and focus groups.

Interviews with youth-serving providers and professionals

Twenty-nine (29) service providers representing government, not-for-profit agencies, law enforcement, community residents, churches and schools participated in 20 key informant interviews and expressed their viewpoints on the gang problem in North Minneapolis. The way they define the gang problem on the North Side informs the discourse and dialogue about how to address the problem. Many acknowledged that an unnecessarily narrow understanding perpetuates a limited perspective toward the solutions. School staff that was interviewed caution against a common misperception that the gang problem is just a school problem. To the contrary, the gang problem is not only a school problem but a problem that affects the whole community. Defining the problem at multiple levels, namely, the individual, family, community, and institutional levels is imperative.

Whereas previously gangs in the North Side sub-region were perceived to be more organized, a common observation across interviews was that gangs in this area are much different than what they used to be. Given that many of the OG's (original gangsters) of the recent past have been locked up, gangs—also referred to as “cliques,” “sets,” “hybrids,” and “splinter groups”—are currently less organized with less established leadership, are smaller and are perceived as more unpredictable and more violent. Two service providers' perspectives summarize a common community perception:

Today, these are not gangs—there are no leaders in these gangs. They have learned over time that the leaders of gangs get killed or locked-up ... The violence is a free for all, random, in fact... Today, the gangs are cliques. Cliques are different from gangs and are composed of kids from different “sets.”—Youth worker

The leadership used to be very different. With the older gangs they [gang members] were held accountable for their actions because the gangs were from LA or Chicago. Nowadays the “big homie” is a 16-18 year-old. Back then, there was an order to it and an older person to tell them what to do.—Youth worker

Some cliques and sets are still associated with larger, more established gangs and some are not. The criminal levels of fighting and violence are what cause “cliques” and “sets” to be recognized as gangs. “Now there is no street law that governs,” observed an interviewee about today's gang problem. “Beat downs” occur because the gang

members are younger, not as organized or predictable, and are more likely to commit crimes to "get a name for themselves." "Kids are just claiming they are gang-bangers and are being destructive, not constructive as gangs can be," states a prominent leader in the community.

Interviewees identified problems that are related to the gang problem, that exacerbated the gang problem and that contributed to North Side youth becoming involved in gangs in the first place. The following sections break down service providers' perceptions of the gang problem on the North Side by perceptions of who is committing gang crime and the impact of gangs and gang violence at the individual, family, community and institutional levels.

Who is committing gang crime?

"Gang-involvement" is defined quite loosely for this report encompassing perceptions of gang association, affiliation and membership. After all, perceptions of a youth's level of involvement can differ depending on the perspective, e.g. a teacher, a police officer, a probation officer, a youth worker, a peer, a parent, etc. The main concern from a service provider's as well as a victim's perspective is the violent and criminal behavior or as one service provider describes "the objective behavior of the youth." Not always clear is identifying where youth fall on the spectrum of gang involvement, how it changes over time, and how much of a role gang involvement has played in the violent and/or criminal behavior.

Nonetheless, young people of various races and ethnicities are "clickin'-up" in North Minneapolis, as well as in other parts of the city. The ages at which boys and girls are siding with the gangs are perceived to be different. Generally boys get involved earlier (e.g. 5th to 7th grade) than the girls (e.g. 8th to 9th grade). At least for boys, the real "hard hitters" were perceived among many service providers interviewed to be 17 and older—basically at ages that they can drive. An analysis of inpatient and outpatient firearm-related injuries for the 55411 and 55412 zip codes that overlap with the North Side sub-region corroborates that firearm-related injuries begin to occur in the 10 to 14 year-old age group. They increase among 15 to 17 year-olds and of all the age groups of young people, firearm-related injuries occur highest among 18 to 24 year-olds.

Although gang involvement was perceived to be more prevalent among the boys, the problem is rapidly escalating among the girls and is a cause for urgency.

[...] there is a serious increase among girls. Years ago the girls got involved for sex, holdin' drugs, and companionship and now the girls are taking a much more active role. For boys it is what it always is.

The Junior High School gang problem for the girls is terrible, and we can't wait anymore to intervene because they are already tainted.

The girls are getting worse than the men, and it is usually about hearsay.

The girls sometimes are trying to make a name for themselves more than the guys.

I know girls that are involved and they will tell you [that they are involved]. They tell you it's because they don't want to 'cross sets.'

The reasons for gang involvement were not considerably different between the boys and the girls, other than the perception that the girls get involved through the affiliation of their boyfriends. Many of the things (described later in the report) that draw young people into gangs at the individual level affect boys and girls alike.

The distinction between whether a youth is gang-affiliated or gang-involved was perceived as important to the extent that it helped to understand a youth's behavior and incidents of violent behavior. Multiple service providers perceived that youth who are on the fringes, i.e. whose gang does not perceive him/her as a "member" in spite of his/her desire to be a member, can sometimes be the most violent.

The ones that are affiliated want to be part [of the gang] but don't think they are in. They are some of the worst ones because they have to gain their reputation and do "the work" to get in.

The kids that want to be affiliated are not in a gang but "roll out" like they are in one.

The youth who are on the fringes are the ones who "are trying to make a name for themselves" and need to "put their work in."

Individual Level

At an individual level, gangs promote protection and provide youth a form of extended family. Youth on the North Side, from the perspectives of people who work with them most closely, experience a lot of pressure to join gangs. At some point, the youth need to align themselves with one side or another for fear of their personal safety. "Everybody has to be plugged with somebody. You can't be neutral," says a service provider. Although the sense of protection is very real for youth, the gangs benefit from that fear and "perpetuate a myth that you need to be gang-affiliated to survive."

In the absence of strong ties to a family, gangs fulfill a need for youth to be accepted and to be a part of something—part of a family, whatever form it happens to take. Whereas the financial gain of selling drugs at school or in the community can draw youth into gangs, alcohol and drug use exacerbate the gang problem. Poverty and living conditions of youth oblige them to contribute financially to the family, and gangs provide an avenue for youth to fulfill that role. Gangs are an accessible source of cash. A chemical treatment provider states, "When people cannot take care of themselves, they find a way [to do it]." Youth are "giving in to circumstances that their environment dictates," says a youth worker.

Youth are lured into gang activity at a young age before they understand the ramifications of decisions they make to benefit a gang.

Gangs have led to a cultural branding of black men [...] the cultural look has been framed as saggin' and has been normalized through mass media. It is hard

for a youth to separate himself from that brand and many youth do not have the skills to deal with the pressure.—Youth program director

On one hand, the lack of a positive, adult male role model or figure to inculcate skills in young boys to deal with negative social pressures was perceived as a major contributor to the gang problem. Some youth have a male role model or figure, but that figure is not active in their lives. "Gangs are not just about extended family; it's beyond that. Gangs become a space and time for expression about masculinity," states a youth worker. Sporting the gang colors becomes a rite of passage along with becoming a father.

The youth are searching for a manhood identity. Many do it by planting their seed and becoming a father too early. Others seek to have control over women that can lead to domestic violence later on. Gangs also lead them to sexual experimentation with the parties that turn out to be just an orgy. They end up not supporting their families or education. Not too long ago it was: "What's your name? Who's your people? Where are you going to college?" We don't have that anymore.—Youth program developer

On the other hand, girls often enter into gangs through affiliation of their boyfriends and to gain a sense of belonging.

What happens with girls is that they associate with the gangs for self-esteem purposes. When they are associated with a gang, they are more likely to be violent, be abused, be truant, but also for the girls, they are more inclined to be in negative sexual relationships with men—which leads to pregnancy. The gangs are not so bad for them at first; they give the girls a sense of belonging—that they "got their back." But then eventually it leads to negative things.—Youth educator and program director

Boredom and not doing well in school or in sports also contributes to the gang problem. The gang lifestyle engages youth and provides those who are not successful in other areas a desired status among their peers. At the same time, school staff observes that some kids have struck an unlikely balance, "They do school really well and they do gang street life really well." Apparently, the gang lifestyle also can fill a void for youth who excel academically.

Family Level

Family can be part of the gang problem, a victim of the problem, part of the solution to the problem or entirely absent from the life of the youth. Beyond the lack of positive, male role models, the general lack of family structure leads to family being part of the gang problem. From the service providers' perspectives lack of family structure results when: "babies are having babies;" fathers are absent; there is a lack of leadership on the home front; children from the same mother are fathered by men in different sets or cliques creating internal familial conflict; one father with too many "baby mamas," parents are afraid of their own kids; and families are "unchurched and unmosqued." Lack of parental guidance and lack of adult supervision are closely related to the lack of family structure as well. A probation officer observes, "The youth come from poor families where they don't get the clothes, the food, or the attention. They get them from the gang."

Another way family can be part of the problem is when parents remain unaware of gangs and signs that children might be getting involved in them. Parents may be in denial of a child's gang involvement and thus unwilling to address the problem. In this scenario, more often than not, the friends, family or extended family become victims of the problem.

Gang members may be the only "family" a youth has ever known. A youth advocate describes how the sense of family varies between gangs from different racial and cultural backgrounds:

There is a different amount of respect for the families within the Latino and Asian groups. Cultural and ancestral background is very strong there and more intentional among the Asian and Latino gangs. The driving component of the African American gang is that the gang is the conduit to feed the older-boy gangs for drugs. The African American gangs are like a fad, whereas it is a way of life for the Latino and Asian [gangs].—Youth Service Provider

The sense of family brings cohesion to gangs whose members are not otherwise related. Gang membership of a family member or someone close to the family was perceived to be common among gang-involved youth. A resident of the North Side shared a story of a young boy from her church who ended up getting involved in a gang presumably because the uncle—who was gang-involved—was the only adult in his life who listened and spent time with him. The youth's parents are sometimes gang-involved; however, service providers did not feel this was the case for a majority of gang-involved youth on the North Side. What was important from the service provider perspective is to approach gang-involved parents differently than parents who are not gang-involved.

The lack of family and the lack of a place to call "home" take various forms for gang-involved youth on the North Side. It can mean moving from house to house, from relative to relative, to have a place to crash. It can mean being placed in foster home after foster home. "Home" might never have been a safe or comfortable place for the youth. The parents might not be alive, are locked-up or have abandoned them. Regardless, the lack of a family or a place to call home leads youth to prematurely taking on what typically would be grown-up responsibilities.

Community Level

"The perception about the North Side is that all the gang activity is here," observes an employee of a youth employment program. Service providers made various references to the high intensity of gang activity on the North Side compared to other areas of Minneapolis and the metropolitan area. The relatively smaller geography of the North Side of Minneapolis compared to the South Side of Minneapolis may affect the perception of intensity of gang activity explains a youth worker.

It's more intense over North because it's a smaller environment; over South is bigger. North is too small. They have to travel to gang-bang on the South Side—even on the East Side of Saint Paul. I don't think the hybrids or sets are more dangerous; they are misled. They want to "work" really bad. They're not fighting for turf anymore.—Youth worker

Nonetheless, service providers described a community-wide "normalization of violence" on the North Side and as a youth program director has observed, "Kids kill in this neighborhood and get away with it." A community resident said he periodically sees groups of 40-50 kids parading loudly down the street in the middle of the night, cars driving way too fast down neighborhood streets, and kids being victims of the violence and wreckless behavior. "If this happened anywhere else, there would be outrage. In North Minneapolis, there is virtually no reaction," a community resident said. "People are complacent with the violence and turning away from what is going on," observes another interviewee. And the violence is not hard to see, nor is the impact contained.

It is different here compared to the South Side. There are more splinter groups here. On the South Side you have the Crips on the one side and the Bloods on the other. [On the North Side] they are more out there with [gang activity]. The drug dealing is in your face.—Youth worker

The interesting thing about Minneapolis in general is that the "North" plays on the "South" and the "South" plays on the "North." North Broadway and 55 are the walls. Bryn Mar doesn't consider itself on the North Side and Harrison people don't go on the other side of 55. The boundaries are invisible but they are very real boundaries. There are areas of containment but the impact is much broader.—North Side resident

Community-wide understood "boundaries," the fighting and violence levels of the cliques and sets, and the impact of violence across multiple communities are what get these groups recognized as gangs.

Cliques and sets have delineated their own boundaries in the community that are hard for service providers to keep a handle on. Specifically, the numbers of the street signs delineate areas where kids will and will not go.

I mainly spend time on the North Side of Minneapolis. Here it is all about the "higher end" and the "lower end." "I don't go to the lows," kids will say. [...] They separate themselves.—Youth worker

The kids come across from [an organization down the street] and they are callin' out these numbers which must be one of their blocks. They got at it and the girls just wouldn't stop. —Youth worker

In North Minneapolis some gangs are block by block and some are traditional. There are pockets of areas where they think they are in control.—North Side resident.

The result is more division among North Side residents, and "the community shuns the youth rather than helps them."

Youth service providers made comparisons between gangs that are predominantly comprised of specific racial and ethnic groups in the community.

The Latino and Asian gangs are much more organized than the African American [gangs]. They are much more strategic. The Asians want to blend in. The African

American gangs have an interest in making you aware of who they are and that's why they end up in prison. [On the one hand,] the MS 13's Latino gang that is coming out of Chicago is growing in the Midwest and is connected to North Minneapolis. They aren't playin'. The African American gangs, on the other hand, are not even committed. It takes a lot to wrestle the Latinos and Asians out of the gang.—Youth Service Provider

At [a school on the South Side] where you are dealing with the Latino gangs, the Latina girls are all up into it because of "love." Well, their boyfriends are in gangs. The girls won't say that they are in a gang, but they ARE in it. Now at [a school on the North Side] is where it is about someone having your back, making it and surviving. —Youth Service Provider

Besides gang-related homicides, the list of negative impacts of gangs on the community was long. Gangs "demoralize and devalue the community." They result in "people feeling unsafe" with "adults acting like they are afraid of the youth" and the youth "can't even get outside to ride a bike." A North Side resident gives an example:

There are virtually no block clubs. One guy [...] set up a block club but not many people participated. Generally by setting up and hosting for a block club people think that they are setting themselves up for someone to "case" their house.—Community resident

Gang violence causes residents to want to move out of the community, and a supporting social network does not exist either due to "people being too transitory or not being able to move out." A school director describes the life paths he has seen among young people who live on the North Side:

I have seen three situations. You either go down the path to be a professional, the path of the wheel chair or you die. When you go to war, they take the time to deprogram you, when you are on the streets, they don't do that. You have to get [these youth] to understand there is a better life out there. You don't know anything other than the few blocks around you, until you see more.—School director

Institutional Level

The gang problem at an institutional level is exacerbated by gaps in community-wide messages and policies, youth programs, and infrastructure intended for positive youth development. As was mentioned earlier in this report, many of the gang-involved youth are responding to conditions that surround them. They feel a great deal of pressure to align themselves with one set or another, the gangs provide them social support and material things that they do not get at home, and the community is afraid of its own youth. What about the systems and policy environment contributes to youth being drawn into the gang lifestyle?

When a community lacks fundamental support systems for its residents, it can appear, as one youth program director, observes that, "the system is designed to force you[th] into doing something wrong and then catchin' [them] at it." A director of a youth employment program summed up most youth service providers' sentiment about their

satisfaction with the agencies' current response to the gang problem: "I am never satisfied when there is always room for improvement." The individuals that work closely with youth on the North Side possess deep knowledge and history about the deficiencies in response on the part of governmental and non-governmental institutions intended to foster positive youth development. Four problematic areas were identified.

First, notwithstanding current collaborative efforts (e.g. the Blueprint for Action on Youth Violence Executive Committee, Youth Violence Prevention Taskforce of the Minneapolis Public Schools, collaboration among religious leaders, Peace Foundation) on the North Side, a sense of a lack of unity and collaboration among organizations persists and has led to negative outcomes for youth and youth programs. Various issues are related to this problem including: start-up organizations' dependency on fiscal agents; politics and personalities getting in the way of partnerships; inability to collaborate to fill gaps and weaknesses in services due to organizations claiming that they do "everything" rather than "respecting the specialization of other agencies"; agencies not prepared or willing to work with high-risk or gang-involved youth; agencies that have not kept up with the times and "don't get it"; and finally agencies that are caught up in "following the money" and "a bureaucratic numbers game" and that are "disconnected" to the local community.

A few interviewees were particularly wary of community leaders and politicians dropping in on the community to be in the "limelight." They made explicit and implicit distinctions between "formal" community leaders and the "informal" community leaders that have "street credibility." Informal leaders, explains a North Side resident, might not be well known by the "programs" but they know how to reach the kids. When too much focus is on formal community and institutional leaders and too little positive change occurs at the community level, people in the community perceive organizations and programs as "disconnected" from the needs of the youth and unresponsive to local community in general. Various interviewees emphasized the importance of ensuring representation of the community at the decision-making table. Striking a balance between formal and informal leadership representation seems to be the challenge due to perceptions of who is aligning with whom and for what reasons.

Second, although many service providers were dissatisfied with government agencies' response to the needs of youth and families in the community, the majority emphasized that **how** government gets involved in the community is more important. Multiple examples of how government involvement in the community has been essential, yet problematic, were identified.

Police involvement around the issue of gangs has focused on suppression of gang activity, or otherwise stated as "shutting down the gangs." Collaboration between the police department and the local community was perceived as insufficient or entirely lacking and profiling kids that look like "gang-bangers" was a concern. At the same time, examples of positive police interaction were also shared such as: the police athletic league where the coach was a police officer; police officers taking time to "stop by" or to check-in at local programs and interact with the youth; and a gun buy-back program that involved police officers out of uniform. Suppression was viewed as essential but insufficient.

From the perspectives of people who work most closely with the youth, government invests a great deal on the North Side but not in the right places. It needs to play a

greater role in assuring high-risk youth and their families have what they need—before they get involved with police.

Law enforcement can't do it by itself but could do it if there was more collaboration with the community. Police can only do something after the fact. When something goes wrong, they are the first ones we call. But they need more cooperation.—Youth program director

Government can play an important role in assuring the availability of programs (such as, youth employment opportunities, afterschool programs, childcare, organized sports and physical activity programs, winter park activities, housing, alcohol and drug abuse programs, education and skill-building programs for incarcerated parents, and tattoo removal programs) targeted to high risk youth, parents who are minors and their families. "How often do you see kids walking down the street in uniform anymore? If we can pay overtime for police, we can pay for sports uniforms," explains an employee of a youth employment program. Given the lack of resources at the family and community levels, such programs struggle to survive or are not available in the private sector without some level of government intervention.

A few youth workers cautioned against integration of youth, who are known to be gang-involved, with other youth in programs and activities. They gave examples of previously successful youth groups that broke up due to conflicts and divisions caused by gang-involved youth; "no trespassing lists" that identify youth who have exhausted privileges of accessing their programs due to bad behavior; and having to spend money on hiring an on-site security officer (described as "a guy with a gun") that otherwise could be spent on youth programming.

Less-mentioned, problematic areas related to government were associations on the part of youth between social workers and out-of-home placement/foster care, government expectations that community-based organizations will take their high-risk youth referrals without providing funding; and the parks being "where all of our cliques are" and the locus of most violent activity. In addition, one interviewee stressed the need to reform the child support system and its "bias against young fathers." The current system was perceived as more concerned about collecting child support than acknowledging and encouraging father involvement as a form of child support.

Third, the lack of a focus on long-term sustainability of youth violence prevention efforts translates into: a lack of a community vision and a uniform message to counter the pressure to join gangs; "period-based programming;" and "inconsistent" relationships between youth service providers and youth. From the perspective of a youth educator and program director, "When talking about youth violence prevention, the youth do not hear 'prevention;' they hear 'violence' and 'gangs.'" Many youth service providers emphasized that community-wide messages to prevent youth violence are not framed using the words "violence" or "gangs" at all; they do, however, combat the negative messages that youth are getting in the media; they are consistent and uniform for issues such as gang signs and symbols, clothing and hand signs; and they are enforced uniformly across prominent institutions and community-based organizations serving youth. The following are examples given of effective messaging at various levels:

My niece was getting into fights at school and her grades started to go down. I pulled her aside to have a talk, and I explained to her that her actions were not

quickly," and access to the "lifestyle," "parties," "nice cars," and "women." Power was related to guns, having "no fear," being able to "control their zone" and "being able to rule." Popularity meant that gang-involved youth earned a "reputation," friends, girls, and were accepted. Mixed with violent threats and violent behavior, respect, money, power and popularity instilled fear in others. One youth observed and others agreed that the popularity, respect and power meant that some gang-involved youth could get away with things at school that other kids could not because the teachers did not want to or could not deal with them.

Joining a gang for "protection," "security" and "safety" was mentioned as a positive aspect of the gang lifestyle in two of the three focus groups. "Protection" and other positive aspects of the gang lifestyle were completely overshadowed, however, by a constant threat of injury, death or incarceration. Other negatives of the gang lifestyle identified by the young men were: "peer pressure;" "doing things because you want to make an impression;" "having a false sense of security;" drugs, alcohol and smoking; sexually transmitted diseases (STDs) and HIV; physical, sexual and emotional abuse; pain, killing and violence; "being labeled," and dropping out of school.

Family Level

According to the young men who participated in the focus groups, gangs provide a sense of family, belonging and connection that otherwise is lacking or absent in their own or their peers' lives. The young men described that a "street family" in some cases has no connection with Mom and Dad. In other cases, either they or their peers have been "born into the gang lifestyle," that close relatives are also in the gang and that the gang is "the only thing they'd ever known." Which scenario is more common among gang-involved youth on the North Side was not clear from the focus groups. Some youth felt that "to be born into a gang" is common and other youth felt that most parents would not willingly raise their child in a gang. For those who did not think being born into a gang was common, deciding to be a gang member was a choice.

All of the young men in the focus groups either knew someone in their immediate or extended family that had been injured, had died, or had been incarcerated due to events precipitating from gang involvement. "Death," "getting shot," "taking a loss," "loss of loved ones," and "people in jail" were common themes at this level. The young men shared personal experiences related to the loss of fathers, brothers, uncles, cousins and other male figures due to gang violence and incarceration across all groups.

In contrast to the interviews with service providers, the young men did not discuss becoming a parent at a young age as a negative aspect or problem. Some were fathers and saw themselves as providers for their families and providers for their parents. The issue of "too many baby mamas" was brought up in one focus group; however, as was highlighted in the previous section, the discussions of sex as a positive aspect of the gang lifestyle focused on gangs as a means of getting sex and women. The negative focused on STDs and problems associated with "not getting any," such as, getting teased for being a virgin.

Community Level

When asked what they would change about their neighborhood, too much boredom was mentioned by the young men in all three groups. Too many young people on the street corners and without positive activities to be involved in were directly related to the boredom.

Themes that were mentioned in at least two of the three focus groups were: getting rid of the garbage and litter; and a lack of a sense of community where the neighborhood "is not just a place where you live" but a place where neighbors know their neighbors and where "elders are talking to the young people." Stopping drugs and alcohol was mentioned various times in the two focus groups that included youth who were not as involved in gangs, but negative aspects of drugs and alcohol were not mentioned in the focus group comprised just of gang members. Similarly, stopping the shootings and violence in the neighborhood was mentioned in the same two focus groups of youth who were less involved in gangs.

Other notable, but less common, themes included: fewer foreclosures; the lack of a mall (the closest mall being Brookdale); and getting rid of "unbanks" that charge a person to cash a check.

Institutional Level

The lack of youth programs and organized sports in the local community was an observation that crossed all three focus groups. Availability of youth programs and organized sports addresses the boredom the young men either experience or remembered experiencing growing up in their community. Due to how recruitment occurred, the young men who participated in the focus groups were engaged to some extent with a youth program and/or were connected to an informal, adult leader in the local community. When asked to whom they would turn if they had a problem, many of the youth mentioned the leaders of their respective youth programs. Nonetheless, they mentioned observing too many young people in their neighborhood without positive alternatives and that gangs and the gang lifestyle were an exciting and easily accessible alternative to the boredom. The young men said that accountability and how a program was perceived were important to them. As one youth summarized what others like him felt, "the youth programs need to be **programs**, not just show-and-tell." Specifically, the young men mentioned the need for more programs to work with young teenagers and more opportunities for teenage moms to go to school. Examples of sports and other positive youth activities they had either enjoyed or thought needed to be provided more were: basketball, pool, open teen nights, poetry cafés, music, dance rooms, and skating.

Although the need for youth employment opportunities was mentioned in all focus groups, the focus group with the strongest opinions about these opportunities was the group that included all gang-involved youth. The young men felt that the opportunities that were currently available did not meet their needs for various reasons. The opportunities often were not available to them when they needed them most, such as when they got out of detention or were on probation. Most employment opportunities were outside of their local community and difficult to get to. They did not like being required to show up day-after-day without being able to miss some days. They also did not like having to wait two weeks or more in order to get paid. Instead they felt that opportunities should be provided where youth could show up to work when they needed

to and be paid the same day. The young men in this focus group in particular had observed that the only business that seemed open to hiring youth was a fast food franchise in the area. Otherwise the young men in this focus group had observed that businesses along Broadway typically do not hire young people. Broadway has a relatively larger concentration of businesses in the neighborhood that could employ youth. Employment opportunities in which the young men mentioned having participated were: a program to remove garbage and trash; landscaping; after-school youth programs; computer labs at the parks; youth organizing; amusement parks and sales. When the young men were asked where they saw themselves in five years, a majority of them across all focus groups mentioned the desire to own their own businesses.

When asked what role school played in achieving their personal goals, graduation from high school was clearly important to many of the young men in all three of the focus groups. This was evident from their aspirations to either graduate from high school or to attend a college or university. Interestingly, the young men in the focus group with all gang-involved youth had already graduated from high school. Two of them cited the support of their youth program leader as the main reason they had pushed themselves to graduate. A small number of youth named a teacher or pastor when asked about someone who had given them the most helpful advice in their lives.

Young men in two of the three focus groups expressed disenchantment with the public schools. One focus group participant observed and others agreed that the teachers needed to have "a better sense of where their students were coming from" in order to work with them more effectively. The community needs a "more respectable school system" explained another participant in another group who felt that too many teachers in the system were "just teaching for the money."

As was addressed earlier, one of the most common negative aspects of the gang lifestyle according to the young men that participated in the focus groups was encounters with the police and being incarcerated. Young men in all focus groups felt the relationship between law enforcement and the people in their community needed to change in large part through the elimination of police harassment and labeling and profiling of youth. Examples of harassment, labeling and profiling by the police were shared in all focus groups by gang-involved youth and youth who were not directly involved with gangs. Young men in one of the focus groups mentioned that the police should make an effort to get to know and interact with young people in the local community beyond just responding to criminal activity.

Full List of Selection Criteria

Indicator Name	Geographic Level of Measurement	Source	Year(s) Available
Homicides	Precinct	MPD	Current
Juvenile arrests by type of crime	Folwell, Jordan, Phillips, Hawthorne, McKinley Only & by Precinct	MPD	Jan-Mar 2009
Firearm-related, assault injuries	Zip Code Only	MN Hospital Association	2007
Gangs are a serious issue in this neighborhood.	Minneapolis Community Only	SHAPE	2006
What is highest grade or year of school completed?	Minneapolis Community Only	SHAPE	2002
Proportion of under age 24 population compared to Minneapolis overall	Neighborhood	Census	2000
Proportion of Families Below Poverty w/ Related Children under 18 compared to Minneapolis overall	Neighborhood	Census	2000
Proportion of single parent households with children under 18 compared to Minneapolis overall	Neighborhood	Census	2000
Proportion unemployed	Neighborhood	Census	2000
Foreclosures	Citywide and by Ward	CPED	1 st Qtr 2009
Recreation Centers	By Neighborhood	MPRB	n/a

Proposed Indicators for Targeting Youth Violence Prevention Efforts toward Priority Minneapolis Neighborhoods

The following table displays a proposed list of indicators that are relevant to the problem of youth violence in Minneapolis neighborhoods. Although the list of indicators is not exhaustive; the data for these indicators are readily available and allow for on-going monitoring and prioritization of neighborhoods. Resources for youth violence prevention efforts are limited; as a result, focusing resources can ensure that the youth who are at greatest risk of getting involved in violent behavior receive appropriate interventions and programming. The indicators fall within three categories, namely, levels of violence, neighborhood demographics and resources.

Category & Indicator Name	Geographic Level of Measurement	Source	Year(s) Available
Levels of Violence			
Homicides	Neighborhood	MPD	2007-2008
Violent Crime Maps	Citywide/ Neighborhood	MPD	2006-2008
Firearm-related, assault injuries	Zip Code Only	MN Hospital Association	2007
Demographics			
Proportion of under age 24 population compared to Minneapolis overall	Neighborhood	Census	2000
Proportion of Families Below Poverty w/ Related Children under 18 compared to Minneapolis overall	Neighborhood	Census	2000
Resources			
MPRB Recreation Centers	Citywide Map	MPRB	N/A

Homicides:

Besides the obvious tragedy of life lost at a young age, homicide has a traumatic impact on youth, their families and the entire community. Furthermore, homicides can beget more violence in the form of retaliation, so it is critically important to intervene early with youth. From a public health perspective, homicides are a form of intentional injury which is preventable.

Maps of Violent Crime:

Violent crime is comprised of murder, rape, robbery, and aggravated assaults. This indicator was selected because it is a measure of environmental exposure to violence. Violent crimes are the most personal and dangerous crimes and affect the community's perception of safety. Reducing the number of these dangerous crimes being committed by juveniles will increase the safety of the city and perhaps prevent the commission of more of violent crimes. Mapping incidents of violent crime allows for the identification of areas where youth are likely to observe, be perpetrators of or become victims of violent acts and behaviors. The maps include all violent crime incidents involving adults and juveniles.

Firearm-related, assault injuries:

Injury due to firearm-related assault is a measure of violence which is preventable. Resulting complications can vary from short-term injuries to lifetime disability to fatalities. The effects can be expensive in terms of life changes for individuals and healthcare costs for society. Because an assault injury may precipitate a retaliatory cycle of violence, outreach to a hospitalized individual offers an opportunity for intervention to interrupt this cycle.

Proportion of Population Age 14 and Under:

Census 2000 data on the proportions of children age 14 and under can be used to infer an estimate of the current proportion of youth and young adults in Minneapolis neighborhoods compared to Minneapolis overall. Children that were 14 years old in 2000, today would still fall under 24 years old. This indicator was selected because it allows for identification of neighborhoods that may still be comprised of disproportionate numbers of youth and young adults relative to Minneapolis overall.

Proportion of Families below Poverty with Related Children under 18:

Poverty has been shown to cause family disruptions, which in turn have a direct relationship to crime rates of juveniles (Hawkins, Laub, et al., 2000). This indicator compares the proportion of families (households) that are below poverty with related children under 18 in each neighborhood to that same proportion for Minneapolis overall.

Map of Minneapolis Recreational Centers:

This indicator was selected because it illustrates accessibility to youth programs that serve a relatively large number of youth and families. It also allows for comparison across different areas of the city.

Minneapolis Neighborhoods and Rankings by Risk Level for Youth Violence Using Six Proposed Criteria

	2008 Homicides	2008 Violent Crime Hot Spots	2007 Firearm-related, Assault Injuries	under 15 years old population	% Family in Poverty with related children <18	MPRB Park and Recreation Centers	Index
Mpls Neighborhoods							
Hawthorne	1		55407	31%	30%	Washburn	9
Jordan	2			31%	30%	Washburn	9
Near - North	3			36%	31%	Washburn	9
McKinley			55412	34%	30%	Washburn	9
Folwell			55412	34%	30%	Washburn	9
Cleveland	1		55412	27%	30%	Cleveland Park	9
Harrison	1			31%	30%	Washburn	9
Phillips	3		55404	27%	30%	Phillips	9
Regina	3		55407	22%	30%	Regina	9
Willard - Hay	1			38%	25%	Washburn	9
Cedar Riverside	3			31%	30%	Washburn	8
Central	1		55407	32%	30%	Central	8
Ventura Village	1		55404	31%	30%	Ventura Village	8
Bancroft			55407	21%	30%	Bancroft	7
Bryant	1		55407	26%	22%	Bryant	7
Elliot Park	1			31%	30%	Elliot Park	7
Holland	2			31%	29%	Holland	7
Standish	2		55407	30%	30%	Standish	7
Webber - Camden	1		55412	31%	22%	Webber - Camden	7
Whittier	1		55404	31%	31%	Whittier	7
Downtown West				31%	31%	Downtown West	6
Lyndale			55408	31%	30%	Lyndale	6
North Loop	2			31%	30%	North Loop	6
Powderhorn Park	1			25%	23%	Powderhorn Park	6
Sheridan				27%	27%	Sheridan	6
Victory			55412	22%	30%	Victory	6
Beltrami				23%	36%	Beltrami	5
Corcoran			55407	23%	31%	Corcoran	5
ECCO			55408	30%	30%	ECCO	5
King Field	2		55408	30%	30%	King Field	5
Marshall Terrace				30%	21%	Marshall Terrace	5
Northrop			55407	30%	30%	Northrop	5
St. Anthony West				30%	30%	St. Anthony West	5
CARAG			55408	31%	30%	CARAG	4
Columbia Park				30%	30%	Columbia Park	4
Diamond Lake				30%	30%	Diamond Lake	4
Longfellow	1			30%	30%	Longfellow	4
Loring Park				30%	30%	Loring Park	4
Marcy Holmes				30%	26%	Marcy Holmes	4
Northeast Park				30%	30%	Northeast Park	4
Wenonah				30%	30%	Wenonah	4
Cooper	1			30%	30%	Cooper	3
East Harriet			55408	30%	30%	East Harriet	3
East Isles				30%	30%	East Isles	3
Field				30%	30%	Field	3
Lind - Bohanon				24%	30%	Lind - Bohanon	3
Lowry Hill East				30%	30%	Lowry Hill East	3
Shingle Creek				26%	21%	Shingle Creek	3
St. Anthony East				30%	30%	St. Anthony East	3
Steven's Square - Loring Heights				30%	30%	Steven's Square - Loring Heights	3
Waite Park	1			30%	30%	Waite Park	3

	2008 Homicides	2008 Violent Crime Hot Spots	2007 Firearm-related, Assault Injuries	under 15 years old population	% Family in Poverty with related children <18	MPRB Park and Recreation Centers	Index
Mpls Neighborhoods							
Bryn - Mawr	0			1%	3%		0
Cedar - Isles - Dean	0			1%	3%		0
Como	0			1%	3%	Como	0
Hale	0			1%	3%		0
Hiawatha	0			1%	3%	Hiawatha	0
Keewaydin	0			1%	3%	Keewaydin	0
Kenwood	0			20%	3%	Kenwood	0
Logan Park	0			3%	26%	Logan	0
Lowry Hill	0			1%	3%		0
Lynnhurst	0			23%	3%	Lynnhurst	0
Minnehaha	0			1%	3%		0
Nicollet Island - East Bank	0			1%	3%		0
Page	0			1%	3%	Page	0
Prospect Park - East River Road	0			4%	20%	Prospect	0
Seward	0			1%	3%	Seward	0
University of Minnesota	0			1%	3%		0
Windom	0			1%	3%	Windom	0
Windom Park	0			1%	3%	Windom Park	0
Armatage	0			1%	3%	Armatage	0
Audubon Park	0			1%	3%	Audubon	0
Bottineau	0			1%	3%	Bottineau	0
Fulton	0			1%	3%	Fulton	0
Howe	0			1%	3%	Howe	0
Kenny	0			1%	3%	Kenny	0
Linden Hills	0			1%	3%	Linden Hills	0
Morris Park	0			2%	3%	Morris	0
Tangletown	0			1%	3%	Tangletown	0
West Calhoun	0			1%	3%		0
Ericsson	0			1%	3%	Ericsson	0
Minneapolis Overall	39	N/A	N/A	19%	19%	N/A	N/A
Legend							
	1	some hot	8	20-28	20-28	Multiple Other Parks--No Rec	3 to 6
	2 to 3	small very hot	17	29-37	29-37	One Other Park--No Rec	7 to 9
	4 to 5	large very hot	31	38-46	38-46	One or more Parks--No Rec	10 to 15

Index Score Legend	Value
green	0
yellow	1
orange	2
red	3

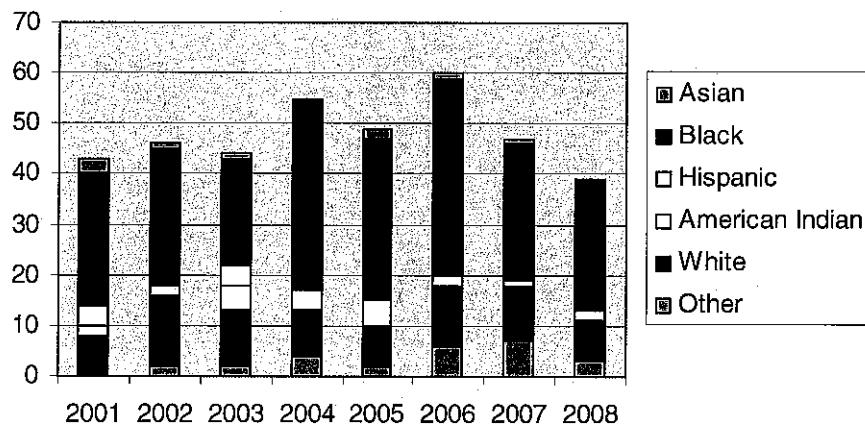
2007 homicides by neighborhood		2008 homicides by neighborhood	
Cedar Riverside	1	Cedar Riverside	3
Central	2	Downtown East	1
Downtown West	1	Elliot Park	1
Elliot Park	2	North Loop	2
Folwell	7	Waite Park	1
Hawthorne	9	Phillips West	2
Jordan	4	East Phillips	1
Lind-Bohanon	3	Bryant	1
Lyndale	3	Cooper	1
Near North	3	Powderhorn Park	1
Nicollet Island	1	Standish	2
Phillips East	3	Longfellow	1
Powderhorn Park	2	Ventura Village	1
Seward	1	Folwell	4
St. Anthony West	1	Hawthorne	5
U of M	1	Jordan	2
Ventura Village	1	Near North	3
Whittier	1	Willard-Hay	1
Willard-Hay	1	Harrison	1
TOTAL	47	Cleveland	1
		Webber-Camden	1
		King Field	2
		Whittier	1
		TOTAL	39

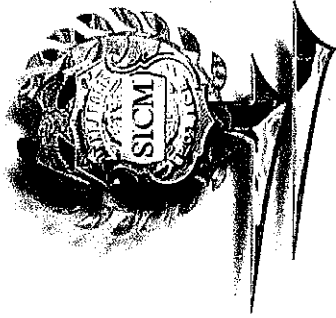
Homicide Victim Race/Ethnicity in Minneapolis ¹								
	2001	2002	2003	2004	2005	2006	2007	2008
Other	0	2	2	4	2	6	7	3
White	8	14	11	9	8	12	11	8
American Indian	2	0	5	4	5	2	1	2
Hispanic	4	2	4	0	0	0	0	0
Black	26	27	21	38	32	39	27	26
Asian	3	1	1	0	2	1	1	0
Total	43	46	44	55	49	60	47	39

Source: City of Minneapolis Police Department

¹ Race/ethnicity categories are mutually exclusive

Homicides by Race in Minneapolis





MINNEAPOLIS POLICE • CRIME ANALYSIS UNIT
STRATEGIC INFORMATION & CRIME MANAGEMENT DIVISION

Citywide Violent Crime Density
January 1st, 2005 through December 31st, 2008

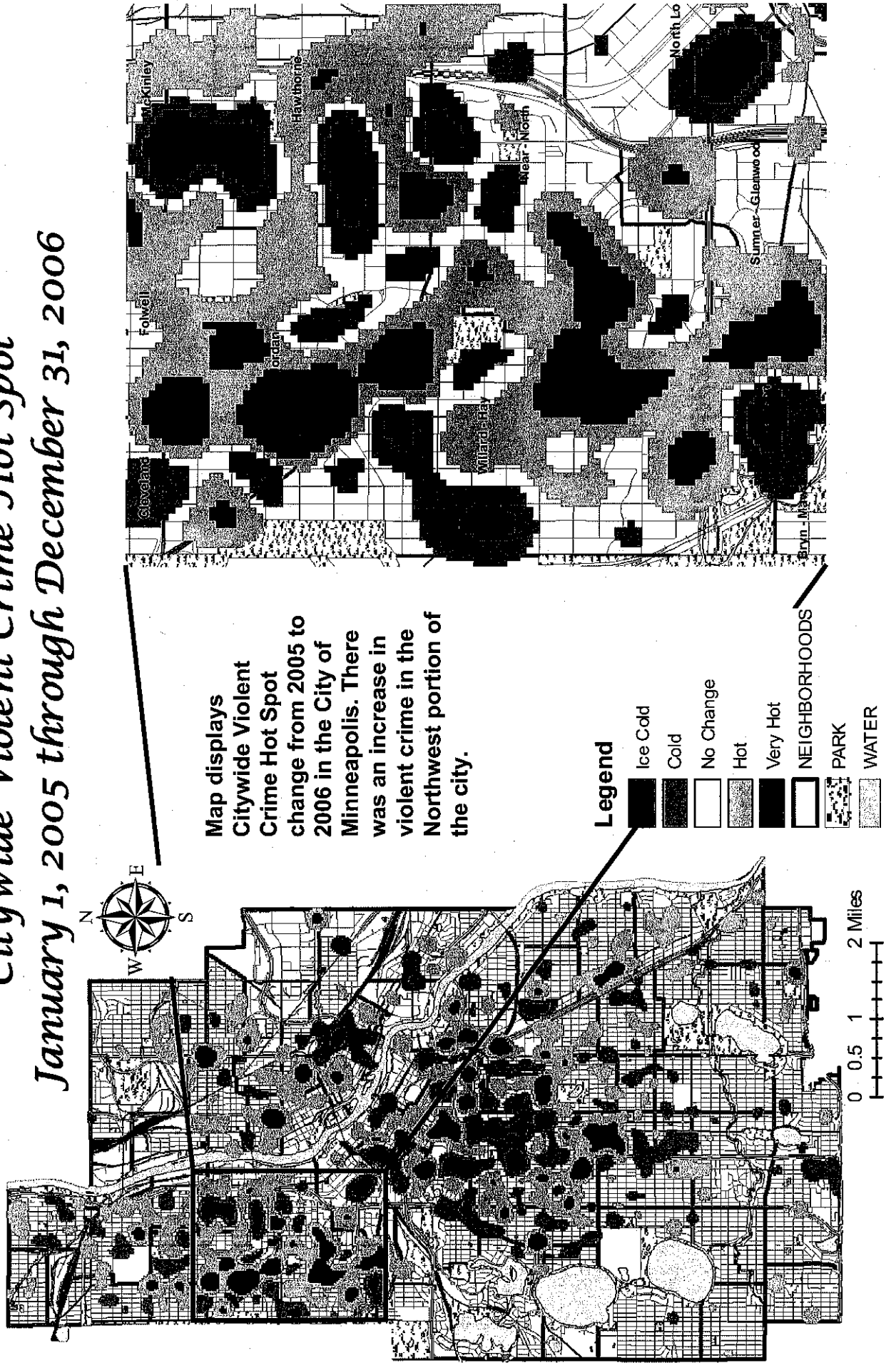
Prepared By: Ryan Hughes
7/23/2009

MINNEAPOLIS POLICE • CRIME ANALYSIS UNIT
STRATEGIC INFORMATION & CRIME MANAGEMENT DIVISION

- **Purpose:**
 - Request submitted by Jared A. Erdmann
 - Identifying and measuring Violent Crime Hot Spots within the City of Minneapolis
- **Criteria:**
 - Violent Crime:
 - Homicides, Rapes, Aggravated Assaults, and Robbery
 - Date Range:
 - January 1st, 2005 through December 31st, 2008
- **Analysis:**
 - There is a significant displacement year-to-year
 - With continued interaction with neighborhoods would help decrease violent crime.

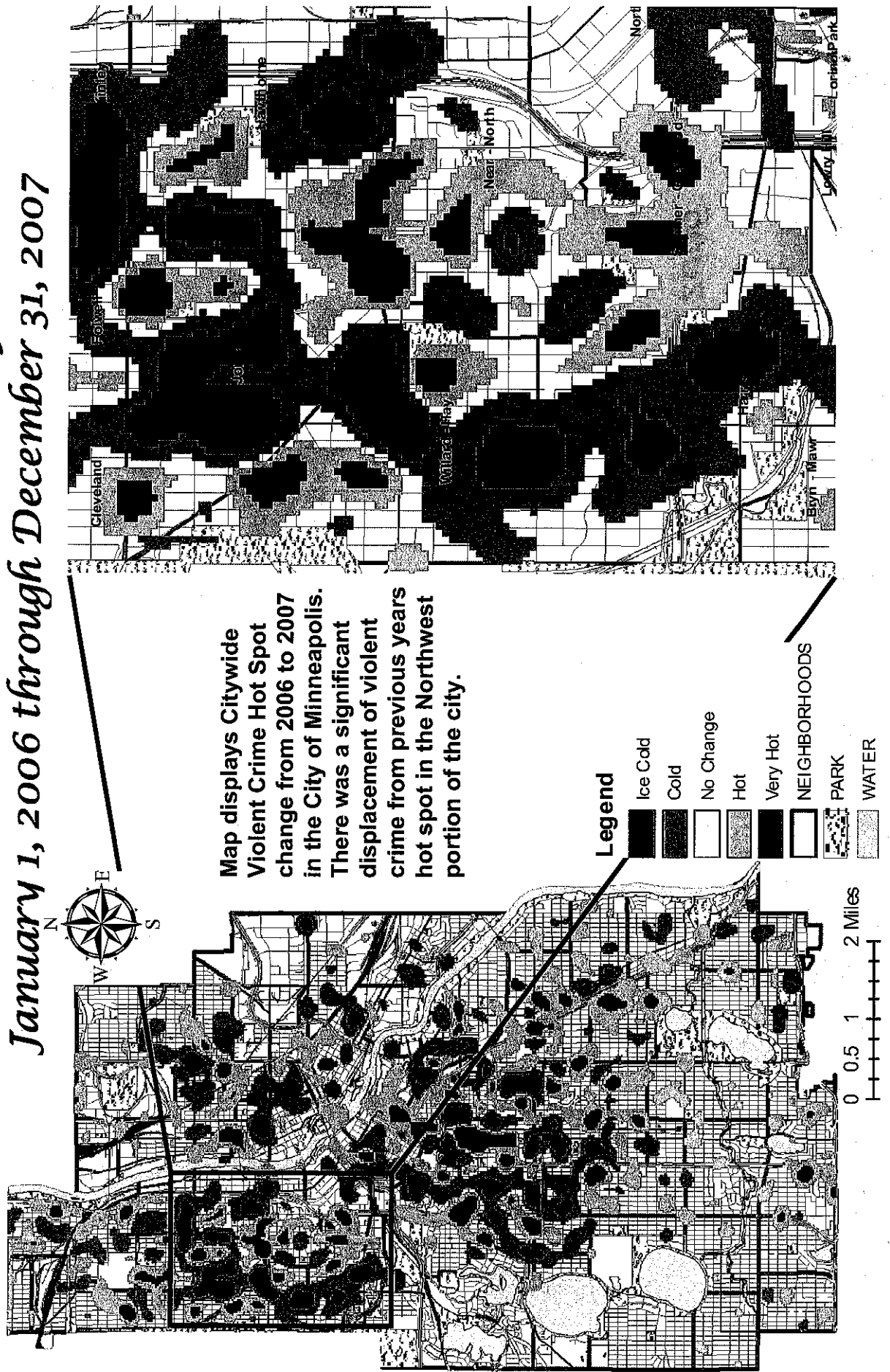
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Citywide Violent Crime Hot Spot
January 1, 2005 through December 31, 2006



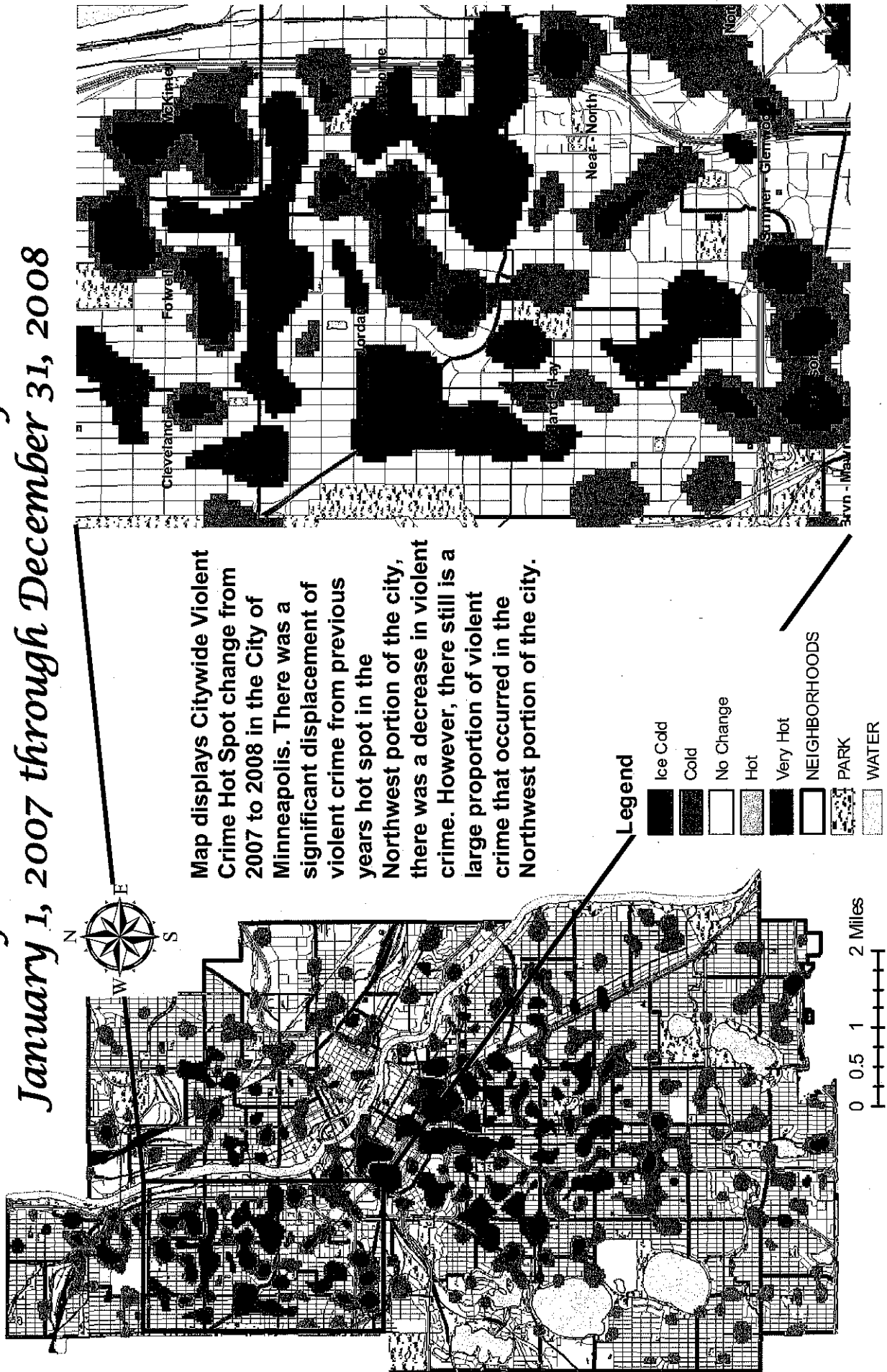
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Citywide Violent Crime Hot Spot
January 1, 2006 through December 31, 2007



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STRATEGIC INFORMATION & CRIME MANAGEMENT DIVISION

Citywide Violent Crime Hot Spot
January 1, 2007 through December 31, 2008



Inpatient and Outpatient Firearm-related Assault Injuries* by Minneapolis Zip Code, 2001-2007

Zip Code: 55411¹

	2001	2002	2003	2004	2005	2006	2007	Total
under 1	0	0	0	0	0	0	0	0
1 to 4	0	0	1	0	0	0	0	1
5 to 9	0	0	0	0	0	0	0	0
10 to 14	1	2	2	1	7	0	3	16
15 to 17	6	2	8	13	18	11	12	70
18 to 24	16	21	19	27	33	48	17	181
Total	23	25	30	41	58	59	32	268

¹ Hawthorne, Jordan, Willard Hay, Near North Neighborhoods

Zip Code: 55412¹

	2001	2002	2003	2004	2005	2006	2007	Total
under 1	0	0	0	0	0	0	0	0
1 to 4	0	0	0	0	0	0	0	0
5 to 9	0	0	0	0	0	0	0	0
10 to 14	0	0	0	2	1	0	0	3
15 to 17	2	4	3	6	4	11	4	34
18 to 24	8	11	9	15	6	15	13	77
Total	10	15	12	23	11	26	17	114

¹ McKinley, Folwell, Cleveland, Victory, Webber-Camden Neighborhoods

Zip Code: 55407¹

	2001	2002	2003	2004	2005	2006	2007	Total
under 1	0	0	0	0	0	0	0	0
1 to 4	1	0	0	0	0	0	0	1
5 to 9	0	0	0	0	0	0	0	0
10 to 14	0	0	1	2	1	1	3	8
15 to 17	3	3	5	5	6	4	4	30
18 to 24	4	6	10	10	13	9	10	62
Total	8	9	16	17	20	14	17	101

¹ Bancroft, Bryant, Central, Corcoran, Northrop, Regina, Standish Neighborhoods

Zip Code: 55404¹

	2001	2002	2003	2004	2005	2006	2007	Total
under 1	0	0	0	0	0	0	0	0
1 to 4	0	0	0	0	0	0	0	0
5 to 9	0	0	0	0	0	0	0	0
10 to 14	0	0	1	0	0	0	1	2
15 to 17	2	2	4	1	2	2	3	16
18 to 24	2	1	9	5	14	9	4	44
Total	4	3	14	6	16	11	8	62

¹ Phillips, Whittier, Ventura Village Neighborhoods

Zip Code: 55408¹

	2001	2002	2003	2004	2005	2006	2007	Total
under 1	0	0	0	0	0	0	0	0
1 to 4	0	0	0	0	0	0	0	0
5 to 9	0	0	0	0	0	0	0	0
10 to 14	0	0	1	0	0	0	0	1
15 to 17	1	2	1	2	4	2	4	16
18 to 24	0	2	10	5	11	4	4	36
Total	1	4	12	7	15	6	8	53

¹ Bryant, CARAG, Central, ECCO, East Harriet, King Field, Lyndale Neighborhoods

Zip Code: 55454¹

	2001	2002	2003	2004	2005	2006	2007	Total
under 1	0	0	0	0	0	0	0	0
1 to 4	0	0	0	0	0	0	0	0
5 to 9	0	0	0	0	0	0	0	0
10 to 14	0	0	0	0	0	0	0	0
15 to 17	0	0	1	0	1	0	0	2
18 to 24	1	0	0	0	0	1	0	2
Total	1	0	1	0	1	1	0	4

¹ Cedar Riverside Neighborhood

*Source: Minnesota Hospital Association

Mpls Neighborhoods (A-L)	Population by Age			Other Demographic Criteria		
	<5 yrs	5-9 yrs	10-14 yrs	% Fam in Poverty	% female hsehd, p	% unemployed
Armatage	12%	5%	4%	12%	7%	12%
Audubon Park	7%	5%	7%	14%	11%	7%
Bancroft	7%	7%	7%	13%	13%	5%
Beltrami	8%	8%	7%	10%	22%	5%
Bottineau	7%	1%	1%	7%	17%	1%
Bryant	8%	9%	9%	22%	28%	7%
Bryn - Mawr	12%	7%	1%	11%	7%	7%
CARAG	13%	1%	1%	1%	14%	2%
Cedar - Isles - Dean	11%	2%	1%	1%	8%	2%
Cedar Riverside	7%	7%	1%	1%	26%	7%
Central	11%	11%	10%	14%	11%	9%
Cleveland	8%	10%	9%	12%	19%	7%
Columbia Park	10%	7%	1%	1%	5%	5%
Como	10%	1%	1%	1%	17%	2%
Cooper	10%	1%	1%	1%	14%	2%
Corcoran	7%	8%	8%	1%	28%	7%
Diamond Lake	7%	1%	1%	1%	5%	7%
Downtown West	11%	1%	1%	11%	5%	12%
East Harriet	13%	1%	1%	1%	1%	1%
East Isles	11%	1%	1%	1%	10%	2%
ECCO	1%	2%	1%	1%	7%	1%
Elliot Park	1%	7%	1%	1%	21%	1%
Ericsson	1%	1%	1%	1%	15%	1%
Field	1%	1%	1%	1%	10%	1%
Folwell	10%	1%	1%	10%	26%	1%
Fulton	7%	1%	1%	1%	7%	2%
Hale	8%	7%	1%	1%	1%	7%
Harrison	11%	1%	1%	1%	1%	1%
Hawthorne	11%	1%	1%	1%	1%	1%
Hiawatha	1%	1%	1%	1%	10%	1%
Holland	1%	1%	1%	1%	25%	1%
Howe	1%	1%	1%	1%	10%	1%
Jordan	1%	1%	1%	1%	1%	1%
Keewaydin	1%	1%	1%	1%	1%	1%
Kenny	1%	1%	1%	1%	1%	1%
Kenwood	7%	7%	7%	1%	14%	1%
King Field	7%	1%	1%	1%	10%	1%
Lind - Bohanon	1%	9%	8%	1%	21%	1%
Linden Hills	1%	1%	1%	1%	1%	1%
Logan Park	1%	1%	1%	26%	10%	7%
Longfellow	1%	1%	1%	10%	10%	1%
Loring Park	1%	1%	1%	11%	13%	1%
Lowry Hill	1%	1%	1%	1%	1%	1%
Lowry Hill East	1%	1%	1%	10%	1%	1%
Lyndale	7%	1%	1%	10%	28%	1%
Lynnhurst	8%	7%	7%	1%	1%	1%

Mpls Neighborhoods (M-Z)						
Marcy Holmes				26%		
Marshall Terrace		7%		21%	21%	
McKinley	9%					
Minnehaha						
Morris Park						
Near - North	11%					
Nicollet Island - East Bank						
North Loop						8%
Northeast Park		7%				7%
Northrop						
Page	9%					
Phillips	10%	9%	8%			
Powderhorn Park	9%	9%	8%	23%	27%	7%
Prospect Park - East River Road				20%		
Regina		7%	9%			
Seward					22%	
Sheridan				27%	25%	
Shingle Creek	8%	9%		21%		
St. Anthony East						
St. Anthony West						
Standish		7%				
Steven's Square - Loring Heights						
Tangletown						
University of Minnesota						
Ventura Village						
Victory	8%	7%	7%			
Waite Park						
Webber - Camden				22%	22%	
Wenonah	8%	7%				
West Calhoun						
Whittier						
Willard - Hay	9%			25%		9%
Windom	8%					
Windom Park						
Minneapolis Overall	7%	6%	6%	19%	19%	6%

Legend	7 and under	8 and under	9 and under	20-28	29-37	38 and over
	8-10:yellow	7-9:yellow	7-9:yellow	20-28:yellow	20-28:yellow	7-9:yellow



Minneapolis

Recreation Center Locations



INDEX

1. - Armatage
2. - Audubon
3. - Batrami
4. - Bethune/P. Wheatley
5. - Bottineau
6. - Bracker
7. - Bryant Square
8. - Central Gym
9. - Corcoran
10. - Creekview
11. - Elliot
12. - Farview
13. - Folwell
14. - Fuller
15. - Harrison
16. - Hiawatha
17. - Keewaydin
18. - Kenny
19. - Kenwood
20. - M.L. King
21. - Lake Hiawatha
22. - Linden Hills
23. - Logan
24. - Longfellow
25. - Loring
26. - Lupton
27. - Lyndale Farmstead
28. - Lynnhurst
29. - Morea
30. - Matthews
31. - Morris
32. - Nokomis
33. - North Commons
34. - Northeast
35. - Painter
36. - Pearl
37. - Peavey
38. - Pershing
39. - Phelps
40. - Phillips
41. - E. Phillips
(Future Center)
42. - Powderhorn
43. - Sibley
44. - Stewart
45. - Van Cleave
46. - Waite
47. - Webber
48. - Whitier
49. - Windom NE
50. - Windom South

N





City of Minneapolis
Public Health Advisory Committee

Tuesday, March 23, 2009, 6:00 – 8:00 pm
Minneapolis City Hall
350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve Feb 23, 2010 Minutes	John Schrom Co-Chair	Vote	6:00 – 6:10
Minneapolis Demographics	Dave Johnson	Presentation	6:10 – 6:30
MDHFS Goals (2011-2015) <ul style="list-style-type: none">• April community forums	Gretchen Musicant	Report & invitation	6:30 – 6:45
Urban Health Professional Advisory Committee Update <ul style="list-style-type: none">• 2010 Work plan	Dave Durenberger	Report	6:45 – 6:50
Unnatural Causes – Introduction (Part 1)	Noya Woodrich/ Emily Wang?	<ul style="list-style-type: none">• Quick write (5 min)• View DVD (1 hr)• Brief discussion (5 min)	6:50 – 8:00

Next Meeting: April 27, Minneapolis City Hall, Room 132

If there are any problems/changes the night of the meeting, please call 612-919-3855.

Minneapolis Department of Health & Family Support (MDHFS)
Public Health Advisory Committee (PHAC)
March 23, 2010

Members Present: Robin Schow, Sean Cahill, John Schrom, David Therkelsen, Julie Young-Burns, Renee Gust, Samira Dini, Noya Woodrich, Gavin Watt, Jim Hart, UHPAC's Representative; Dave Durenberger

Members Excused: Debra Jacoway, Clarence Jones

Members Unexcused: Mitchell Davis Jr, Doug Lemon

Staff Present: Gretchen Musicant, Emily Wang, Hattie Wiysel, David Johnson

Guests: None

John Schrom opened the meeting at 6:10 pm at City Hall, members introduced themselves.

Item	Discussion	Outcome
Minneapolis Demographics	David Johnson from the Department's Research Division presented a PowerPoint presentation to show projected census information for Minneapolis. Emily reported that you can get more <u>2000 Census information</u> on the City's website.	
Department Goals	Gretchen shared the draft of City Goals and Values with the members and a PowerPoint presentation of department information that included an overview of what kind of work we do and the department's budget, and national health goals. Gretchen invited members to attend one of the Community Meetings that the Department will be convening to get input on goal setting. Meetings will be held April 6, 6-8pm, Sabathani Community Center and April 7 th from 10:30 – 12:30 at Minneapolis Urban League.	Members will be asked to consider this framework when giving their input on department goals at the next meeting.
Urban Health Professional Advisory Committee (UHPAC) Update	Dave Durenberger, a member of UHPAC, reported the committee recently approved their 2010 action plan. The plan builds upon preliminary work Hennepin County Medical Center (HCMC) and Minnesota Visiting Nurse Association (MVNA) conducted to establish a baseline for clear and culturally competent communication between providers and their diabetic patients. It involves an evaluation tool to measure the patients' overall experience, inclusive of how they access health information and interpreter services. The outcomes will be used to create best practices. This year they will be partnering with community clinics and Sustainable Resources Center to do similar work. Next steps will be to develop policy recommendations based upon outcomes.	
Approve February 23, 2010 Minutes	Noya Woodrich moved to accept the minutes with the addition, David Therkelsen seconded the motion, all approved.	Motion to approve February 23, 2010 minutes was carried.
Community Development Block Grant (CDBG) Subcommittee	CDBG Subcommittee was formed to begin work to develop funding principles and priorities for the next round of CDBG grant process.	Noya, Sean, Renee, John, Robin and Samira volunteered for the subcommittee. First meeting will be first week of April.
Unnatural Causes – Introduction Part I	Members viewed Part I of Unnatural Causes.	
Announcements	The Mayor reappointed Gretchen as Health Commissioner for the next two years. Emily brought Census marketing materials for members to take back to their communities. Senator Franken will be at the U of M on April 9 th – Jim will forward meeting info.	

Meeting adjourned at 8:10 pm

Minutes submitted by Hattie Wiysel

**City of Minneapolis
2000 US Decennial Census Results**

General Characteristics	Number	Percent	U.S.
Total population	382,618		
Male	192,232	50.2	49.1%
Female	190,386	49.8	50.9%
Median age (years)	31.2	(X)	35.3
Under 5 years	25,187	6.6	6.8%
18 years and over	298,449	78.0	74.3%
65 years and over	34,878	9.1	12.4%
One race	365,924	95.6	97.6%
White	249,186	65.1	75.1%
Black or African American	68,818	18.0	12.3%
American Indian and Alaska Native	8,378	2.2	0.9%
Asian	23,455	6.1	3.6%
Native Hawaiian and Other Pacific Islander	289	0.1	0.1%
Some other race	15,798	4.1	5.5%
Two or more races	16,694	4.4	2.4%
Hispanic or Latino (of any race)	29,175	7.6	12.5%
Household population	364,554	95.3	97.2%
Group quarters population	18,064	4.7	2.8%
Average household size	2.25	(X)	2.59
Average family size	3.15	(X)	3.14
Total housing units	168,606		
Occupied housing units	162,352	96.3	91.0%
Owner-occupied housing units	83,408	51.4	66.2%
Renter-occupied housing units	78,944	48.6	33.8%
Vacant housing units	6,254	3.7	9.0%
Social Characteristics	Number	Percent	U.S.
Population 25 years and over	243,409		
High school graduate or higher	206,788	85.0	80.4%
Bachelor's degree or higher	91,027	37.4	24.4%
Civilian veterans (civilian population 18 years and over)	27,186	9.1	12.7%
Disability status (population 5 years and over)	60,662	17.2	19.3%

Source: U.S. Census Bureau, 2006-2008 American Community Survey

175,434	90.3	88.0%	+/-1,768	+/-1,734	+/-1,570	+/-1,734	192,400	(X)	1,508	+/-24	+/-12
158,389	90.3	88.0%	+/-1,768	+/-1,734	+/-1,570	+/-1,734	192,400	(X)	1,508	+/-24	+/-12
84,182	53.1	67.1%	+/-1,734	+/-1,734	+/-1,570	+/-1,734	192,400	(X)	1,508	+/-24	+/-12
74,207	46.9	32.9%	+/-1,967	+/-1,967	+/-1,570	+/-1,734	192,400	(X)	1,508	+/-24	+/-12
17,045	9.7	12.0%	+/-1,570	+/-1,570	+/-1,570	+/-1,734	192,400	(X)	1,508	+/-24	+/-12
233,600	(X)		+/-2,115	+/-2,115	+/-2,115	+/-2,115	192,400	(X)	1,508	+/-24	+/-12
84,182	(X)		+/-1,734	+/-1,734	+/-1,734	+/-1,734	192,400	(X)	1,508	+/-24	+/-12
539	(X)		+/-12	+/-12	+/-12	+/-12	192,400	(X)	1,508	+/-24	+/-12
1,666	(X)		+/-24	+/-24	+/-24	+/-24	192,400	(X)	1,508	+/-24	+/-12
539	(X)		+/-12	+/-12	+/-12	+/-12	192,400	(X)	1,508	+/-24	+/-12

City of Minneapolis
2006-08 American Community Survey 3-year Estimates

ACS Demographic Estimates	Estimate	Percent	U.S.	Margin of Error
Total population	358,896			+/-4,873
Male	182,062	50.7	49.3%	+/-3,243
Female	176,834	49.3	50.7%	+/-2,909
Median age (years)	34.2	(X)	36.7	+/-0.3
Under 5 years	25,994	7.2	6.9%	+/-1,389
18 years and over	285,518	79.6	75.5%	+/-3,647
65 years and over	30,558	8.5	12.6%	+/-1,195
One race	348,185	97.0	97.8%	+/-4,721
White	251,842	70.2	74.3%	+/-4,322
Black or African American	62,520	17.4	12.3%	+/-2,610
American Indian and Alaska Native	5,983	1.7	0.8%	+/-977
Asian	17,686	4.9	4.4%	+/-1,362
Native Hawaiian and Other Pacific Islander	43	0.0	0.1%	+/-53
Some other race	10,111	2.8	5.8%	+/-1,738
Two or more races	10,711	3.0	2.2%	+/-1,217
Hispanic or Latino (of any race)	33,174	9.2	15.1%	+/-2,250

Social Characteristics	Estimate	Percent	U.S.	Margin of Error
Average household size	2.15	(X)	2.61	+/-0.02
Average family size	3.01	(X)	3.20	+/-0.04
Population 25 years and over	237,866			+/-2,917
High school graduate or higher	(X)	87.5	84.5%	(X)
Bachelor's degree or higher	(X)	42.5	27.4%	(X)
Civilian veterans (civilian population 18 years and over)	20,320	7.1	10.1%	+/-1,221
With a Disability	(X)	(X)	(X)	(X)
Foreign born	51,576	14.4	12.5%	+/-2,557
Male, Now married, except separated (population 15 years and over)	53,031	35.2	52.2%	+/-1,761
Female, Now married, except separated (population 15 years and over)	48,778	33.4	48.2%	+/-1,325
Speak a language other than English at home (population 5 years and over)	62,893	18.9	19.6%	+/-2,887
Household population	340,499			+/-4,303

Economic Characteristics	Estimate	Percent	U.S.	Margin of Error
In labor force (population 16 years and over)	213,313	72.8	65.2%	+/-2,935
Mean travel time to work in minutes (workers 16 years and over)	21.9	(X)	25.3	+/-0.3
Median household income (in 2008 inflation-adjusted dollars)	47,097	(X)	52,175	+/-1,298
Median family income (in 2008 inflation-adjusted dollars)	62,405	(X)	63,211	+/-2,061
Per capita income (in 2008 inflation-adjusted dollars)	30,668	(X)	27,466	+/-822
Families below poverty level	(X)	15.4	9.6%	(X)
Individuals below poverty level	(X)	21.4	13.2%	(X)

Housing Characteristics	Estimate	Percent	U.S.	Margin of Error
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MINNEAPOLIS PUBLIC HEALTH ADVISORY COMMITTEE

1. The Public Health Advisory Committee (PHAC) for the Minneapolis Department of Health and Family Support has the following responsibilities and composition:

A. Role of the PHAC

The role of the PHAC is to advise the City Council and the Department on policy matters affecting the health of Minneapolis residents, and to serve as liaisons between the City and the community in addressing health concerns. In this role PHAC shall make every effort to ensure that the concerns represented reflect the diverse viewpoints and interests of the Minneapolis community.

B. PHAC Functions

The Public Health Advisory Committee has responsibility for the following functions:

1. To advise the City Council regarding: a) policy matters affecting health of Minneapolis residents, and b) general roles and functions of the Department of Health and Family Support.
2. To review the proposed priorities of the Department of Health and Family Support and make recommendations to the City Council;
3. To consider complaints and views expressed by residents affecting delivery of public health services in Minneapolis, forward those concerns, and make recommendations as necessary to the City Council and/or the Department of Health and Family Support;

C. Size and Composition

It is the clear intent that the composition of the Public Health Advisory reflects the diverse interests and perspectives of the Minneapolis community. It is the expectation that all parties responsible for the recruitment, recommendations to and approval of members shall make every effort to ensure the realization of this intent.

The PHAC will have up to 22 members composed of 14 residents and up to 8 other representatives. The 14 residents will be selected by having each of the 13 City Council Members appoint one member who lives or works in their respective wards, and one resident representative shall be appointed by the Mayor.

The 8 other representatives will be appointed by the City Council by requesting the following organizations to submit a nominee representing their interests;

- 1 - The Minneapolis Public Schools, Student Support and Related Services;

- 1 - Hennepin County Human Services and Public Health
- 1 - The University of Minnesota School of Public Health
- 3 (up to) - At Large appointees to be recommended by the PHAC to ensure that the membership reflects the diversity of the Minneapolis community.
- 1 - The Minneapolis Health and Human Services Leadership Group (Urban Health Professional Advisory Committee); ex-officio member
- 1 - The Minneapolis Health and Human Services Leadership Group (Urban Health Agenda Community Advisory Committee); ex-officio member
- 1 - Environmental Services of City's Regulatory Services Department; ex-officio member

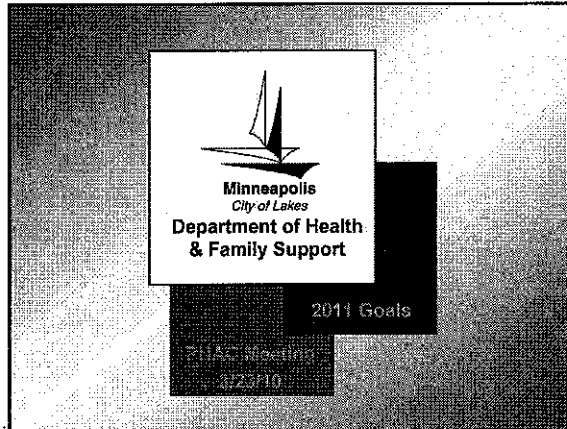
D. Organization, Term, Meeting Frequency

- 1. Continuity of membership will be assured by having an approximately equal number of terms expire each year.
- 2. All terms will be two years and no member will serve more than three consecutive terms.
- 3. The PHAC will elect a chairperson and vice-chairperson or co-chairs,
- 4. The PHAC shall establish its own operating rules and procedures and meeting schedule, provided that it meets at least six times each year to conduct its business.
- 5. A quorum shall be the majority of members appointed by Mayor and City Council Members.

E. Relationships between the PHAC, City Council and the Department of Health and Family Support

- (1) The City Council is the Board of Health and makes final decisions regarding policy and programs of the Department of Health and Family Support. The City Council's health-related Committee shall review and decide upon Department of Health and Family Support matters prior to final action by the City Council.
- (2) PHAC members are expected to communicate regularly with their respective appointing authority.
- (3) The PHAC is an advisory committee to the City Council and the Department of Health and Family Support.

- (4) The Department of Health and Family Support is responsible for providing staff assistance to the PHAC to carry out its advisory functions.
- (5) It is expected that the Department of Health and Family Support will give significant weight to the recommendations of PHAC. On those occasions when the Department cannot incorporate these recommendations into its policy and program operations, the Commissioner will provide explanation.
- (6) The Department of Health and Family Support staff will present department business to the Health and Human Services Committee. Such staff presentations shall include an explanation of how such activities fit within the framework of the priorities as approved by the PHAC.
- (7) While prime responsibility for presenting PHAC views rests with the Department of Health and Family Support staff, the PHAC may elect to designate its members to directly explain PHAC views to the Health and Human Services Committee.



2010 DHFS Budget (\$2.9 million)

- \$3.2 million in City General Funds (after supplemental 2010 reduction)
- \$2.9 million in State Community Health Service/Local Public Health grants
- \$1.8 million in Federal Maternal Child Health and TANF grants
- \$2 million in non-competitive Federal, including CDBG, regular EP, PHER 1 & 3, and ARRA vaccine
- \$6 million in non-competitive State/local/patient revenue including Family Fund, JSC, SSC, and patient revenue
- \$2.4 Million in discretionary/competitive grants, including gang, lead, HRSA Pro, TCHS, SHIP, SBC renovation (Does not include the new ARRA funding just announced)

New City Goals (draft 3/11/10)

A Safe Place to Call Home
People and businesses thrive in a safe and secure city

Economic Vitality
A world-class city and 21st century economic powerhouse

Many People, One Minneapolis
Inclusiveness is a treasured asset; everyone's potential is tapped

Livable Communities, Healthy Lives
Our built and natural environment adds character to our city, enhances our health and enriches our lives

Eco-Focused
Minneapolis is an internationally recognized leader for a healthy environment and sustainable future

A City that Works
Minneapolis is a model of fiscal responsibility, technological innovation and values-based, results-driven municipal government

Healthy People 2020

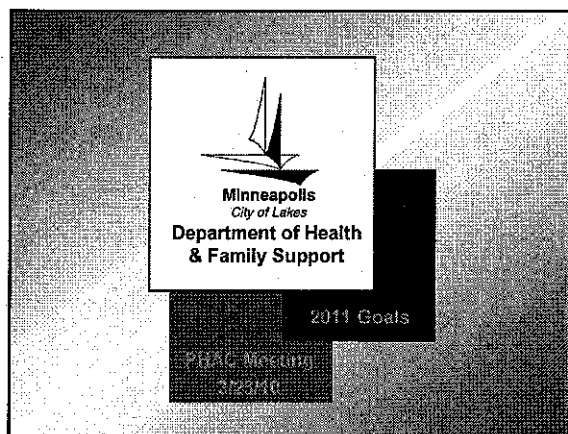
- A set of national health objectives set every 10 years
- Based on comprehensive assessment of major risks to health & wellness, changing priorities and emerging issues
- New objectives include:
 - Adolescent Health
 - Early and Middle Childhood
 - Older Adults
 - Quality of Life and Well-being
 - Social Determinant of Health

How We Operate

- Assessment & Planning
- Assurance
- Policy & Advocacy
- Research & Evaluation

Summarize Process and Invitation

- Community Forums
 - Sabathani Community Center
Tuesday, April 6, 2010
6:00 p.m. – 8:00 p.m.
 - Minneapolis Urban League
Wednesday, April 7, 2010
11:30 a.m. – 1:30 p.m.





Request for Committee of the Whole Action from the Department of City Coordinator

Date: March 11, 2010

To: Council Member Robert Lilligren, Chair, Committee of the Whole

Subject: City of Minneapolis Goals and Strategic Directions

Recommendation: Approve City of Minneapolis five-year goals, strategic directions and values.

Prepared by:
Steven Bosacker, City Coordinator, and Jay Stroebel, Director, Planning & Management

Approved by: Steven Bosacker

Presenters in Committee: Steven Bosacker

Supporting Information

The current set of City of Minneapolis goals and strategic directions was developed in a series of strategic sessions in the early months of 2006. In July 2006, the City Council passed and the Mayor approved these six goals and 31 strategic directions.

As a prelude to the new strategic work in 2010, a review session of the City's progress was held on December 11, 2009 at the Minneapolis Central Library. This day-long event provided grounding for the City's elected officials (returning and new), along with 200 managers and supervisors, of "Where We Are" in achieving progress on the goals.

Beginning in January 2010, a number of discussions and preparations for revisiting the goals have occurred, including:

- Individual conversations with all elected officials to explore the five most important accomplishments for the City in the next five years and other immediate concerns;
- An opportunity to express opinions about furthering or changing the current six goals and 31 strategic directions by the electeds and the City's department heads;
- Half-day dialogue with the 14 elected officials to determine a framework for the future development of new goals and directions held on February 10, 2010;
- Full-day strategic planning session at the Walker Art Center for the electeds and 100 City employees to further define the draft goals, as well as reconsider and refine a set of working values for the City; and,

- Review and comment around various written drafts of the goal and strategic direction statements.

The departments of the City will now go forward to begin development of their five-year business plans, drafting departmental goals and objectives that support the achievement of this new set of goals in March, April and May 2010. Once this new set of five-year goals is approved and signed they should be shared broadly with all community partners throughout the City – public, private, non-profit, educational, foundations and more.

Today's recommendation is to forward the following draft of goals and strategic directions for approval by the City Council at its April 2, 2010 meeting.

Recommended Draft City Goals & Strategic Directions

A Safe Place to Call Home

People and businesses thrive in a safe and secure city

- Collaborative and caring communities help prevent crime
- Kids ... In school, involved, inspired and connected to an adult
- Sustain gains against violent crime
- Healthy homes, welcoming neighborhoods
- Burglaries and domestic violence, focused on and fought

Economic Vitality

A world-class city and 21st century economic powerhouse

- Supportive business climate enables companies — big and small — to start here, stay here and thrive here
- Talent Mecca: connect people to training and jobs
- Strong commercial corridors and thriving business corners
- Planes, trains and streetcars move goods and workers smartly
- Teens gain career experiences and life skills
- Epicenter for the new green jobs economy
- Proactive business development: reopen Nicollet at Lake, revitalize Upper Mississippi riverfront, and realize U of M research park
- Arts & artists are economic drivers in and of themselves ~ creating jobs, spending locally and enriching our urban experience

Many People, One Minneapolis

Inclusiveness is a treasured asset; everyone's potential is tapped

- Family-friendly opportunities and amenities abound
- New arrivals welcomed, diversity embraced
- Race and class gaps closed in employment and housing
- Teen pregnancy a thing of the past
- Homelessness eliminated through prevention, outreach and housing
- Tots school-ready, teens on course
- Seniors stay and talents are tapped

Recommended Draft Working Values

City of Minneapolis

Values we work by –

Strong, strategic relationships

Our strong, strategic relationships with the private sector and governmental entities — local, regional, national and international — deliver results.

Engagement and empowerment

Our efforts ensure that residents are engaged, empowered and able to make a difference.

Results-driven

Our outcome-driven and performance-based focus delivers services that Minneapolis residents, businesses and visitors value.

Informed decision-making

Our drive to learn the facts, seek alternatives, consider the 'big picture' and analyze future implications leads to smart, confident decisions.

Transparency and accountability

Our commitment to openness and responsible action generates trust between residents and their government.

Ethical and respectful behavior

Our respect for all people means we do the right things for the right reasons.

Inclusive and diverse

Our appreciation of diversity and commitment to inclusion ensures open, meaningful dialogue that creates a welcoming community for all.

Sustainability and stewardship

Our commitment to long-term fiscal responsibility and environmental stewardship ensures that today's decisions are right for tomorrow.

March 11, 2010

Livable Communities, Healthy Lives

Our built and natural environment adds character to our city, enhances our health and enriches our lives

- Equitable, integrated transit system
- Thoughtful neighborhood design with density done right and in the right places
- Arts, culture and recreational opportunities are plentiful
- High-quality, affordable housing for all ages and stages in every neighborhood
- Active lifestyles: walkable, bikeable, swimmable
- Healthy choices are easy and economical choices

Eco-Focused

Minneapolis is an internationally recognized leader for a healthy environment and sustainable future

- Fully utilize clean, renewable energy sources
- Trees: a solid green investment
- Lakes and streams pristine
- Use less energy, produce less waste
- World class parks re-envisioned, fully used
- Homegrown food: locally produced, available and chosen

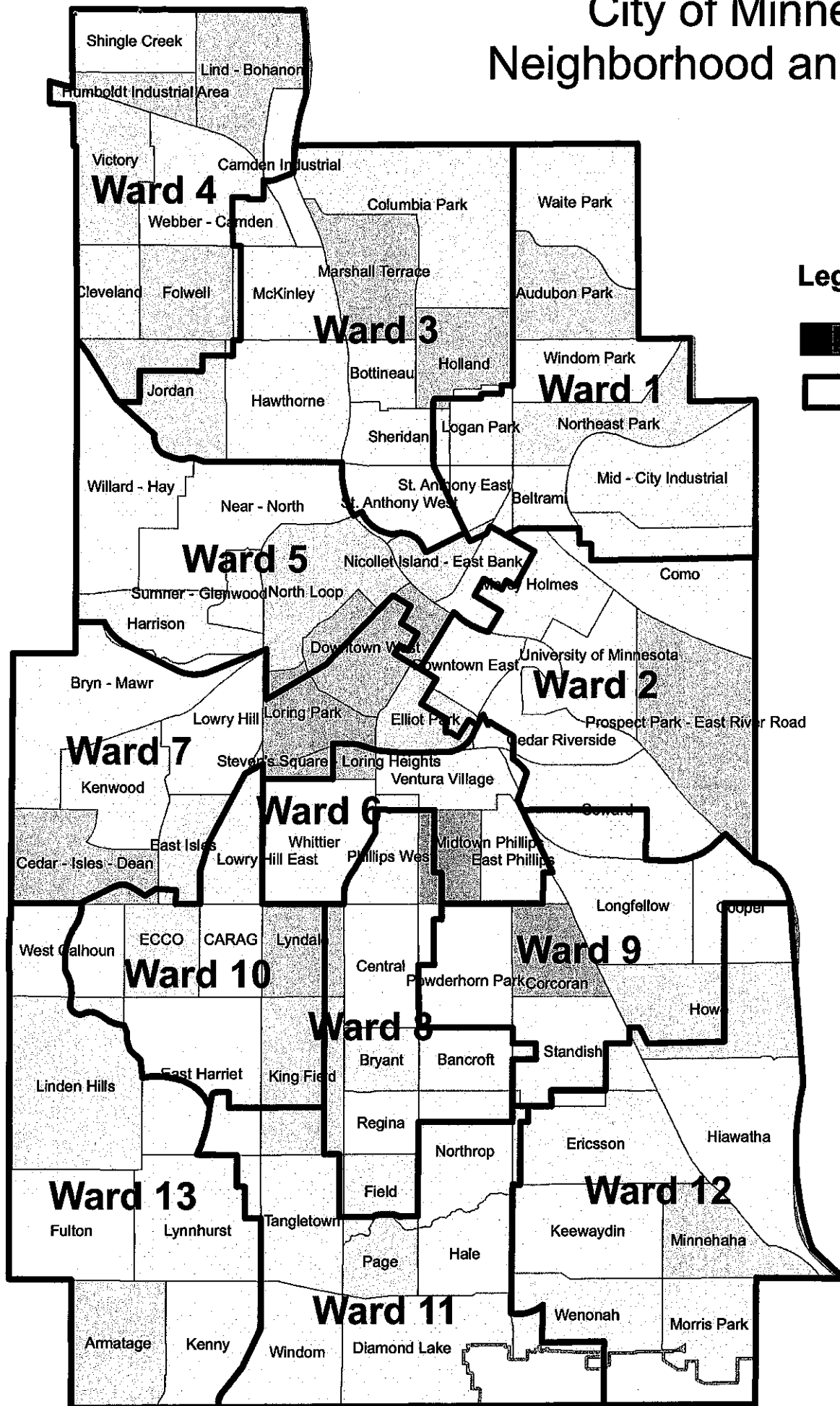
A City that Works

Minneapolis is a model of fiscal responsibility, technological innovation and values-based, results-driven municipal government

- Shared democracy empowers residents as valued partners
- 21st century government: collaborative, efficient and reform-minded
- Tax burden managed through sustainable, diversified revenue streams
- Infrastructure — streets, bridges, bike lanes & paths, sidewalks, sewers — well-managed and maintained
- City employees high-performing and engaged
- Transparency, accountability and fairness ensure citizens' confidence in their government
- A shared vision is the foundation for public-private partnerships and involved, empowered residents
- Strong partnerships with parks, schools and other governmental entities
- Optimum use of technology including unique wireless capacity

March 11, 2010

City of Minneapolis Neighborhood and Ward Map



Legend

-  Neighborhood
-  Ward



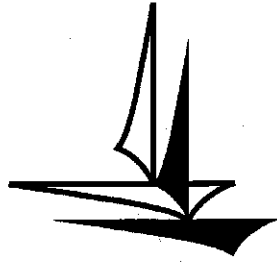
City of Minneapolis
Department of Community Planning
& Economic Development - CPED
CPED Research,
Mar. 23rd, 2010

**City of Minneapolis
Public Health Advisory Committee Members
2010**

Ward	Council Member	Committee Member	RSVP	Attend
1	Reich	Gavin Watt	✓	✓
2	Gordon	Robin Kay Schow	✓	✓
3	Hofstede	Vacant	—	—
4	Johnson	Vacant	—	—
5	Samuels	Mitchell Davis Jr	u	
6	Lilligren	Vacant	—	—
7	Goodman	Sean Cahill	✓	✓
8	Glidden	Debra Jacoway	✓	—
9	Schiff	John Schrom	✓	✓
10	Tuthill	Vacant	—	—
11	Quincy	Vacant	—	—
12	Roy Colvin	David J. Therkelsen	✓	✓
13	Hodges	Vacant	—	—
	Mayor's Representative	Clarence Jones	6:45ish ✓	
	Minneapolis Public Schools	Julie Young-Burns	✓	✓
	Hennepin County Human Services	Renee Gust	✓	✓
	U of M School of Public Health	Dr. James Hart	✓	✓
	Member at Large	Samira Dini	✓	✓
	Member at Large	Noya Woodrich	✓	✓
	Member at Large	Douglas Lemon	u	
	Professional Advisory Committee			
	Professional Advisory Committee			
	Exofficio Environmental Health	Lori Olson		

*Have
K. Zimmerman
LHPAC*

*Emily
Crutcher
Heddie Dave*



City of Minneapolis
Public Health Advisory Committee

Tuesday, April 27, 2010, 6:00 – 8:00 pm
Minneapolis City Hall
350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve March 23, 2010 Minutes	Noya Woodrich Co-Chair	Vote	6:00 – 6:10
MDHFS Goals & Strategic Directions	Gretchen Musicant	Discussion	6:10 – 6:55
CDBG Subcommittee: Recommendation for Funding Principles, Priorities & Process	Sean Cahill Samira Dini Renee Gust Deb Jacoway Robin Kay Schow John Schrom Noya Woodrich	Discussion	6:55 – 7:25
Information Sharing	All		7:25 – 7:30
Unnatural Causes – Bad Sugar	John Schrom	View DVD	7:30 – 8:00

Next Meeting: May 25, 2010 - Minneapolis City Hall, Room 132

If there are any problems/changes the night of the meeting, please call 612-919-3855.

**Minneapolis Department of Health & Family Support (MDHFS)
Public Health Advisory Committee (PHAC)
April 27, 2010**

Members Present: Robin Schow, Sean Cahill, John Schrom, David Therkelsen, Julie Young-Burns, Renee Gust, Samira Dini, Noya Woodrich, Debra Jacoway, Clarence Jones, Doug Lemon, Carmen Tesky (Urban Health Professional Advisory Committee Representative)

Members Excused: Gavin Watt, Mitchell Davis Jr.

Members Unexcused: Dr. James Hart

Staff Present: Gretchen Musicant, Emily Wang, Hattie Wiysel, Brian Thomas May

Guests: None

Noya Woodrich opened the meeting at 6:05 pm at City Hall, members introduced themselves.

Item	Discussion	Outcome
Approve March 23, 2010 Minutes	David Therkelsen moved to accept the minutes, Sean Cahill seconded the motion, all approved	Motion to approve March 23, 2010 Minutes carried.
PHAC Resolution (By-Laws)	<p>Emily Wang presented proposed changes to the committee resolution. Discussion included defining "ex-officio," "non-voting" and majority.</p> <p>Sean Cahill moved to define a quorum as "majority of appointed members." David Therkelsen seconded the motion, all approved.</p> <p>John Strom moved to adopt the document with the remaining proposed changes. Clarence Jones seconded the motion. All approved.</p>	<p>Motion to define the quorum as the majority of appointed members was carried.</p> <p>Motion to adopt the resolution with the remaining proposed changes was carried.</p> <p>Emily will submit resolution with approved changes to City Council for final approval</p>
Department Goals	<p>Gretchen Musicant presented the proposed new Vision, Mission, The Way We Work and Goals for 2011-2015. Discussion included the following suggestions:</p> <ul style="list-style-type: none"> • Is "educated" a better term than "informed" for "Communities informed and engaged for healthy environments?" • "Teen pregnancy a thing of the past" was not well received. Suggestions included "moving beyond teen pregnancy." • Using "safe youth" instead of "violence free youth" • Including "educating" with "Communities engaged in parenting & mentoring of youth." • Include "safe" and "healthy foods" under "Healthy Homes" • Would like to see stronger, intentional language. • Members asked why there were not measurable goals defined. Gretchen explained that the department does have targets and measurable outcomes that will be included in the full business plan. 	Gretchen will take these suggestions back to the department as they finalize the goals.
CDBG Subcommittee: Recommendation for Funding Principles, Priorities	<p>Noya Woodrich shared that the subcommittee has met twice to develop recommendations for priorities and principles and presented a draft. Discussion included:</p> <ul style="list-style-type: none"> • The sustainability of programs in the event CDBG runs out. Although it was not part of the priority and principles last round, sustainability was a consideration for points on the last RFP. • Clarification of violence-related risky behavior. Suggestion was to continue work on the intersection of violence with alcohol use. • This money is Federal HUD money and we have to stay within the guidelines for how this money can be used. 	<p>Gretchen Musicant will look at the Blueprint for Health for guiding principle ideas.</p> <p>Subcommittee will meet again to work on priority and principles and come back with a draft at next PHAC meeting.</p>
Information Sharing	John Schrom- Dining Out for Life is Thursday, April, 29.	
Unnatural Causes – Bad Sugar	DVD was watched by committee	

Meeting adjourned at 8:00 pm

Minutes submitted by Brian Thomas May

Department Head and City Attorney) prepares a Staff Purchasing Report (copies to City Council) and Procurement prepares the Purchase Order.

i) If the low bid is not accepted, or if only one bid is received, Procurement prepares a Council Committee letter that explains the reason for accepting the bid. This letter is signed by the Purchasing Agent and the Department Head. The requesting department recommends approval to their Council Policy Committee.

ii) If the procurement requires a contract, and is low bid, Procurement submits a letter signed by the requesting Department Head to the Ways and Means/Budget Committee for approval. Procurement will draft the formal contract and amendments or change orders pertaining to such contracts.

iii) The Council Committee recommends an action for full Council and the Mayor. The final action is published in Finance and Commerce.

iv) Contracts must be approved by the City Attorney for legality whether the contract is prepared by the City Attorney or another agency. A Park Board attorney reviews the Park Board contracts.

**City of Minneapolis
Public Health Advisory Committee Members
2010**

April

Ward	Council Member	Committee Member	RSVP	Attend
1	Reich	Gavin Watt		
2	Gordon	Robin Kay Schow	✓	
3	Hofstede	Vacant	_____	
4	Johnson	Vacant	_____	
5	Samuels	Mitchell Davis Jr	✓	
6	Lilligren	Vacant	_____	
7	Goodman	Sean Cahill		
8	Glidden	Debra Jacoway	✓	
9	Schiff	John Schrom	✓	
10	Tuthill	Vacant	_____	
11	Quincy	Vacant	_____	
12	Roy Colvin	David J. Therkelsen	✓	
13	Hodges	Vacant	_____	
	Mayor's Representative	Clarence Jones	<i>late</i> ✓	
	Minneapolis Public Schools	Julie Young-Burns	✓	
	Hennepin County Human Services	Renee Gust		
	U of M School of Public Health	Dr. James Hart		
	Member at Large	Samira Dini		
	Member at Large	Noya Woodrich	✓	
	Member at Large	Douglas Lemon		
	Professional Advisory Committee			
	Professional Advisory Committee			
	Exofficio Environmental Health	Lori Olson		

Emily Gresham May



Public Health Advisory Committee

Tuesday, May 25, 2010, 6:00 – 8:00 pm
Minneapolis City Hall
350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve April 27, 2010 Minutes	John Schrom Co-Chair	Vote	6:00 – 6:10
Youth Violence & Chemical Use: Hmong Culturally-based Perspective	Phanat Vang	Presentation/ Q & A	6:10 – 6:40
Bicycle Parking Standards & Policies for City-Owned Buildings	Robin Garwood	Presentation/ Q & A	6:40 – 6:50
Progress Report: Current CDBG Grantees	Becky McIntosh	Presentation/Q & A	6:50 – 7:05
CDBG Subcommittee: Recommendation for Funding Principles & Priorities	Sean Cahill Samira Dini Renee Gust Deb Jacoway Robin Kay Schow John Schrom Noya Woodrich	Discussion	7:05 – 7:25
Department Updates <ul style="list-style-type: none">• MN Health Plan• 2011 Budget Directives• Final Department Goals	Gretchen Musicant		7:25 – 7:35
Unnatural Causes <ul style="list-style-type: none">• What are your thoughts on what we've seen?	Noya Woodrich	Discussion	7:35 – 7:50
Information Sharing	All		7:50 – 8:00

Next Meeting: June 22, Minneapolis City Hall, Room 132

If there are any problems/changes the night of the meeting, please call 612-919-3855.

Minneapolis Department of Health & Family Support (MDHFS)
Public Health Advisory Committee (PHAC)
May 25, 2010

Members Present: Robin Schow, Sean Cahill, John Schrom, David Therkelsen, Julie Young-Burns, Samira Dini, Gavin Watt, Mitchell Davis Jr., Dr. James Hart, Robert Burdick

Members Excused: N/A

Members Unexcused: Clarence Jones, Renee Gust, Noya Woodrich, Douglas Lemon

Staff Present: Gretchen Musicant, Emily Wang, Becky McIntosh, Diane Haugesag

Guests: Phanat Vang, Mhonpaj Lee, and Robin Garwood

John Schrom opened the meeting at 6:10 pm at City Hall, and members introduced themselves.

Item	Discussion	Outcome
Approve April 27, 2010 Minutes	No discussion.	April 27 minutes approved by unanimous consent.
Unnatural Causes	Suggestions for other audiences that might screen the series &: schools, Loring Park healthy movie series, City Council members, other policy makers and professionals who do not have direct community contact. PHAC could sponsor a community forum. Statewide Health Improvement Project (SHIP) work is addressing some of these issues.	Discuss w/co-chairs – what is next step in addressing social conditions as outlined in work plan?
Youth Violence & Chemical Use: Hmong Culturally-based Perspective	<p>Phanat Vang of Asian Media Access & Mhonpaj Lee of Hennepin County Medical Center shared insights in working w/ Hmong youth, including results of focus groups conducted specific to: underage drinking, alcohol, violence, etc. Some youth have 4 or more siblings and come from single families. Parents often have limited education levels. Youth access alcohol through friends/family, including father.</p> <p>Many young males drink to "...prepare for my wedding." Traditionally, the groom must be able to continuously receive alcoholic drinks from the bride's family for as long as they offer them. To refuse a drink would be considered disrespectful. Young males want to build up their tolerance so that they "...don't black out at that time." There are situations when elders can refuse drinks due to health reasons. In this case, they would pass the drink to the next person.</p> <p>Alcohol was very limited in Laos, where the Hmong come from, while it is more abundant in the U.S. The older Hmong push younger Hmong to accept drinks out of respect. The older generation has had no education about the dangers of alcohol, including potential kidney damage, etc. Thus, youth get confused & find it difficult to understand when it's appropriate to drink. Fathers & uncles often pass the drinks around at weddings.</p> <p>Some youth have inappropriately tried to apply this practice to contemporary situations involving their friends. They will ask friends to bring an alcoholic beverage to "honor and respect" friends or others. Underage drinking leads to more drug use, gang activity, violent crime, rape, assault, etc. It is not uncommon to see 14-16 year old Hmong girls who overdosed due to "boyfriend issues." In general youth are not allowed by their parents to go out very much, including to a movie theatre. T.V./other media become the youth's parent.</p> <p>For more info: youthincharge.org</p>	

Bicycle Parking Standards & Policies for City-owned Buildings	Robin Garwood updated Committee on work of bike policy group. There is some related work under both City and county SHIP.	Policy group will bring recommendations to PHAC prior to City Council action in fall of 2010.
Progress Report: Current CDBG Grantees	Becky McIntosh reviewed Status Report of current grantees and some challenges they have faced. Many ups & downs for orgs – agencies needing to better report meeting eligibility requirements for HUD. Discussion on how to rephrase, reinforce requirements with applicants. Staff turnover, funding reductions to agencies are difficult to predict and can hurt programs. Important to train project managers to intervene earlier. Learning process for our contract managers to keep them up to speed and the effects of staff change on program outcomes.	Possible to do side by side comparison of aspirations vs. accomplishments of grantees? Suggestion to help agencies with administrative support. How can we help in this? Suggestion to provide training to agencies on how to apply and write for grants with the City.
CDBG Subcommittee: Recommendation for Funding Principles & Priorities	Jon Schrom reviewed draft of proposed priorities. Priorities were chosen to move some indicators and show some impact. CDBG funding cut 25%. Discussion re putting work with seniors back in draft. Committee agreed that this topic needed more discussion at a future meeting.	Suggestion made to keep current priorities and oversee grantees more closely. Recommendation for future – agencies need to show demonstrated work in an area. Action: If possible, put discussion of funding priorities & principles on June agenda at beginning of agenda.
Department Updates	Gretchen Musicant reviewed a document of support for the Minnesota Health Plan that has been proposed by Council member Glidden. The 2011 budget is currently being worked on. The 2011-2015 MDHFS goals have been finalized.	

Meeting adjourned at 8:00 pm

Minutes submitted by Diane Haugesag

**City of Minneapolis
Public Health Advisory Committee Members
2010**

Ward	Seat	Committee Member First	Committee Member Last	RSVP
1	Reich	Gavin	Watt	✓
2	Gordon	Robin Kay	Schow	✓
3	Hofstede	Vacant	Vacant	
4	Johnson	Vacant	Vacant	
5	Samuels	Mitchell	Davis Jr	✓
6	Lilligren	Vacant	Vacant	
7	Goodman	Sean	Cahill	✓
8	Glidden	Debra	Jacoway	
9	Schiff	John	Schrom	✓
10	Tuthill	Lizz	Hutchinson	
11	Quincy		Burdick	✓
12	Roy Colvin	David	Therkelsen	✓
13	Hodges	Vacant	Vacant	
	Mayor's Representative	Clarence	Jones	
	Minneapolis Public Schools	Julie	Young-Burns	✓
	Hennepin County Human Services and Public Health Department	Renee	Gust	
	U of M School of Public Health	Dr. James	Hart	✓
	Member at Large	Samira	Dini	✓
	Member at Large	Noya	Woodrich	
	Member at Large	Douglas	Lemon	
	Urban Health Professional Advisory Committee	Revolving	Revolving	
	Minneapolis Health & Human Services Leadership Group Representative	Revolving	Revolving	
	Minneapolis Health & Human Services Leadership Group Representative	Revolving	Revolving	
	Urban Health Agenda Community Advisory Committee Representative	Revolving	Revolving	



Public Health Advisory Committee

Tuesday, June 22, 2010, 6:00 – 8:00 pm
Minneapolis City Hall
350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve May 25, 2010 Minutes	Noya Woodrich Co-Chair	Vote	6:00 – 6:10
Youth Violence & Chemical Use <ul style="list-style-type: none">African American Cultural PerspectiveAmerican Indian Cultural Perspective	Rashida Fischer Richard Wright	Presentations/Q & A	6:10 – 7:00
Youth Violence Survey Results	U of M Urban 4-H Youth Violence Working Group	Presentation/Q & A	7:00 – 7:30
CDBG: Funding Priorities & Principles	Sean Cahill Samira Dini Renee Gust Deb Jacoway Robin Kay Schow John Schrom Noya Woodrich	Discussion/Vote	7:30 – 7:50
Department Updates	Gretchen Musicant		7:50 – 7:55
Information Sharing	All		7:55 – 8:00

Next Meeting: July 27, Minneapolis City Hall, Room 132

If there are any problems/changes the night of the meeting, please call 612-919-3855.

Minneapolis Department of Health & Family Support (MDHFS)
Public Health Advisory Committee (PHAC)
June 22, 2010

Members Present: Sean Cahill, John Schrom, David Therkelsen, Julie Young-Burns, Samira Dini, Mitchell Davis Jr., Dr. James Hart, Robert Burdick, Renee Gust, Noya Woodrich, Douglas Lemon

Members Excused: Gavin Watt, Robin Schow, Lizz Hutchinson, Clarence Jones

Members Unexcused: Debra Jacoway

Staff Present: Gretchen Musicant, Emily Wang, Brian Thomas May, Angela Hackel

Guests: Rashida Fischer, U of M Urban 4-H Youth Violence Working Group: Souksavath Nantharath (North H.S.), Adriana Leal (Southwest H.S.), Brandy Matute (Southwest H.S.), Gao Lee (Patrick Henry H.S.), Frank Rypa (South H.S.), Jodi Anderson and Kathryn Sharpe

Noya Woodrich opened the meeting at 6:05 pm at City Hall, and members introduced themselves.

Item	Discussion	Outcome
Approve May 25, 2010 Minutes	No discussion.	May 25 minutes approved by unanimous consent.
Youth Violence & Chemical Use	<p>Rashida Fischer from African American Family Services gave a report on how alcohol use in the African American community can increase violence. She works with outpatient care, focusing on adolescent mental health and alcohol screening. She presented on Alcohol and Violence in African American Youth (See handout).</p> <p>Highlights include:</p> <ul style="list-style-type: none"> • Alcohol addiction is a brain disease/disorder • Alcohol advertising is focused on youth; hip-hop music promotes alcohol and violence • The earlier you consume, the more likely you are to develop addiction (biological), which can be exasperated by familial & peer influences • Alcohol availability (bars and liquor stores) is more prevalent in predominately African American neighborhoods • Although there's an intersection between socioeconomic and cultural factors which occurs involving youth, cultural responsiveness of interventions is important • New research shows links with aggression and alcohol – acts are more severe under the influence. Does aggression encourage alcohol use or vice versa? There is more exposure to violence in urban settings, especially for purposes of protection. <p>Q&A:</p> <ul style="list-style-type: none"> • Most young people Rashida screens have a history of violence. • Could we foster relationships with bars and stores to help enforce laws? • Most violence in young people is occurring in school/community (outside of home) • Some youth believe respect = fear and power = control • Youth will need more time than adults with treatment <p>Recommendations:</p> <ul style="list-style-type: none"> • Harm reduction is more effective than abstinence • Focus on the family dynamic, including alcohol use among family members. Don't blame the victim- many people are products of their environment, including economic & social discrimination. Adolescents need family involvement for successful treatment. When 1 person gets healthier, it starts to spread in the family. • Cognitive behavioral therapy & motivational interviewing 	

	<p>can help people recognize they have a problem & take new actions</p> <ul style="list-style-type: none"> • Empower community to do self-advocacy (i.e. teach communication, advocacy, & civic engagement participation skills) • Recognize early warning signs (i.e. poor connections with teachers, truancy, etc.) 	
Youth Violence Survey Results	<p>U of M Urban 4-H Youth Violence Working Group presented preliminary results of survey youth developed to determine what people think about youth violence and how it affects them. (See power point). Survey has been handed out in schools, community events (i.e. Peace Jam) and at conference in Washington, D.C. Goal is to have 1000 surveys completed by end of 2010.</p> <p>Youth created an action plan which includes: mentoring middle school youth (i.e. Anwatin); providing extra-curricular activities focused on reducing violence.</p> <p>Q & A:</p> <ul style="list-style-type: none"> • Communication breakdown leads to violence. • Lack of leaders and role models • Members supported and thanked youth for their initiative and presentation 	Gretchen Musicant encouraged youth to contact MDHFS if they see anything missing from the Blueprint for Action: Preventing Youth Violence in Mpls.
CDBG Funding Priorities & Principles	<p>Subcommittee shared draft recommendations with committee. (See handout: Proposed Funding Priorities and Principles). Recommendation includes 2 categories of funding priorities: 1- Sexual Health (Teen Pregnancy Prevention & HIV/STI Reduction); 2- Violence-related Risky Behavior (Parent support & Culturally appropriate rites of passage)</p> <p>After discussion, committee voted on funding priorities. Survey results (top to bottom): Teen Pregnancy Prevention, Violence & Parent Support, Violence & Culturally Appropriate Rites of Passage, HIV/STI Reduction, and Seniors.</p> <p>Motion to adopt sub-committee recommendations with changing the word “develop” in 2.b to “deliver”</p>	<p>Motion carried and approved by committee. David Therkelsen abstained.</p> <p>Becky McIntosh will be asked to supply year-end data on current CDBG grantees.</p>
Department Updates	<p>Gretchen Musicant provided brief updates. MDHFS has received Statewide Health Improvement Program (SHIP) and Communities Putting Prevention to Work (CPPW) state and federal grants respectively. Youth Gang Crime and Prevention Services report focused on North Mpls neighborhoods of: Folwell, Hawthorn, & McKinley is complete & posted on website: http://www.ci.minneapolis.mn.us/dhfs/yvpreport.asp</p> <p>Final 2011 MDHFS budget has been submitted to the Mayor.</p>	

Meeting adjourned at 8:00 pm

Minutes submitted by Brian Thomas May

Alcohol and Violence in African American Youth

African American Family Services
Rashida Fisher, BA, LADC

Prevalence

- Alcohol is the most widely used drug among African American youth
- While African-American youth consume less alcohol than their White and other ethnic minority peers, more than a third (37%) of African-American high school students are regular drinkers (i.e. at least once in the past 30 days).
- In the African-American population in general, abstinence rates are higher than in the general population, but so are prevalence of heavier drinking and levels of alcohol-related health consequences.

Alcohol and Advertising

- A growing body of research has shown that youth who are exposed to alcohol marketing are more likely to drink and drink heavily.
- African-American youth ages 12 to 20 were consistently exposed to substantially more magazine advertising for distilled spirits and beer than were youth in general
 - 17% more beer and ale magazine advertising
 - 43% more distilled spirits magazine advertising
- Alcohol advertising was placed on all 15 of the most-watched television programs among African-American youth

Alcohol and Advertising

- The link between exposure to alcohol marketing and early initiation of alcohol use is of particular concern because of numerous studies that have shown that the earlier youth begin drinking, the more likely they are to become alcohol-dependent¹⁷

Alcohol and Aggression

- Studies of aggressive behavior show:
 - Alcohol makes subjects more aggressive
 - Increases negative verbal behavior
- Old research shows no associations
- Newer research consistently shows associations of
 - Acute intoxication and aggression/ violence
 - Physical violence more prevalent than verbal
 - Episodes where individual was drinking
 - More acts of violence and
 - More severe violence

Alcohol and Violence

- Alcohol use contributes to the three leading causes of death among African-American youth between ages 12 and 20: homicide, unintentional injury (including motor vehicle crashes) and suicide.
- Alcohol is the drug MOST commonly associated with IPV(Intimate Partner violence)
- Alcohol availability is closely linked to violent assaults. Communities/ neighborhoods with more bars and liquor stores per capita experience more assaults.

Cultural Considerations

- Family:
 - Exposure to family violence
 - Hx of abuse/ neglect
 - Parental criminality
 - Parental attitudes
- Community and Neighborhood:
 - Exposure to violence and racial discrimination
 - Poverty
- Peer — related:
 - Gang membership
 - Availability of alcohol and firearms



Youth Violence Survey
Spring 2010
By the Urban 4-H CWF 2009 group

The purpose of this survey is to find out what people think about youth violence and how it affects them. Your answers will help us to educate ourselves and others, understand other people's opinions, and take action to reduce youth violence.

We are a group of teenagers who live in different environments but yet face the same challenges of youth violence. We feel like everyone deserves a chance for a brighter future and a safe environment.

1. From 1-10, how often does youth violence occur in your community?

Almost never Almost constantly
1 2 3 4 5 6 7 8 9 10 Don't Know

2. How safe do you feel in your neighborhood?

I feel very safe I'm scared to go outside
1 2 3 4 5 6 7 8 9 10 Don't Know

3. How safe do other people from outside of your neighborhood think it is?

Very safe Very dangerous
1 2 3 4 5 6 7 8 9 10 Don't Know

4. Do you think that youth violence is a major issue? (Circle one) Yes No
Why or why not?

5. In your opinion, is the violence in your community mostly caused by (circle all that apply):

Youth	Economic/Social status
Gangs	Other: _____
Adults	I don't think there's any violence in my
Drugs	community
Stress/pressure	I don't know
Racism/discrimination	

6. Do you know of any youth violence prevention programs in your community? (Circle one) Yes No
Examples of programs:

7. How do you describe violence in your own words?

8. In your opinion, what could a teen group do to help prevent or reduce violence?

DRAFT
Proposed Funding Priorities & Principles
 Community Development Block Grant (CDBG) Public Service Funds

Background

\$0-\$400,000 will be available in grants of up to \$75,000 for the period of June 1, 2011-May 31, 2013 (CDBG Year 37-Year 38).

Funding Priorities

1. **Sexual health**

a. **Teen pregnancy prevention**

Provide programs to prevent initial or repeat teen pregnancies. Activities may be focused on health or youth development services, and applicants must describe how these services are designed to reduce teen pregnancy.

b. **HIV/STI reduction**

Provide programs to prevent or identify HIV/STIs among high-risk adolescents and young adults. Activities may be focused on health or youth development services, and applicants must describe how these services are designed to reduce infections or promote early testing and treatment.

2. **Violence-related risky behavior**

Provide education programs for parents, guardians, or caregivers of youth ages 8-18 years who are at risk for engaging in violence. Program activities must include support, education, and skill building opportunities for the parents served by the program, and must include components that address mental health and alcohol use. *Proposals that target services solely to youth are ineligible for this funding.*

Programs funded under this priority will be selected based on their alignment with recommendations from the *Blueprint for Action: Preventing Youth Violence in Minneapolis*.

<http://www.ci.minneapolis.mn.us/dhfs/yv.asp>

Applicants can address either option "a" or "b" described below in their proposal.

a) **Parent support**

Increase the number of training and support programs available for parents of youth so:

- i. They have the knowledge, tools, and resources to recognize early warning signs and raise teens that do not condone or engage in violence, OR
- ii. They have the knowledge, tools and resources they need to get at-risk youth, including those involved with the juvenile justice system or re-entry, back on the right track

b) **Culturally appropriate rites of passage**

Develop relevant & culturally appropriate rites of passage from childhood to adulthood to support a comprehensive process for youth to maintain their cultural traditions and ties to their cultural community. Helping these youth & their families will alleviate many community concerns and buoy their confidence and civic engagement.

Funding Principles

1. Intergenerational relationships-proposals should clearly describe how the proposed activities will create community & foster intergenerational relationships between youth & adults (multicultural or culturally-based)
2. Culturally competent –proposals must clearly identify the target community(ies) to be served, and should illustrate how the proposed activities will be culturally competent. Applicants need to demonstrate their ability to reach the populations they propose to serve through a description of their track record with the targeted community, their staff & board composition, & specific outreach activities.
3. “Family” support- proposals should focus services towards activities that support the whole family, and not just an individual, when feasible & beneficial
4. Involvement of clients in the design & governance of the project –proposals should clearly articulate how clients to be served have been & will continue to be involved in the design & governance of the project.
5. Reducing health disparities-proposals should clearly articulate the population to be served and the health status disparities they experience, & describe how the applicant will address inequities in services, access to resources, or other conditions that affect the well-being of communities or individuals.
6. Strength of evidence for selected approach-proposals should clearly describe the evidence of effectiveness for the activities they plan to implement, and how these will address the specific needs of the target population.
7. Expand street level outreach-proposals should clearly describe how they will conduct outreach, including door-to-door strategies, in order to engage families and re-connect youth exhibiting risky behavior with quality education and employment opportunities.

**City of Minneapolis
Public Health Advisory Committee Members
2010**

1	Reich	Gavin	Watt	E	
2	Gordon	Robin Kay	Schow	E	
3	Hofstede	Vacant	Vacant		
4	Johnson	Vacant	Vacant		
5	Samuels	Mitchell	Davis Jr	R	✓
6	Lilligren	Vacant	Vacant		
7	Goodman	Sean	Cahill	R	✓
8	Glidden	Debra	Jacoway	U	
9	Schiff	John	Schrom	R	✓
10	Tuthill	Lizz	Hutchinson	E	
11	Quincy	Robert	Burdick		✓
12	Roy Colvin	David	Therkelsen	R	✓
13	Hodges	Vacant	Vacant		✓
	Mayor's Representative	Clarence	Jones	E	
	Minneapolis Public Schools	Julie	Young-Burns	R	✓
	Hennepin County Human Services and Public Health Department	Renee	Gust	R	✓
	U of M School of Public Health	Dr. James	Hart	R	✓
	Member at Large	Samira	Dini		✓
	Member at Large	Noya	Woodrich	R	✓
	Member at Large	Douglas	Lemon		✓
	Urban Health Professional Advisory Committee	Revolving	Revolving		
	Minneapolis Health & Human Services Leadership Group Representative	Revolving	Revolving		
	Minneapolis Health & Human Services Leadership Group Representative	Revolving	Revolving		
	Urban Health Agenda Community Advisory Committee Representative	Revolving	Revolving		

Gretchen Musicant
Brian May
Emily Wamba
Angela Hackel

MDHFS



Public Health Advisory Committee

Tuesday, July 27, 2010, 6:00 – 8:00 pm
Minneapolis City Hall
350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve June 22, 2010 Minutes	John Schrom Co-Chair	Vote	6:00 – 6:10
Youth Violence & Alcohol Use <ul style="list-style-type: none">American Indian Cultural PerspectiveLatina Cultural Perspective	Richard Wright Mitch Roldan (Invited)	Presentations/Q & A	6:10 – 7:00
CDBG Year-end Report	Becky McIntosh	Report	7:00 – 7:20
Upcoming CDBG Process	Subcommittee	Discussion	7:20 – 7:40
Youth Violence & Alcohol Use	Subcommittee	Update	7:40 – 7:50
Department Updates	Gretchen Musicant		7:50 – 7:55
Information Sharing	All		7:55 – 8:00

Next Meeting: Aug 24th, Minneapolis City Hall, Room 132

If there are any problems/changes the night of the meeting, please call 612-919-3855.

Minneapolis Department of Health & Family Support (MDHFS)
Public Health Advisory Committee (PHAC)
July 27, 2010

Members Present: Gavin Watt, Robin Schow, Sean Cahill, Debra Jacoway, John Schrom, Lizz Hutchinson, Clarence Jones, Julie Young-Burns, Samira Dini, Mitchell Davis Jr., Dr. James Hart, Robert Burdick, Renee Gust, Barb Grossman

Members Excused: David Therkelsen, Douglas Lemon

Members Unexcused: Noya Woodrich

Staff Present: Gretchen Musicant, Emily Wang, Brian Thomas May, Becky McIntosh

Guests: Richard Wright, Indian Health Board of Minneapolis

John Schrom opened the meeting at 6:01 pm at City Hall, and members introduced themselves.

Item	Discussion	Outcome
Welcome & Introductions Approve June 22, 2010 Minutes	<ul style="list-style-type: none"> Renee Gust moved to accept minutes Clarence Jones seconded the motion 	<ul style="list-style-type: none"> Motion is carried
Youth Violence & Alcohol Use	<ul style="list-style-type: none"> Richard Wright shared his experiences working in related fields, primarily with the Native community since 1976. He is a provider at the Indian Health Board of Minneapolis and has also served as Hennepin County pre-sentence investigator and Chemical Dependency counselor at Hazelden. (See handouts distributed: school presentation & Wisug Tips to Stay Safe-targets elementary grades). He works with out-patient alcohol dependent adolescents Family dysfunction can lead to alcohol use. He's worked closely with Minneapolis Police Dept (MPD), Minneapolis Public Schools (MPS) & court system to find behavioral risks in kids (truancy, discipline issues, etc). He works to strengthen families to lessen risks found in kids. (i.e. encourage adults to obtain the next education level, etc.) This has proven to keep kids safer. Many kids come to IHB addicted to drugs. Kids often raid parents', aunts' and uncles' medications for their "Skittle Parties." Challenge: How to engage 2nd/3rd grade kids in a non-threatening way? Richard created a ventriloquist act on safety and drug use. Worked to get inhalants (white out, rubber cement, etc) out of classrooms. Kids could inhale 3-5 inhalants/classroom, so tried to institute policy to use non-toxic alternatives, which wasn't sustained. We need Chemical Dependency counselors in all schools. They can be used very effectively to address these issues. Little Earth housing project has experienced more evictions in the last several years than ever in order to get rid of problem families. This has helped keep violence levels down. No murders in the last 5 years. Effective services provided on site include: completing Rule 25 assessments for parents & children and following recommendations; setting goal in obtaining the next highest educational level, including GED; and assistance in seeking employment. Has seen kids come to clinic as young as 4 addicted. Older kids, including siblings, give them alcohol. Send kids to treatment for 45 days, but then return to toxic home where adults are using. Focus needs to be on treating parents' disease, not just the kid's. Chisago Brown Study at Hazelden involved schools and 	

	<p>law enforcement (Sheriff's department) to institute a youth drug court which helped kids stay in school by providing positive awards, leading to positive outcomes.</p> <ul style="list-style-type: none"> • Kids don't know they have a problem. Alcohol is a way of life. So, it's the social worker, rarely the parent, who brings the youth to see Richard. • On reservations, the median age for CD counseling is 15. • School assignments for teens to report on laws re: possessing substances (i.e. cannibus) and learn what related crimes youth can be charged with, helps raise awareness & prevent using drugs and alcohol. • If you are kind to yourself and feel needed, you will treat yourself well. • "Culture is prevention" PTSD is due to loss of culture- parents stopped parenting, kids went to boarding schools where their hair was cut, language not taught. Now parents are learning to parent and play with their kids. Traditions are returning- schools are now language immersion, hundreds of toddlers are dancing again, Indian names are being given again to those who are able to follow the four philosophical laws of the Red Road path of life in the Ojibwas culture: honest, kind, share, and strong. • In mid-1990s, Richard believes the advent of health plans made it challenging for working poor to be eligible for insurance, many feel between the cracks, which ultimately led to greater disparities, including mental health. • Recommendations: treat the parents, use programs to reduce disparities, bring back the work subsidy program for low-income kids, outsiders of the native community can ask, "How can we help?" 	
CDBG Year-end Report	<ul style="list-style-type: none"> • Review of reports by Becky McIntosh • Lao Family Center – didn't work since families wouldn't provide income verification. Is not funded for second year. • Wellshare - Member stated funding seems to always go to Cedar/Riverside & Seward. Needs to be spread out to best serve the Somali population. • Division of Indian Work – no longer funded, couldn't meet funding requirements • Take-aways – hard to meet HUD requirements, recession has impact, small organizations are hard to keep running. 	
Upcoming CDBG Process	<ul style="list-style-type: none"> • Emily Wang reviewed that survey results from previous grant cycle's community and staff reviewers, and other health-related institutions' RFP processes, helped to inform the proposed 2011-2013 CDBG RFP process. Presented draft process. (See handout). • Focus is on grant requirements of federal HUD, the funding source. New this cycle, MDHFS is proposing to add a pre-application step, in order to help all parties involved ensure eligibility before too much time is invested in the full proposal stage • May want to consider having agencies come to present to full PHAC 	<p>Renee Gust moved to accept draft as process. Gavin Watt Seconded motion</p> <ul style="list-style-type: none"> • Renee Gust amended motion to give power to MDHFS staff to tweak process as needed. PHAC members have 1 week to give any ideas for changes. • Gavin Watt Seconded amended motion • Full motion carried.
Youth Violence & Alcohol Use	<ul style="list-style-type: none"> • Emily Wang reviewed subcommittee notes & timeline for developing final recommendations (see handout). 	<p>Recommendations will be presented at Blueprint for Action's 11/30/10 Executive Committee meeting.</p>
Department Updates	<ul style="list-style-type: none"> • Gretchen Musicant hopes recommendations can lead to link between alcohol and violence. • Budget cuts unknown until new governor is in place. 	

Meeting adjourned at 8:00 pm

Minutes submitted by Brian Thomas May

I. PLEASE INCLUDE A NARRATIVE REPORT BASED ON ACCOMPLISHMENTS NOT INCLUDED BELOW TOWARDS MEETING THE GOALS OF THE PROJECT.

II. OUTCOME TABLE AND TIMELINE BENCHMARKS

PROJECTED

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	4 TH QUARTER	FINAL
# of clients served	150	135	135	125	240
# Home Health Visits	60	50	50	40	200
% kept out of LTC	-	-	-	-	(100 %)
# blood pressure checks	465	450	410	375	1700
# clinic referrals	20	10	10	20	60

ACTUAL

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
# of clients served	149	141	154	128	258
# Home Health Visits	68	68	83	89	308
% kept out of LTC	-	-	-	-	100%
# blood pressure checks	556	484	496	384	1920
# clinic referrals	42	37	39	22	140

Year 35
Awarded/used \$23K

Year 36
Awarded \$23K

Southwest Seniors

II. OUTCOME TABLE AND TIMELINE BENCHMARKS

PROJECTED

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	4 th QUARTER	FINAL
# Community health clinics	10	15	15	10	50
# blood pressure checks	60	120	120	50	350
# of exercise classes	10	10	10	10	40
Nursing Services:					
# Home health clients served	5	5	5	5	20*
# Home health visits made	50 visits	50 visits	50 visits	50 visits	200
# PHN clients served in home	5	5	5	5	20*
# PHN visits in home	30	30	30	30	120
# seniors kept out of LTC	-	-	-	-	20

* Final unduplicated total served.

ACTUAL

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	4 th QUARTER	FINAL
# Community health clinics	10	13	13	7	43
# blood pressure checks	94	101	95	55	345
# of exercise classes	17	22	23	17	79
Nursing Services:					
# Home health clients served	21	22	23	20	32
# Home health visits made	97	34	79	65	275
# PHN clients served in home	10	8	9	8	35
# PHN visits in home	22	17	37	16	92
# seniors kept out of LTC	-	-	-	-	29

Year 35
Awarded/used \$23K

Year 36
Awarded \$23K

*Longfellow School
Healthy Seniors*

II. OUTCOME TABLE AND TIMELINE BENCHMARKS
PROJECTED

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	4 th QUARTER	FINAL
# Clients Served	53	53	53	53	212
# home nursing visits	42	42	42	42	168
# fall prevention assessments	-	-	-	-	8
# special outreach contacts	34	34	34	34	136
# kept out of LTC	-	-	-	-	

ACTUAL

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	4 th QUARTER	FINAL
# Clients Served	198	308	203	226	355 <i>167%</i>
# home nursing visits	27	21	35	69	152 <i>90%</i>
# fall prevention assessments	9	8	8	14	39 <i>actual</i>
# special outreach contacts	79	130	78	109	155 <i>actual</i>
# kept out of LTC	23/24	21/21	14/15	46/48	96%

*Year 35
Awarded \$23,000
Used \$23,000*

*Year 36
Awarded \$23,000*

I. II. OUTCOME TABLE AND TIMELINE BENCHMARKS
PROJECTED

Catholic Charities
Homeless Services

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
Conduct weekly pre-housing support groups. (40 total)			13	13	26
Assess and identify homeless elders.			13	13	26
Refer clients to housing and assist in application process			10	12	20
Clients will be re-housed in improved housing situations			10	10	35
Conduct weekly post-housing support groups.			8	8	30
Identify and refer clients for ongoing support and services.			5	5	20

Actual

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
Conduct weekly pre-housing support groups	N/A	N/A	13	21	34
Assess and identify homeless elders.	N/A	N/A	13	21	34
Refer clients to housing and assist in application process	N/A	N/A	12	18	30
Clients will be re-housed in improved housing situations	N/A	N/A	10	16	26
Conduct weekly post-housing support groups.	N/A	N/A	12	11	23
Identify and refer clients for ongoing housing support and services.	N/A	N/A	13	19	32

130%

130%

150%

(74%

77%

160%

year 35 (4/09 - 3/10):
Awarded \$69,000
Used \$26,189 (38%)

year 36 (4/10 - 3/11):
Award \$49,000

Seniors

WellShore (MIHV)
Seniors

II. OUTCOME TABLE AND TIMELINE BENCHMARKS

NOTE: As the new scope of services and benchmarks have yet to be approved, we will continue to use the only approved version for reporting.

PROJECTED

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
Conduct initial assessment of elders & develop care plan with specific goals & tasks	50 assessment visits and plans	85 of assessment visits and plans	85 of assessment visits and plans	80 of assessment visits and plans	300 assessment visits and plans
Conduct health & resource fairs to promote information sharing among elders & those who serve them.		Reaching 75 elders Reaching 15 providers	Reaching 75 elders Reaching 15 providers		Reaching 150 elders Reaching 30 providers
Conduct 3 month follow-up visit with elders to assess status of care plan.		40 elders visited 30 on track with care plan (70% of those followed)	60 elders visited 45 on track with care plan implementation	60 elders visited 45 on track with care plan implementation	160 elders visited 120 on track with care plan implementation
Conduct 6 month follow-up visit with elders to assess status of care plan implementation.			40 visited 30 on track with care plan implementation	60 visited 45 on track with care plan implementation	100 visited 75 on track with care plan implementation
Elders participating regularly (once per week) in fitness program & set personal fitness goals.		20 elders participating	15 repeat elders participating 5 new elders participating	20 repeat elders participating 5 new elders participating	20 unduplicated elders participating
Quarterly assessment of physical activity, social connectedness/support.		40 elders assessed	60 elders assessed	60 elders assessed	160 elders assessed

Year 35
Awarded \$69,000
used 41,585 (60%)

Year 36
\$69,000

Seniors

WellShore (MIHV)
Seniors

II. OUTCOME TABLE AND TIMELINE BENCHMARKS

NOTE: As the new scope of services and benchmarks have yet to be approved, we will continue to use the only approved version for reporting.

PROJECTED

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
Conduct initial assessment of elders & develop care plan with specific goals & tasks	50 assessment visits and plans	85 of assessment visits and plans	85 of assessment visits and plans	80 of assessment visits and plans	300 assessment visits and plans
Conduct health & resource fairs to promote information sharing among elders & those who serve them.		Reaching 75 elders Reaching 15 providers	Reaching 75 elders Reaching 15 providers		Reaching 150 elders Reaching 30 providers
Conduct 3 month follow-up visit with elders to assess status of care plan.		40 elders visited 30 on track with care plan (70% of those followed)	60 elders visited 45 on track with care plan implementation	60 elders visited 45 on track with care plan implementation	160 elders visited 120 on track with care plan implementation
Conduct 6 month follow-up visit with elders to assess status of care plan implementation.			40 visited 30 on track with care plan implementation	60 visited 45 on track with care plan implementation	100 visited 75 on track with care plan implementation
Elders participating regularly (once per week) in fitness program & set personal fitness goals.		20 elders participating	15 repeat elders participating 5 new elders participating	20 repeat elders participating 5 new elders participating	20 unduplicated elders participating
Quarterly assessment of physical activity, social connectedness/support.		40 elders assessed	60 elders assessed	60 elders assessed	160 elders assessed

Year 35

Awarded \$69,000

used 41,585 (60%)

Year 36

Awarded \$69,000

4UP

Centro Cultural

II. OUTCOME TABLE AND TIMELINE BENCHMARKS

PROJECTED OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
# of families participating in program	18	18	18	18	36 families in 6 month program
3 of families able to name at least 3 sources of support	15	15	15	15	30
# of families reporting increased knowledge of parenting youth ages 10-18	15	15	15	15	30
# of parents increasing their cultural arts skills	15	15	15	15	30
# of parents demonstrating their cultural arts skills					20

Actual OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
# of families participating in program	29	50	36	22	58 161%
# of families able to name at least 3 sources of support	10	25	28	15	43 143%
# of families reporting increased knowledge of parenting youth ages 10-18	20	50	20	15	35
# of parents increasing their cultural arts skills	29	50	36	22	58
# of parents demonstrating their cultural arts skills	29	50	36	22	58

) exceeded

yr 35
Awarded/ \$ 47,000
Used

yr 36
Awarded \$ 47,000

youth Violence Prevention

~~MPLS~~ MPLS Urban League

II. OUTCOME TABLE AND TIMELINE BENCHMARKS

PROJECTED

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
# of families participating in boot camp		15	15	15	45
# of families completing boot camp		15	15	15	45
# of families with developed Wellness plans based on wellness assessments		15	15	15	45
# parents reporting that their children have not been victim or perpetrator of a violent act		15	15	15	45
# parents reporting having developed new skills and strategies to reduce violence		15	15	15	45

Actual

Outcomes	First quarter	Second Quarter	Third Quarter	Fourth Quarter	Final
# of families participating in boot camp	14	9	0	11	34 76%
# of families completing boot camp	0	13	8	11	32 71%
# of families with developed Wellness plans based on wellness assessments	14	9	0	11	34 76%
# parents reporting that their children have not been victim or perpetrator of a violent act	0	12	8	11	31 69%
# parents reporting having developed new skills and strategies to reduce violence	0	12	8	11	31 69%

yr 35
 Awarded \$69,000
 used \$65,536 (95%)

yr 36
 Awarded \$69,000

YUP

Lao Family Com.

II. OUTCOME TABLE AND TIMELINE BENCHMARKS

PROJECTED

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
# of Families receiving Monthly Home visits	15	15	15	15	27
# of parents reporting having learned new parenting skills	0	15	18	18	18
# of parents reporting decreased violence in their home after case closing	0	5	15	15	18
# of parents reporting positive changes in children's behavior and attitudes after case closing	0	5	15	15	18

Actual

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
# of Families receiving Monthly Home visits	5	6	6	5	10 37%
# of parents reporting having learned new parenting skills	0	2	2	2	4 22%
# of parents reporting decreased violence in their home after case closing	0	2	0	2	4 ↓
# of parents reporting positive changes in children's behavior and attitudes after case closing	0	2	1	2	4 ↓

Yr 35
 Awarded \$69,000
 Used 46,585 (68%)

Yr 36
 Awarded \$0

Actual

OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
Minneapolis low income teens receive physical examinations	Minneapolis low income teens receive physical examinations <i>NA</i>	Minneapolis low income teens receive physical examinations <i>NA</i>	Minneapolis low income teens receive physical examinations <i>NA</i>	Minneapolis low income teens receive physical examinations <i>NA</i>	Minneapolis low income teens receive physical examinations <i>NA</i>
Minneapolis low income teens will receive group and/or individual health education from the CNP	%/ Minneapolis low income teens will receive health education from the CNP group <i>0</i> group individual <i>0</i> total	<i>64%</i> / <i>16</i> Minneapolis low income teens will receive health education from the CNP group <i>16</i> group individual <i>16</i> total	<i>26%</i> / <i>67</i> Minneapolis low income teens will receive health education from the CNP group <i>67</i> group individual <i>67</i> total	<i>27%</i> / <i>69</i> Minneapolis low income teens will receive health education from the CNP group <i>69</i> group individual <i>69</i> total	<i>49%</i> / <i>152</i> Minneapolis low income teens will receive health education from the CNP group <i>152</i> group individual <i>152</i> total
Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program	Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program <i>125 Am 1525</i>	Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program <i>125 Am 1525</i>	Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program <i>125 Am 1525</i>	Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program <i>125 Am 1525</i>	Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program <i>125 Am 1525</i>
Patient advocates will provide Minneapolis low income teens community resource information	Patient advocates will provide <i>NA</i> Minneapolis low income teens community resource information	Patient advocates will provide <i>NA</i> Minneapolis low income teens community resource information	Patient advocates will provide <i>NA</i> Minneapolis low income teens community resource information	Patient advocates will provide <i>NA</i> Minneapolis low income teens community resource information	Patient advocates will provide <i>NA</i> Minneapolis low income teens community resource information

0% of teens became pregnant during grant year.

yr 35
Awarded \$66,000
Used 47,190 (72%)

yr 36
Awarded \$47,000

Teen Pregnancy Prevention

Southside Community
Health Services

II. OUTCOME TABLE AND TIMELINE BENCHMARKS

PROJECTED					
OUTCOMES	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
Minneapolis low income teens receive physical examinations	34 Minneapolis low income teens receive physical examinations	34 Minneapolis low income teens receive physical examinations	34 Minneapolis low income teens receive physical examinations	34 Minneapolis low income teens receive physical examinations	136 Minneapolis low income teens receive physical examinations
Minneapolis low income teens will receive health education from the CNP	25 Minneapolis low income teens will receive health education from the CNP _____ group _____ individual _____ total	25 Minneapolis low income teens will receive health education from the CNP _____ group _____ individual _____ total	25 Minneapolis low income teens will receive health education from the CNP _____ group _____ individual _____ total	27 Minneapolis low income teens will receive health education from the CNP _____ group _____ individual _____ total	75%/102 Minneapolis low income teens will receive health education from the CNP _____ group _____ individual _____ total
Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program	10 Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program	12 Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program	12 Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program	11 Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program	45 Minneapolis low income teens will receive support services and health education by enrolling in the PlainTalk program
Patient advocates will provide Minneapolis low income teens community resource information	Patient advocates will provide 19 Minneapolis low income teens community resource information	Patient advocates will provide 19 Minneapolis low income teens community resource information	Patient advocates will provide 19 Minneapolis low income teens community resource information	Patient advocates will provide 19 Minneapolis low income teens community resource information	Patient advocates will provide 76 Minneapolis low income teens community resource information

ACTUAL OUTCOMES	FIRST QUARTER SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER	FINAL
Number of participants	128 <i>of 150 projected = 85%</i>			128
Number of hours of program exposure	6.5 hours per day x 5 days x 12 weeks=390			
<p>Within 5 days of enrollment all Broadway teens will have met with their assigned case manager and initiated a School Success Plan (SSP)</p> <p>Within 10 days of enrollment, students will have developed a pregnancy prevention plan as part of their SSP and have participated in 1 NRN session. Within 1 month of enrollment appropriate students will be recruited for Media production</p>	<ul style="list-style-type: none"> 96 % (110) of students were assigned a case manager and had initiated a school success plan, and participated in the new student orientation class within 5 days of enrollment 10 5 (92%) of students have developed a pregnancy prevention plan. 89 students have enrolled in Not Ready Now. 20 of our 3rd year students are participating in a year-round Not Ready Now media course. These students will be creating podcast diaries and end with an video documentary detailing their research on pregnancy prevention research and promising practice. During their course they will not only research the topic, they will also interview experts in the field and end with interview session of female family members to explore the intergenerational aspect of adolescent pregnancy. 			<ul style="list-style-type: none"> 1 56 (82%) of students were assigned a case manager and had initiated a school success plan, and participated in the new student orientation class within 5 days of enrollment 1 38 (88%) of students have developed a pregnancy prevention plan. 1 28 students have enrolled in Not Ready Now. 9 8% of NRN students have successfully delayed a second pregnancy.
Indicators of participant satisfaction	Case management and Not Ready Now surveys will be completed in January			98% of 37 surveyed students indicated that their case manager was helpful to extremely helpful in creating a pregnancy prevention plan and remaining enrolled in school.

yr 35
Awarded / used \$69,000

yr 36
Awarded \$69,000

Teen Pregnancy Prevention

Npls Public Schools

OUTCOME TABLE AND TIMELINE BENCHMARKS

MONITORING OUTCOMES: Case Management Targets

June 1 st 2010	September 1 st , 2010	December 1 st 2010	March 1 st 2011	June 1 st 2011
128	165	220	270	300

Projected 160

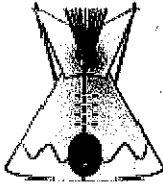
Projected served over 2 years

Measurable Performance Objectives	Benchmarks	Milestones
#1 Provide 300 students with comprehensive case management services to improve school retention and delay repeat pregnancies.	Within 5 days of enrollment all Broadway teens will have met with their assigned case manager and initiated a School Success Plan (SSP)	By June of 2011, 300 students will have remained enrolled in school, and have received at least 6 months of intensive case management services
#2 Provide 300 students with Not Ready Now intervention services. To include 100 students participating in multimedia podcasting, public service announcements and peer education with middle school youth.	Within 10 days of enrollment, students will have developed a pregnancy prevention plan as part of their SSP and have participated in 1 NRN session. Within 1 month of enrollment appropriate students will be recruited for Media production	By June of 2011, 300 students will have had at least 6 months of NRN interventions, with fewer than 15 participants experiencing a repeat pregnancy.
		By June of 2011, the Video Club will have created 6 different Public Service Announcements, 15 different Video Podcasts and engaged in 10 peer mentoring sessions with a total of 80 middle school youth.
# 3 Provide 200 students with onsite postsecondary opportunities in partnership with MCTC	Starting 4 th quarter (April 2010) a minimum of 4 onsite Postsecondary courses will be offered with a minimum of 50 students enrolled each quarter.	By June of 2011, 125 students will have successfully earned a minimum of 4 college credits while enrolled in high school.

Data Collection Plans

Data to be collected	Preliminary data collection plan (i.e. type of tool or method – survey, program logs, sign-in sheets.)	How often will this information be collected?
1. Number of participants	School enrollment data, student attendance data, MCTC, Postsecondary enrollment data	Quarterly
2. Number of hours of program exposure for different activities	Attendance in NRN and PSEO classes, case management time-tracking log, attendance in Media Production Club, # and duration of peer education sessions.	Quarterly
3. Measures of impact/outcome attainment	School enrollment data, credits earned, # of repeat pregnancies,	Quarterly
4. Indicators of participant satisfaction	Student satisfaction surveys, focus groups, evaluation surveys from peer education groups	Quarterly

*The program coordinator and NRN facilitator will collect the data and disseminate the information to the CDBG Advisory Board which is comprised of students, staff and stakeholders.



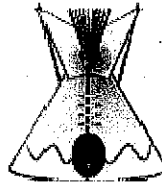
Wiisug Tips To Stay Safe

- Always lock your doors when you get home
- Never tell someone on the phone that you are alone at home
- Never leave windows open at night when sleeping
- Scream loud if a stranger grabs you
- Never let anyone touch you in your private places
- Don't take candy from a stranger
- Don't get in a strange car
- Dial 911 if scared
- Have a Wiisug neighbor where you can go to be safe
- Travel with a friend
- Always let your parents know where you are
- Memorize your home phone number

These safety tips are brought to you by **Wiisug**, an elder working at the

**Our Children Are Sacred
Program For assistance call Ph:
612-721-9814**

**Take this list home and talk to
your parent about it!**



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BRAMI : Ideas for Future CDBG Process¹

- I. Form PHAC-CDBG Subcommittee (April 2010)**
- II. RFP Development**
Staff, PHAC & other community members (primarily to ensure clear communication/understanding specific to funding priorities and participant eligibility documentation)
- III. Pre-proposal Conference & Posting Frequently Asked Questions**
Staff, PHAC Co-Chairs
- IV. Pre-Application/Notice of Interest - Staff reviewed**
Staff develop template for Notice of Interest submission, e.g.:
 - Priority area to address, target population, projected # to serve
 - Summary of program idea, past history providing these services to the target population
 - Grant requirements - process for determining eligibility
 - Readiness, capacity, & potential to succeed (i.e. financial audits, agency board & staff composition, authentic partnership/collaboration?, etc.)
- V. Invitation to Submit a Full Proposal for those agencies that pass the Notice of Interest screening**
- VI. Grant Review**
Staff, PHAC & other community reviewers (8-10 reviewers per category),
16-20 reviewers total: 2 Categories: 1) Sexual Health & 2) Youth Violence
Review sessions held on two separate mornings.

Reviewer commitment:

1. Attend required training
2. All reviewers read all proposals and score, primary readers prepared in depth.
3. Attend a half day review session.

Training for Community Reviewers/Staff

- Community reviewers provide perspectives that we don't have
- Spirit/meaning of our specific goals/funding principles
- Sharing criteria staff and PHAC will be considering
- Summary matrix of key proposal characteristics to be utilized in community reviewer session

All reviewers for each category review all proposals for a preliminary score. Each proposal assigned a primary reviewer. Staff develop a report template for primary reviewer presentation to standardize reports (e.g. summarize idea, five strengths, five weaknesses, include prompts to dig deeper and be specific). At end of discussion reviewers assign a final score. Note any questions or clarifications that might need follow-up at the site visit.

Staff attending review sessions: facilitator, staff content expert, Becky (admin), Emily

Staff Review Separately – comments/scores available for discussion at the review session if needed
Scoresheets/strengths & weaknesses

¹ Informed by: 2009 community reviewer survey, staff, Minnesota Department of Health-Office of Rural Health & Primary Care Community Clinic Grant Program, BlueCross BlueShield Foundation Healthy Together & Growing Up Healthy, Hennepin County Continuum of Care Homeless Assistance Program, and Asian Americans/Pacific Islanders in Philanthropy

- VII. **Site Visit** - Staff visit top scoring proposals for each priority area if final score at least $\geq 70\%$.
- Assess capacity to provide the service, review specifics of eligibility documentation
 - Follow-up on questions/clarifications from reviewers
 - Opportunity to learn more about the agency's work, proposed activities, program capacity, the community they serve, info on financial/admin capacity
 - Discuss impact of possible reduction in funding from requested amount
 - Provide agency staff with more information on CDBG requirements
 - Staff for visits: Emily, Becky (admin), content expert

VIII. **Site Visit & Funding Recommendations to PHAC**

- Key staff & Commissioner attend PHAC meeting Jan 2011
- Discussion of top proposals and results of site visits
- PHAC discuss any recommendations about balancing across priorities, geographic, race/ethnicity; develop their final recommendations to go to the Commissioner

IX. **Approval of Final Recommendations**

Commissioner finalizes funding award amounts and recommendations sent to City Council

X. **Consolidated Plan**

The final list of funded agencies included in the City's Consolidated Plan that is submitted to HUD

- 1) What is your current experience like working w/ American Indian youth (10-24 yrs) using/abusing alcohol?

Perform Rule 25 Assessments

Fetal Alcohol Clinic

Eden Youth IOP 11 to 18 yrs of age, one year duration program

Eden Children's Case Management Project targeting Inhalant Abuse
Across the State of Minnesota

- 2) What do you see in your practice within the American Indian community about the relationship between violence & alcohol?

Violence is preventable when community supports are emplaced. Aware of one initiative with LEUT, Hennepin County court. The rate of murder has decreased to zero in the past five years. Residents that have a police presence in the home are encouraged to remedy trouble with a three pronged goal set of engaging in the next highest educational requirement, seeking employment, and getting a Rule 25, and follow the recommendations therein.

- 3) Do youth share your perspective on risk of alcohol use?

Youth tend to marginalize ATOD use. Differs with age groups. Up to age 13 have no idea about being diagnosed with abuse. Up to 15 are in their own lala land, and are indifferent. Up to 21 are intellectual and want to argue the point.

- 4) Please share any other info that you think is useful in informing our panel in recommendations to prevent youth violence in Minneapolis as it relates to alcohol use.

Wii-sug safety tips-targets elementary grades

By listening to youth leaders, we know that they want action from government leaders and other adult leaders of school, business and civic sectors. In many different ways and surveys the youth tell us to:

- (1) Get the guns out of our schools and neighborhoods;
- (2) Enforce the laws; includes school zero tolerance for drugs
- (3) Provide meaningful after-school activities;
- (4) Help us get good paying jobs/careers; and
- (5) By all means, do something. We need your help.

Youth can be powerful, relate to Inhalant Abuse conference in Pierre Indian learning Center, locked your gas caps.

Prevention programs need to be returned to kids

Government sanctioned programs

Brown county, Carver county Study demonstrates that when school work with the courts, and parents, status offenses, criminal drug crimes decrease.

7/21/10 Notes

PHAC Subcommittee: Youth Violence & Alcohol Use

Attendees: Angela Hackel (MDHFS staff), Garret Peterson (MDHFS intern), Gavin Watt, Emily Wang, and Julie Young-Burns

Revisit PHAC charge by Blueprint for Action Executive Committee

- Group reviewed PHAC charge by *Blueprint for Action* to develop recommendations to prevent youth violence, with a focus on the intersection of chemical use with violence
 1. PHAC will focus on developing *recommendations* which support Goal #2 of the Blueprint:
Intervene at first sign that youth & families are at risk for or involved in violence
 - Focus will be on youth 10-24 yrs
 - PHAC decided to narrow the focus from chemical use to **alcohol**
- Final PHAC recommendations will be presented at the Executive Committee's Nov 30th, 2010 meeting

Review information received to date

- Group reviewed info received to date, including results of lit reviews & highlights from guest speakers (i.e. Julie Young-Burns, Lt. Michael Sullivan, Toben Nelson, Phanat Vang, Rashida Fischer, etc.) compiled in summary tables by Angela Hackel

Group Discussion

- Group discussed ideas to narrow focus & clarity of recommendations further to **3 possible areas**:
 1. Access to alcohol, specific to homes & families (where most youth get the alcohol)
 2. Define violence
 - Interpersonal & physical (i.e. gang violence, 18-25 yr old perpetrators & victims, etc.)
 - Non-physical, verbal, threats & aggression (involves broader age range of youth)
 - Dating & sexual violence
 3. Reduce Access (Drug-Free) vs. Reduce Violence
 - Reduce Access interventions can include: education targeting parents, youth & young adults
 - Julie Young-Burns will explore reducing violence interventions further (including Oakland, CA Prevention Institute)
- Challenges w/ developing specific recommendations
 1. No central home for this type of work-many players (i.e. city health dept, city police, schools, non-profits, etc.)
- Possible Recommendations
 1. Mass media education campaigns/Specifically determine who needs to be educated
 - Parents of middle school & high school youth
 - Parents of 15-18 yr. olds (generally speaking, existing efforts are weaker w/ this group than w/ parents of 21 yr olds)
 - 21-25 yr olds (including older siblings; focus on consequences of buying for minors)
 - What could happen at weddings, funerals, quinceaneras (coming of age ceremony in some Latin American cultures re: girl's 15th birthday, etc.)?
 2. Addressing glamorization of alcohol mixed w/ sex & violence through marketing
 3. Social networking, electronic aggression, cyber bullying, posting photos taken at parties of those under the influence, etc. enhances impact of fights, etc.
 4. Binge drinking & violence (focus on ritual drinkers, including gangs-take victim perspective w/ this)
 5. Kids drinking heavily as grieving process/unhealthy memorializing, etc.

Proposed Timeline

~Aug 17th Angela offered to do another lit review specific to the 3 possible areas discussed & add to existing lit review. She will forward to subcommittee members in time for next subcommittee mtg.

① ~Aug 24th Possible subcommittee mtg: **Aug 24th at 4:30 p.m. (day of next PHAC mtg)??**

Aug 24th PHAC Meeting- Youth violence & alcohol use is major agenda item

② ~Sept 28th Possible subcommittee mtg: **Sept 28th at 4:30 p.m. (day of Sept PHAC mtg)??**

Sept 28th PHAC Meeting

③ When? Possible subcommittee mtg:

Oct 26th PHAC Meeting (Vote on final recommendations)

Nov 30th Blueprint for Action Executive Meeting
(Noya presents PHAC recommendations)

Meeting Wizard
choices

**City of Minneapolis
Public Health Advisory Committee Members
2010**

Rank	City of Minneapolis	City of Minneapolis	City of Minneapolis	City of Minneapolis	City of Minneapolis
1	Reich	Gavin	Watt	R	<i>[Signature]</i>
2	Gordon	Robin Kay	Schow		<i>[Signature]</i>
3	Hofstede	Vacant	Vacant		
4	Johnson	Vacant	Vacant		
5	Samuels	Mitchell	Davis Jr	R	<i>[Signature]</i>
6	Lilligren	Vacant	Vacant		
7	Goodman	Sean	Cahill	R	<i>[Signature]</i>
8	Glidden	Debra	Jacoway	R	<i>[Signature]</i>
9	Schiff	John	Schrom	R	<i>[Signature]</i>
10	Tuthill	Lizz	Hutchinson	R	<i>[Signature]</i>
11	Quincy	Robert	Burdick	R	<i>[Signature]</i>
12	Roy Colvin	David	Therkelsen	E	
13	Hodges	Vacant	Vacant		
	Mayor's Representative	Clarence	Jones	R	<i>[Signature]</i>
	Minneapolis Public Schools	Julie	Young-Burns	R	<i>[Signature]</i>
	Hennepin County Human Services and Public Health Department	Renee	Gust	R	<i>[Signature]</i>
	U of M School of Public Health	Dr. James	Hart		<i>[Signature]</i>
	Member at Large	Samira	Dini	R	<i>[Signature]</i>
	Member at Large	Noya	Woodrich		
	Member at Large	Douglas	Lemon	E	
	Urban Health Professional Advisory Committee	<i>[Signature]</i> Revolving	<i>[Signature]</i> Revolving		<i>[Signature]</i>
	Minneapolis Health & Human Services Leadership Group Representative	Revolving	Revolving		
	Minneapolis Health & Human Services Leadership Group Representative	Revolving	Revolving		
	Urban Health Agenda Community Advisory Committee Representative	Revolving	Revolving		



Minneapolis
City of Lakes

Public Health Advisory Committee

Tuesday, Aug 24, 2010, 6:00 – 8:00 pm
Minneapolis City Hall
350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve July 27, 2010 Minutes	Noya Woodrich Co-Chair	Vote	6:00 – 6:10
Proposed Green & Healthy Rental Licensing Standards	Daniel Huff	Presentations/Q & A	6:10 – 6:40
Youth Violence & Alcohol Use	Subcommittee	Update & Discussion	6:40 – 7:10
Socio-economic determinants of health: Next Steps After Viewing Unnatural Causes	Noya Woodrich	Discussion	7:10 – 7:40
Department Updates • CDBG Funding Priorities	Gretchen Musicant		7:40 – 7:55
Information Sharing	All		7:55 – 8:00

Next Meeting: Sept 28, Minneapolis City Hall, Room 132

If there are any problems/changes the night of the meeting, please call 612-919-3855.

Minneapolis Department of Health & Family Support (MDHFS)
Public Health Advisory Committee (PHAC)
August 24, 2010

Members Present: Gavin Watt, Mitchell Davis Jr., Sean Cahill, John Schrom, Lizz Hutchinson, Robert Burdick, Clarence Jones, Julie Young-Burns, Renee Gust, Noya Woodrich

Members Excused: Robin Schow, Debra Jacoway, David Therkelsen, Samira Dini

Members Unexcused: Dr. James Hart, Douglas Lemon

Staff Present: Gretchen Musicant, Emily Wang, Brian Thomas May

Guests: Daniel Huff, City of Minneapolis Regulatory Services

Noya Woodrich opened the meeting at 6:03 pm at City Hall, and members introduced themselves.

Item	Discussion	Outcome
Welcome & Introductions Approve July 27, 2010 Minutes	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Mitchell Davis moved to approve the minutes. Sean Cahill seconded the motion. Motion carried.
Proposed Green & Healthy Rental Licensing Standards	<ul style="list-style-type: none"> Daniel Huff from the City of Minneapolis Regulatory Services gave a power point presentation of the proposed standards which will be presented to Council in October. Purpose of presentation was to get PHAC input and give resolution in favor of proposal. 80% of buildings in Minneapolis were built prior to 1978, which is when lead was used in paint. Lead dust coming off of surfaces and windows is the biggest issue. Focus on rental conversions and new rentals. 20,000 dwellings in Minneapolis are rental conversions from single-family homes. Proposal is to have all rental conversions cleared for lead by inspectors. MN is on the Hot Zone for radon, which is the second leading cause of lung cancer. Radon comes into homes through cracks in foundation and electrical/plumbing intrusions. There is no safe level of radon. Proposal to have 3rd party radon inspectors for rental conversions. New dwellings are already required to have passive radon mitigation. Proposal calls for inspections of all furnaces that are at least 10 years old for carbon monoxide if this wasn't done during the Truth in Housing inspection and point of sale. 48% of all residents in the City live in rental housing. Proposal calls for energy audits via utility companies to improve energy efficiency. This would be done via a blower door test. Testing costs to property owners - \$500-\$1000; costs will be higher if properties fail the tests and have to be improved. 3rd parties investigators will be able to ramp-up and handle new case loads. Radon and Lead inspections are not part of the Truth in Housing inspections. PHAC members are welcome to email thoughts and suggestions to Daniel. 	<ul style="list-style-type: none"> Gavin Watt moved a resolution stating the PHAC supports the energy/health recommended rental licensure changes as outlined by the City of Minneapolis Regulatory Services. Robert Burdick seconded the motion The resolution carried.
Youth Violence & Alcohol Use	<ul style="list-style-type: none"> Julie Young Burns shared subcommittee update of their work towards development of recommendations. Met with Bass Zanjani, youth violence prevention coordinator, on how to link subcommittee work with goal #2 of the Blueprint to Prevent Youth Violence.. Subcommittee will pursue recommendation to strengthen an existing community-wide coalition hosted by 	

	<p>Minneapolis Public Schools, which utilizes and connects existing resources and stakeholders to work on a wide range of related issues.</p> <ul style="list-style-type: none"> • Focus of coalition's work can be on issues of access to alcohol, including: liquor store, bar zoning, and liquor selling regulations and enforcement; and marketing towards youth, especially tactics which link alcohol uses with violence in 10-24 year olds. • A small coalition is already in existence with Minneapolis Public Schools and could be the spark for the new coalition. • Recommendation will be formalized by the October PHAC meeting and then would be taken to the Executive Committee on the Blueprint's November meeting. 	
Socio-economic Determinants of Health: Next Steps After Viewing Unnatural Causes	<ul style="list-style-type: none"> • PHAC has been actively working on obesity and youth violence prevention work plan priorities, but is challenged by how best to address the work plan priority of socio-economic determinants of health as it is linked with culturally-based health. • "Unnatural Causes" episodes have been viewed by members, but no action plan came out of this. • Culturally-based health is also to be linked with topic. • Noya Woodrich shared information regarding a World Health Organization which defines social determinants of health. She also distributed copies of a related handout that the Minnesota Department of Health developed. • How do we communicate this topic to the public in a way that isn't off-putting or unclear? • One proposal is to leave this topic until a new work plan is developed in 2011. • Another proposal is to create a practical workbook for electeds with specific measures. • Should consideration for socio-economic disparities be a framework for our work in all areas? Thus forming principles when dealing with any public health issue. • The PHAC website could be used to convey information and recommendations. 	<ul style="list-style-type: none"> • Sean Cahill, Clarence Jones, Renee Gust, John Schrom and Gretchen Musicant will form a Socio-economic Determinants of Health Subcommittee and meet prior to the next PHAC meeting. This meeting will be setup by Brian Thomas May • Gretchen Musicant and Emily Wang to share resources with PHAC members.
Department Updates	<ul style="list-style-type: none"> • Public Health and Safety Committee added Senior health and Independent Living to recommended CDBG priorities. • Mayor gave budget address - \$108,000 to be cut from MDHFS budget. • CDBG RFPs to go out soon. Process will be to have a pre-application, full application and site visits of applicants. Application reviews will take place in October – November. 	
Information Sharing	<ul style="list-style-type: none"> • Member shared concern about the rental licensing proposal. Concern is there could be repercussions from increased fees and costs of license. Rent could rise and people move out of City. Should requirements be extended to license renewals, as well? 	<ul style="list-style-type: none"> •
Adjourn	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Sean Cahill motioned to adjourn. • John Schrom seconded motion • Motion carried.

Meeting adjourned at 7:45 p.m.

Minutes submitted by Brian Thomas May and Emily Wang

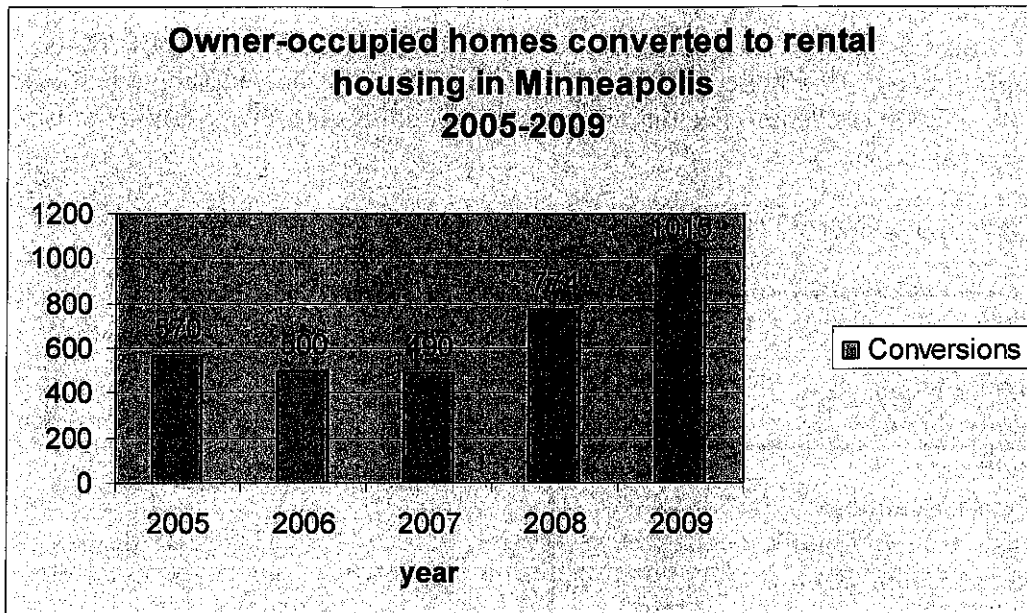


Table 2

Rental conversions for 2010 have slowed. We estimate about 700 conversions for this year.

In order to ensure the health and safety of residents living in rental properties, we are proposing four changes to the City's rental licensing codes.

Energy/Health Recommended Code Changes for Single-family through 4-plex rental properties

- Conversion properties: Amend ordinance to require a clearance lead test by a certified third-party inspector to ensure there is no lead dust or chipping and peeling lead paint in the unit for all single family conversions. If the test is positive, require the owner to abate and retest.
- Conversion & change of ownership properties and all other units on a biannual basis: Amend ordinance to require a furnace/boiler safety & efficiency test by a licensed heating contractor. Safety check will include combustion gas analysis, a worse-case draft scenario, and an efficiency rating. Failure to pass the safety check or to achieve the system's design efficiency requires a repair or replace until the system passes.
- Conversion & change of ownership properties: Amend ordinance to require radon testing by a certified third-party inspector. If radon levels are above 4pCi/L (EPA standard) then radon mitigation must be installed by a certified contractor and the building must be retested.
- Conversion & change of ownership single family properties: Amend the ordinance to require an energy audit with a blower test by a certified auditor. Property must be within a standard range. If the house is too leaky, air sealing must occur. If the house lacks adequate ventilation, fresh air ventilation must be added.

Green and Healthy Rental Property Initiative

The City of Minneapolis licenses and inspects all rental properties. As of July 2010, there are approximately 19,500 licensed properties within the city, housing about half of Minneapolis' 380,000 residents. The majority of these buildings are single family houses and duplexes (Table 1).

Minneapolis Building data, 2009	
Total buildings	123,770
Commercial buildings	6,334
Residential buildings	117,426
Single-family homes	75,000
Rental Properties	
Rental licensed buildings	18,737
Rental licensed Single-family	9,388
Rental licensed Duplexes	5,053
Rental licensed Triplexes	708
Rental licensed 4-plexes	938
Rental licensed 5-99 unit apartment buildings	2,462
Rental licensed 100+ unit apartment buildings	188

Table 1

As of July, 2010 there are 19,500 rental properties in the City.

As a result of the foreclosure crisis, there has been a dramatic increase in the number of homes converted to rental housing (Table 2). As the foreclosure crisis abates, we are seeing a rise in rental properties being sold to new owners. These rental conversions and change of ownerships undergo a complete inspection by City of Minneapolis Housing Inspections staff. This includes a visual inspection for chipping or peeling paint (a lead hazard), moisture damage (indication of mold), pests (asthma trigger), storm doors and windows (energy conservation and comfort), intact heating system, smoke and carbon monoxide detectors, handrails, and egress windows. A more complete list of inspected items can be found at

http://www.ci.minneapolis.mn.us/inspections/docs/prop_checklist.pdf.

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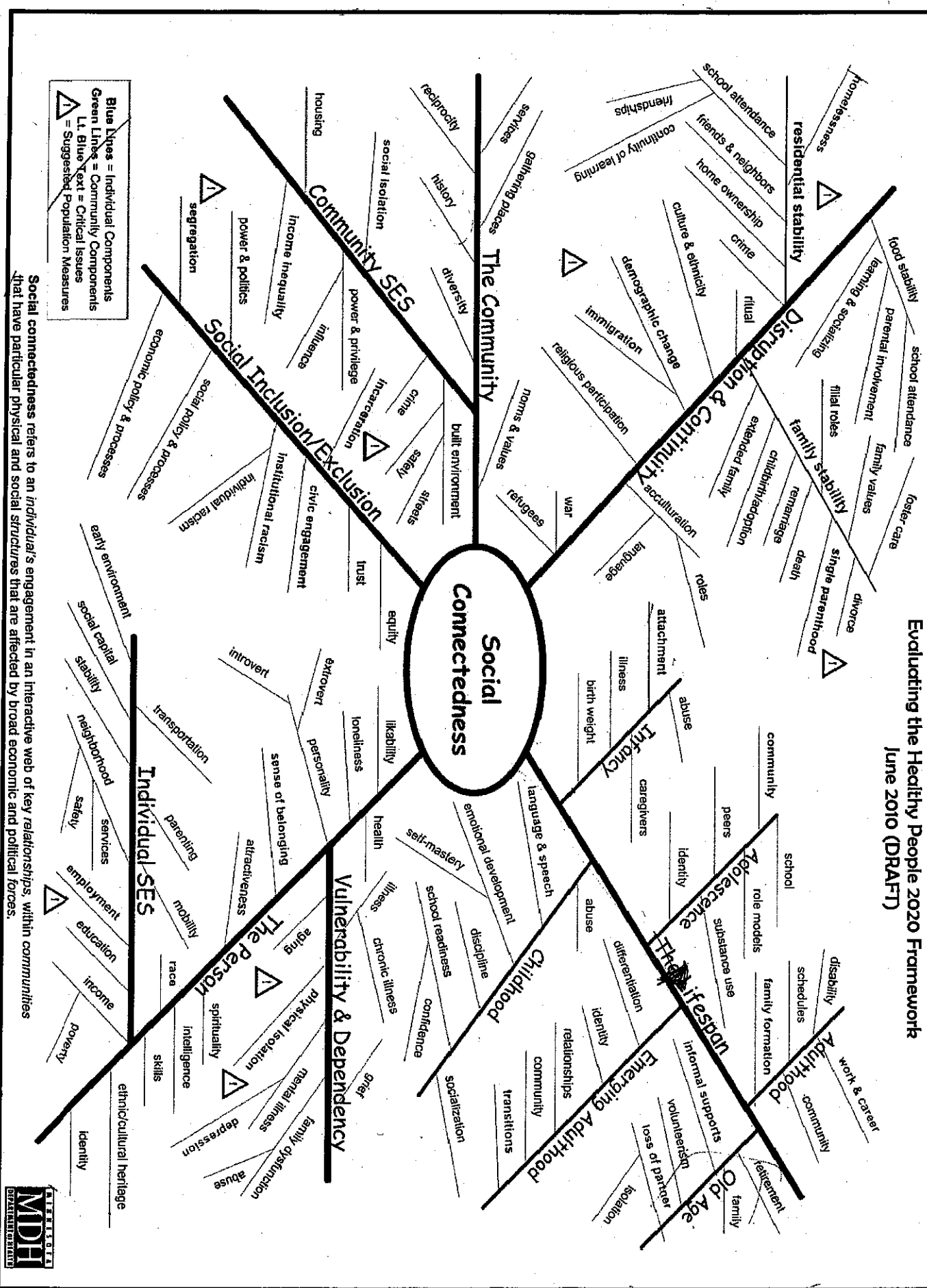
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Evaluating the Healthy People 2020 Framework June 2010 (DRAFT)



**City of Minneapolis
Public Health Advisory Committee Members
2010**

Rank	Member Name	Member Name	Member Name	Member Name	Member Name
1	Reich	Gavin	Watt		<i>[Signature]</i>
2	Gordon	Robin Kay	Schow	E	
3	Hofstede	Vacant	Vacant		
4	Johnson	Vacant	Vacant		
5	Samuels	Mitchell	Davis Jr	R	<i>[Signature]</i>
6	Lilligren	Vacant	Vacant		
7	Goodman	Sean	Cahill	R	<i>[Signature]</i>
8	Glidden	Debra	Jacoway	R	
9	Schiff	John	Schrom		<i>[Signature]</i>
10	Tuthill	Lizz	Hutchinson	R	<i>[Signature]</i>
11	Quincy	Robert	Burdick		<i>[Signature]</i>
12	Roy Colvin	David	Therkelsen	R	
13	Hodges	Vacant	Vacant		
	Mayor's Representative	Clarence	Jones	R	
	Minneapolis Public Schools	Julie	Young-Burns	R	<i>[Signature]</i>
	Hennepin County Human Services and Public Health Department	Renee	Gust	R	<i>[Signature]</i>
	U of M School of Public Health	Dr. James	Hart		
	Member at Large	Samira	Dini	E	
	Member at Large	Noya	Woodrich	R	
	Member at Large	Douglas	Lemon		
	Urban Health Professional Advisory Committee	Revolving	Revolving		
	Minneapolis Health & Human Services Leadership Group Representative	Revolving	Revolving		
	Minneapolis Health & Human Services Leadership Group Representative	Revolving	Revolving		
	Urban Health Agenda Community Advisory Committee Representative	Revolving	Revolving		

Bruce Thomas May
Dan Huff

MDHFS
Reg. Serv.

BTM



Public Health Advisory Committee

Tuesday, Sept 28, 2010, 6:00 – 8:00 pm
Minneapolis City Hall
350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve Aug 24, 2010 Minutes	John Schrom Co-Chair	Vote	6:00 – 6:10
Youth Violence & Alcohol Use <ul style="list-style-type: none">Latino Cultural Perspective	Mitch Roldan	Presentations/Q & A	6:10 – 6:45
Youth Violence & Alcohol Use	Subcommittee	Update & Discussion	6:45 – 7:10
Culturally-based Health, Inclusive of Socioeconomic Determinants of Health	Subcommittee	Update & Discussion	7:10 - 7:30
Volunteer Civic Engagement/ Leadership Opportunities <ul style="list-style-type: none">CDBG Reviewers (11/1-11/18)PHAC Co-Chair (Jan-Dec 2011)PHAC Openings-Application Review begins Oct 4th<ul style="list-style-type: none">Ward 3-HofstedeWard 4-JohnsonWard 5-SamuelsWard 6-LilligrenWard 13-Hodges	Emily Wang	Request for Volunteers	7:30 – 7:45
Department Updates	Gretchen Musicant		7:45 – 7:55
Information Sharing	All		7:55 – 8:00

Next Meeting: Oct 26, Minneapolis City Hall, Room 132

If there are any problems/changes the night of the meeting, please call 612-919-3855.

Minneapolis Department of Health & Family Support (MDHFS)
Public Health Advisory Committee (PHAC)
September 28, 2010

Members Present: Robin Schow, Sean Cahill, John Schrom, Debra Jacoway, Robert Burdick, David Therkelsen, Clarence Jones, Julie Young-Burns, Renee Gust, Dr. James Hart, Samira Dini, Noya Woodrich

Members Excused: Lizz Hutchinson

Members Unexcused: Gavin Watt, Mitchell Davis Jr.

Staff Present: Gretchen Musicant, Emily Wang, Brian Thomas May

Guests: Mitch Roldan

Noya Woodrich opened the meeting at 6:00 pm at City Hall, and members introduced themselves.

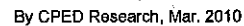
Item	Discussion	Outcome
Welcome & Introductions Approve August 24, 2010 Minutes	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Sean Cahill moved to approve the minutes. Renee Gust seconded the motion. Motion carried.
Youth Violence & Alcohol Use, Latino Perspective	<p>Mitch Roldan from Centro shared experiences and insights from working with Latino youth, including those attending Minneapolis Public Schools. He works on the intersection of violence and alcohol use. He focuses on 12-18 year olds in youth programs and 17-24 year olds in gang prevention:</p> <ul style="list-style-type: none"> Latino culture affects alcohol use. Most Latinos in Minneapolis are from Mexico, in highly populated areas. These areas have been through a lot of social/political changes. Thus, morals and cultural perceptions have changed as well. Cities have lots of bars and alcohol abuse is common. Young men start drinking once their families can't afford to take them to school. Many drop-out around 5th grade due to the expense of schooling. Legal age to drink is 18, but most 12-14 year olds already have a tolerance for alcohol. Latinos from areas near Ecuador are indigenous people. Historically, alcohol use was punishable by death. Only elders could drink. In US – it is very social to drink. Cultural celebrations may reinforce this. Parents may offer drinks to kids since they believe it is better to drink amongst family and friends than in public. Latino men often don't share emotions or feelings with non-relatives unless they are drinking. Thus – it can be a bonding activity. Teen pregnancy is high due to alcohol use. Youth don't want to be like their parents who drink, yet they may end up drinking. While dads drink hard liquor, youth drink sweet drinks, which they do not believe are as strong. Latinos are often afraid to report domestic abuse related to alcohol due to immigration issues, but mental health agencies which serve the community see high rates of violence involving youth. Very little quality data exists on the Minneapolis Latino population. Youth will drink at school. Youth are likely to drink since they experience a family disconnect twice – first, they are left with grandparents for a few years, when their parents first immigrate, then they come here and experience another disconnection. Very little chemical dependency counseling is available for Spanish speakers. Just because youth speak English, doesn't mean they actually understand the meaning of the words. Culturally-competent counseling is needed and is underfunded. Main alcohol and violence related issues include: drug violence, 	

	<p>gangs and domestic violence.</p> <ul style="list-style-type: none"> Gangs have rules against drugs and alcohol. Youth are moving to crack and meth. Belief that alcohol is a “happy” drug – won’t make me violent. Very little resources for youth who cannot speak English. Although some culturally-competent materials exist, there is lack of funding and manpower to do related programming. Family comes first. Since providing for family is an important value, adults transitioning to the US become workaholics. Thus, there is limited time to teach kids morals and values. This contrasts with slower pace of life in homeland where family members and teachers are more actively involved in helping raise children. Indigenous words for teacher are equivalent to “God.” Culturally, it is unacceptable for women to drink beer. However, in US- they feel they need to drink to fit in with school mates and teachers. Minneapolis is one of the easiest cities to get guns due to hunting culture. High school graduation rates are less than 40%, and many within the community are looking for jobs. Traditional culture and values for family, arts and non-violence are strengths of this community, which is one of the fastest growing demographic groups. 	
Youth Violence & Alcohol Use	<ul style="list-style-type: none"> A finalized recommendation will be presented at October PHAC meeting. Will include a list of resources with Web links, contacts, etc. 	<ul style="list-style-type: none">
Socio-economic Determinants of Health	<ul style="list-style-type: none"> Productive first meeting. Plan of a 4-prong approach: Work across silos and look outside Minneapolis; make findings/data available to community via web, etc., community engagement; and policy approach. Discussion opened on what topic to focus on. The group decided to focus on food. Strategies discussed: Use “Unnatural Causes” DVDs as framework and combine strategies of facts/information and emotional responses 	
Volunteer Civic Engagement/ Leadership Opportunities	<ul style="list-style-type: none"> CDBG reviewers are from community. PHAC members help review and score. Reviewed CDBG timeline. Noya’s term is up at the end of the year and she isn’t returning. New City Clerk’s process to handle committee openings. Decisions to be made by appointing authorities by Jan 1. At-large positions are voted on by PHAC. 	If you’re interested in the PHAC Co-Chair position, please let John know.
Department Updates	<ul style="list-style-type: none"> Reviewed presentation that will be given to Ways and Means Committee on department budget. Reminder to please RSVP to committee meetings in order to best prepare for meetings. PHAC Web site is being updated and will have an online orientation guide for members. 	
Information Sharing	<ul style="list-style-type: none"> Crisis Counseling merged with Washington County. Will also serve Hennepin. 	<ul style="list-style-type: none">
Adjourn	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Sean Cahill motioned to adjourn. John Schrom seconded motion Motion carried.

Meeting adjourned at 7:40 p.m.

Minutes submitted by Brian Thomas May and Emily Wang

Neighborhood and Ward Map



Health and Family Support 2011 Budget Hearing

Ways and Means/Budget Committee
Presentation
October 6, 2010

Health Care Savings

- \$8,000 used to offset proposed General Fund reductions

Highlights of the Mayor's Recommended Budget

- Budget reduction of \$102,000
 - Discontinue AARP Tax Service & move Sr. Ombudsman's office (\$43,000)
 - Eliminate Public Health Lab closure contingency fund (\$20,000)
 - Reduce School Based Clinic MD services grant (\$25,000)
 - Health Care Savings (\$8,000)
 - Allocating staff time to grants (\$6,000)
- No reduction in FTEs or staff direction

Overall progress of department

- Areas (goals/strategies) where we are excelling
 - Obesity reduction activities
 - H1N1 response
 - Children exposed to lead
- Areas (goals/strategies) not meeting expectations
 - Youth Violence Prevention – some additional resources have been acquired through grants but not sufficient to meet the needs or to compensate for the disinvestment by others in youth programming
 - Infant Mortality reductions are stagnant – new strategic direction being developed

Trends and Challenges

- The recession has put a strain on safety-net services and community infrastructure
- Significant influx of State and Federal short term funding to prevent obesity and exposure to tobacco
- Long term need for sustainable funding (youth violence prevention, obesity reduction, public health emergency preparedness)

Recent or Planned Efficiencies

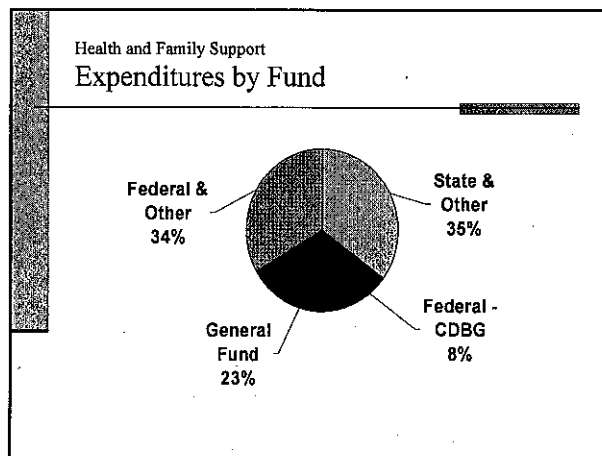
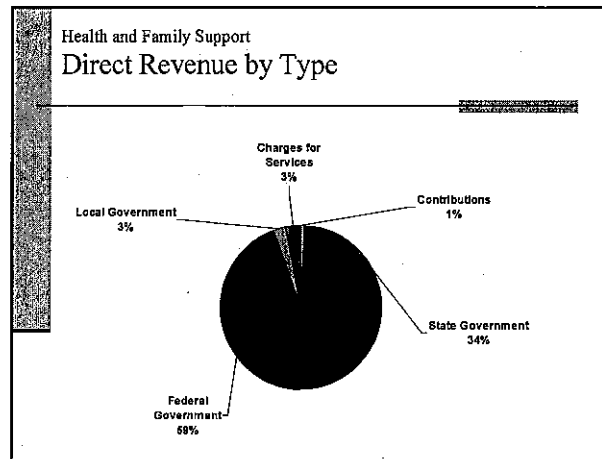
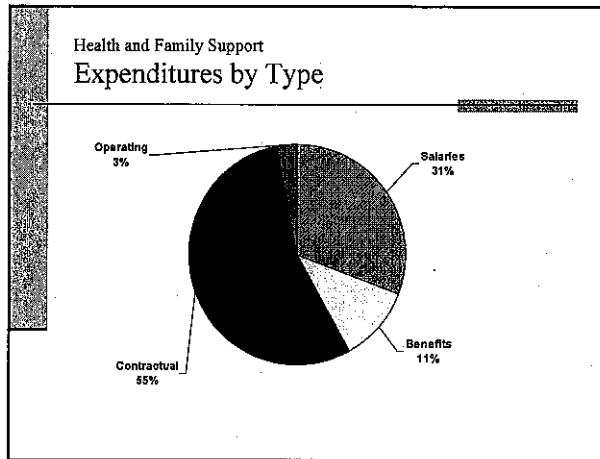
- Changes to be more efficient
 - Eliminate AARP tax service and moved Senior Ombudsman's Office to Public Service Center
 - Decrease printers/fax machines (decreased number by 72% for 42% savings over 3 years)
 - Continue to modify School Based Clinic business model to save costs and increase reimbursement
- Describe strategies department may have in place to respond to future reductions.
 - Making the case for new models of care for pregnant women and building the case for third party reimbursement
 - Advocating at state and national level for dedicated funding for obesity prevention

Impact of Recommended Budget on Key Results

- No measurable impact on Results Minneapolis from Mayor's recommended reductions

New Initiatives

- Identify new initiatives for 2011.
 - Within resources
 - Community planning effort to develop a Minneapolis model of violence interruption
 - Converting the School Based Clinics to an electronic medical record
 - Expanding School Based Clinics to Southwest High School
 - Additional resources
 - Applying for grant as opportunities arise to support expanded work to meet department goals





Minneapolis
City of Lakes

Public Health Advisory Committee

Tuesday, Oct 26, 2010, 6:00 – 8:00 pm

Minneapolis City Hall

350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve Sept 28, 2010 Minutes	Noya Woodrich Co-Chair	Vote	6:00 – 6:10
MN Food Support Programs & Changes	Ryan Johnson	Presentation/ Q & A	6:10 – 6:40
Youth Violence & Alcohol Use	Subcommittee	Final Discussion & Vote on Recommendations	6:40 – 7:10
Culturally-Based Health, Inclusive of Social Determinants of Health	John Schrom & Subcommittee	Report & Discussion	7:10 – 7:30
Membership <ul style="list-style-type: none">• Subcommittee (At-large recommendations & remaining vacancies)• PHAC leadership opportunities (Co-chair, emergency preparedness representative)	Emily Wang	Request for Volunteers/Interested Members	7:30 – 7:40
CDBG Update	Emily Wang	Report	7:40 – 7:45
Proposed PHAC Nov 23 rd Mtg	Noya Woodrich	Vote	7:45 – 7:50
Department Updates	Gretchen Musicant	Report	7:50 – 7:55
Information Sharing	All	Report	7:55 – 8:00

Next Meeting: Nov 23, Minneapolis City Hall, Room 132 ??

If there are any problems/changes the night of the meeting, please call 612-919-3855.

Minneapolis Department of Health & Family Support (MDHFS)
Public Health Advisory Committee (PHAC)
October 26, 2010

Members Present: Robin Schow, John Schrom, Debra Jacoway, Robert Burdick, Julie Young-Burns, Renee Gust, Noya Woodrich, Douglas Lemon

Members Excused: Sean Cahill, Clarence Jones, Dr. James Hart, Lizz Hutchinson, Samira Dini, Gavin Watt

Members Unexcused: Mitchell Davis Jr., David Therkelsen

Staff Present: Gretchen Musicant, Emily Wang, Brian Thomas May

Guests: Ryan Johnson

John Schrom opened the meeting at 6:04 p.m. at City Hall, and members introduced themselves.

Item	Discussion	Outcome
Welcome & Introductions		
MN Food Support Programs and Changes	<ul style="list-style-type: none"> Ryan Johnson is from the Minnesota Department of Human Services/U of M Extension. He presented a Power Point (attached) on the food support program and upcoming changes. The food stamp program is now called SNAP (Supplemental Nutrition Assistance Program) Only 54% of eligible persons participate in the program The more people who are on food support in Minnesota, the more federal dollars the state receives. Local stores also benefit. Every \$5 in SNAP generates \$9.20 in total community spending. Those with food needs met are more productive and healthier. 50% of participants leave the program within 9 months. Local Food Support Outreach programs were highlighted. SNAP-ED is an education program of "Simply Good Eating" 	<ul style="list-style-type: none"> PHAC members are encouraged to contact Ryan with references of organizations that serve adults that could benefit from partnering with SNAP.
Approve September 28, 2010 Minutes		<ul style="list-style-type: none"> John Schrom moved to approve the minutes. Robert Burdick seconded the motion. Motion carried.
Youth Violence & Alcohol Use	<ul style="list-style-type: none"> Review of recommendations, which will go to the Youth Violence Executive Committee in November Several experts presented to the PHAC over the last year and compiled data from all of them. Recommendation will be: To strengthen the existing youth drug and alcohol use community-wide coalition to include a dedicated focus on the intersection of alcohol use and violence in 10-24 year olds. Coalition efforts should specifically address: youth binge drinking, youth access to alcohol, and messaging to youth and families (attached). PHAC members expressed gratitude to subcommittee for all of their hard work and consensus is the proposals are well-written. Minor revisions were also offered. 	<ul style="list-style-type: none"> Youth Violence & Alcohol Use moved to approve the recommendations Robert Burdick seconded the motion. Motion carried.
Culturally-Based Health, Inclusive of Social Determinants of Health	<ul style="list-style-type: none"> Draft framework specific to food was reviewed, including next steps. Members suggested having more food-related presentations to PHAC (i.e. Minneapolis Public Schools Head of Nutrition) PHAC members shared that school lunches are decided centrally – not at the schools. Food distributors need policies. Cultural and race factors need to be considered in data collection. Both public (laws and policies) and non-public (ways organizations work) need to be considered. 	

	<ul style="list-style-type: none"> • CDC prevention specialist at the Minneapolis Department of Health and Family Support is looking beyond systems to examine culturally-specific community views on food, food types, portion size, etc. Also, considering obesity as a psychosocial issue, not just about over eating. • Key staff from Minneapolis Statewide Health Improvement Program (SHIP), an obesity and tobacco prevention program, will be invited to present at November PHAC meeting. 	
Membership	<ul style="list-style-type: none"> • The City Clerk's office has received 9 applicants thus far for open PHAC positions. • At-large members are recommended by the PHAC to the City Council. • In the past, a subcommittee on membership was formed. They need to help get the word out about open positions. • Subcommittee will meet prior to ward appointments. They can pick up to 3 possible candidates for the at-large member position, in case they aren't selected by their Council members. • The Hennepin County Emergency Preparedness Advisory Committee has a PHAC representative. Emily is looking into the need for this position in the future. 	<ul style="list-style-type: none"> • John Schrom, Robert Burdick and Doug Lemon volunteered to be on membership subcommittee. • Those interested in joining membership subcommittee should contact Emily.
CDBG Update	<ul style="list-style-type: none"> • 65 pre-applications were received. Deadline is 10/27/10. • Review of timeline and content roles • Top recommendations get site visits by Minneapolis Department of Health and Family Support staff. • Goal is to have balanced awarding done by January PHAC meeting. 	
Proposed PHAC November 23 Meeting	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • John Schrom moved the addition of the meeting to the schedule. • Robert Burdick seconded • Motion carried.
Department Updates	<ul style="list-style-type: none"> • 5-year business plan will be finalized in January • Noya and John will be presenting year-end report to the Public Safety and Health City Council Subcommittee. 	
Information Sharing	<ul style="list-style-type: none"> • Doug Lemon thanked the members for the card he received. 	<ul style="list-style-type: none"> •
Adjourn	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Meeting adjourned at 7:50 p.m.


Minutes submitted by Brian Thomas May and Emily Wang

**City of Minneapolis
Public Health Advisory Committee Members
2010**

Ward	Staff	Minneapolis Representative	Committee Member(s)	City	RSVP
1	Reich	Gavin	Watt	E	
2	Gordon	Robin	Schow	R	<i>pub</i>
3	Hofstede	Vacant	Vacant		
4	Johnson	Vacant	Vacant		
5	Samuels	Mitchell	Davis Jr		
6	Lilligren	Vacant	Vacant		
7	Goodman	Sean	Cahill	E	
8	Glidden	Debra	Jacoway	R	<i>DB</i>
9	Schiff	John	Schrom	R	
10	Tuthill	Lizz	Hutchinson	E	
11	Quincy	Robert	Burdick	R	<i>rd</i>
12	Roy Colvin	David	Therkelsen		
13	Hodges	Vacant	Vacant		
	Mayor's Representative	Clarence	Jones	E	
	Minneapolis Public Schools	Julie	Young-Burns	R	<i>MS</i>
	Hennepin County Human Services and Public Health Department	Renee	Gust	R	
	U of M School of Public Health	Dr. James	Hart	E	
	Member at Large	Samira	Dini		
	Member at Large	Noya	Woodrich	R	<i>W</i>
	Member at Large	Douglas	Lemon	R	
	Urban Health Professional Advisory Committee	Revolving	Revolving		
	Urban Health Agenda Community Advisory Committee Representative	Revolving	Revolving		
	MDHFS Staff	Gretchen	Musicant	R	<i>MDHFS</i>
	MDHFS Staff	Emily	Wang	R	
	MDHFS Staff	Brian Thomas	May	R	<i>BTM</i>


Food Support and Simply Good Eating


Ryan Johnson, SNAP-Ed Liaison
Minneapolis Public Health Advisory Committee
October 26, 2010


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Food Support = SNAP

- Eligibility = 130% of FPG or \$28,665 for a family of four
- Average monthly grant = \$212/household
 - \$368/month for families
 - \$79/month for seniors
- \$454 million in Federal funds to MN (2009)
- Only 54% of eligible Minnesotans participate
 - Hennepin County = 60.5%
- Full participation could bring an additional \$394 million dollars to MN




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Food Support Benefits

For State and Local Communities

- By increasing the number of people on Food Support, communities bring in more Federal money
- Local businesses benefit when Food Support dollars are spent in grocery stores
- Every \$5 in new Food Support benefits generates \$9.20 in total community spending

"Extending food stamps are the most effective ways to prime the economy's pump. A \$1 increase in food stamp payments boosts GDP by \$1.73."
 - Mark Zandi, Chief Economist and Co-founder of Moody's Economy.com


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Food Support Benefits

For Low Income Workers

- Families receiving Food Support spend more money on food than other low-income households.
 - Every additional dollar's worth of Food Support generates 17 - 47 cents of new spending on food.
- Employees whose food needs are met at home have higher productivity and take fewer sick days for themselves and their children.
- Half of all new participants leave the program within nine months.

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Recent Food Support Changes

- Combined Application Form simplified – 2008
- Benefits available on EBT card up to 1 year – 2008
- 6 month reporting – March 1, 2009
- Benefits increased by 13.6% (\$16 minimum) – April 1, 2009
- Telephone interviews for eligibility and recertification – October 15, 2009
- No time limit or work requirements for Able Bodied Adults Without Dependents (ABAWDs) – extended to September 30, 2011
- Eligibility increased to 165% FPG (\$36,383 for a family of 4) – November 1, 2010
- No assets will be counted or need to be verified – November 1, 2010
- Online application – March 2011

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Food Support Outreach

- Minneapolis:
 - Aileen Brady, Second Harvest Heartland (651-285-9638, abrady@2harvest.org)
- Suburban Hennepin County:
 - Leslie Wilder, Community Action Partnership of Suburban Hennepin (652-667-1360, lwilder@capen.org)
- Provide information and application assistance to Food Support-eligible clients.
- Minnesota Food HelpLine (1-888-711-1151) – Statewide hotline to help people find food resources and screen for Food Support eligibility
- Bridge to Benefits (bridgetobenefits.org) – Online tool to help people find out if they are eligible for Food Support and other public programs

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SNAP-Ed = Simply Good Eating

SNAP-Ed provides FREE nutrition education for Food Support-eligible clients.

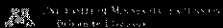
- Teaches the importance of a quality diet
- Helps people purchase healthy foods within a limited budget
- Teaches how to prepare healthy meals with quick and easy recipes
- Encourages a physically active lifestyle
- Uses science-based, behaviorally-focused curriculum
- U of M Extension nutrition educators deliver the programming

Consistent nutrition education messages need to be communicated through multiple channels that reach people where they live, work, learn and play.



Why is SNAP-Ed important?

- Low-income households have a higher prevalence of health conditions related to poor nutrition than higher income households
 - Obesity rates have increased the most among the lowest income levels
 - Low-income women are 50% more likely to be obese than women with higher incomes
 - Children of overweight mothers are more likely to be overweight by age 8 than other children
- Obesity puts people at a greater risk for heart disease, hypertension, diabetes and some cancers
- With good nutrition, seniors stay in their homes longer and have lower medical bills
- Well nourished children have better school attendance and are more focused on learning



SNAP-shot of Hennepin County

- 93,323 people on Food Support (FFY 2009)
 - 80.5% participation rate (increased by 24% since 2007)
- \$90,982,000 in federal Food Support benefits (2007)
- \$167,406,880 in total community spending
- 517 Food Support-authorized stores (2008)
- \$162,381/Food Support-authorized store (2008)
- About 84% of SNAP-Ed participants are children (2010)
- Adult diabetes rate = 5.8% MN = 5.9% (2007)
- Adult obesity rate = 23% MN = 28% (2010)
- Minneapolis poverty rate = 23% MN = 11% (2009)
- Minneapolis poverty rate has increased from 21% to 23% (2005-2009)



Key Partners

- Area Agencies on Aging
- Association of Minnesota Counties
- Community Action Agencies
- County Extension Committees
- County Human Service Directors
- County Public Health Departments
- Food Support Outreach Grantees
- Head Start Agencies
- Hunger Relief Organizations (food shelves, food banks, meal programs)
- Minnesota Association of Financial Assistance Supervisors
- Minnesota Chippewa Tribe
- Minnesota Department of Employment and Economic Development/WorkForce
- Minnesota Fathers and Families Network
- Minnesota Financial Fitness Network



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Next Steps

Goals

1. Increase the number of adults participating in SNAP-Ed/Simply Good Eating
2. Increase overall Food Support participation


Questions

- Does the committee have ideas of organizations that serve adults and could benefit from partnering with Simply Good Eating?
- Who else would be interested in this information/presentation?

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Questions?

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 SNAP-Ed Liaison
ryan.johnson1@state.mn.us
 651-431-3854


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**Correlation between alcohol use and youth violence: Summary of research findings
prepared by the Public Health Advisory Committee (PHAC)**

Author: Angela Hackel, Family Support Specialist II; MDHFS

Background of Research: PHAC was asked to come up with recommendations on how to address the correlation between alcohol use and youth violence. The working document used by PHAC to help frame their recommendations is the *Blueprint for Action: Preventing Youth Violence in Minneapolis*. In particular action goal #2 in the *Blueprint*, ***intervene at the first sign that youth and families are at risk for or involved in violence***, is serving as the overarching frame for the recommendations to be made by the committee.

Definition of Violence: For the purpose of this research summary violence will be examined through the lens of physical aggression and aggression carried out by the use of a weapon.

Connection between alcohol use and violence: General findings

Key statistics

Local Findings:

- In 2007, 10% (282 of the total sample of 2,874) of males in the 12th grade in Hennepin County reported hitting someone or using alcohol or other drugs (either once, twice, or three or more times) (MN Student Survey Data, 2007).
- In 2007, 12% (345 of the total sample of 2,874) of males in the 12th grade in Hennepin County reported having gotten in trouble with the law due to alcohol or other drug use either once, twice, or three or more times (MN Student Survey Data, 2007).
- In 2007, 5% (163 of the total sample of 3,259) of females in the 12th grade in Hennepin County reported hitting someone or using alcohol or other drugs (either once, twice, or three or more times) (MN Student Survey Data, 2007).
- In 2007, 6% (282 of the total sample of 3,259) of females in the 12th grade in Hennepin County reported having gotten in trouble with the law due to alcohol or other drug use either once, twice, or three or more times (MN Student Survey Data, 2007).

National Findings:

- According to data released in 2009, 31% (36,899 of a total of 122,243 youth surveyed nation-wide) responded that they have engaged in threatening/harmful behaviors (defined by threatening someone with a gun, knife, or club, and threatening to hit, slap, or kick someone).
 - Of those 17,127 (47%) used liquor
 - 10,163 (28%) used marijuana
 - 2,936 (8%) used cocaine
 - 2,378 (7%) used Meth(Pride Survey 2009, pg. 154)
- There is a correlation between binge drinking and adolescent females who engage in violence (i.e. getting into a serious fight, engaging in a group versus group fight, or attacking someone with the intent to seriously hurt them (Violent behaviors among adolescent females, 2009).

Connection between alcohol use and violence: Gang Violence

Research Findings:

Alcohol:

- Is the most common substance that youth involved in gangs (and those who are not in gangs abuse) (Hunt & Laidler, 2001).
- Is central to the social life of a gang (drinking is seen as a key component in affirming masculinity) (Hunt & Laidler, 2001).
- Is used to lessen the pain which results from violent initiation practices (Hunt & Laidler, 2001).
- Is an enabling agent for participation in violent activities (i.e. revenge for the death of gang members and fights with rival gangs) (Hunt & Laidler, 2001).
- In a national study youth who were in gangs were more likely to participate in heavy drinking, than their peers who were not involved in gangs. They also reported drinking alcohol more frequently than their peers who were not involved in gangs (Swahn et al., 2010).

Early exposure to alcohol:

- Maybe linked to permanent neurobehavioral consequences; this could help to explain why early alcohol usage is correlated to gang membership.
 - In a study of 359 current or former gang members 51% (180 of 359) stated that they have used alcohol before the age of 13. This is in comparison to 22% of youth (798 out of 3,725) who were polled who were not in gangs. (Swahn et al., 2010)

Alcohol density and gang violence:

- There is a relationship between alcohol outlet density and gang related violence (Parker et al., 2007).
- Statistics on alcohol density:
 - In minority & low income communities there is a high availability of malt liquor (high-alcohol count malt beverages). For example, the mean number of outlets selling malt liquor per person was “13% higher in neighborhoods with 10% higher concentration of African Americans” than in other neighborhoods (Jones-Webb et al., 2008).
 - 40-ounce bottles of beer or “forties” (that have a higher alcohol count than regular beer) are prevalent in the media (rap videos) and are highly advertised (Jones-Webb et al., 2008).
 - The average price point for malt liquor is \$1.87 which is cheaper than a gallon of milk (Jones-Webb et al., 2008).
 - Licensing restrictions which limited malt liquor sales (in a small sample of liquor stores) was correlated with a decrease in disorderly conduct in the areas surrounding the liquor stores (Barajas et al. 2010).

Findings from Experts in the Field:

- According to Rashida Fischer, African American Family Services: The earlier a young person consumes alcohol, the more likely they are to develop an addiction to alcohol. This can be exasperated by family and peer influences (Fischer 2010).
- Alcohol is more prevalent in predominately African American neighborhoods (Fischer 2010).
- New research shows a correlation between aggression and alcohol use. The question remains does aggression encourage alcohol use or does alcohol use encourage aggressive behaviors (Fischer 2010)?
- There is more exposure to violence in urban settings especially for the purposes of protection (Fischer 2010).
- According to Mitch Roldan from Centro: In the Latino culture there are a number of misconceptions about the “strength of alcohol.” For example, many people believe that sweet drinks are not as strong as hard liquor (Roldan 2010). Additionally, youth who do not want to be like their parents (dads) in terms of having a drinking problem are more likely to experiment with “sweet liquor” because they do not think that they are not strong (Roldan 2010).
- Belief that alcohol is “the happy drug” and will not make them violent.

Access to Alcohol: Where are youth getting alcohol from?

Research Findings:

- Youth are getting alcohol from social rather than commercial sources (Perry et al., 2002).
- “Permissive norms” of parents influenced both access to alcohol and alcohol usage (Perry et al., 2002). *“Permissive norms” were described as, giving permission for their child to drink, to drink in their home, to drink at parties, and for other parents to provide their child with alcohol* (Perry et al., 2002, pg. 127). Additionally, a parent’s willingness to provide their children with alcohol was described as a “permissive norm” (Perry et al., 2002).
- Youth often mirror their parent’s drinking patterns (Komro et al., 2007).
- Parental permission for 6th graders to drink at home was associated with, an increased likelihood of the child’s past alcohol use, drunkenness, heavy episodic use, and increased likelihood of drinking in the next month (Komro et al., 2007 pg. 1605-1606).
- There is an association between parents asking children to bring them alcohol and drunkenness in children (Komro et al., 2007).
- Youth who receive alcohol from their parents are 2 to 3 more times likely to drink than their peers who did not receive alcohol from their parents (Komro et al., 2007).

Findings from Experts in the Field:

- According to Phanat Vang, Asian Media Access Hennepin County Medical Center: In terms of the Hmong culture one way that young people access alcohol is through their elders. In the Hmong culture elders offer young people alcoholic beverages out of respect. For example in the case of weddings the groom is expected to drink alcoholic drinks offered to him

by the bride's family. Many young grooms are worried about passing out at their weddings or being disrespectful by not accepting a drink. Therefore, before their weddings they will binge drink to build up their tolerance. Additionally, in Laos alcohol was very limited and in America it is readily available, thus what was once a "special practice" has become more of a "routine practice" (Vang 2010).

- According to Richard Wright of the Indian Health Board: Children and youth get alcohol from older kids (i.e. siblings). Children and youth who live in an environment where parents are also using and abusing alcohol are more likely to use and abuse alcohol. Therefore, it is difficult for children living in these environments to stay clean, once they return from treatment (Wright 2010).
- The mean age on reservations for chemical dependency counseling is 15 (Wright 2010).
- According to Mitch Roldan from Centro: most Latinos in Minneapolis come from highly populated areas in Mexico where alcohol is prevalent. Additionally, young men begin to drink once their families cannot afford to send them to school. Also, for families in the United States parents transitioning to life in America become "workaholics," therefore they have less time to actively raise their children. Therefore, it becomes easy for youth to access alcohol. Also, youth are likely to drink to deal with the double family disconnect they feel (the first disconnect is as a result of being raised by their grand parents in their home countries and the second disconnect is with their parents once they are here) (Roldan 2010).
- In the United States drinking is a very social activity. Parents are more likely to give their children alcohol because they may believe that it is better for a young person to drink with families, than in other social settings (Roldan 2010).

Findings from Resources Provided by Gordy Pehrson at the Minnesota Department of Public Safety:

- **Myth:** *"Underage drinking is inevitable, and it is safer if it occurs in a controlled, residential setting."*
- **Fact:** *"Underage drinking parties represent an unusually high-risk setting for youth alcohol problems, including alcohol-related traffic crashes, other forms of injury, sexual assaults, and other forms of violence. Providing alcohol to adolescents explicitly indicates approval of underage alcohol use, while disregarding underage drinking may lead to future substance use or abuse. When parents provide alcohol to teenagers at parties, there is a significantly greater likelihood of regular and binge drinking by youth. These behaviors are also strong predictors of alcohol use and misuse in later life (SocialHost.org)."*

Reducing Access to Alcohol: What are some suggestions in the literature as how to reduce young people's access to alcohol?

Research Findings:

- Interventions have been most successful when they reach out to children at the onset of adolescence and focus on peer influence and social skills development.

- A combination of interventions are most successful; some types include: classroom curricula, parent involvement programs, peer leadership activities, community taskforces, and community-based organizing.
 - Working with parents to change their point of view of high school drinking.
- (Perry et al., 2002)

Findings from Experts in the Field:

- According to Richard Wright of the Indian Health Board: focus needs to be placed on the parent. Often time's children and youth do not know that they have a problem. Alcohol is seen as a way of life (Wright 2010).

Coalitions: What makes a coalition successful in reducing youth access to alcohol?

Research findings:

Case Study of Hopkins Public Schools

- The Hopkins' Coalition has been in existence for more than 10 years.
- The Coalition works within the Hopkins' Public School District, so they access more communities than just Hopkins.
- The Coalition focuses their efforts on three areas: youth, parents, and community policy practices.
 - Youth: The Coalition is able to access youth (primarily 7-12th grades; although they do have a mentoring program with 6th graders) through health teachers, school counselors and social workers, youth leadership groups, and school administrators. Additionally, the Coalition partners with schools to bring in special speakers that have a focus on chemical use prevention.
 - Parents: The Coalition has a Parent Education Supervisor. The Coalition has had difficulties reaching parents so they have begun to be creative in their approach. One such way was to create an online monthly newsletter that focuses solely on prevention. Subscription to this newsletter is voluntary and currently 800 parents a month receive the newsletter. Additionally, the Coalition spearheads a large prevention campaign around prom. Furthermore, they occasionally utilize the school's voicemail system to get their messages out. The Coalition has authored the *Hopkins' Chemical Health Resource Guide*, which is available electronically. This guide provides parents with information on what resources (both within the school district and the community) which are available to them. Also, in order to educate parents on issues related to chemical awareness the coalition created a video entitled: *One Voice Our Voice*. The link to the video is: <http://www.hopkinsschools.org/parentsstudents/hcc-one-voice/one-voice-our-voice-video>.
 - Reaching out to Limited English Proficient Parents: The Coalition has found it to be very difficult to reach out to this population. One of the biggest problems they have had is getting Limited English Proficient populations to their events. The Coalition works with the district's family liaisons to coordinate interpreters

for events. They do have some of their resources in Spanish. One idea that they are using is to tape keynote speakers at larger public events and then to have a private showing for a particular population, i.e. Somali parents. In order to make the event accessible to the particular population they provide interpreters.

- Community policy practices: The Coalition focuses a lot of their energy in creating environmental changes. In particular a lot of their efforts have been focused on getting social host ordinances passed in their communities. Additionally, the Coalition encourages youth to get involved at the policy level. For example youth were involved in getting cities (i.e. Hopkins) to pass tobacco free parks policies. Additionally, the Coalition has been working with liquor stores. They have also been instrumental in getting K-9 searches back in schools. This has been helpful in sending the message that drugs and alcohol are not tolerated on school property. The Coalition works with the surrounding police departments and community partners.
- Funding opportunities: Gordy Pearson (from State) is thinking of applying for funding for the Shoulder Tap program which targets those individuals over age who purchase alcohol for those under age. He is currently looking for communities who are seeing a problem in this area.

B. Badger (personal communication, September 23, 2010).

Sources:

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MEMORANDUM

To: Blueprint for Action Executive Committee
From: Public Health Advisory Committee
Date: October 26, 2010
Re: Recommendation to Prevent Youth Violence Involving Alcohol Use

Background

The Blueprint for Action Executive Committee requested that the Public Health Advisory Committee (PHAC) develop a recommendation on how to prevent youth violence as it relates to chemical use. Given the committee's limited capacity in studying a range of chemicals (i.e. alcohol, marijuana, cocaine, meth, etc.) which influence violence, the group decided to focus on alcohol, the most commonly used substance, for this recommendation. The primary document PHAC used to frame this recommendation is the *Blueprint for Action: Preventing Youth Violence in Minneapolis*. In particular, action goal #2 in the *Blueprint*, ***intervene at the first sign that youth and families are at risk for or involved in violence***, serves as the overarching frame for the committee's recommendation. Consistent with the *Blueprint*, the focus of these recommendations is on 10-24 year olds.

Underage alcohol use has important public health and public safety risks. Thus, this should be especially important to professionals, policymakers, parents, and others, who are interested in reducing the negative consequences of underage alcohol use. For the purposes of this recommendation, the outcome the committee will focus on is violence defined as: *physical aggression, including aggression carried out by the use of a weapon*.

Issue

National Data

In 2009, 31% of youth surveyed nationwide (36,899 of a total of 122,243 youth), responded that they have engaged in threatening/harmful behaviors (i.e. threatening someone with a gun, knife, or club, and threatening to hit, slap, or kick someone). Of these youth, 47% used liquor (17,127 youth).¹ For adolescent females who engage in violence (i.e. getting into a serious fight, engaging in a group versus group fight, or attacking someone with the intent to seriously hurt them), there is a correlation with binge drinking.²

Local Data

In 2007, 10% of Hennepin County 12th grade males (282 of the total sample of 2,874) reported hitting someone or using alcohol or other drugs (either once, twice, or three or more times). In the same year, 12% of 12th grade males reported having gotten in trouble with the law due to alcohol or other drug use either once, twice, or three or more times.

¹ Pride Survey 2009, pg 154.

² Violent behaviors among adolescent females. (2009). *National Survey on Drug Use and Health: The NSDUH Report*.

For Hennepin County 12th grade females, the rates were 5% and 6% for reported hitting someone or using alcohol or other drugs and reported having gotten in trouble with the law due to alcohol or other drug use, respectively.³

Gang Violence Data

Alcohol is the most common substance that youth involved in gangs, and those who are not in gangs, abuse. It is central to the social life of a gang in that drinking is seen as a key component in affirming masculinity. It is also used to lessen the pain which results from violent initiation practices and is an enabling agent for participation in violent activities (i.e. revenge for the death of gang members and fights with rival gangs.) In a national study, youth who were in gangs were more likely to participate in heavy drinking than their peers, who were not involved in gangs. They also reported drinking alcohol more frequently than these peers.⁴

Early exposure to alcohol may be linked to permanent neurobehavioral consequences, which could help to explain why early alcohol usage is correlated to gang membership. In a study of current or former gang members, 51% (180 of 359) stated that they have used alcohol before the age of 13. This is in comparison to 22% of youth who were polled who were not in gangs (798 out of 3,725).

There is a relationship between alcohol outlet density and gang related violence.⁵ In minority and low income communities, there is a high availability of malt liquor (high-alcohol count beverages). For example, the mean number of outlets selling malt liquor per person was “13% higher in neighborhoods with 10% higher concentration of African Americans” than in other neighborhoods.⁶ Forty-ounce bottles of beer or “forties” (that have higher alcohol count than regular beer) are prevalent in the media (i.e. rap videos) and are highly advertised. The average price point for malt liquor is \$1.87, which is cheaper than a gallon of milk. Licensing restrictions which limited malt liquor sales was correlated with a decrease in disorderly conduct in the areas surrounding the liquor stores⁷

Youth Access to Alcohol

Youth are primarily getting alcohol from social rather than commercial sources. This includes parents, as well as older siblings/friends. A majority (53.4%) of current alcohol

³ Minnesota Student Survey Data. (2007). Hennepin County Data. Retrieved from, <http://health.minnesota.gov/divs/chs/mss/countytables/index.cfm>

⁴ Swahn, M.H., et al. (2010). Alcohol and drug use among gang members: Experiences of adolescents who attend school. *Journal of School Health*, 80(7), 350-360.

⁵ Parker, R.N., et al. (2007). Availability, gang violence, and alcohol policy: Gaining support for alcohol regulation via harm reduction strategies. *Contemporary Drug Problems*, 34, 611-633.

⁶ Jones-Webb, R. et al. Alcohol and malt liquor availability and promotion of homicide in inner cities. *Substance Use & Misuse*, 43, 159-177.

⁷ Barajas, E.A. et al. (2010). *Effects of policies to restrict malt liquor sales on neighborhood crime*. Unpublished manuscript. .

users aged 12 to 20 drank at someone else's home the last time they used alcohol, and another 30% drank in their home.⁸

"Permissive norms" of parents influenced both access to alcohol and alcohol usage. "Permissive norms" are described as giving permission for their child to drink, to drink in their home, to drink at parties, and for other parents to provide their child with alcohol. Additionally, a parent's willingness to provide their children with alcohol is a "permissive norm."⁹ Youth often mirror their parent's drinking patterns. Parental permission for 6th graders to drink at home was associated with an increased likelihood of the child's past alcohol use, drunkenness, heavy episodic use, and increased likelihood of drinking in the next month. There is an association between parents asking children to bring them alcohol and drunkenness in children. Youth who receive alcohol from their parents are 2-3 more times likely to drink than their peers who did not receive alcohol from their parents.¹⁰

Culturally-Based Perspectives

Given the diverse demographic makeup of the City of Minneapolis and the culturally-based health priorities of PHAC and Minneapolis Public Schools, four culturally-based perspectives regarding the intersection of youth violence with alcohol use were presented to PHAC from May-September 2010. Culturally-based professionals shared insights working with: American Indian, African American, Latino (primarily Mexican), and Hmong communities. There were many similar themes associated with the previously discussed issues. For example, early exposure to alcohol, some as young as 4 years of age¹¹, or 5th grade,¹² which may be linked to permanent neurobehavioral consequences or "brain disease"¹³, may be a key issue in preventing youth violence. However, dependent upon the changes culturally-based communities have experienced due largely to their unique political and social histories with the United States government and/or the government of their homeland, these effects manifest differently in each community and will require culturally-tailored, and for some, linguistically-appropriate approaches, to achieve optimal effectiveness.

Recommendation

Within the framework of the *Blueprint for Action*, this recommendation falls under Goal #2: Intervene at first sign that youth & families are at risk for or involved in violence, and will expand upon interest area recommendation 2I, which makes specific reference to chemical dependency issues.

⁸ National Survey on Drug Use & Health. (Nov 2008). Substance Abuse & Mental Health Services Administration.

⁹ Perry, C.L. et al. (2002). Project Northland: long-term outcomes of community action to reduce adolescent alcohol use. *Health Education Research*, 17(1), 117-132.

¹⁰ Komro, K.A. et al. (2007). Effects of home access and availability of alcohol on young adolescent's alcohol use. *Addiction*, 102, 1597-1608.

¹¹ Wright, Richard (July 27, 2010). Presentation to Public Health Advisory Committee.

¹² Roldan, Mitch (Sept 28, 2010). Presentation to Public Health Advisory Committee.

¹³ Rashida Fischer. (June 22, 2010). Presentation to Public Health Advisory Committee.

After a series of presentations from professional and community experts and both subcommittee and full PHAC discussions from Sept 2009 to Oct 2010, the group has developed the following recommendation to prevent youth violence as it relates to alcohol use.

To strengthen the existing youth drug and alcohol use community-wide coalition to include a dedicated focus on the intersection of alcohol use and violence in 10-24 year olds. Coalition efforts should specifically address:

- ***Youth binge drinking-*** One effective tool for addressing youth binge drinking is implementation and enforcement of a social host ordinance. A social host ordinance makes it unlawful to provide an environment where underage drinking takes place. As a misdemeanor, any host found criminally responsible of violating the social host ordinance will face a penalty of time in jail and up to \$1,000 in fines. On February 12, 2010, with Council Member Cam Gordon's leadership and PHAC's support, the City of Minneapolis passed a social host ordinance.
- ***Youth access to alcohol-*** Although environmental approaches receive much less attention, they have been documented to be more effective than other approaches (i.e. increasing excise taxes on alcohol).¹⁴ For youth consuming malt liquor, this may be an effective approach given malt liquor has: a higher alcohol content; is highly advertised in media like rap videos; and is cheaper than a gallon of milk (average price of \$1.87).¹⁵ In addition, there is some evidence that licensing restrictions which limited malt liquor sales was correlated with a decrease in disorderly conduct in the areas surrounding the liquor stores.¹⁶
- ***Messaging to youth and families-*** Interventions which have been most successful in reducing youth access to alcohol are those which reach out to children at the onset of adolescence and focus on peer influence and social skills development.¹⁷ Thus, targeting messages to youth and families, including parents and older siblings, especially those with "permissive norms" for children to drink alcohol could be an effective approach. The Minnesota Department of Public Safety is exploring the possibility with local communities of applying for funding for the Shoulder Tap program, which targets individuals over age who purchase alcohol for those underage.

¹⁴ Nelson, Toben. (Oct 26, 2009). Presentation to Public Health Advisory Committee.

¹⁵ Jones-Webb et al. (2008). Alcohol and malt liquor availability and promotion of homicide in inner cities. *Substance Use & Misuse*, 43, 159-177.

¹⁶ Barajas, E.A. et al. (2010). *Effects of policies to restrict malt liquor sales on neighborhood crime*. Unpublished manuscript.

¹⁷ Perry, C.L. et al. (2002). Project Northland: long-term outcomes of community action to reduce adolescent alcohol use. *Health Education Research*, 17(1), 117-132.

Key Considerations

Cultural Competency

Given the diversity of City of Minneapolis residents, it will be important for this coalition to be cultural competent, especially as its work relates to the predominant culturally-based groups residing in Minneapolis. There are several tools which have been developed to assist coalitions in this regard, including but not limited to, Community Anti-Drug Coalitions of America (CADCA). CADCA's related National Coalition Institute was developed in 2002 by an act of Congress, and serves as a center for training, technical assistance, evaluation, research and capacity building for community anti-drug coalitions throughout the United States.¹⁸

Strategic Prevention Framework

The Minnesota Public Health Institute encourages the City of Minneapolis further explore the Strategic Prevention Framework (SPF) in informing future youth violence prevention work as it intersects with alcohol use.¹⁹ SPF uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. Potential state-level funders may also be exploring the adaptability of the SPF in Minnesota. In 2005, the CADCA Institute started a series of primers to help coalitions navigate SPF. The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services, developed the SPF for use by community coalitions in their efforts to reduce substance abuse at the population level. While there is a focus on inclusion of cultural competence in the elements of the SPF, any community coalition can adapt the primer materials to its own needs.²⁰

Future Data Analysis Ideas

With limited resources and time, MDHFS staff began to explore a possible correlation between establishments which have liquor licenses in the City of Minneapolis and 2010 homicide locations. Preliminary results show that zip codes with a high frequency of homicides (i.e. 11) have less liquor licenses (i.e. 21) than do areas with low frequencies of homicides (1 homicide and 67 liquor license establishments). All zip codes with more than 1 homicide have under 38 liquor licenses. A more formalized coalition with a full-time staff person may have more capacity to do further data gathering and analysis in this regard.

¹⁸ *Cultural Competence Primer: Incorporating Cultural Competence into Your Comprehensive Plan.* (2009). Community Anti-Drug Coalitions of America (CADCA).

¹⁹ Spading, K. (29 September, 2010). Personal communication.

²⁰ Dean, A.T., Chairman and CEO, CADCA. www.coalitioninstitute.org

DRAFT Framework Ideas: Food
Culturally Based Health, Inclusive of Socio determinants of Health

1. Work Across Silos

- Health
- Community Planning & Economic Development (CPED)
 - a. Example: coolers for convenient stores to increase availability of fruits & vegetables
- Regulatory Services (permits)
- Small business/convenient stores

2. Data for Community/Publicly Available

- Adult obesity
- Child obesity
- Farmers market maps
- WIC grocery stores
- Convenient Stores (10 and more)
- Fruit & Vegetable consumption/ Money spent by schools for this
- Community Gardens

3. Community Engagement (Addressing lack of empowerment)

- PHAC hosted dialogue
- New CDC Prevention Specialist at MDHFS working to adapt multicultural storytelling work to obesity prevention w/ 6 cultural communities
- SHIP multi-unit housing project (Allison)

4. Look at Policies (Not just public policies)

- Informed by SHIP
 - Work across silos to ensure pilots are expanded; wrap around services



Public Health Advisory Committee

Tuesday, Nov 23, 2010, 6:00 – 8:00 pm

Minneapolis City Hall
350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve Aug 24, 2010 Minutes	Noya Woodrich Co-Chair	Vote	6:00 – 6:10
Update: Statewide Health Improvement Program (SHIP)	Lara Tiede	Report	6:10 – 6:40
PHAC Member Recognitions of Service <ul style="list-style-type: none">• Kathryn Dean• Mitchell Davis Jr.• Noya Woodrich• David Therkelsen	Gretchen Musicant	Presentation	6:40 - 7:00
Membership Recommendations	Subcommittee	Discussion & Vote	7:00 – 7:15
Business Plan: City of Minneapolis Department of Health & Family Support	Gretchen Musicant		7:15 – 7:30
Update: Urban Health Professional Advisory Committee <ul style="list-style-type: none">• Health literacy/cross cultural communication pilot w/ Sustainable Resources Center• Health literacy/cross cultural communication survey of MDHFS contractors	Dan Newman	Report	7:30 – 7:45
Department Updates	Gretchen Musicant		7:45 – 7:50
Information Sharing	All		7:50 – 8:00

Next Meeting: Jan 25, Minneapolis City Hall, Room 132

If there are any problems/changes the night of the meeting, please call 612-919-3855.