

Public Health Advisory Committee

January 28, 2014, 6:00 - 8:00 pm

Minneapolis City Hall, Room 132

AGENDA

Agenda Item	Presenter	Time	Committee Action
Welcome and Introductions Joey Colianni, Member at Large replacing Adrienne Morris)	Tara Jenson	6:00-6:05	Approve agenda
PHAC Logistics and Updates Review minutes Certificate of Recognition - Patty Hillmeyer	Tara Jenson Tara Jenson	6:05-6:15	Approve Minutes
Presentation MN Breastfeeding Coalition	Dr. Pam Heggie MBC Steering Committee Pediatrician-Fairview Children's Clinic (Mpls)	6:15-7:05	Questions/discussion
Department Updates & Information Sharing Council Committee change Public Health Week activities NCR Conference	Margaret Schuster Nora Hoeft - MHD	7:05-7:25	Discussion
Sub-committee conversation time Policy & Planning Collaboration & Engagement Communications & Operations		7:25-7:50	Prep work/discussions for February sub- committee meeting

Next Sub-committee meeting: February 25, 2014, Minneapolis City Hall, Rooms 132 & 333

Next Meeting of the Full Committee: March 25, 2014, Minneapolis City Hall, Room 132

MN Breastfeeding Coalition website: http://mnbreastfeedingcoalition.org/about-us/

Information Sharing:

Health, Environment, Community Engagement Committee referenced on city's website: <u>http://www.ci.minneapolis.mn.us/council/committees/index.htm</u>

Public Health Week theme & activities referenced on national website: <u>http://www.nphw.org/</u>

NCR Conference referenced on city's website: <u>http://www.minneapolismn.gov/ncr/index.htm</u>

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



January 28, 2014

Members Present: Julie Ring, Saeng Kue, Tara Jenson, Dr. Happy Reynolds-Cook, Karen Soderberg, Abdullahi Sheikh, Birdie Cunningham, Autumn Chmielewski, Dr. Rebecca Thoman, Linda Brandt, Jennifer Pelletier, Tamara Ward, Joseph Colianni

Members Excused: Silvia Perez, Sarah Dutton, Daniel Brady

Members Unexcused:

MHD Staff Present: Margaret Schuster, Don Moody, Nora Hoeft

Guests: Dr. Pamela Heggie, Sammie Ardito Rivera

Tara Jenson called the meeting to order at 6:01 p.m.

Item	Discussion	Outcome
Introduction	New PHAC member Joseph "Joey" Colianni introduced himself. Sammie Ardito Rivera from the Nexus Community PartnersBoards and Commissions Leadership Institute introduced herself.	
Agenda & Minutes Approval	Agenda modifications: Patty Hillmeyer will attend March meeting to receive her certificate; Nora Hoeft will speak before the presentation; sub-committee conversation time will be held after meeting adjourns.	Agenda approved, with changes noted
	Change to November Minutes: Under information sharing, with regard to the "Attended the <i>Women in Public Service Conference</i> at Hamline University" entry, change Karen Soderberg to Linda Brandt (Linda, not Karen, attended the event)	Minutes approved with change noted.
Department Updates Public Health Week activities - Nora Hoeft	 MHD will present Local Public Health Heroes awards during Public Health Week, April 7-11. Categories for awards will mirror Department goals. Nominations are open to the public; announcements will be made via Facebook, Department web site, community listservs, and other routes. Nomination form available mid-February on Department website. PHAC asked to help review the nominations for selection of the final awardees. The award ceremony and info fair will be held in the City Hall rotunda. PHAC is invited to share a table with accreditation during this event. Other Public Health Week activities are being planned. Committee discussed other routes for soliciting nominations including contacting community organizations, providing details and nominations forms to Council Members for dissemination via ward newsletters. 	Nora to provide update prior to next meeting. She will send info for submission to Council Members (re: soliciting nominations from the public). Nora requested 3-4 volunteers as a sub-committee to help with the selection of awardees.
Presentation MN Breastfeeding Coalition - <i>Dr. Pam</i> <i>Heggie, MBC Steering</i> <i>Committee,</i> <i>Pediatrician-Fairview</i> <i>Children's Clinic (Mpls)</i>	 Dr. Pam Heggie presented on the Minnesota Breastfeeding Coalition; see slides from her presentation for additional information (available in the January Meeting Materials). Her presentation covered many aspects including: an historical review and perceived barriers; data related to breastfeeding and racial disparities; the BFHI (Baby Friendly Hospital Initiative); and lessons learned. Items covered in the discussion: Breastfeeding Disparities: primarily <i>not</i> income related, factors are culturally / socially-oriented, such as public perception, social acceptance, and availability of role models. Access and availability to breast pumps, support for and education related to breastfeeding, lactation consultation, and worksite support. Health Benefits for child <i>and</i> mother: reduced infant mortality, decreased obesity over lifetime 	Policy & Planning sub- committee will take up topic to clarify possible actions / additional learning for PHAC; garner additional information from MHD staff regarding City's goals / actions in this area



		Health Department
	Economic Benefits: exclusive breastfeeding for 6 months could result in savings of \$13 billion in annual health care costs and reduce over 900 deaths per year; three in-home nurse visits within the first year with a cost ~\$700 reduces ER visits by 50%. Hospital Outreach: encourage breastfeeding; initiate many/all of the10 steps for BFHI (even if not seeking BFHI certification); implement BFHI procedures to reduce racial disparities; discourage free formula (does this have an ethics component? how/why is formula provided free?) What can PHAC do? Who, at the City level, has insights into options? What actions are being taken by the Hennepin County Breastfeeding Coalition? Could this be included in the Worksite Wellness Initiative? Recommendations could focus on the benefits of healthy infant feeding, decreased disparities, and long term health for mothers and children. How to work with City of Minneapolis hospitals to encourage support for and/or change behavior (attitude) related to breastfeeding? Recommendations could go to Minnesota Department of Health – for hospital regulation or changing factors for reporting (e.g., including a breastfeeding component)	
Department Updates- Margaret Schuster	 PHAC membership: At-Large seats filled, four Ward seats currently vacant (Wards 2, 3, 9, 10). Margaret reached out to Council Members regarding PHAC members whose terms ended 12/31/2013. Additional contacts will be made this week for PHAC members whose terms are 2013-2014. <u>Boards, Commissions and Advisory Committees website</u> lists all <u>PHAC seats</u>, with details on seat terms and specific vacancies. NCR Community Connections Conference "Common Ground: A City that Works for All" will be held Saturday, March 22, 2014 from 8:00a.m. to 4:30p.m. at the Minneapolis Convention Center. It is free! Gretchen met with Mayor Hodges, who stated her interest in reappointing Gretchen as Health Commissioner for another two-year term. 	
Information Sharing – Dr. Happy Reynolds- Cook	She attended a public meeting on the City's proposed Conservation District Ordinance effort. High-density housing, its health impact, when it is successful & when not successful was suggested as a topic for a future presentation to the PHAC.	Margaret & Policy / Planning sub- committee to look at calendar
Margaret Schuster	PHAC now reports to the (newly formed) Health, Environment & Community Engagement Committee (PHAC previously reported to the Public Safety, Civil Rights & Health Committee).	
Karen Soderberg	Brought up the need for PHAC committee members to emphasize the interconnectedness of many City departments and their intersection with Public Health. The new Council Committee will not see representation from Civil Rights or Public Safety which also impact public health. We need to advise against the idea that each department is a 'silo' and emphasize the City's overall health outcome resulting from their collective, system-wide approach. This is also a state-wide concern: public health is a collective, system-wide effort.	PHAC 2013 Annual Report to be given to HECE committee in 1 st Quarter 2014.
Jennifer Pelletier	Met with [MHD employee] Sarah Stewart in December to discuss Community Engagement grants and how initiatives like the Northside Greenway and Complete Streets may be best served by neighborhood	Possible future update and ask for PHAC support



groups applying for the grant opportunities. There may be a future	
update for PHAC on these initiatives.	

Meeting adjourned at 7:40 p.m. Minutes submitted by Don Moody and Margaret Schuster

Next Sub-Committee Meeting: February 25, 2014, Minneapolis City Hall, Room 132 & 333, 6:00-8:00 p.m. Next Full Committee Meeting: March 25, 2014, Minneapolis City Hall, Room 132, 6:00-8:00 p.m.

Minnesota Breastfeeding Coalition



breastfeeding: healthy babies - healthy families - healthy communities

Presentation- Public Health Advisory Committee Minneapolis, MN Jan 28, 2014

Pamela Heggie, MD, IBCLC MBC Steering Committee Member Pediatrician , Fairview Children's Clinic - Minneapolis Director, Breastfeeding Medicine Clinic University of Minnesota Amplatz Children's Hospital

Minnesota Breastfeeding Coalition

- Vision: Breastfeeding: Healthy Babies, Healthy Families, Healthy Communities
- **Mission:** Working collaboratively to create an environment in Minnesota where breastfeeding is recognized and supported as vital to the health and development of children and families.
- All 50 states have breastfeeding coalitions – under umbrella of US Breastfeeding Committee
- 30 local coalitions in Minnesota
- "Grassroots" breastfeeding advocacy in neighborhoods, towns, counties



Breastfeeding as a Public Health issue

"Breastfeeding is a public health issue not just a lifestyle choice"

...exclusive breastfeeding for 6 months & continue after baby food introduced for 1 year or longer as mutually desired by mother and infant....





American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN"

AAP 2012 Breastfeeding Policy Statement PEDIATRICS Volume 129, Number 3, March 2012 e827



Why Breastfeeding?



- Improves health outcomes in children
 Less infection, SIDS, obesity, diabetes and asthma
- Improves health outcomes in mothers
 Less cancer, obesity, heart disease
- Saves money
 - Healthier moms and babies less ER and hospital care
 - Formula costs are high \$1800 -\$2000 for 1 year
 - Breastmilk is free

Breastfeeding Rates - 2013

Ever BF	6 mo	12 MO	Ex BF	Ex BF
			3 mo	6 mo

U.S. 76.5 49.0 27.0 37.7 16.4

Minnesota 73.5 49.1 23.1 47.2 23.5



Breastfeeding Disparity in MN



BREASTFEEDING is ...

a low cost,

low tech,

high yield

public health intervention





Breastfeeding Barriers

- Mothers may lack confidence and knowledge about how breastfeeding works
- Myths about milk supply, how easy or hard breastfeeding will be
- Myth that breastfeeding is natural so will "just happen"
- Lack of role models in society and family in a previously "bottle feeding" culture
- Lack of acceptance by the community and society in general- breastfeeding in public settings, age of babies
- Lack of support from father/partner, family and friends
- Hospital practices that interfere with breastfeeding

More Breastfeeding Barriers

- Inadequate and inconsistent access to lactation help for questions or problems that arise after hospital discharge
- Inconsistent and low level medical coverage or payment for pumps, lactation consultant services
- Lack of workplace or child care support for breastfeeding
- Lack of OR very short maternity leave
- Advertising and promotion of infant formula- free stuff (diaper bags, coupons) undermines breastfeeding

It takes a Village...







Dr. Julius Parker Sedgwick Chair, Department of Pediatrics University of Minnesota, 1912

Photo Courtesy of University of Minnesota Archives.

Julius Parker Sedgwick, "Maternal Feeding," The American Journal of Obstetrics and Diseases of Women and Children 66 (1912): 857–865.

BREAST FEEDING IN THE REDUCTION OF INFANT MORTALITY

J. P. SEDGWICK, M. D., University of Minnesota, Minneapolis, Minn., and

E. C. FLEISCHNER, M. D.,

University of California, San Francisco, Cal.

Read before the Joint Meeting of Child Hygiene and Vital Statistics Sections, American Public Health Association, at San Francisco Cal, September 15, 1920.

These authors do not absolve their brother physicians from responsibility in the high infant mortality through bottle feeding and note that medical schools spend hours teaching artificial feeding against a casual attitude in discussing maternal nursing. The story is told of the Minneapolis demonstration which helped reduce infant mortality there from 81 to 65.

When one realizes that in many of our large cities 100 infants die during the first year of life for every thousand born, and that this perfectly unthinkable situation is accepted with equanimity by many sanitarians and laymen, one is forced to the unpleasant conclusion that

September 15, citizen and humanitarian. So many statistics have been compiled bearing on the question of infant mortality, that it is perfectly justifiable to present the conclusions, that can be drawn from them without including in these conclusions the figures upon which they are based. No one can attack on account of its extravagance the contention that the death rate among artificially fed infants is approximately six times as high as among the may seem, the medical profession itself is probably more at fault in this connection than any other group, and among physicians in the highly specialized branches of obstetrics and pediatrics are found the worst offenders.

920^{cation} alone can be found the ^{vhereby} this situation can be In a consideration of this phase of the question, too much stress

cannot be laid upon the importance of properly handling the problem in the medical school. The hours and hours that are given over to the teaching of artificial feeding, which even by the most intensive methods can never be successful unless they are followed by a tremendous amount of experience, stand out in striking contrast to the casual attitude,

"THE AMERICAN JOURNAL OF PUBLIC HEALTH"

Home Visits in Minneapolis - 1919



- Dr. Sedgwick started a program of home nurse visits to promote breastfeeding in 1919
- Significant improvement in breastfeeding initiation and duration, 72% at 9 months
 - 20% decrease in infant mortality

Wolf, J. American Journal of Public Health. December 2003, Vol 93, No. 12: 2000-2010.

Randomized Controlled Trial of Universal Postnatal Nurse Home Visiting: Impact on Emergency Care 2013

Dodge, et al Pediatrics 2013;132;S140

- Nurse visits new parents at home after newborn discharged from hospital – 3 visits
- Checks health of mother and baby
- Tips on breastfeeding, infant care, safe sleeping
- Screens for maternal depression
- Outcome: 50% less emergency medical care use

The **"Gap"** in 2009: University of Minnesota Amplatz Children's Hospital

90 % of women started breastfeeding

41 % left the hospital exclusively breastfeeding



What Is the Baby Friendly Hospital Initiative?





- International award for Birth Hospitals
- Best Practice maternity care for moms and babies
- "10 Steps"-hospital practices that support breastfeeding
- Clinical excellence in lactation
- Developed by UNICEF and WHO in 1991
 - To reduce worldwide infant mortality by increasing BF

U of M Amplatz Children's Hospital

Exclusive Breastfeeding Rates at discharge: before and after BFHI



Baby Friendly Hospital Initiative: 10 Steps

1. Written Breastfeeding Policy	2. Train all Healthcare Staff	3. Inform all Pregnant Women of Benefits	4. Help Mothers Initiate BF within One Hour
5. Show Mothers How to BF and Maintain Lactation	6. Give Newborn Infants Only Breastmilk	7. Practice Rooming In	8. Encourage BF on Demand
	9. Give No Pacifiers or Artificial Nipples to Breastfeeding Infants	10. Foster the Establishment of BF Support Groups	

Baby Friendly: Global and Local





- 20,000 hospitals in 150 countries worldwide are designated Baby Friendly (9/2013)
- **6.9**% of US birth hospitals are certified Baby Friendly
 - 167 / 2420 birth hospitals in the U.S (9/2013)
 - 2.9% in 2007
- In Minnesota 2/92 birth hospitals are Baby Friendly certified
 - Mayo-Austin Medical Center (2011)
 - U of MN Amplatz Children's Hospital (2012)
 - On their way- HCMC, Regions and others

Racial Disparity in Breastfeeding Rates Reduced at Baby Friendly Hospitals

- Disparity in breastfeeding (BF) rates are often in low income and minority families
- Biased view that there is a "cultural" reason
 - "that's their culture, they always supplement"
 - "they don't breastfeed"
- The Research says otherwise....
- Babies born in Baby Friendly Hospitals have higher BF rates across all income and ethnicities **
- If you change the system and give support to ALL- the disparity goes away!

**Merewood, et al J Hum Lact 2007 May; 23(2) and Merewood, et al Pediatrics 2005 Sep;116(3)

Baby Friendly reduces Racial Disparity

Figure 3. Exclusive Breastfeeding by Ethnicity; All California Hospitals Versus Only Baby-Friendly Hospitals (2009)

STATEWIDE EXCLUSIVE BABY-FRIENDLY EXCLUSIVE



Source: California Department of Public Health Genetic Disease Screening Program, Newborn Screening Data (Form D), 2009.

http://www.calwic.org/storage/dcuments/factsheets2011/2011cabreastfeedingratereport.pd

Lessons Learned:

Possibilities for breastfeeding innovation in Minneapolis

- Nurse home visitor program for all families after hospital discharge with newborn
- Encourage Baby Friendly Hospital Initiative in all Minneapolis hospitals
 - Reduces breastfeeding disparity
 - U of M is done & HCMC almost there
 - Abbott and North Memorial -not yet
- Outcome tracking:
 - Infant Mortality rates (include feeding history)
 - # ER visits in 1st year
 - Breastfeeding rates
 - Any BF, exclusive BF, partial BF, all Formula
 - Measure breastfeeding rates in hospitals and clinics (at discharge, 3, 6, 12 mo)



It takes a village.... to support breastfeeding









Public Health Advisory Committee

March 25, 2014, 6:00 - 8:00 pm

Minneapolis City Hall, Room 132

Agenda Item	Presenter	Time	Committee Action
Welcome and Introductions Recognition of Patty Hillmeyer	Karen Soderberg	6:00-6:10	
PHAC Logistics and Updates Approve agenda Approve Minutes	Karen Soderberg	6:10-6:25	Approve agenda Approve Minutes
Reports from Sub-committees: Communications/Operations: Policy & Planning: Collaboration & Engagement:	Tara Jenson Rebecca Thoman Happy Reynolds		Any actions?
Presentations: MHD activities & initiatives on e- cigs / tobacco PLUS What's happening legislatively at the State & local level	D'Ana Tijerina – CDC Public Health Associate with MHD + Gretchen Musicant, Commissioner of Health	6:25 – 6:50 6:50 – 7:05	Presentation Questions / discussion
Update: Youth Violence Prevention work within Minneapolis	Sasha Cotton – Sr. Public Health Specialist, MHD	7:10 – 7:30 7:30 – 7:45	Presentation Questions / discussion
Department Updates	Gretchen Musicant	7:45 – 7:55	Discussion
Information Sharing	All	7:55-8:00	Discussion

Next Sub-committee meeting: April 22, 2014, Minneapolis City Hall, Rooms 132 & 333

Next Meeting of the Full Committee: May 27, 2014, Minneapolis City Hall, Room 132

Visit Minneapolis Health Department website for more information: <u>http://www.ci.minneapolis.mn.us/health/phac/index.htm</u>



March 25, 2014

Members Present: Julie Ring, Saeng Kue, Tara Jenson, Karen Soderberg, Abdullahi Sheikh, Birdie Cunningham, Autumn Chmielewski, Dr. Rebecca Thoman, Silvia Perez, Sarah Dutton, Linda Brandt, Jennifer Pelletier, Tamara Ward, Joseph Colianni

Members Excused: Dr. Happy Reynolds-Cook, Daniel Brady

Members Unexcused:

MHD Staff Present: Gretchen Musicant, Margaret Schuster, Don Moody

Guests: D'Ana Tijerina (CDC Public Health Associate with MHD), Sasha Cotton (Sr. Public Health Specialist, MHD)

Karen Soderberg called the meeting to order at 6:04 p.m. at City Hall.

Item	Discussion	Outcome
Introduction	Members and guests introduced themselves.	
Agenda/Min Approval	Agenda modifications: Patty Hillmeyer will attend the May meeting to receive her certificate.	Agenda approved, with changes noted
Reports from Sub-committees: Operations / Communication Karen Soderberg	No changes to the January Minutes Finalizing the Annual Report for presentation to the HE&CE committee of the council; nearing completion on updated orientation materials for PHAC members.	Minutes approved by unanimous consent
Policy & Planning Rebecca Thoman	Filling out the PHAC quarterly calendar: as follow-up on breastfeeding— we will hear from Health Dept. staff in April and hope to have a panel discussion on the topic at our May meeting. Presentations for future meetings are based on our prioritizing activity from last fall and health department goals.	
Collaboration & Engagement Autumn Chmielewski	Prioritized top neighborhood groups to visit using NCR's neighborhood contact list. Sub-committee members identified three neighborhood group meetings to visit during sub-committee months (Corcoran, Phillips, and Powderhorn). Currently all sub-committee members represent the south side of Minneapolis; may need additional effort to reach north side groups. Silvia has met with a neighborhood group (Corcoran). Many other neighborhood groups on list to meet; examples of PHAC efforts and works should be brought to these meetings. Idea is they are a voice of their community and want to know about health concerns in their community; go introduce self to the community and listen to their concerns. Suggested re- wording: As the PHAC workplan is developed, bring ideas for community engagement to sub-committee – they can solicit feedback from the community and bring it back to the full committee. Karen offered that one role of C&E: bring community concerns to the PHAC and try to connect with other initiatives in the city. Gretchen suggested: bring PHAC topics/priorities to your Council Member to review or add to, which can then be brought back to the full committee. Gretchen mentioned Council Member Barb Johnson's Community Engagement Activities in north Minneapolis and suggested contacting Sarah Stewart regarding Northside Greenway activities.	
	Karen mentioned the NorthPoint Medical Director is trying to reach out for public health activities with North-siders, like a walk/run event in the Harrison neighborhood.	



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Pr Mi ini tol ha at lev <i>Cl</i>	epartment esentations HD activities & tiatives on e-cigs / bacco PLUS What's ppening legislatively the State & local vel - D'Ana Tijerina – DC Public Health ssociate with MHD	D'Ana provided a summary of the department's recent work on tobacco issues, including a survey of local restaurants, coffee shops and café managers to assess attitudes on e-cigarettes. Currently, the state legislature is discussing possible legislation to regulate e-cigarettes. The Department is partnering with the MYC [Minneapolis Youth Congress] tobacco group which focuses on youth access to cheap, flavored tobacco products. D'Ana highlighted the youth event on March 19th for National Kick Butts Day and provided an overview of future activities including a new grant opportunity for community groups to do tobacco education over the summer months.	
		 PHAC discussion during and after the presentation included: Minneapolis delegation's positions and how to influence? Is it better to comment as individuals or as the PHAC body? What is known about health risks? Little research, even less of peerreviewed quality. About children's exposure and effects? Rise in accidental poisonings from the liquid used in e-cigarettes. Concern over rise in asthma and increase in smoking in some communities. Department effort on e-cigarettes is in addition to tobacco cessation efforts; i.e., tobacco cessation initiatives continue and are not being replaced by e-cigarette work. Effectiveness of use in quitting smoking: little evidence of efficacy, some anecdotal evidence similar to anecdotal evidence of e-cigarette use leading to cigarette smoking. Interest in having MYC present to PHAC. Who does the MYC make recommendations to? (Varies depending upon the specifics of the recommendation.) Voiced concerns over lack of understanding that tobacco is involved in hookah parties. What is best way to distribute information to reach as many as possible? Youth as change makers, lots of interest in this aspect; belief that this is one more way the tobacco companies are targeting youth. Reasons for tobacco use in teens; present in family, social activity, able to do tricks with tobacco products 	Julie Ring made a motion to send a letter to the members of the Minneapolis Delegation supporting the Senate version of the e-Cigarette Bill, including the Freedom to Breathe Act provision; Saeng Kue seconded. Motion approved by voice vote. Julie offered to craft a draft letter along with input from Rebecca Thoman, Dan Brady, and dept. staff.
Pr Mi Co	odate: Youth Violence evention work within nneapolis - Sasha otton – Sr. Public ealth Specialist, MHD	Sasha presented on Youth Violence Prevention work within Minneapolis. The Minneapolis Blueprint for Action to Prevent Youth Violence is a comprehensive city wide approach to addressing and preventing youth violence. It was developed originally in 2008 as a response to a high level of youth homicide in Minneapolis in the previous years. The Blueprint was written using a public health approach and its work is housed in the Minneapolis Health Department. The Blueprint brings together city partners from a wide range of department including Police, Schools and the Mayor's office. The Blueprint is also used to collaborate with community based agencies throughout the city. Oversight is conducted through an 17-member Executive Committee, a multijurisdictional team consisting of many partners, including culturally specific support groups. In 2012 Minneapolis was invited to join The National Forum to Prevent Youth Violence, an initiative of the Obama Administration. It is a forum that works to develop a learning community amongst 10 cities using innovative measures to reduce youth violence. After joining the National Forum, Minneapolis revised the Blueprint and re-launched the plan in 2013 with these refined goals:	Sasha will connect with some PHAC members to examine potential community outreach avenues



		ealth Department
	 Foster violence-free social environments Promote positive opportunities and connection to trusted adults for all youth Intervene with youth and families at the first sign of risk Restore youth who have gone down the wrong path Protect children and youth from violence in the community PHAC discussion during and after the presentation included: Mayor Hodges has agreed to co-chair the committee. In February 2014, new version of the Blueprint was released. Total number of youth homicides in 2013 was zero! A great achievement; discussed possible changes in conduct, i.e., some reduction may be due to intentional maiming as non-fatal injuries have risen (though not as much as fatalities have decreased). Total number of incidents vs per capita totals; while youth population is down and may contribute to some reduction, there is more reduction than changes in demographic total. Gender of violence involved youths? Female participation in violence has increased over the last decade though still significantly lower than males. What percentage (of incidents) is related to gang activity? Minneapolis gangs are not as organized as seen in other urban locations; participation and affiliation is more fluid/dynamic though this is a re-emerging issue. Strategies to foster violence-free locations and activities and counter-act bullying include early response to undesired behavior; breaking the continuum of potentially negative behavior; creating positive, compassionate environments where bullying and violence does not fit in How to break the cycle of violence? Children learn from family members when violence is tolerated or maybe even condoned; How do we tap into and interconnect the community, faith-based organizations, businesses, parents, and kids? 	
Department Updates- Gretchen Musicant	 Appointment vote for Gretchen is on March 28 [Addendum: Minneapolis City Council adopted to "Approve the charter department head reappointment by the Executive Committee of Gretchen Musicant to the appointed position of Commissioner of Health/Director of Department of Health for a two-year term beginning January 2, 2014"]. Some of the results while Gretchen has been Health Commissioner: Teen Pregnancy: Between 2006 and 2011 the pregnancy rate for girls age 15 to 17 years in Minneapolis declined by half Youth Homicides: No homicides for those under 18 in 2013 – the first time in Gretchen's tenure! Youth violence: Since 2006, youth homicides have dropped 60%, incidents with guns among youth have decreased 67%. Lead Poisoning (from >500 in 2002, to 374 in 2005 to 62 in 2013): more than an 80% reduction. Nearly doubled 3 year olds getting preschool screening (639 in 05-06 to 1,251 in 12-13). So you can have an impact and make change. We have done much yet there is much more to do. Mayor Hodges is interested in early childhood development ('Cradle to K[indergarten]' or 'Birth to K'). In total, MHD expenditures related to 0-18 year old children are currently about \$9 million annually. Public Health Week Health Hero nominees have been reviewed; awards announced on April 10. Many other events planned for the week. Youth Violence Prevention Week overlaps with Public Health Week. 	Staff will e-mail PHAC members details of events for Public Health Week and Youth Violence Prevention Week



Information Sharing – <i>Karen Soderberg</i>	A reminder that the film, Health and Climate, which was produced by Twin Cities Public Television (tpt MN) in partnership with MDH, can be seen April 20 and again on April 27.	
Julie Ring	Upcoming <u>Minnesota Safe Harbor conference April 24-25</u> . This is a 2-day training on sex trafficking; 125 people already registered	
Dr. Rebecca Thoman	April 8, 2014 is E-Cigarette Day – planned rally at the State capitol to lobby for regulation of e-cigarettes	
Sarah Dutton	Minneapolis Public Schools has a planned Wellness Week, May 5-9, with events planned every day – details available on the <u>MPS events calendar</u> .	

Meeting adjourned at 8:05 p.m.

Minutes submitted by Don Moody and Margaret Schuster

Next Sub-Committee Meeting: April 22, 2014, Minneapolis City Hall, Room 132 & 333, 6:00-8:00 p.m. Next Full Committee Meeting: May 27, 2014, Minneapolis City Hall, Room 132, 6:00-8:00 p.m.



E-cigarettes

E-cigarettes are battery-operated devices that have cartridges, typically filled with liquid nicotine and other chemicals and flavorings. Nicotine is the highly addictive chemical found in traditional tobacco products. The e-cigarette heats up and turns the nicotine into a "vapor" that can be inhaled in a way that simulates smoking.¹ The use of an e-cigarette is often referred to as "vaping."



Health risks of e-cigarettes are still unknown

- There have been no long-term studies conducted on e-cigarettes so the lasting impact on the health of users or those exposed to secondhand vapor is unknown.
- E-cigarettes are unregulated. Users have no way of knowing what types or concentrations of potentially harmful chemicals are found in e-cigarettes or how much nicotine they are inhaling. ^{2,3} Studies have found that similar to traditional cigarettes, heavy metals, carcinogens, and silicate, including nanoparticles, have been found in e-cigarette vapor. ^{4,5,6}
- The FDA warns that the safety of e-cigarettes has not been fully studied and the World Health organization says "consumers should be strongly advised not to use any of these products." ^{7,8}

E-cigarettes may be especially appealing to youth and pose higher health risks.

- New data from the Centers for Disease Control and Prevention shows that the percentage of middle and high school students using e-cigarettes has more than doubled from 2011 to 2012.⁹
- E-cigarette fluid is marketed in fruit, candy, and dessert flavors that are known to appeal to youth, heightening concerns that e-cigarettes will attract youth users.¹⁰
- Youth are at a potentially higher risk of negative health consequences because nicotine levels across products vary and without federal regulation, may be inaccurate. This makes them especially dangerous for youth because the nicotine in the e-liquid:
 - negatively impacts adolescent brain development;¹¹
 - can lead youth and young adults to become addicted and to start using conventional cigarettes or other tobacco products;¹²



E-cigarettes have not been proven effective as a smoking cessation aid

• E-cigarettes are an untested product and have not been proven to be a safe alternative to smoking or promote successful long-term quitting.

Minnesota laws and Minneapolis ordinances related to e-cigarettes

- E-cigarettes have been included under the definition of "tobacco products" in Minnesota so they are taxed as tobacco products and selling them to minors is illegal.¹³
- E-cigarette stores are licensed as tobacco retail outlets in Minneapolis and customers are allowed to sample products before they purchase them.
- Vaping in indoor public places is currently legal because e-cigarettes do not meet the definition of "smoking" under Minnesota's Clean Indoor Air Act or the Minneapolis Clean Indoor Air Ordinance.
- Many communities in Minnesota have already taken steps to regulate e-cigarette sales and use: placing moratoriums on e-cigarette stores and banning their use in indoor places.
- Many restaurants, businesses, and other organizations prohibit e-cigarette use in their facilities because of confusion and concerns about the potential health effects of e-cigarettes.¹⁴

For more information, contact:

Lara Pratt **Minneapolis Health Department** 612.673.3815 or lara.pratt@minneapolismn.gov

¹³ Minnesota State Legislature. Minnesota Session Laws. https://www.revisor.mn.gov/laws/?key=57965. Accessed September 13, 2013.

¹⁴ See, e.g., Jenna Ross, Duluth Says No to E-cigarettes; State Says It Will Consider Options, Star Tribune (Sept. 11, 2013), available at

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Attention: If you have any questions regarding this material please call 311 or the Minneapolis Health Department at 612-673-2301 Hmong - Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu (612) 673-2800; Spanish - Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al teléfono (612) 673-2700;

Somali - Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la' aan wac (612) 673-3500

¹Press Release, U.S. Food & Drug Admin. [FDA], FDA and Public Health Experts Warn About Electronic Cigarettes (July 22, 2009), http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/2009/ucm173222.htm.

² U.S. Food and Drug Administration, Division of Pharmaceutical Analysis. Evaluation of e-cigarettes.

http://www.fda.gov/downloads/drugs/scienceresearch/ucm173250.pdf. Accessed September 13, 2013.

³ U.S. Food and Drug Administration. FDA and Public Health Experts Warn About Electronic Cigarettes.

http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm173222.htm. Published July 22, 2009. Accessed September 13, 2013.

Williams, M, Villarreal A, Bozhilov K, Lin S, Talbot, P. Metal and silicate particles including nanoparticles are present in electronic cigarette cartomizer fluid and aerosol. PLoS ONE. 2013;8 (3), e57987. http://www.plosone.org/article/info:doi/10.1371/journal.pone.0057987. Accessed September 13, 2013. ⁵ Goniewicz, ML, Knysak, J, Gawron, M, et al. Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. Tobacco Control. 2013. doi:10.1136/tobaccocontrol-2012-050859

⁶ Schripp, T, Markewitz, D, Uhde, E, Salthammer, T. Does e-cigarette consumption cause passive vaping? Indoor Air. 2013;23(1), 25-31. doi:10.1111/j.1600-0668.2012.00792.x

⁷ FDA, News & Events: Electronic Cigarettes (e-Cigarettes), http://www.fda.gov/newsevents/publichealthfocus/ucm172906.htm (last visited Sept. 18, 2013).

⁸ World Health Organization, Tobacco Free Initiative, Questions and Answers on Electronic Cigarettes or Electronic Nicotine Delivery Systems (ENDS) (July 9, 2013), http://www.who.int/tobacco/communications/statements/eletronic_cigarettes/en/index.html (emphasis in original).

⁹ Centers for Disease Control and Prevention [CDC], Notes from the Field: Electronic Cigarette Use Among Middle and High School Students - United States, 2011-2012, 62 Morbidity and Mortality Weekly ^{teport} 729, 729 (2013), http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6235a6.htm.

¹⁰ US Surgeon General. Preventing Tobacco Use Among Youth and Young Adults. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention; 2012.

¹¹ See, e.g., Jennifer B. Dwyer et al., The Dynamic Effects of Nicotine on the Developing Brain, 122 Pharmacology & Therapeutics 125 (2009). ¹² FDA, News & Events: Electronic Cigarettes, *supra* note 3.

http://www.startribune.com/local/223235121.html; Andrew Wagaman, E-cigarettes Going Up in Vapor, Star Tribune (July 12, 2013), available at http://m.startribune.com/lifestyle/?id=215258211&c=y.



Minneapolis Health Department E-Cigarette Policy Survey of Bar and Restaurant Owners

Research Brief, February 2014

Introduction

Several cities in Minnesota have amended their clean indoor air laws to prohibit the indoor use of e-cigarettes. To assess the support for such an amendment in Minneapolis, the Minneapolis Health Department conducted a survey with a random sample of local bars and restaurants. Establishment managers or owners were asked about their experience with customers using e-cigarettes, their current policies regarding e-cigarette use, and whether they would support laws prohibiting the indoor use of e-cigarettes in Minneapolis.

Survey Sampling and Methods

A Minneapolis Food, Liquor and Wine licensing database was used to identify restaurants to be surveyed. The list included 782 restaurants that operated independently and 275 restaurants that were part of 81 chains; one restaurant was selected from each chain. A random selection process resulted in a survey sample of 19 chain restaurants and 87 independent restaurants. Telephone surveys with managers or owners were conducted by

a Minneapolis Health Department staff member and a consultant. The 76 surveys completed represent a 72% response rate – about 7% of the original total.

Most establishments have not encountered e-cigarette use by customers.

Most respondents (62%) indicated that they had not encountered use in their establishment, while 29 (38%) indicated that they had. Of those who had encountered customers using e-cigarettes, 10 (34%) said these encounters were rare or infrequent. "[There is] not enough information out there. Kids and families are in restaurants and they should not be exposed to the e-cigarette smoke."

"They are brand new and we don't know what the effects are yet....Best to keep it outside with the other smokers."

Most establishments do not allow e-cigarette use.

When asked whether they allowed e-cigarette use in their establishments, 44 respondents (58%) indicated that they did not, 15 (20%) indicated that they did, and 17 (22%) indicated that they were unsure. Five of the 15 chain establishments (33%) indicated that there was a chain-wide policy regarding e-cigarette use; two indicated that it was allowed and three indicated it was not allowed.

Majority of respondents support laws prohibiting the indoor use of e-cigarettes.

44 respondents (58%) indicated that laws should be amended to prohibit indoor use. Their reasons for supporting laws that prohibit their use included:

- Lack of information about e-cigarettes, the chemicals contained in them, the health risks of exposure to the vapor.
- Concern about nuisance to other customers, especially children.

'If you make the regulation, then we don't have to argue with patrons about whether it is allowed or not."

- Benefits of having consistent laws regarding indoor smoking.
- Helpful to individual establishments so they not have to enact their own policies regarding e-cigarette use indoors.
- Concern about e-cigarettes as a mechanism for hiding drug use.

Another 20% of respondents did not know, did not have an opinion about it, or did not answer the question. Only 22% indicated that laws should not be amended. Stated reasons for not supporting

laws that prohibit the indoor use of e-cigarettes included:

- Supporting people using e-cigarettes to try to quit smoking tobacco.
- Overreaching government.
- Desire for individual autonomy to set their own policy.
- Feeling bad about people going outside in the winter.
- Not enough information indicating e-cigarettes are dangerous, harmful or unhealthy.
- Perception that they do not bother other people.

Summary

Despite little exposure to e-cigarette use in their establishments, the majority of respondents supported laws that would prohibit use indoors. Overall, there was a wide-range of unfamiliarity with e-cigarettes and a general lack of understanding about possible risks associated with them.

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"I would rather smell ecigarettes than real cigarettes. I don't think it is necessary."
Minneapolis Blueprint for Action to Prevent Youth Violence

Sasha Cotton Youth Violence Prevention Coordinator March 25, 2014

Brief overview

- History of YVP Plan
- National Forum for YVP
- New Blueprint for Action
- Current Initiatives for 2014

2008 Blueprint for Action to Prevent Youth Violence

- A Public Health framework, staffed by Health Department
- Launched after year-long community process
- Led by Executive Committee co-chaired by Mayor and philanthropic community representatives
- A collaborative process

Results from 2006 to 2012:

- youth homicides **decreased 60%**
- violent crime among youth decreased 57%
- incidents with guns among youth decreased
 67%
- youth gun-related assault injuries decreased
 62%

National Forum for Youth Violence Prevention

- Established in 2010
- Network of cities and federal agencies that work together, share information, and build local capacity to prevent youth violence
- Forum cities: Boston, Camden, Chicago, Detroit, Memphis, Minneapolis, New Orleans, Philadelphia, Salinas, San Jose

National Forum Principles

- Multidisciplinary partnerships
- Balance of strategies
- Data and evidence-driven strategies

National Forum for Youth Violence Prevention

- Fall 2012-Minneapolis joined National Forum
 Spring & Summer 2013-Revision of Blueprint for Action with community and partners
- Fall 2013-National Launch of Blueprint at September National Forum Summit
- December 2013-Hire New YVP Coordinator
- 2014-Local launch and ongoing efforts

Minneapolis' approach:

- Is centered on a public health approach including primary, secondary and tertiary prevention strategies
- Incorporates problem-oriented and community-oriented policing enforcement strategies
- Has borrowed elements of the Comprehensive Gang Model in working with high-risk, gang-involved youth
- Is working to replicate the BUILD (Broader Urban Involvement and Leadership Development) program from Chicago, a promising practice
- Is developing a hospital-based youth violence prevention and intervention program

Community Engagement







Refreshing the Blueprint:

The Alignment of the 5 Minneapolis Blueprint Goals with the National Forum Strategies and the Continuum of Public Health Services

Foster violence- free social environments	Promote positive opportunities and connections to trusted adults for all youth	Intervene with youth and families at the first sign of risk	Restore youth who have gone down the wrong path	Protect children and youth from violence in the community
V		V	•	V
Prevention	Prevention	Intervention	Reentry	Enforcement
Public Health Primary Prevention (Stop problems from developing)		Public Health Secondary Prevention (Early detection and response)	Public Health Ter (Rehabilitation ar	rtiary Prevention nd reintegration)

Refreshed Goals:

- Foster Violence Free Social Environments
 - Promote Positive Opportunities and Connections to Trusted Adults for All Youth
- Intervene with Youth and Families at the First Sign of Risk
- Restore Youth Who Have Gone Down the Wrong Path
- Protect Children and Youth from Violence in the Community

Measuring Progress

Sustain reductions in young adult (age 18-24) homicides and bring to zero the number of youth (under 18) homicides

- Sustain a 10% annual reduction of assault-injuries among Minneapolis youth and young adults
- Sustain a 10% annual reduction in firearm-related injuries among young adults
- Sustain reductions in the number of firearmrelated injuries among youth and work towards zero

Oversight structure

Youth Violence Prevention Executive Committee Three co-chairs (Mayor, COO United Way, President of Youthprise)

- 17 members appointed by Mayor and City Council
- Oversee policy direction, prioritization and accountability for results
- Multijurisdictional Operational Team
 - Led by Youth Violence Prevention Coordinator
 - Coordinate planning, implementation and evaluation

Partnerships Minneapolis Police **Minneapolis Public Schools** Hennepin County Juvenile Corrections US Attorney's Office **Minneapolis Employment and Training** Youth Coordinating Board **Community-based agencies** Philanthropic community **Business community**

2014 Plan

- Communications
- Strengthen community partnerships
- Local, regional, national collaboration
- OJJDP grant to support MPS efforts to improve institutional climate
- New community collaborations for parent education and support, youth violence intervention





Notes – Agenda for the Sub-Committees of the Public Health Advisory Committee

April 22, 2014, 6:00 – 8:00 pm

Minneapolis City Hall, Room 132 & Room 333

AGENDA	1		
Agenda Item	Presenter	Time	Committee Action
Supper is served!	La Loma Tamales	5:45 - 6:00	
PHAC Logistics and Department Updates, if any	Margaret Schuster	6:00 - 6:05	
Notes for Sub-committees: <i>Communications/Operations:</i> 1. wording for appreciation certificates (3 retiring members)	Tara Jenson	6:05 – 7:45	
 Finalize orientation materials Review (& practice?) Annual Report PowerPoint 			
Policy & Planning: 1. Healthy Start-Breastfeeding presentation & discussion;	Rebecca Thoman Angela Watts – MHD and Community Partners*	6:05 - 6:45	
2. Metropolitan Sports Facility Assoc. discussion on healthy food-food choices & vendor expectations	Steve Maki – MSFA	6:50 - 7:40	
3. Develop action plan for May meeting- breastfeeding panel discussion		7:45 - 8:00	
Collaboration & Engagement: 1. off-site this month at neighborhood meetings	Happy Reynolds	neighborhood / community organization meetings	

*We welcome **Betsy Bartek** & **Kay Tellinghuisen** from the Family Partnership who will present alongside Angela Watts – MHD Healthy Start Manager

Next Meeting of the Full Committee: May 27, 2014 in Minneapolis City Hall, Room 132

Next Sub-committee meeting: June 24, 2014 in Minneapolis City Hall, Rooms 132 & 333

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

Twin Cities – Healthy Start

Twin Cities Healthy Start Minneapolis Health Department

April 22, 2014



Program Goal

Reduce the incidence of infant mortality in the African American and American Indian communities in targeted geographical areas in

the city of Minneapolis



Program Description

Healthy Start – Provides comprehensive, intensive in-home case management services to provide care coordination and address:

Perinatal Health
 Infant/Child Health
 Identified Psycho-Social Risk Factors
 Access to Community Resources

PRO & P-PRO Assessments

The PRO screens pregnant women for psychosocial risk factors that may affect a healthy pregnancy or birth or impede a woman's ability to comply with prenatal care recommendations.

- Lack Access:
 - PTSD

Anxiety

Cigarette Smoking

• Alcohol Use

Involvement

• Drug Use

- Telephone Access - Transportation Access
- Food Insecurity
- Housing Instability
- Lack of Social Support
- Legal Problems Victim of Partner Violence
 Child Protective Services
- Physical/Sexual Abuse: Non-Partner
- Depression

Health Education Topics

- Prenatal Child Care and Birth Education
- Tobacco, Alcohol, and Drug Abuse
- Second Hand Smoke
- Nutrition
- Folic Acid
- HIV and STDS
- Preterm Labor
- Safe Infant Sleeping
- Family Planning
- Importance of Child Spacing
- Breast Feeding

Variable American Indian* Asian* Black* White* Hispanic Multiple Baseline Pregnancy Health Behaviors and Conditions	Breast Feeding Rates *									
Baseline Pregnancy Health Behaviors and Conditions		D	I C	asti	eeu	ing i	vale	3		
Baseline Pregnancy Health Behaviors and Conditions										
Baseline Pregnancy Health Behaviors and Conditions										
Baseline Pregnancy Health Behaviors and Conditions										
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							White*	His	panic	Multiple
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AGENDA

Public Health Advisory Committee

May 27, 2014, 6:00 - 8:00 pm

Minneapolis City Hall, Room 132

Agenda Item	Presenter	Time	Committee Action
Welcome and Introductions	Tara Jenson	6:00-6:05	Approve agenda
PHAC Logistics and Updates Approve Minutes Review annual report & approve	Tara Jenson	6:05-6:10	Approve Minutes
Reports from Sub-committees:			
Communications/Operations:	Karen Soderberg	6:10 - 6:15	
Policy & Planning:	Rebecca Thoman	6:15 - 6:20	
Collaboration & Engagement:	Each member: 3-4 minute summary	6:20 - 6:35	
Panel Discussion:		6:35-7:15	Panel Discussion
Engaging Area Hospitals around Breastfeeding policies/practices, supports & barriers	Deb Cathcart, RN Associate Chief Nurse Executive – Nursing Vice President University of MN Medical Center	7:15-7:30	Q&A
	Dr. Dana Barr, Staff Physician Family Medicine HCMC Richfield Clinic		
	Evelyn Lindholm, RNC & Patty Kasper, RNC Lactation Consultants N. Memorial Med Center		
	Dr. Jesse Hennum, Med-Peds Hospitalist Abbott Northwestern		
Department Updates:	Gretchen Musicant	7:35-7:50	Information-Discussion
MHD business plan review			
Information Sharing: June PHAC mtg: Youth Congress - community engagement & recommendations; and, ISAIAH – Wages & the Quality of Health for	Margaret Schuster	7:55-8:00	Announcement
Contracted Cleaning workers			

Next Sub-committee meeting: June 24, 2014, Minneapolis City Hall, Rooms 132 & 333

Next Meeting of the Full Committee: July 22, 2014, Minneapolis City Hall, Room 132

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



May 27, 2014

Members Present: Sahra Noor, Saeng Kue, Tara Jenson, Dr. Happy Reynolds-Cook, Karen Soderberg, Dr. Rebecca Thoman, Silvia Perez, Linda Brandt, Tamara Ward, Daniel Brady, Joseph Colianni

Members Excused: Abdullahi Sheikh, Birdie Cunningham, Autumn Chmielewski, Jennifer Pelletier

Members Unexcused: Julie Ring, Sarah Dutton

MHD Staff Present: Gretchen Musicant, Margaret Schuster, Don Moody

Guests-Discussion Panel: Deb Cathcart, RN; Dr. Dana Barr; Evelyn Lindholm, RNC; Dr. Jesse Hennum

Guests: Betsy Bartek, Kay Tellinghuisen, Jahana Berry, Sarah Giauque

Tara Jenson called the meeting to order at 6:07p.m. at City Hall.

Item	Discussion	Outcome
Introduction	Members and guests introduced themselves.	
Agenda/Min Approval	Members had no changes to the agenda. No changes to the March Minutes	Minutes approved by unanimous consent
Reports from Sub-committees: Operations / Communication Karen Soderberg	PHAC 2013 Annual Report was reviewed and approved. Presented to the HE&CE committee on 2013 activities, activities of 2014, plans for remainder of 2014; received resounding support. Finalized copies of updated orientation materials for PHAC members were shown to the committee.	Dr. Happy Reynolds- Cook made motion to approve Annual Report; Dr. Rebecca Thoman seconded; approved by unanimous consent
Policy & Planning Rebecca Thoman	Received a presentation from Health Dept. staff & their partners in the Healthy Start program in preparation for tonight's panel discussion; discussed outreach to legislators regarding e-cigarette regulation. <i>Update:</i> State passed legislation which bans use of e-cig's in certain areas, however, usage restrictions are not equivalent to Freedom To Breathe Act; legislature left open the option for Cities to do more on their own.	
Collaboration & Engagement Individual C&E members reporting their activities	 Members visited neighborhood or community groups outside of April meeting. Dr. Happy Reynolds reported on two groups: Youth Violence Prevention: V.J. Smith of MadDads asked about outreach to lower level gang members; what support is available to help if they want to leave the lifestyle? Minneapolis Swims – though funding is insufficient for a comprehensive Aquatic Center in Ward 6, available funds would allow for a smaller therapeutic pool; continuing to seek alternative funding sources for the entire aquatic center project. Momentum for teaching all to swim is growing; e.g., increased awareness that drowning disproportionately affects minorities; a committee of the Minnesota legislature heard a proposal for a bill which would require all schools to offer swimming lessons for students K-12. Silvia Perez reported on her attendance at a CANDO meeting to learn about their organization and operations. Their self-identified greatest needs are for food, social justice, and culture. They have a vision of 	
	increasing access to urban gardens; they have some yet need more land for more gardens. Ideas for increasing access to fresh food include: install a free 'food box' modeled off the Little Free Library book boxes placed in front yards or boulevards; perhaps a fresh food store? Silvia will attend	



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their next meeting where they will discuss how to mobilize the community and establish more details for these ideas.	
Autumn Chmeliewski sent in a written report (which Margaret shared): Autumn was in communication with a Ward 12 resident who is very concerned about the noise from leaf blowers. The resident initially reached out to CM Johnson who referred this resident to Autumn as the PHAC representative for their neighborhood. The resident would actually like to ban leaf blowers; CM Johnson is not ready to propose an ordinance change right now without further information on how this might fit into the larger topic of noise (<i>or air</i>) pollution. Autumn's report suggested the resident is interested in speaking to the PHAC or sub-committee. Autumn told the resident she would bring the issue forward to the PHAC, seek advice and feedback and then get back to him. Several possibilities for discussion include: the effects of leaf blowers (odor, addition of particulate matter into the air, noise), work with Health Dept. staff on these issues, and couple with other PHAC discussions.	
Margaret—These reports provide good examples of how the Collaboration & Engagement committee can be a conduit for community concerns. At the June sub-committee meeting, we can list these concerns and prioritize actionable steps that might be taken. Actionable steps may include: work with other sub-committees, conversations with Council Members, engaging Health Dept. staff or community members/org's for informational presentations.	
Margaret provided an introduction on for today's panel discussion: prioritizing activity which aligned PHAC interest with the Health Dept. goal, <i>A Healthy Start to Life & Learning</i> , plus Mayor Betsy Hodges <i>Cradle to</i> <i>K[indergarten]</i> initiative; presentations made to the PHAC on Baby- Friendly Hospital Initiatives and MHD's Healthy Start program. These foundational pieces laid the groundwork for inviting hospital reps to discuss breastfeeding policies / practices and barriers in tonight's meeting.	Discussion and opportunity to ask questions
Our panel had representatives from four hospitals - Abbott-Northwestern Hospital (A), North Memorial Medical Center (N), Hennepin County Medical Center (H) and the University of Minnesota Medical Center (U). Panelists agreed breastfeeding is one of the most effective preventive health measures for infants and mothers; that the best benefits are gained from exclusive breastfeeding during the early stages of life; and a mother's experience during her hospital stay has a significant impact on breastfeeding rates. Some of the items mentioned in response to the questions to the panel and resulting discussion:	
 Policies/Practices – (N) lactation consultants are available Mon-Fri, daytime & evening and looking to expand hours and access; e.g., weekends and overnights; pacifiers still used (at this time) in order to reinforce mother's desire to comfort child; Education is key for dr.'s, staff, and parents; increase information and training of staff on how mother can comfort newborn (i.e., hunger is only <i>one</i> reason a newborn could need comforting); (H) is in the last 90 days of becoming a Baby-Friendly Hospitaltrained over 100 nurses as part of BFHI; received grant from CDC for <i>Best Fed Beginnings</i>, a national effort to significantly improve breastfeeding rates; (A) as part of larger system, they are approaching this as a system-wide effort for educating nurses and physicians about the 10 steps; 	
	and establish more details for these ideas. Autumn Chmeliewski sent in a written report (which Margaret shared): Autumn was in communication with a Ward 12 resident who is very concerned about the noise from leaf blowers. The resident initially reached out to CM Johnson who referred this resident to Autumn as the PHAC representative for their neighborhood. The resident would actually like to ban leaf blowers; CM Johnson is not ready to propose an ordinance change right now without further information on how this might fit into the larger topic of noise (or air) pollution. Autumn's report suggested the resident is interested in speaking to the PHAC or sub-committee. Autumn told the resident she would bring the issue forward to the PHAC, seek advice and feedback and then get back to him. Several possibilities for discussion include: the effects of leaf blowers (odor, addition of particulate matter into the air, noise), work with Health Dept, staff on these issues, and couple with other PHAC discussions. Margaret—These reports provide good examples of how the Collaboration & Engagement committee can be a conduit for community concerns. At the June sub-committee meeting, we can list these concerns and prioritize actionable steps that might be taken. Actionable steps may include: work with other sub-committees, conversations with Council Members, engaging Health Dept. staff or community members/org's for informational presentations. Margaret provided an introduction on for today's panel discussion: prioritizing activity which aligned PHAC interest with the Health Dept. goal, A Healthy Start to Life & Learning, plus Mayoo Betsy Hodges Cradle to <i>K[indergarten]</i> initiative; presentations made to the PHAC on Baby- Friendly Hospital Initiatives and MHD's Healthy Start program. These foundational pieces laid the groundwork for inviting hospital reps to discuss breastfeeding policies / practices and barriers in tonight's meeting. Our panel had representatives from four hospitals - Abbott-North



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 ^{ke} keeping designation requires ongoing education especially for new staff; baby with parents 24 hours/day unless medical indication; hospital pays fair market value for formula and does not send home with parents; policies in place for transitioning mother from hospital to home, for helping extended families understand the importance of breastfeeding. Supports – each hospital contributed some of their available supports, including: use of donated breast milk to supplement mother's attempts; on- line training modules; patient & family education; ECHO videos in several languages for clinics serving the system-wide hospitals; in January 2014, the Joint Commission established mandatory reporting for hospitals with 1100 or more births per year on the Perinatal Care Core Measures on exclusive breast milk feeding; emphasis that breastfeeding has significant benefits to child <i>and</i> mother; acknowledging the majority of mothers can breastfeed (% that cannot is very small); Mayor Betsy Hodges <i>Cradle to K</i> initiative-of which Gretchen will be a part; billing for lactation consultation on an out-patient basis when mothers have insurance; Affordable Care Act requires most insurance plans (new policies or renewing) to cover lactation support without additional cost; sharing resources on breastfeeding supports, supplies, and counseling. Barriers – debunking mythology of staff perception (e.g., some staff personal views or experiences are out of line with best data and best practices); inconsistent messages through 'collective' mindset / beliefs / experiences of staff; education has a financial expense; breastfeeding involves the entire family, extended family, and the general public; need better support for providing lactation consulting (e.g., 1 FTE per 1,000 births vs current 3.8 for 6,100), all staff trained/certified so information or assistance is readily available when mother needs help or advice; breastfeeding is an emotional topic which touches on 'right to cho	alth Department
influence breastfeeding while in the hospital, but how to sustain after	



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	'recognition' plan; talk about breastfeeding as a public health issue; attach breastfeeding to policy initiatives to improve Health Policy and Reduce Health Disparities; influence public policy on reimbursement issues for breastfeeding classes and access to in-patient lactation consulting; build on existing collaborations within Hennepin County (one priority is nutrition issues) and metro-wide (one priority for the Community Health Improvement Plan is obesity).	
Department Updates- Gretchen Musicant	An updated one-page handout of MHD's vision, mission, values and goals was provided to members; the goals have more details than in previous versions. MHD's 2015 Budget Request summary was reviewed. This will be presented in June, the mayor will make recommendations in August, and the City Council will have hearings in October with the vote on the budget held in December. The budget summary included three sections of "5% Enhancements" (for each of the Mayor's priorities on Equity, Growing the City, and Running the City Well), plus a "Keep Things Going" request section (items to meet increasing demand for federal or state mandated services), and a "5% Reductions" section.	Review and update PHAC members
Information Sharing – Margaret Schuster	At the June meeting, the Youth Congress will present the results of their engagement and outreach to youth and provide their recommendations on preventing tobacco marketing to - and use by - youth.	All sub-committees are requested to meet at City Hall in June.
Margaret Schuster and Silvia Perez	Also scheduled for the June meeting, ISAIAH will present on Wages & the Quality of Health for Contracted Cleaning Workers, with a focus on the connection between social conditions and health. Silvia met with ISAIAH on May 26. They are concerned about a fair wage (and the effects of not having one), access to health care (and the effects of having none or not enough), and how the PHAC can support their concerns.	Contact ISAIAH rep - is this a time- sensitive issue to present to PHAC in June? If not, ask to July meeting.
Dan Brady	Healthy Communities Transformation Initiative (HCTI) - Minneapolis is one of four pilot cities chosen to participate in HCTI; Charlene Muzyka (Senior Public Health Researcher and Epidemiologist) contacted Dan to ask if he would be on the HCTI stakeholder group.	

Meeting adjourned at 8:07 p.m. Minutes submitted by Don Moody and Margaret Schuster

Next Sub-Committee Meeting: June 24, 2014, Minneapolis City Hall, Room 132 & 333, 6:00-8:00 p.m. Next Full Committee Meeting: July 22, 2014, Minneapolis City Hall, Room 132, 6:00-8:00 p.m.

MINNEAPOLIS HEALTH DEPARTMENT

OUR VISION...

Healthy lives, health equity, and healthy environments are the foundations of a vibrant Minneapolis now and into the future.



City of Minneapolis Health Department

OUR MISSION...

The Minneapolis Health Department improves the quality of life for all people in the city by protecting the environment, preventing disease and injury, promoting healthy behaviors, and creating a city that is a healthy place to live, work, and play.

OUR VALUES...

Our values provide the foundation for the work we do, how we work together as a department, within city government, and with the community. They inspire and challenge us, and set forth the principles by which we hold ourselves accountable.

Invest in a healthier community

- We support a holistic sense of health within the context of families and communities across the life span.
- We work for sustainable changes to ensure a return on our investment in health outcomes for the most at risk and the community at large.
- We bring people and resources together to achieve our common goals and address conditions that influence health.

Exercise leadership in public health

- We use sound research, promising strategies, and community input to inform our activities and decisions.
- We encourage our mission-focused, passionate staff to be proactive, innovative and flexible, and to share their knowledge with our local community and beyond.

Quality inspires our work

• We strive for excellence in our work by being accountable to the public for consistent standards resulting in measurable progress toward desired outcomes.

Engage with communities

• We build on our urban community's cultural diversity, wisdom, strengths and resilience, and are directed by the community's voice.

Protect from harm

• We protect residents and guests of Minneapolis from disease and injury; assist them in recovery from disaster; and, protect the environment from degradation.

OUR GOALS...

A Healthy Start to Life and Learning

- Strengthen systems of care for pregnant and parenting families
- Support and develop policies and partnerships that strengthen families
- Strengthen systems for positive early childhood development

Thriving Youth and Young Adults

- Improve the healthy development, health and well-being of youth
- Reduce unintended pregnancy and STIs among youth and young adults
- Reduce violence among youth and young adults

Healthy Weight and Smoke-Free Living

- Increase availability and affordability of healthy food
- Increase opportunities for physical activity
- Improve health care and community providers' ability to prevent obesity and tobacco use
- Advocate for policy to reduce exposure to second hand smoke and youth tobacco use
- Increase community engagement in creating opportunities for healthy eating, physical activities and tobaccofree living

A Healthy Place to Live

- Reduce lead hazards in homes
- Reduce asthma triggers and home safety hazards in homes
- Strengthen systems that support healthy housing
- Increase community outreach and education around lead poisoning, and other hazards in and around the home

Safe places to eat, swim, and stay

- Reduce the risk of disease and injury from food, lodging and swimming establishments
- Establish a community engagement and education program

A Healthy Environment

- Develop policies & organizational practices that support a clean and healthy natural environment (air, soil, water)
- Monitor and reduce environmental hazards, nuisances and pollution
- Increase education and outreach to improve compliance with existing and new environmental regulations and initiatives

A Strong Urban Public Health Infrastructure

- Increase emergency preparedness capacity internally and for the city as a whole.
- Ensure that residents who lack health insurance receive health care services and assistance with enrolling in government-funded health plans.
- Achieve the high quality standards that merit accreditation from the national Public Health Accreditation Board (PHAB)
- Improve population and environmental health through research and program evaluation.
- Develop, advocate for, and implement policies that improve population and environmental health.
- Assure and maintain a diverse, engaged, and skilled workforce with the resources needed to achieve program goals in an efficient and effective manner.

Visit our website to learn more about the Minneapolis Health Department:

www.minneapolismn.gov/health



Notes – Agenda for the Sub-Committees of the Public Health Advisory Committee

June 24, 2014, 6:00 - 8:00 pm

Minneapolis City Hall, Room 132 & Room 333

Please Note: Orientation for new & existing committee members will be held from 5:25-5:50 p.m. in City Hall Room 132. Updated orientation manuals available for everyone!

AGENDA

AGENDA Agenda Item	Presenter	Time	Committee Action
Supper is served!	La Loma Tamales	5:45 - 6:00	
Introductions – Welcome to new PHAC members / PHAC Logistics / Dept. Updates	Margaret	6:00 - 6:10	
Discussion with: Mpls. Youth Congress <i>Report on youth outreach, survey</i> <i>results/data and recommendations</i>	Members of the Minneapolis Youth Congress	6:10 - 6:50	
Notes for Sub-committees:			
Communications/Operations: 1. Lead orientation 2. Any action steps from Youth Congress discussion? 3. Any action steps from May's breastfeeding panel discussion?	Karen Soderberg	5:25 - 5:50 6:50 - 8:00	
 Policy & Planning: 1. Any action steps from Youth Congress discussion? 2. Any follow-up or action steps from May's panel discussion? 	Rebecca Thoman	6:50 - 8:00	
 Collaboration & Engagement: Any action steps from Youth Congress discussion? Action steps from May's breastfeeding panel discussion? Follow-up from visits to community groups or organizations — what's next? 	Happy Reynolds / Margaret Schuster	6:50 - 8:00	

Next Meeting of the Full Committee: July 22, 2014, Minneapolis City Hall, Room 132

Next Sub-committee meeting: August 26, 2014, Minneapolis City Hall, Rooms 132 & 333

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



Public Health Advisory Committee

July 22, 2014, 6:00 – 8:00 pm

Minneapolis City Hall, Room 132

AGENDA			
Agenda Item	Presenter	Time	Committee Action
ORIENTATION for all PHAC committee members	Karen Soderberg	5:25 - 5:55	New orientation manuals distributed
Supper is served! Welcome and Introductions	La Loma Tamales	Begins at 5:45 6:00-6:05	
PHAC Logistics and Updates Certificates of Recognition Approve Minutes	Karen Soderberg	6:05-6:15	Approve agenda Read certificates Approve Minutes
Summary from June discussion (we met as one group): <i>Communications/Operations:</i>	Margaret / Rebecca	6:15-6:30	Letter supporting MYC
Policy & Planning: Collaboration & Engagement:	Thoman		recommendations presented to HE&CE
Presentation: After the Hospital— Breastfeeding support in the home	Amy Goodhue - MVNA Vice President of Family Health	6:30-7:15	Informational session Questions/discussion
Committee Business: <i>Continued discussion re:</i> <i>breastfeeding</i>	Margaret Schuster and all committee members	7:15-7:40	Discussion of actions, recommendations or future presentations
Department Updates: <i>Budget review</i>	Gretchen Musicant	7:40-7:55	Discussion / Q & A
Information Sharing:			

Next Sub-committee meeting: August 26, 2014 Minneapolis City Hall, Rooms 132 & 333

Next Meeting of the Full Committee: September 23, 2014, Minneapolis City Hall, Room 132



July 22, 2014

Members Present: Sahra Noor, Dr. Siyad Abdullahi, Saeng Kue, Tara Jenson, Dr. Happy Reynolds-Cook, Karen Soderberg, Abdullahi Sheikh, Dr. Rebecca Thoman, Silvia Perez, Linda Brandt, Joseph Colianni

Members Excused: Julie Ring, Birdie Cunningham, Autumn Chmielewski, Sarah Dutton, Jennifer Pelletier, Daniel Brady Members Unexcused: Tamara Ward

MHD Staff Present: Gretchen Musicant, Margaret Schuster, Don Moody

Guests: Amy Goodhue (MVNA), Margaret (Peggy) Reinhardt (Ward 10 PHAC applicant, subsequently approved)

Karen Soderberg called the meeting to order at 6:03p.m. at City Hall.

Item	Discussion	Outcome
Introduction	Members and guests introduced themselves.	
Agenda/Min Approval	No changes to the May Minutes On the agenda, Department Update was moved ahead of the presentation and discussion.	Minutes approved by unanimous consent
Certificates of Recognition	Certificates of Recognition for former PHAC members Patty Hillmeyer, Linda Welter, John Schrom, and Robin Schow were read and approved.	Certificates will be mailed to the former PHAC members
Reports from Sub-committees: Summary from June	Copies of the letter supporting MYC recommendations which was presented to HE&CE were provided to the PHAC.	
discussion (PHAC sub-committees met as one group)	Silvia discussed residents' desires for additional park activities, especially for low cost / free group instructor led exercise-type classes. Some parks provide these on some days; there is increased interest and not enough opportunities. Other concerns such as preference for increased security in the parks were discussed. Possible ways to connect with the Park Board, Community education opportunities, were discussed.	Gretchen will share this discussion with MHD staff to see who can connect with whom.
Department Updates-	Gretchen shared the Health Department's 2015 Budget Request Summary	MHD will look at ways
Gretchen Musicant	handout she presented to the Mayor.	to engage the community in the
	A handout for the upcoming PBS broadcast and video release of <i>The Raising of America – Early Childhood and the Future of Our Nation</i> was provided and the website shared: <u>www.raisingofamerica.org</u> Parental Leave is a 'front & center' issue in this program (see below for how this dovetails with the discussion on the presentation).	community in the program's associated Public Engagement Campaign; e.g., hosting session viewings with discussion
Margaret Schuster	Following the June sub-committee meeting, Margaret met with relevant MHD staff (Patty Bowler, Sarah Reuben, Lara Pratt, and Angela Watts) related to questions about MHD (and City) efforts around breastfeeding support, funding availability through SHIP & Healthy Start, writing a project proposal for a U of M-SPH Master's student, etc. The product of that conversation was a clear understanding that MVNA plays a huge role in breastfeeding education and support for Minneapolis moms / families. From that, an invitation to Amy Goodhue was issued.	Margaret will summarize the conversation with MHD staff for the next sub-committee meeting as PHAC considers its' next steps.



	Health Department				
Item	Discussion	Outcome			
Presentation: After the Hospital — Breastfeeding support in the home – Amy Goodhue RN,	Amy presented MVNA's efforts regarding breastfeeding. MVNA has 30 years of data on pregnancy support and education, postpartum and newborn visits, therapeutic and ill child services, and long- term evidence-based home visiting. This data is used to tailor and structure their outreach efforts to maximize support and success.	Will look to MDH for information and efforts they have in place to promote breastfeeding			
Amy Goodhue RN, PHN, Vice President of Family Health-MVNA	their outreach efforts to maximize support and success. MVNA has many (pro-active) avenues for expecting and new mothers to obtain information and support for breastfeeding. MVNA does prenatal support (discussions & education about breastfeeding benefits to mother & child plus open discussions and anticipatory guidance for successful breastfeeding, especially the first few days at home), follow-up visits (including making the first visit within 24 hours of discharge from the hospital) during which additional education and support is provided (including emotional, troubleshooting, and group support). MVNA is aware of barriers to breastfeeding success and its outreach works to help mothers be aware and overcome these barriers. For example, MVNA provides ongoing visits to help support breastfeeding (additional education and support, generally for two months). MVNA has received a March of Dimes grant for a lactation education and home visiting program. Visiting PHN's will receive professional education to become Certified Lactation Educators. This grant will use evidence-based practices and promote standardization of these practices across staff. Lack of paid maternity leave was indicated as the greatest policy barrier to increasing rates of breastfeeding (the US stands alone as the largest developed nation without a national policy for paid maternity leave). This aspect also has other related issues for raising children (see web site link in above section). There is a public perception issue of (lack of) awareness and support. For example, while it is widely accepted and known that best practice is for newborns to sleep on their backs, there is not the same level of awareness of the benefits of breastfeeding. The public perception issue also seems to include a lack of recognition for the importance of the first year of life and investment in early childhood (especially in the first year of life and investment in early childhood (especially in the first year of life and investment in ea	breastfeeding A list of possibilities were generated in the discussion: -recommend policy change -ask Mayor to publicly recognize Mpls hospitals and community coalitions which are making gains in this area -call for an official report around hospital rates & ethnicity -identify ways to support hospitals efforts toward increasing breastfeeding rates -learn more about the Mayor's Cradle to K initiative; provide leadership group with formal education around breastfeeding and hospital efforts -encourage City to "own" breastfeeding by providing public spaces in City- owned places:			
		lactation rooms, posters/PR and free education on the benefits of			
		breastfeeding			

Meeting adjourned at 8:02 p.m. Minutes submitted by Don Moody and Margaret Schuster

Next Sub-Committee Meeting: August 26, 2014, Minneapolis City Hall, Room 132 & 333, 6:00-8:00 p.m. Next Full Committee Meeting: September 23, 2014, Minneapolis City Hall, Room 132, 6:00-8:00 p.m.



Beyond the Hospital: Breastfeeding Support in the Home

Amy Goodhue RN, PHN Vice President of Family Health

MVNA Mission

Improving lives at every age through home and community health services



MVNA

- Serving the community since 1902
- Non Profit Public Health Agency
- Partnership with City of Minneapolis Health Department and Hennepin County Public Health
- Work with local, state and Federal programs to serve at risk populations



MVNA Divisions

- Family Health
- Adult Health
- Community Health
- Hospice of the Twin Cities/Hospice of the Valley



Family Health Services

- Pregnancy support and education
- Postpartum and newborn visits
- Therapeutic and ill child services
- Long Term Evidence Based Home Visiting
 - Nurse-Family Partnership
 - Healthy Families America
- Teen Parent services
 - Teen HOPE
 - TANF Home Visiting



Family Health 2013 at a glance

Client Type	Number of Clients	Number of Visits
Pregnant Women	623	5053
PP Women	2314	14,185
Children	2386	9582
African	11-14%	
Am Indian	4-8%	
Asian	5%	
Black	31-41%	
Hispanic	18-29%	
Other	2-7%	
White	10-13%	
<1	68%	
1-2 YEARS	27%	
3-4 YEARS	3%	
5-6 YEARS	1%	
7-10 YEARS	1%	
11-19 YEARS	21-35%	
20-24 YEARS	23-29%	
25-34 YEARS	30-41%	
35+ YEARS	6-15%	


Prenatal Support

- Begin discussion about feeding early in pregnancy and continue until delivery
- Education on benefits for mother and child
- Open discussions about breastfeeding and mothers understanding
- Anticipatory guidance for hospital stay and first days at home



First Days at Home

- Make first visit within 24 hours of discharge
- Assess mother and infant physical condition
- Observe breastfeeding session
- Provide education and support regarding latch, breast and nipple care, feeding frequency, positioning
- Review feeding cues



First Days at Home

- Assess and offer support regarding nutrition and fluid intake
- Identify ways for FOB and others to have time with infant beyond feeding
- Identify ways for FOB and others to support breastfeeding
- Provide emotional support and encouragement



Ongoing Visits – Breastfeeding support

- Assessment of mom and baby physical health
- Assessment of milk supply, infant weight gain, breast care
- Encouragement and support for continuing breastfeeding
- Troubleshoot issues identified and potential barriers to continued breastfeeding



Ongoing visits – Breastfeeding support

- Education, support and resources for:
 - Milk supply and growth spurts
 - Breast issues mastitis, thrush, plugged ducts
 - Appropriate pumping and milk storage
 - Return to work/school and continued breastfeeding
 - Introduction of solids while continuing breastfeeding
 - Tobacco, alcohol, drugs use during breastfeeding
 - Stress, depression, diet, exercise effects on breastfeeding



Barriers to Breastfeeding success in the home

- Lack of anticipatory guidance before delivery
- Cultural values, historical trauma
- Past history of sexual abuse
- Lack of support
- Lack of education about benefits of breast milk for child
- Lack of education about all aspects of breastfeeding



March of Dimes Grant

- Lactation Education and Home Visiting Program
- Train home visiting PHN's to become Certified Lactation Educators
- Create protocols for integrating lactation, weight management and healthy lifestyle education and support into current home visiting model



Objectives – Year One

- Train PHN's to become Certified Lactation Educators using Evergreen Perinatal and Molly Pessl
- Evaluate initiation and duration of breastfeeding for clients receiving home visits after training, make changes to protocols as needed
- Increase understanding of the importance of weight management and healthy lifestyle choices



Objectives – Year Two

- Train remaining home visiting staff as Certified Lactation Educators
- Extend evaluation of breastfeeding duration to six and twelve months for long term home visiting
- Extend evaluation of understanding of weight management and healthy lifestyle choices to six and twelve months for long term home visiting



Impact of March of Dimes Grant

- Training delayed until September 2014
- Greater emphasis and discussion about Breastfeeding with home visiting staff
- Use of evidence based practice
- Standardized practice across staff
- Opportunity to better understand where more support is needed in the home/community setting





Agenda Notes for the Sub-Committees of the

Public Health Advisory Committee

August 26, 2014 6:00 - 8:00 pm

Minneapolis City Hall, Room 132 & Room 333

AGENDA			
Agenda Item	Presenter	Time	Committee Action
Supper is served!	La Loma Tamales	5:45 - 6:00	
PHAC Logistics and / or Department Updates Welcome new member-Ward 10	Margaret	6:00 - 6:05	
Communications/Operations: Membership: Continue orientation Review committee members whose term expire at end of 2014, excel tracking document & apps received from last year	Tara Jenson		
Policy & Planning: Continue discussion of follow-up and recommendations on: Breastfeeding Youth Tobacco initiative (See summary sheet)	Rebecca Thoman	Room 333	
Collaboration & Engagement: Watch series preview of Raising of America (11 minutes); discuss steps to engage community	Margaret Schuster	Room 132	

Next Meeting of the Full Committee: September 23, 2014, Minneapolis City Hall, Rm 132

Next Sub-committee meeting: October 28, 2014, Minneapolis City Hall, Rooms 132 & 333

Additional notes / reminders to share during meeting or to send out on agenda:

- Reminder to complete the Boards & Commissions survey by August 30. Here is the link: <u>https://www.surveymonkey.com/s/MMXJC5Y</u>
- Reminder for specific members to complete ethics training. Here is the link: <u>http://mpls-ethics.appspot.com/</u>

The Raising of America EARLY CHILDHOOD AND THE FUTURE OF OUR NATION

The Raising of America, by the producers of UNNATURAL CAUSES: Is Inequality Making Us Sick?, is an ambitious documentary series and Public Engagement Campaign that seeks to reframe the way we look at early child health and development. It illustrates how a strong start for all our kids leads not only to better individual life-course outcomes (learning, earning, and physical and mental health) but also to a healthier, safer, better educated, more prosperous and equitable nation.

THE DOCUMENTARY SERIES | Video Release 2014, PBS Broadcast TBD

Opening Episode: The Raising of America 60 minutes

We all want what's best for our children, so why is child well-being in the U.S. so much worse than other rich nations? Why do we allow our most vulnerable children to fall so much further behind the median? How does the squeeze on young families and caregivers—the squeeze for time, money and resources—drip down on infants and young children and alter the wiring of their developing brains with potential long-term consequences?

This hour-long episode moves back and forth between the science of human development and the stories of families and communities struggling to provide the rich and responsive environments all children need to thrive—while too often hindered by social conditions and inequities which impede their every effort. It doesn't have to be this way. What initiatives and national priorities might enable all our children the opportunity for a strong start while building a more prosperous and equitable future for our nation?

Supporting Episodes 30 minutes each

ARE WE CRAZY ABOUT OUR KIDS? The Cost/Benefit Equation	Investing in high-quality early care and education pays for itself in many ways and many times over. This episode brings to life the classic economic studies of Perry Preschool and other initiatives conducted by Nobel laureate James Heckman, Arthur Rolnick and others which illustrate how we can either invest early for success or pay more for failure later. So, what is holding us back?
DNA IS NOT DESTINY: How the Outside Gets Under the Skin	New scientific discoveries reveal how the fetal environment and early childhood experience quite literally 'wire' the rapidly developing brain and other bio-regulatory systems, changing not our genes but the epigenetic 'volume controls' which turn genes on and off. These epigenetic changes can influence not only cognitive function but the self-regulation of emotions and behaviors, even the susceptibility to chronic diseases as we age.
ONCE UPON A TIME: When Childcare for All Wasn't Just a Fairytale	Just imagine how things might be different if, for the past four decades, all our children had access to high-quality early care and ed. It almost happened. Back in 1971, Congress passed a bill providing high-quality, universal childcare, home visiting and other services from birth to age five. Pres. Nixon's 11th hour veto marked the first time 'family values' was invoked to undermine pro-family and child initiatives. The veto marked a critical inflection point from our path towards a more inclusive nation to today's 'you're-on-your-own' society.
STRESSING OUT THE POOR? Building Community Resilience	Poverty takes a special toll on the lives of families and their young children, appropriating scarce psychic and material resources. The result is a pile-up of risk rather than an accumulation of advantage. Yet some poor communities are beginning to organize, not just to buffer the consequences of poverty, but for the resources and power to ensure access to opportunity structures that provide possibility and hope.
WOUNDED PLACES: Confronting Childhood PTSD in America's Shell-Shocked Cities	Too many of our children, especially children of color in neighborhoods of concentrated poverty, are exposed to adversity, violence, neglect and other forms of trauma and show symptoms similar to PTSD – except there is no 'post.' Traveling to Philadelphia and Oakland, this episode asks not "What's wrong with you?" but rather, "What happened to you?" and how can we help our traumatized children and neighborhoods heal.

The Raising of America developed out of a rigorous consultation with the field. For a copy of the *Needs Assessment Report*, please visit: www.raisingofamerica.org/project#assessment >>>

www.RaisingofAmerica.org

Change the Conversation. It's Easier than You Think.

The Public Engagement Campaign

The Raising of America is being created in the context of a national Public Engagement Campaign to expand the debate about what we as a society can—and should—do to ensure every infant has an equal opportunity childhood.

Hundreds of Engagement Partners will use **The Raising of America** as a tool to change the conversation—because a strong start for all our kids leads not only to better individual life-course outcomes (learning, earning, and physical and mental health) but also to a healthier, safer, better educated, more prosperous and equitable United States.

Types of	Show The Raising of America:			
Screenings	To staff, students, members, or constituents			
autho Badiladar o	At trainings, workshops, or conferences			
e BS9todp2 8	To mobilize partners and build alliances across sectors			
1899년 1일의 - 2019년 1일 - 1994 - 1997년 19 1997년 1997년 1997	As part of town hall meetings or policy briefings			
e di terre di la	To lift up local initiatives and policies and engage media			
torestation in the	eet in menalista de terms d'a communation dependence de la communation de la communation de la communation de l			
Change the	Ask new questions:			
Conversation	What do babies "remember"?			
	How does the outside literally get under the skin?			
. Income to the second	Why is it that some of the best parenting programs have nothing to do with parents at all?			
اردا بولار متروطات از از از از از اینانور افراد از از از از از	How might concentrated power and wealth harm children?			
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Why, when we know so much, do we as a nation do so little?			
The Companion	Interactive Magazines: Our Babies, Families, and Society			
Website	Downloadable/Shareable clips, interactives and resources			
	The Action Toolkit: Move beyond watching to using video as a tool			
	Discussion Guides for each episode			
	Policy Guide to advance early child health and development			
	Promotional templates			
	Social Media: 10 things to do in under 10 minutes			

Join us! www.raisingofamerica.org

- Sign up for our Newsletter: www.raisingofamerica.org/newsletter-signup
- Like us on Facebook: www.facebook.com/RaisingofAmerica
- Search the Connect Up! Database: www.raisingofamerica.org/connect-up
- Become a Campaign Partner: www.raisingofamerica.org/join-campaign
- Contact us: Alisha Saville, Outreach Coordinator | AWS@newsreel.org | 415-284-7800 x314

The Raising of America is produced by California Newsreel with Vital Pictures.

www.RaisingofAmerica.org



Public Health Advisory Committee

September 23, 2014, 6:00 – 8:00 pm

Minneapolis City Hall, Room 132

AGENDA				
Agenda Item	Presenter	Time	Committee Action	
Welcome and Introductions	Margaret Schuster / Happy Reynolds	6:00–6:05	Approve agenda	
PHAC Logistics and Updates Approve Minutes	Temporary Chair Happy Reynolds	6:05–6:25	Approve Minutes	
Reports from Sub-committees: Communications/Operations:	Karen Soderberg (Margaret in her absence)		Any actions?	
Policy & Planning:	Rebecca Thoman			
Collaboration & Engagement:	Margaret Schuster			
Presentation 1: <i>Staple Foods Ordinance</i>	Kristen Klingler, MHD – Sr. Public Health Spec. & Robin Garwood – Aide to Council Member Gordon	6:25–6:55	Informational session Questions/discussion	
Presentation 2: <i>Housing, Segregation, and the</i> <i>Concentration of Poverty</i>	Will Stancil, staff attorney – Institute for Metropolitan Opportunity – University of Minnesota	6:55–7:35 7:35–7:45	Informational session Questions / discussion	
Department Updates	Gretchen Musicant	7:45-7:55	Discussion	
Information Sharing		7:55-8:00		

Next Sub-committee meeting: October 28, 2014, Minneapolis City Hall, Rooms 132 & 333

Next Meeting of the Full Committee: November 25, Minneapolis City Hall, Room 132

NOTE: We may reschedule November's meeting due to Thanksgiving holiday that week.

Presentation 2: *Reforming Subsidized Housing Policies in the Twin Cities to Cut Costs and Reduce Segregation* <u>www.law.umn.edu/metro/index.html</u>



September 23, 2014

Members Present: Sahra Noor, Saeng Kue, Dr. Happy Reynolds-Cook, Abdullahi Sheikh, Margaret (Peggy) Reinhardt, Birdie Cunningham, Autumn Chmielewski, Dr. Rebecca Thoman, Silvia Perez, Sarah Dutton, Jennifer Pelletier, Daniel Brady

Members Excused: Julie Ring, Karen Soderberg, Linda Brandt, Joseph Colianni

Members Unexcused: Dr. Siyad Abdullahi, Tamara Ward

MHD Staff Present: Gretchen Musicant, Margaret Schuster, Don Moody

Guests: Will Stancil (Staff Attorney, Institute on Metropolitan Opportunity, U of MN Law School), Kristen Klingler (Senior Public Health Specialist, MHD), Robin Garwood (Policy Aide to CM Cam Gordon)

Dr. Happy Reynolds-Cook called the meeting to order at 6:04 p.m. at City Hall.

Item	Discussion	Outcome
Introduction	Members and guests introduced themselves.	
Agenda/Min Approval Reports from Sub-committees: Operations / Communication	No changes to the agenda. No changes to the July Minutes Orientation to all new and existing members is nearly finished. Applications for open seats have been reviewed and input provided, which Margaret will relay to the appropriate Council Members. With the resignation of Tara Jenson, the committee needs to elect a new co-chair.	Minutes approved by unanimous consent
Collaboration & Engagement	Watched the 11-minute preview of the documentary, <i>Raising of America</i> , and discussed ways to engage community discussion using this documentary as a cornerstone. Potential host sites, collaborative partners, targeted neighborhoods, and specific actions / outcomes were also discussed.	
Policy & Planning	Continued the discussion around breastfeeding and developed recommendations for promoting and increasing breastfeeding rates.	
Presentation: Update on the proposed changes to the City's Staple Foods Ordinance <i>Kristen Klingler, Robin</i> <i>Garwood</i>	Kristen and Robin provided some history around the Staple Foods Ordinance, the goal of which is to increase access to healthy food. When initially passed in 2007, the City of Minneapolis was leading in this area. Since then, the Women/Infants/Children (WIC) program has initiated stronger standards that have surpassed the Minneapolis standards. Available data on the effects of the WIC changes looks promising; childhood obesity rates have seen a slight decline since its implementation. The current proposal updates the City standards and reduces exemptions. The City hosted sessions in north and south Minneapolis to listen to business owners, receive their input & suggestions, and provide information about the City's support systems; e.g., Health department can provide help in the areas of marketing, advertising, support with displays, and training. Robin & Kristen stated various ways input regarding the ordinance update could be provided; e.g., send a letter of support to the City Council, reach	Motion made: Rebecca Thoman made a motion to send a letter of support. Motion seconded and approved; Dan Brady will draft the letter of support; Margaret will circulate internally, finalize, and send to each council member on HE&CE Committee. Sahra Noor will attend and speak at the public hearing.
	out to your representative and express your views, attend (and speak at) the public hearing on October 20, reach out to other groups, organizations, communities and ask them to provide their input.	



	ealth Department	
Item	Discussion	Outcome
Presentation:	Will presented on how segregation has increased in Minneapolis and the	
Housing, Segregation, and the Concentration of Poverty	metro area, the harmful effects of concentrating poverty and segregation, and the causes of housing segregation and subsidized housing.	Policy & Planning will take up this topic in their sub-
Will Stancil	Concentrating poverty and segregation creates impoverished schools, with lower overall performance; reduces economic and employment opportunities; creates divestment in the community (property values are low and often lowering which both discourages new business opening and current business remaining); increases social, health and environmental costs on communities less capable of handling them; and can reinforce negative racial attitudes – all which further promote such concentrations. The causes of housing segregation are complex and require a regional approach to overcome. While private residential preferences and housing market 'sorting' by socio-economic status are factors, segregation is also the consequence of specific decisions made in the institutions controlling the private and public housing market.	committee, including reaching out to CPED and other involved parties
	In the metropolitan region, meeting-and exceeding-or not meeting the affordable housing goals for 1996-2010 for the Livable Communities Act influenced the 2011-2020 goals. Communities that met (or exceeded) the prior period's goals received more funding in the current period, those that did not received less. This 'meet = more, not = less' feedback loop helps increase concentrations of poverty and segregation. Will also talked about private market discrimination (e.g., housing loan applications approvals based more upon race, than financial situation), distribution of subsidized housing (the Twin Cities have 25% of the metro region's total housing, yet have 59% of its subsidized housing), concentration of subsidized housing (within the Twin Cities, overwhelming located in areas of segregation and concentrated poverty). While funding for public housing projects is complex with a wide variety of funding sources (Federal, State, regional, local), the City is able to design its own siting rules and preferences; e.g., for the Low-Income Housing Tax Credit (LIHTC), the City can design its own siting rules and preferences.	
	 Other recommendations provided: Institutional inertia may be a bigger obstacle than racism or exclusionary thinking – building segregated housing is often the path of least resistance, so even forward-thinking organizations must examine their practices Recognize inherent harms of segregation and concentrated poverty Institute regional systems to ensure wealthy neighborhoods build their "fair share" of housing Monitor discrimination in lending and other private market behavior Revamp affordable housing funding: Alter LIHTC distribution Work with Met Council to set higher goals for wealthy suburbs compared to Minneapolis Ensure that Affordable Housing Trust Fund and other city funding sources are used for integrative developments 	
Department Updates- Gretchen Musicant	Gretchen talked about the budget process and provided a handout on "Recommended budget program overview"	



ltem	Discussion	Outcome
Information Sharing – Dr. Happy Reynolds- Cook	Department of Justice recognition for City of Minneapolis Youth Violence Prevention efforts	
Margaret Schuster	Update on e-cigarettes: CM Gordon has given notice of intent to introduce amendments to include e-cigarettes in the Minneapolis indoor air law, so the City ordinance matches the Clean Indoor Air Act. A public hearing on this subject will be held (at time of meeting, the date of the public hearing was unknown; it is now set for November 17 – PHAC members notified)	

Meeting adjourned at 8:04 p.m. Minutes submitted by Don Moody and Margaret Schuster

Next Sub-Committee Meeting: October 28, 2014, Minneapolis City Hall, Room 132 & 333, 6:00-8:00 p.m. Next Full Committee Meeting: December 02, 2014, Minneapolis City Hall, Room 132, 6:00-8:00 p.m.



Food Access & Health Equity

Residents living near supermarkets have healthier diets & are 17% less likely to be obese.

White & higher income residents are more likely to eat 5+ fruits & vegetables per day compared to lower income residents & people of color.

Corner stores are a frequent source of food for urban residents, youth, & families, but often do not carry healthy foods.

94% of Minneapolis corner store customers surveyed would buy fruits & vegetables at their neighborhood store if available.

Shouldn't everyone expect to find healthy food in their neighborhood?

Good nutrition is critical for individual and community health. Knowing what to eat is important, but having access to healthy food options matters too. While it's easy to find healthy foods at a supermarket, residents in some communities must shop at corner stores, gas stations, dollar stores, and pharmacies where soda, chips, and candy are abundant but wholesome choices are limited. Strengthening the city's current staple foods ordinance will help ensure that everyone has access to healthy food choices no matter where they shop.

Proposed changes to the Minneapolis Staple Foods Ordinance will:

- Ensure that stores offer an appropriate variety and amount of staple foods like <u>fresh fruits and vegetables</u> & <u>whole grains</u>.
- Provide store owners with flexibility to meet requirements using <u>culturally appropriate foods</u>.
- Clarify exemption criteria for business owners across all types of retail food outlets.

Share Your Opinion

- \Rightarrow Attend a public hearing: Mon. Oct 20, 2014, 1:30pm, City Hall Rm 317
- \Rightarrow Connect with your council member
- \Rightarrow Talk to your friends, neighbors, and networks



Proposed requirements include:

- Fruits & vegetables
- Whole grains
- Meat, poultry, fish, or vegetable proteins
- Milk or milk alternatives
- Cheese
- Eggs
- 100% juice

Support for Stores

The Minneapolis Health Department will provide free support & resources to interested store owners to help them successfully meet the staple foods requirements.

- Healthy food merchandising & marketing trainings
- In-store promotional supplies
- Written reference
 materials
- Connections to model stores/mentors
- Consultations with grocery & marketing experts
- Recommendations for healthy food procurement options
- Citywide outreach to increase the demand for healthy foods

The City of Minneapolis currently requires licensed grocery stores to stock a minimum amount of basic food items including fruits & vegetables, bread, dairy, & meat products. Proposed changes to the ordinance will increase healthy food choices for all residents regardless of where they shop for groceries. Amendments are based on the standards adopted by the Women, Infants, & Children (WIC) program, but have been modified to reflect feedback from business owners and to allow for greater flexibility in stocking culturally appropriate foods.

Proposed Timeline:

Ongoing starting January 2015: Store owner education, training, & technical assistance April 2015: Ordinance changes implemented

May 2015 – March 2016: Compliance monitoring, ongoing education; no enforcement Ongoing after April 2016: Compliance monitoring, ongoing education; enforcement

Amending the ordinance is part of broader City and community efforts to increase access to healthy foods.

Complementary approaches include:

- Healthy foods policies in local government, parks, schools, worksites, childcare, & institutions
- EBT at Farmers Markets
- Healthy Corner Store Program
- Community Garden Program
- Local Food Resource Hubs Network
- Healthy Food Shelf Network
- Healthy Meals Coalition
- Healthy Restaurant Program
- Farm to School/Salad Bars to School
- Urban Agriculture Policy Plan

For more information, please contact: cam.gordon@minneapolismn.gov

Minneapolis Staple Foods Ordinance

Comparison: Current vs. Proposed vs. WIC standards for Licensed Grocery Stores

Food	Current	Proposed Minneapolis	Current Minnesota WIC
category	standards	standards	standards
Infant formula, cereal, baby food fruits and vegetables	None	None	 <u>Infant formula:</u> 18 cans of 12.4 oz powdered Similac Advance <u>Infant cereal:</u> 48 oz of plain, dry, infant cereal (no added fruits) in 8 oz and 16 oz sizes only <u>Baby food fruits and vegetables:</u> 256 oz of baby food fruits and vegetables in at least 3 varieties of fruits and 3 varieties of vegetables (4 oz & 4.5 oz sizes only)
Fruits and Vegetables	 5 varieties minimum At least 5 types must be fresh 	 30 lbs or 50 items total of fresh and frozen fruits and vegetables. At least 7 varieties, with at least 5 that are fresh and perishable. No more than 50% of the total from a single variety. 	 30lbs total of fresh fruits and vegetables At least 7 varieties 2 varieties must be bananas and carrots
Meat, Poultry, Fish, and/or Vegetable Proteins	 3 varieties minimum At least 2 types must be fresh 	Meat and vegetable proteins: 3 or more varieties of meat, poultry, canned fish packed in water, or vegetable proteins such as nut butter and/or tofu. Nut butters can be up to 18 oz and may not contain other food products such as jelly, jam, chocolate, or honey	<u>Canned Fish:</u> 30 oz of canned fish, packed in water (tuna: 5 or 6oz sizes; pink salmon: 30 oz size or less) <u>Peanut Butter:</u> 4 containers, up to 18 oz in size, of peanut butter that does not contain any other food product such as jelly, jam, chocolate or honey
		Eggs: 6 one-dozen containers of fresh eggs, large-size only Canned Beans: 192 oz of canned beans or legumes, in any combination of at least 3 varieties	Eggs: 6 one-dozen containers of fresh eggs, large size only <u>Canned beans:</u> 192 oz of canned beans or legumes, in any combination of at least 3 varieties (14 to 16oz sizes only)
		<u>Dried Peas, Beans, Lentils:</u> 4 packages, up to 16 oz in size, of dried beans, peas or lentils without any added ingredients	<u>Dried Peas, Beans, Lentils:</u> 4 packages, up to 16 oz in size, of dried beans, peas or lentils without any added ingredients

Food category	Current standards	Proposed Minneapolis standards	Current Minnesota WIC standards
Bread and/or Cereal	 3 varieties minimum At least 2 types must be fresh 	Whole grain cereal: 4 boxes or bags, 12 oz or larger, of whole grain cereal or cereal grains in any combination of at least 3 varieties	Adult whole grain cereal: 12 boxes or bags, 12 oz or larger, of whole grain cereal in any combination of at least 6 varieties
		<u>Whole grains:</u> 5lbs of whole grains of at least 3 varieties	<u>Whole grains (Bread, Tortillas, Rice,</u> <u>Oatmeal):</u> 5lbs of whole grains of at least 3 of the following varieties: whole grain bread, whole grain tortillas, oatmeal, and brown rice
Dairy and/or Substitutes	 3 varieties minimum At least 2 types must be fresh 	<u>Milk:</u> 5 gallons of unsweetened, unflavored, fluid cow's milk in up to a gallon or half-gallon containers, in any combination of at least 2 of the following varieties: skim or nonfat, 1%, or 2%; or "plain" or "original" soy milk or other milk alternatives	<u>Milk:</u> 15 gallons of unsweetened, unflavored, fluid cow's milk in gallon or half-gallon containers in any combination of at least 2 of the following varieties: skim or nonfat, 1%, or 2%
		<u>Cheese:</u> 6lbs of cheese in packages of at least 8 oz each, in any combination of at least 3 varieties, not including processed cheese products	<u>Cheese:</u> 6lbs of domestic cheese in packages of at least one half pound (8 oz) each, in any combination of at least 3 varieties
Juice	None	 6 containers of any combination of the following, as long as at least 2 containers are 100% citrus juice, in any combination of the following types: 11.5 to 12-oz containers of pure and unsweetened frozen or non-frozen concentrate 100% juice; or 59-oz or larger containers of pure and unsweetened 100% juice 	 18 containers of any combination of the following, as long as at least 6 containers are 100% citrus juice (orange, grapefruit, or orange/grapefruit), in any combination of the following types: 11.5 to 12-oz containers of pure and unsweetened frozen or non-frozen concentrate 100% juice; or 64-oz containers of pure and unsweetened 100% juice



Notes + Agenda for the Sub-Committees of the Public Health Advisory Committee

October 28, 2014, 6:00 - 8:00 pm

Minneapolis City Hall, Room 132 & Room 333

AGENDA

Agenda Item	Presenter	Time	Committee Action
Supper is served!	La Loma Tamales	5:45 - 6:00	
PHAC Logistics, introductions, and announcements Proposed 2015 meeting dates Copy of SFO Letter of Support and report on HE&CE vote Terms which end 12/31/2014	Margaret / All members	6:00 - 6:10	For member review For member review Submit application
Notes for Sub-committees: <i>Communications/Operations:</i> <i>Craft blurb to distribute to PHAC</i> <i>members re: outreach to Council</i> <i>Members for e-cig public hearing;</i> <i>begin draft of annual report</i>	Karen Soderberg	Via phone or email	
Policy & Planning: Wesley Butler – CPED Manager, Residential Finance Housing Policy & Development	Rebecca Thoman	6:10 - 7:15	
Continued discussions for: a. Breastfeeding b. Master's Student Research proposal c. E-cig public hearing		7:15 - 8:00	
Collaboration & Engagement: Kat Kempe – thinksmall.org Senior Policy Advocate Joins our discussion & planning	Margaret Schuster	6:10 - 7:15	
around the documentary: Raising of America, plus assignments for next meetings		7:15 - 7:45	

Next Meeting of the Full Committee: December 2, 2014, Minneapolis City Hall, Room 132

First Meeting of 2015 is a Full Committee meeting: January 27, 2015

NOTE: November 17, 2014, Public Hearing on e-cig regulation, HE&CE committee, 1:30 p.m., City Hall Council Chambers Rm 317

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



Public Health Advisory Committee

250 South 4th Street – Room 510 Minneapolis, MN 55415 Office 612 673-2301

TTY 612 673-2157

612 673-3866

Fax

www.minneapolismn.gov/health

October 10, 2014

Dear Council Members:

The Minneapolis Public Health Advisory Committee (PHAC) would like to submit this letter in enthusiastic support of the proposed amendments to the City's current Staple Foods Ordinance. As a citizen advisory committee whose members have knowledge of public health issues, PHAC takes a special interest in the food supply available in our city. Enhancing the existing staple foods ordinance makes sense in an effort to address availability and disparity

issues associated with access to healthy foods.

Our nation's struggle with obesity is well-publicized and there is no doubt that processed convenience foods contribute to that struggle. We also know that many people with lower socioeconomic status purchase these foods from places most readily accessible: a corner store, pharmacy, or general merchandise store. Data from the University of Minnesota indicates that 2/3 of children in low-income neighborhoods purchase food from a convenience store at least once each week. More importantly, 94% of individuals surveyed as part of the Minneapolis Healthy Corner Store Program reported that they would buy fresh fruits and vegetables from their corner store if they were available. PHAC believes that all Minneapolis residents should have the ability to choose healthy, nutritious items regardless of where they are able to purchase foods.

Limited access to healthy foods contributes to obesity, particularly childhood obesity, and to corresponding health problems such as diabetes and heart disease. These serious health problems often affect people of color disproportionately and, as such, create a layer of health disparity. Research indicates that predominantly white neighborhoods have as many as four times more grocery stores than non-white neighborhoods. PHAC's view is that taking measures to address lack of access to healthy foods upstream can help alleviate potentially serious health problems downstream in these communities.

Finally, while this kind of policy is innovative and forward-looking, it is also rooted in experience. The federal Women, Infants and Children (WIC) program revised their standards in 2010 to require participating stores to carry increased amounts and more variety of healthy foods. At the time, some voiced concern that the number of participating stores would decrease due to the new requirements, which they felt were too onerous, and that participants would drop out. In fact, the opposite happened. More than three-fourths of WIC participants used their vouchers for fruits and vegetables. Store owners reported increases in sales of whole grains, low fat milk, fresh fruits and vegetables and began to stock as much as 20 - 35% more of some items. These changes produced results. For example, in New York City obesity rates for one year olds have dropped by 6% since WIC implemented the new standards. The proposed amendments to the Minneapolis ordinance are, in part, based on the WIC standards.

The City recognizes that this transition may be difficult for some stores initially and has committed to working with store owners to provide extra support and technical assistance with marketing, advertising, food displays, training, etc. as the amended ordinance is fully implemented over a two-year period. Based on the information PHAC has reviewed and discussions with Minneapolis Health Department staff, we believe this is a win-win for the community's health and local business.

We recognize the important role that small grocery stores play in Minneapolis and we want to see them succeed. We also recognize that many residents have inequitable access to affordable, convenient healthy food options in their neighborhood. Strengthening the Staple Foods Ordinance is one piece of a broader effort across the city to help ensure that everyone has access to nutritious food. Small store owners should be a part of the solution in addressing this issue since many low-income residents and communities of color rely on these businesses to meet their daily needs.

Those of us who can access fresh produce and natural foods have a responsibility to help our neighbors do so as well. This is not just a public health obligation but smart policy.

Sincerely,

The City of Minneapolis - Public Health Advisory Committee

Julie Ring	Ward 1
Sahra Noor	Ward 2
Dr. Abdullahi Siyad	Ward 3
Saeng Kue	Ward 4
Dr. Happy Reynolds	Ward 6
Karen Soderberg, co-chair	Ward 7
Abdullahi Sheikh	Ward 8
Margaret (Peggy) Reinhardt	Ward 10
Birdie Cunningham	Ward 11
Autumn Chmielewski	Ward 12
Dr. Rebecca Thoman	Ward 13
Silvia Perez	Mayor's Representative
Linda Brandt	Hennepin County Human Services and Public Health
Dan Brady	Member At-Large
Joey Colianni	Member At-Large
Tamara Ward	Member At-Large
Jennifer Pelletier	University of MN – School of Public Health; abstained from vote due to
	involvement with evaluation of the ordinance



Public Health Advisory Committee

2015 Meeting Dates

PHAC meetings occur on the 4th Tuesday of each month and run from 6:00-8:00 PM in City Hall; exact room locations are indicated on the monthly agenda. A light supper is served at 5:45 PM in Room 132 City Hall. Please note: the full Committee of the PHAC meets <u>every other month</u> beginning January 2015. Sub-committees meet <u>every other month</u> independent of the full committee beginning February 2015. All members are expected to make every effort to attend each month. Members are also invited to consider which of three sub-committees they prefer to serve on: Collaboration & Engagement, Communications & Operations, or Policy & Planning. Although individual preferences are considered, health department staff may make alternative assignments to balance committee work and number of sub-committee members.

KEY: Full Committee meeting dates are RED; Sub Committee meeting dates are GREEN.

January 27, 2015

February 24, 2015

March 24, 2015

April 28, 2015

May 26, 2015

June 23, 2015

July 28, 2015

August 25, 2015

September 22, 2015

October 27, 2015

December 1, 2015—NOTE THAT THIS DATE IS NOT THE 4th TUESDAY OF THE MONTH.

If you have questions, please contact Don Moody by email at <u>Don.Moody@minneapolismn.gov</u> or by phone (612) 673-2907.



AGENDA

Public Health Advisory Committee

December 2, 2014, 6:00 - 8:00 pm

Minneapolis City Hall, Room 132

Agenda Item	Presenter	Time	Committee Action
Welcome and Introductions Certificates of Recognition for: Saeng Kue, Tara Jenson	Karen Soderberg	6:00 - 6:10	Approve agenda
Jennie Meinz – Student Intern	Jennifer Pelletier	6:10 - 6:20	
PHAC Logistics and Updates Approve Minutes Approve 2015 meeting dates Member – At Large approval	Karen Soderberg	6:20 - 6:35	Committee review, discussion and approval
Reports from Sub-committees: Communications/Operations:	Karen Soderberg Rebecca Thoman-Dan		
Policy & Planning:	Brady		
Collaboration & Engagement:	Margaret Schuster		
Presentation: <i>Addressing Hoarding in the City</i> <i>of Minneapolis</i>	Brittani Schmidt, MHD	6:35 – 7:05 7:05 – 7:15	Informational session Questions/discussion
Department Updates	Gretchen Musicant	7:15 - 7:30	Discussion
Additional discussion time for sub-committees		7:30 - 8:00	Discussion time

Next Meeting of the Full Committee: January 27, 2015 Minneapolis City Hall, Room 132

Next Sub-committee meeting: February 24, 2015, Minneapolis City Hall, Rooms 132 & 333

A copy of the presentation *Addressing Hoarding in the City of Minneapolis* can be found at: <u>http://www.ci.minneapolis.mn.us/health/phac/phac-agendas-minutes</u>



December 02, 2014

Members Present: Dr. Happy Reynolds-Cook, Karen Soderberg, Margaret (Peggy) Reinhardt, Birdie Cunningham, Autumn Chmielewski, Linda Brandt, Jennifer Pelletier, Daniel Brady
Members Excused: Julie Ring, Sahra Noor, Abdullahi Sheikh, Sarah Dutton, Joseph Colianni
Members Unexcused: Dr. Siyad Abdullahi, Saeng Kue, Dr. Rebecca Thoman, Silvia Perez, Tamara Ward
MHD Staff Present: Gretchen Musicant, Margaret Schuster, Don Moody
Guests: Brittani Schmidt, Jennie Meinz

Karen Soderberg called the meeting to order at 6:05 p.m. at City Hall.

ltem	Discussion	Outcome
Introduction	Members and guests introduced themselves. Jennifer Pelletier introduced Jennie Meinz, U of M MPD Candidate who will be doing her master's thesis on "Cultural Communities' Attitudes and Experiences with Breastfeeding". Jennie provided a handout summary and discussed her project with the PHAC. While doing this independently, Jennie will be coordinating with some MHD staff; e.g., help establish contacts with community leaders and organizations.	
Agenda/Min Approval	No changes to the agenda. No changes to the September Minutes	Minutes approved by unanimous consent
2015 Meeting Dates	Proposed PHAC meeting dates for 2015 were discussed	Motion to accept
Reports from Sub-committees: Operations / Communication	On March 02, the PHAC will present the 2014 Annual Report to the Health, Environment & Community Engagement Committee. Reminded the committee there is a co-chair vacancy to be filled.	proposed dates, made, seconded, motion passed with unanimous consent
Policy & Planning	At the October meeting, Wesley Butler from CPED presented to the sub-committee on Affordable Housing. The sub-committee recommends exploring steps to create a Citizens Advisory board on Housing issues, including how points are allocated for project funding. Next step towards creating such a committee would be to craft a purpose or charter and bring this to Council Member(s) for their buy in to bring to the entire council.	
Collaboration & Engagement	Kat Kempe of <i>Think Small</i> joined the October sub-committee meeting. We discussed how to capitalize on / coordinate efforts around viewing the upcoming "Raising of America" documentary series. Ideas included: see what can be done in cooperation or correlation with the Mayor's Cradle to K initiative and the League of Women Voters to hold public events and raise awareness and activity response level.	



ltem	Discussion	Outcome
Presentation: Addressing Hoarding in the City of Minneapolis Brittani Schmidt, MHD	Brittani presented on the City's efforts in addressing hoarding and its effects. People who hoard have an unusual attachment to their possessions and difficulty parting with them. This leads to excessive acquisition or saving of items and reduces the ability to use and maintain living spaces for their intended purposes. This causes significant distress or physical impairment for them.	Informational – with time for discussion and questions
	Other issues generally associated with hoarding; i.e., hoarding is a symptom, not the underlying cause; often has a mental health component such as unresolved grief. As of May 2013, Hoarding Disorder is a new psychiatric diagnosis in the DSM-V (Diagnostic and Statistical Manual of Mental Disorders). Though Hoarding Disorder has a high level of comorbidity; i.e., often there is an associated diagnosis (such as OCD, dementia, TBI).	
	The number of individuals with some level of hoarding disorder is estimated at 2-5% of the U.S. population; for the City of Minneapolis, this means ~7,000 to ~18,000 residents may have a hoarding disorder.	
	Effects of hoarding include: danger to emergency responders (inability to safely and quickly access persons in case of an emergency response); public nuisance (issues aggravated by excessive accumulation – such as increased pest levels - which may 'spill over' to other residences in same property or neighboring areas); general deterioration to the resident (physical and emotional) and residence (physical); other hazards (e.g., excessive paper accumulation can be a fire hazard).	
	Housing Code enforcement options may "clear out" a residence with excessive items. Studies show that if the underlying cause of the hoarding issue is not addressed, individuals quickly return to a level of item acquisition equal to or in excess of what they had before the clearing out (within 6 months individuals have often exceeded their initial level of accumulated items).	
	The <u>Minnesota Hoarding Task Force</u> works to increase awareness and address the needs of individuals with hoarding behaviors with the goal of creating best practices to reduce stigma, provide outreach & support to individuals, and increase community safety.	
	Brittani provided some recommendations including having designated City staff to coordinate with clients and work with a cross-City department team and outside agencies to develop policies & procedures for tracking the complaints, efforts, and progress. While the "Public Health Nuisance" ordinance can be a beginning to 'get a foot in the door', more than just clearing out excessive accumulation is needed to achieve a long term solution for the resident and their community.	
Department Updates- Gretchen Musicant	The Ways & Means Budget Subcommittee met December 01, 2014. On December 10, 2014, the Minneapolis City Council holds an open meeting for discussing, then voting on, the 2015 City Budget.	Informational
	Due to State and Federal representation changes resulting from the November 2014 elections, funding the City receives may change, which may create some uncertainty for the department.	

Meeting adjourned at 8:00 p.m.

Minutes submitted by Don Moody and Margaret Schuster Next Full Committee Meeting: January 27, 2015, Minneapolis City Hall, Room 132, 6:00-8:00 p.m. Next Sub-Committee Meeting: February 24, 2015, Minneapolis City Hall, Room 132 & 333, 6:00-8:00 p.m.

Addressing Hoarding in the City of Minneapolis

Best Practices for Local Government

Brittani Schmidt, RN MPH Minneapolis Health Department



Outline

- Interest within City of Minneapolis
- Background on Hoarding Disorder
- Current process
- Reasons to involve local government
- Models that work
- Evidence-based recommendations
- ✤ Minneapolis in 2014
- Challenges
- Case studies

The Seeds Were Planted...

- Healthy Homes-Senior Citizens needs assessment
- Neighborhood & Community Relations/Housing Inspections
 - Homeowner Navigation Program
 - 33 hoarding cases closed since June 2013 (only owneroccupied residences)
- Frustration among many City departments
- Research best practices

Hoarding Disorder: What is it?

American Psychiatric Association (APA):

- Excessive acquisition/saving of items
- Difficulty parting with possessions
- Inability to use living spaces for their intended purposes
- Unusual attachment to items
- Significant distress or physical impairment

A client is a person who hoards, <u>NOT</u> a "hoarder"

Contributing Factors

Why do people hoard?

- Usually related to unresolved grief, loss or trauma.
- Other contributing factors include:
 - * OCD
 - Dementia
 - ✤ TBI
 - Maybe genetics

Prevalence

- ✤ APA: 2-5% of U.S. population
- ✤ Hoarding affects:
 - * ANY age, gender, race, income level, marital or living arrangement status, mental or physical health status
 - MORE LIKELY to affect the elderly and people of low socioeconomic status

DSM-V

Diagnostic and Statistical Manual of Mental Disorders

- "New" diagnosis (as of May 2013)
 - Distinct disorder, distinct treatments
- Significance:
 - Increase public awareness
 - Improve identification of cases
 - Stimulate both research and the development of specific treatments for hoarding disorder
 - Clinicians can bill insurance companies for it... theoretically

Current Process

- Housing Code Enforcement
 - Condemnation, forced clean-out
 - Quick fix
- Minimal resources involved
- No mental health support
- Identification by chance or complaint




Why Should Government Care?

We all do our jobs for the betterment of residents, neighbors and communities

We are public servants: it's in our nature to care



Why Should Government Be Involved?

- Danger to our public servants (EMS, police, fire, etc.)
- Public nuisance, public health, public safety
- Danger to resident
 - Physical
 - Emotional
- Cost-benefit
 - Cost of forced clean-out vs. multidimensional approach
 - Recidivism

Models That Work

Example:

- Ramsey County
 - "Fire marshals don't just call Kay. They work with Kay"
 - House Calls (Kay) calls utility companies, dumpster companies, hotels, make mental health connection
 - Inspectors come back on a regular basis to "check in"
- The Hoarding Project
 - Janet Yeats, co-founder
 - Lower-income clients can see mental health interns on sliding fee scale
 - City of Shoreview pilot project

Recommendations

- 1. Designate city staff (ex. LSW, PHN) to work with clients
- 2. Identify collaborative team across City departments and with outside agencies*
- 3. Develop a procedure for city departments to follow*
 - Standardize terminology and strengthen ordinances
 - Track complaints and cases*
- 4. Maintain presence in Minnesota Hoarding Task Force

*A work already in progress!

Designate City Staff Member

- Point of contact within collaborative team
- Builds trusting relationship with clients
 - Encourages mental health treatment
- Coordinates services among
 - City agencies
 - Outside resources
 - Dumpster services
 - Family/friends/neighbors (if warranted, applicable and/or desired)
 - Temporary housing
 - Utility companies
- Ensures progress
- "Data keeper"

Identify Collaborative Team

Designate a liaison from:

Police



- Animal Control
- Health/Environmental Health
- Regulatory Services
- And appropriate outside resources
 - Ex. Mental health professionals, dumpsters, biohazard remediation, professional organizers

Facilitates short- AND long-term success

Develop a Procedure: Standardize Terminology and Strengthen Ordinances



Potential to use "Public Health Nuisance" ordinance

- Determine legal process for entering homes, citing violations, rights of residents vs. rights of community
- Determine best solution for Minneapolis
- Strengthen that ordinance

Develop a Procedure: Track cases and complaints

- Homeowner Navigation Program
 - Captures owner-occupied residences only
 - Funneled mostly from housing inspectors



- 10 separate homes reported by the community since August
- Data goes to Housing or Fire Inspection Services
- Ultimately want to build capacity for additional follow-up beyond code enforcement
 - Essential: Mental health involvement and long-term follow up by designated City staff member

Minnesota Hoarding Task Force

- Many conscientious organizations are present
 - This is the "in" group
- Network
- ✤ Educate
- Keep current with practices, legislation, etc.
- Will push and support future legislation



Minneapolis in 2014

- 2014 Partnership between Healthy Homes and Homeowner Navigation Program
 - Healthy Homes funding has gone away...
- Identify sustainable funding
 - Low-interest/forgivable loans?
 - At very least, mechanism to assess service fees to property tax

Challenges



- City-County jurisdictional relationships
 - * APS
 - Social work
 - Mental health resources
- ✤ Legal changes
 - Ordinances
 - Housing Codes
- Funding
 - Grants

Capacity

Where does hoarding "live" in the long-term?

Case Study -1

Background: 3-generation family facing condemnation

Case Study -2

Background: 2-generation family facing condemnation

The Question is Not: If? It is: How?

- "People don't buy what you do, they buy why you do it."
 –Simon Sinek, leadership expert and author of *Start With Why* and *Leaders Eat Last*
 - http://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action

