Minneapolis
City of Lakes

Public Health Advisory Committee

Tuesday, April 26, 2011, 6:00 – 8:00 pm
Minneapolis City Hall
350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve Mar 22, 2011 Minutes	John Schrom Co-Chair	Vote	6:00 – 6:10
Be the Match National Marrow Registry (A National Marrow Donor Program)	Kristine Reed	Presentation/Q &A	6:10 – 6:20
Minneapolis Sexually Transmitted Disease (STD) Update	David Johnson	Presentation/Q &A	6:20 – 6:50
Survey Results: 2011-2012 PHAC Work plan Priorities	Clarence Jones & Emily Wang	Discussion & Vote	6:50 - 7:50
Department Updates	Gretchen Musicant		7:50 – 7:55
Information Sharing	All		7:55 – 8:00

Next Meeting: May 24, Minneapolis City Hall, Room 132

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

Minneapolis Department of Health & Family Support (MDHFS)
Public Health Advisory Committee (PHAC)
April 26, 2011

Members Present: Gavin Watt, Robin Schow, Karen Soderberg, John Schrom, Lizz Hutchinson, Robert Burdick, Dr. Rebecca Thoman, Julie Young-Burns,

Members Excused: Clarence Jones, Renee Gust,

Members Unexcused: Samira Dini, Douglas Limon

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

Guests: Kristine Reed, Be the Match

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

Item	Discussion	Outcome
Welcome & Introductions		
Approve March 22, 2011 Minutes		• Robert Burdick motioned to have minutes and agenda approved. • Seconded by Karen Soderberg • Motion carried.
Be the Match National Bone Marrow Registry	• *See Handouts* • National Bone Marrow Donor Program's headquarters is in NE Minneapolis. • Was started in 1987 by a family when there was a lack of relatives available to be donors for their daughter. The match process is very specific to the individual. • 9 million people are now in the registry. 74% are Caucasian. Matches are specific to ethnic background. • Kristine covers most of the Midwest to recruit and helps patients find donors. She also sets up donor registration drives. • Registration process is easy. Signing up for the registry doesn't mean you have to donate on the spot. • Donors don't need to travel to where the patient is at – procedure is done locally. Procedure is covered by insurance and Be the Match reimburses for any travel costs. • The 60 years old cap is based on the fact that tissue isn't as "fresh" in older people. Older people also often suffer adverse affects after donation. • The patient's doctor decides what type of donation is necessary – PBSC or marrow. *See handout.* Donors must be willing to do both. • Cheek swabs determine tissue type for donors.	
Minneapolis Sexually Transmitted Disease (STD) Update	• *See Powerpoint* • STD or Sexually Transmitted Infection (STI) – Infection can be a-symptomatic, which is the case with many STIs. • All positive tests are sent to state health department with full identification for tracking. • In the US, women go to the doctor more often, therefore reporting tends to be higher on women. Chlamydia data – prevalence is lower even though numbers are higher due to more testing and reporting • In Minneapolis, 191 new HIV cases in 2009. • In Minnesota, 11% decrease from 2009 to 2010 in new HIV cases. However, Minneapolis increased by 15-20%. • Racial disparities exist in HIV rates. Seen on da Streets focused on HIV prevention in African American men. • HIV patients can get dual doses of meds so their partners can also take them. • Social determinants strongly affect STI rates. MDHFS is working with	

	community clinics to increase education and prevention. • High rates fall in the same areas as unemployment, crime and high minority populations.	
Survey Results: 2011-2012 PHAC Work plan priorities	• *See Handouts* • Review of scores from Survey Monkey. • Top Picks – Nutrition Food Systems, Youth Violence Prevention: Culturally-specific Rites of Passage, Sexuality and Teen Pregnancy Prevention, Sexuality: HIV • Members shared diverse viewpoints and ideas involving a potential priority in nutrition food systems (i.e. capitalism impacts, national and international "Feed the Future" movement, Minneapolis Home Grown, City's Food Policy Council, City's Convention Center offerings, nutrition policy for City entities, and education for the masses re: healthy food choices)	• Motion by Julie Young-Burns: 2011-2012 PHAC Priorities will be Nutrition Food Systems, Youth Violence Prevention: Culturally-specific Rites of Passage and Sexuality: HIV. • Lizz Hutchinson seconded motion. • Motion carried.
Department Updates	• Federal government decided on 17% decrease in CDBG funding. Minneapolis has not yet decided on how to deal with the reduction. Most CDBG funds go to capitol projects, while 15% that can be spent on community services, is discretionary by the City. In the past, a portion of this has gone towards public services via MDHFS contracts. The reduction must be implemented by June 1. The Mayor asked MDHFS not to execute any of the new PHAC contracts until a decision is made. PHAC members may wish to contact their Council members for 2011 decisions and federal officials for 2012 decisions.	
Information Sharing	• Julie Young-Burns reminded the committee of the community forum on May 4 http://www.ci.minneapolis.mn.us/dhfs/CommunityForum_040811.pdf	• Dr. Rebecca Thoman moves to send letters to Councilmembers with PHAC vacancies to expedite appointment process • Karen Soderberg seconded the motion. • Motion carried.

Meeting adjourned at 8:06p.m.

Minutes submitted by Brian Thomas May and Emily Wang

Guidelines for joining the registry

1. **Be between the ages of 18 and 60**
2. **Be willing to donate to any patient in need**
3. **Meet the health guidelines**

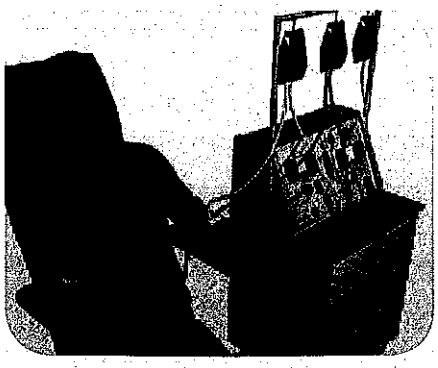
Height & Weight Guidelines

Height	Max. weight (lbs.)	Height	Max. weight (lbs.)
4'10"	191	6'0"	295
4'11"	198	6'1"	301
5'0"	204	6'2"	310
5'1"	211	6'3"	321
5'2"	218	6'4"	328
5'3"	225	6'5"	339
5'4"	233	6'6"	345
5'5"	240	6'7"	355
5'6"	247	6'8"	363
5'7"	255	6'9"	374
5'8"	263	6'10"	381
5'9"	270	6'11"	392
5'10"	278	7'0"	400
5'11"	286		

These conditions would prevent you from joining the registry:

- HIV or risk for HIV
- Hepatitis or risk for hepatitis
- Most forms of heart disease or cancer
- Chronic lung disease
- Diabetes requiring insulin or diabetes-related health issues
- Diseases that affect blood clotting or bleeding
- Recent back surgery, or severe or ongoing back problems
- Autoimmune/neurological disorders such as lupus, rheumatoid arthritis or multiple sclerosis
- Being an organ or marrow transplant recipient
- Significant obesity
- Current sleep apnea

If you match a patient, you'll be asked to donate in one of two ways:



PBSC donation

Peripheral blood stem cell (PBSC) donation is requested by doctors 76 percent of the time. This is a non-surgical procedure.

For five days before donation, the donor receives daily injections of a drug that increases blood-forming cells in the bloodstream. On the fifth day, the donor's blood is removed through a needle in one arm and passed through a machine that separates out the blood-forming cells. The remaining blood is returned to the donor through the other arm.

Donors may experience headache, bone or muscle aches for several days before collection. These side effects typically disappear shortly after donation. Most PBSC donors are back to their normal routine in one to two days.

Marrow donation

Marrow donation is a surgical procedure, requested by doctors 24 percent of the time. While the donor is under anesthesia, the doctor uses needles to withdraw liquid marrow from the back of the pelvic bone.

After donation, marrow donors can expect to feel some soreness in the lower back for a few days to several weeks. Marrow donors are typically back to their usual routine in two to seven days.

For m
conta

Kristine Reed
612.616.6534
kreed2@NMDP.ORG

BE THE MATCH®

12840; FEB 2011

BE THE MATCH®

WHAT YOU NEED TO KNOW BEFORE JOINING

Thank you for attending our Be The Match® Donor Registry Drive! Please read this over carefully before filling out any forms. If after reading this you decide to continue the registration process, thank you for your generous commitment!

If you decide registering is not for you, let us tell you about the opportunity to contribute financially, volunteer and become involved in a variety of other ways.

If you join:

- You're committing to donating to any patient in need.
- You'll be asked to give a cheek swab sample today, which is only used to add you to the registry. It's not a donation for a patient.
- You'll be listed on the registry until you're 61, unless you inform Be The Match that you've become unwilling or unable to donate. In that case, let us know as soon as you can.

If you are called as a possible match for a patient:

- You agree to call us back quickly.
- You'll be asked to give a blood sample or another cheek swab sample for further testing.
- If you are the patient's best match, we'll ask you to make a 30- to 40-hour time commitment spread out over a four- to six-week period to attend appointments and donate.
- The patient's doctor will request either a peripheral blood stem cell (PBSC) donation or a marrow donation, depending on what's best for the patient (see other side for more information).

We ask you to:

- Keep your contact information current at **BeTheMatch.org** or **1 (800) MARROW-2**.
- Share your decision to join the registry with family and friends so you have their support if called as a match for a patient.

Thank you for your commitment to save a life!

BE THE MATCH®

Be the one to save a life.

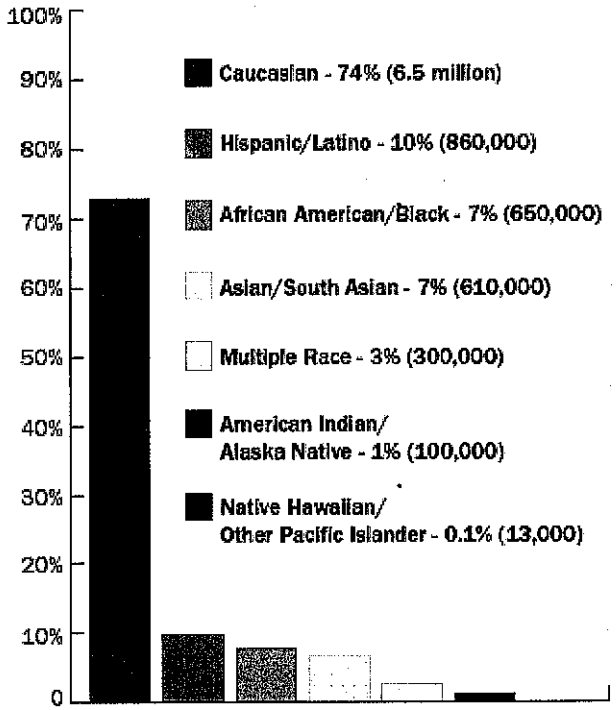
Be The Match® offers you the unique opportunity to give a life-saving marrow transplant to someone in need. Thousands of patients with leukemia and other life-threatening diseases depend on the Be The Match Registry®, the largest and most diverse registry in the world, to find a life-saving donor. We all have the power to heal, the power to save a life.

Take the first step. Join the registry.

Percentage of patients needing a marrow transplant who do not have a matching donor in their family	70%
Number of patients per year whose only hope for a cure is a transplant from someone outside their family	10,000
Percentage of registry members who are of diverse racial or ethnic heritage	28%
Number of patients who receive the transplant they need. Barriers to transplant include lack of access to health care, no or limited insurance, lack of timely referral for transplant, decline in health status and inability to find a matching donor or cord blood unit. We are working to address all barriers to transplant.	4 out of 10

VITAL STATISTICS

Be The Match Registry®
(9 million total)



Numbers, percentages and totals may not coincide due to rounding.

Because tissue types are inherited, patients are most likely to match someone of their own race or ethnicity. Registry members of diverse racial and ethnic backgrounds are especially needed, so every patient has the chance for a cure.

BeTheMatch.org
1 (800) MARROW-2

The National Marrow Donor Program® is entrusted to operate the C.W. Bill Young Cell Transplantation Program, including the Be The Match Registry®.

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Minneapolis STD Update

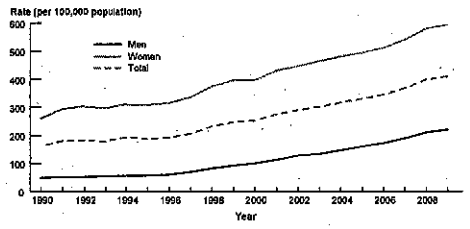
Minneapolis
Public Health Advisory Committee
April 26, 2011

National and State Context

Data Sources

- Case reporting
- National Prevalence Survey – National Health And Nutritional Examination Survey (NHANES)

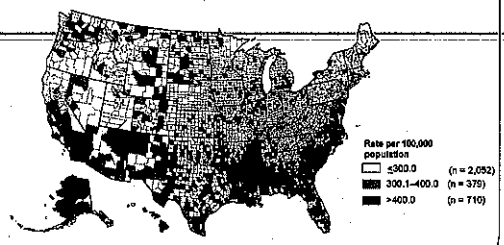
Chlamydia— Reported Rates by Sex, United States, 1990–2009



NOTE: As of January 2000, all 50 states and the District of Columbia had regulations that required chlamydia cases to be reported.

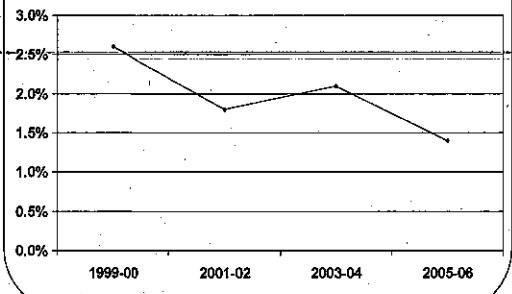
National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention
Division of STD Prevention

Chlamydia—Reported Rates by County, United States, 2009

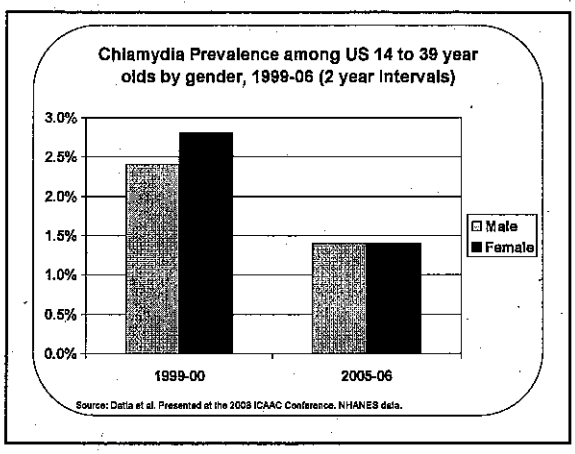


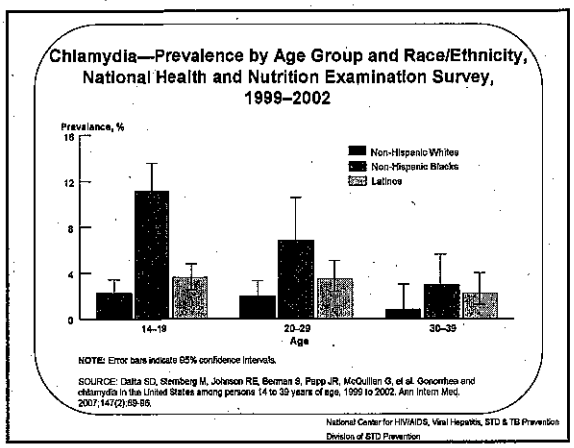
National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention
Division of STD Prevention

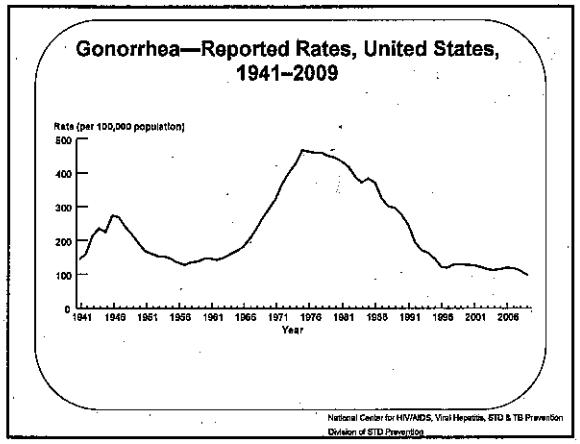
Chlamydia Prevalence among US 14 to 39 year olds, 1999-06 (2 year intervals)

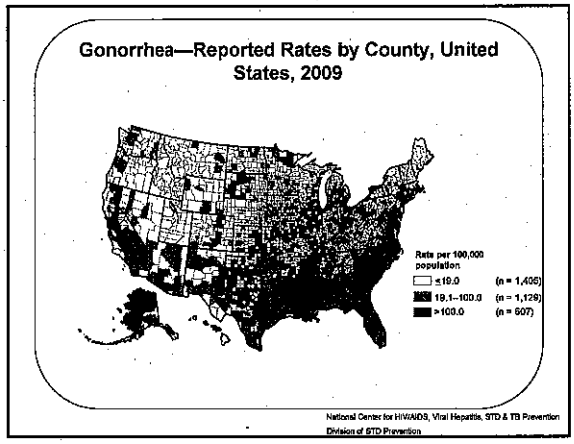


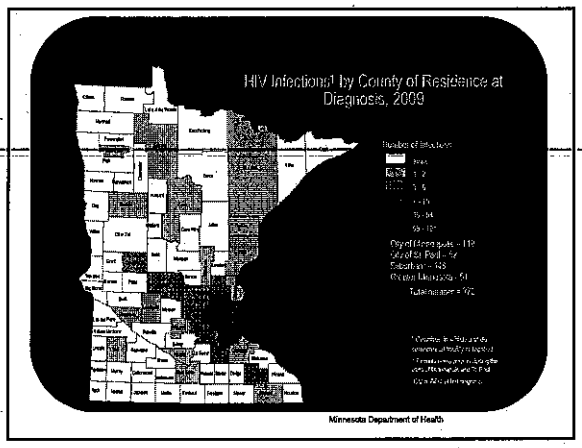
Source: Datta et al. Presented at the 2006 ICAAC Conference. NHANES data.

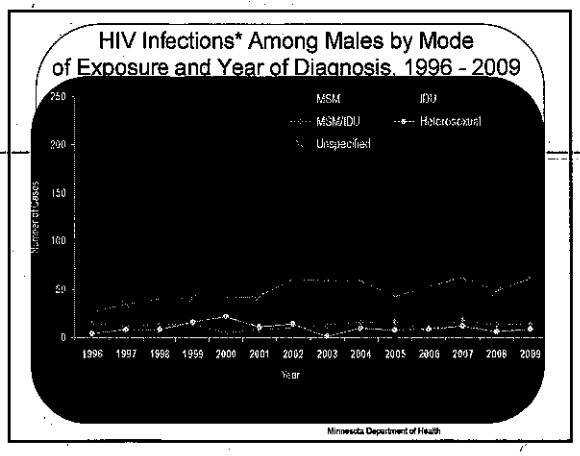

Chlamydia Prevalence among US 14 to 39 year olds by gender, 1999-06 (2 year intervals)
3.0%
2.5%
2.0%
1.5%
1.0%
0.5%
0.0%
Male
Female
1999-00
2005-06
Source: Datta et al. Presented at the 2008 ICAAC Conference. NHANES data.


Chlamydia—Prevalence by Age Group and Race/Ethnicity, National Health and Nutrition Examination Survey, 1999–2002
Prevalence, %
16
12
8
4
0
Non-Hispanic Whites
Non-Hispanic Blacks
Latinos
14–19
20–29
30–39
Age
NOTE: Error bars indicate 95% confidence intervals.
SOURCE: Datta SD, Sternberg M, Johnson RE, Berman S, Papp JR, McQuillan G, et al. Gonorrhea and chlamydia in the United States among persons 14 to 39 years of age, 1999 to 2002. Ann Intern Med. 2007;147(2):89-96.
National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention
Division of STD Prevention

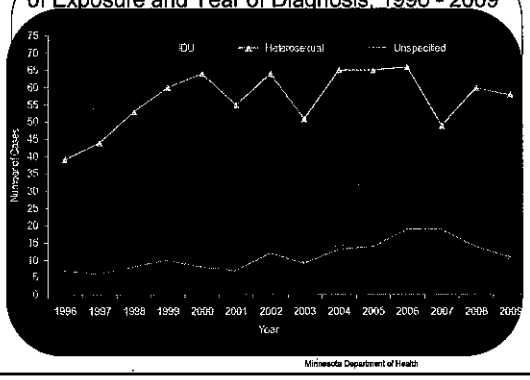

Gonorrhea—Reported Rates, United States, 1941–2009
Rate (per 100,000 population)
500
400
300
200
100
0
1941
1946
1951
1956
1961
1966
1971
1976
1981
1986
1991
1996
2001
2006
Year
National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention
Division of STD Prevention


Gonorrhea—Reported Rates by County, United States, 2009
Rate per 100,000 population
≤19.0 (n = 1,406)
19.1–100.0 (n = 1,129)
>100.0 (n = 607)
National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention
Division of STD Prevention


HIV Infections1 by County of Residence at Diagnosis, 2009
Minnesota Department of Health

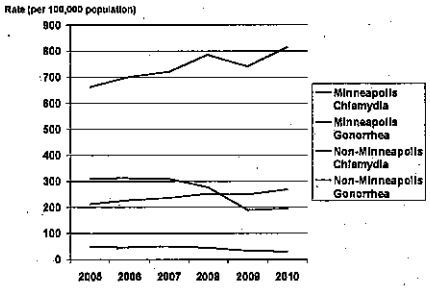

HIV Infections* Among Males by Mode of Exposure and Year of Diagnosis, 1996 - 2009
MSM
IDU
MSM/IDU
Heterosexual
Unspecified
250
200
150
100
50
0
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
Year
Minnesota Department of Health

HIV Infections* Among Females by Mode of Exposure and Year of Diagnosis, 1996 - 2009

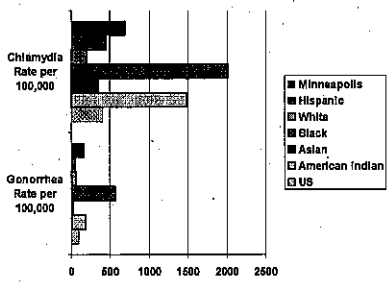


Local Data

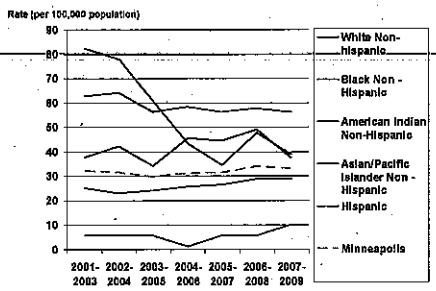
Minnesota Chlamydia and Gonorrhea Rates



Minneapolis Chlamydia and Gonorrhea Rates by Race



Minneapolis HIV Rates by Race



Individual Risk Behaviors

2007 Minnesota Student Survey Results, 9th Graders

	White	Black	Asian	Am Ind	Latino
Ever had sexual intercourse	12.5%	38.1%	14.4%	64.3%	37.5%
Among sexually active…					
…talked with every partner about STD/HIV prevention	6.5%	20.7%	6.3%	n/a	26.4%
…used a condom at last intercourse	72.7%	71.4%	53.8%	n/a	58.9%
Alcohol use in past year	48.0%	21.6%	29.7%	60.0%	51.4%
Marijuana use in past year	30.1%	22.8%	13.3%	46.7%	27.6%

Social Determinants Affecting STD Rates

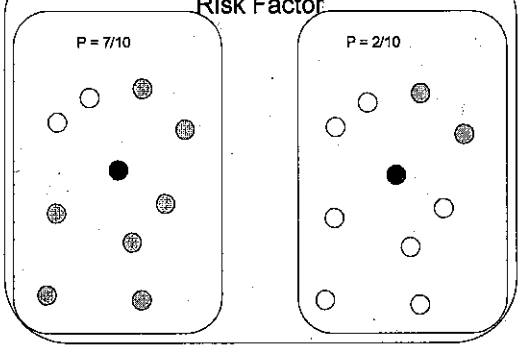
- Poverty/Unemployment
- Segregation
- Incarceration
- Prevalence in Social/Sexual Networks (also affects sexual minority populations)

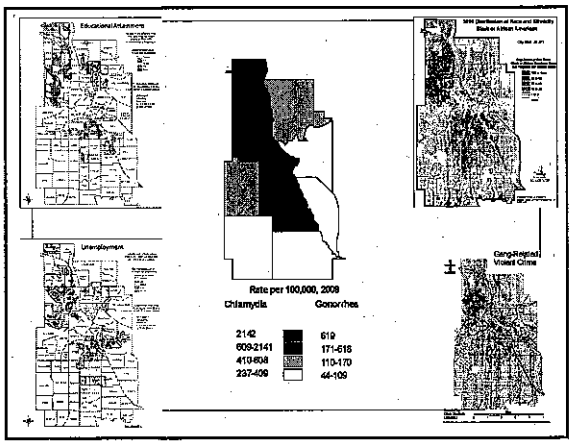
Social Determinants

2007-09 American Community Survey Data by Race for Minneapolis

	White	Black	Asian	Am Ind	Latino
Under age 18	11.7%	32.8%	23.9%	32.5%	36.4%
Below 100% Federal Poverty Guidelines	12.3%	44.0%	33.3%	44.2%	30.9%
Unemployed (16 years and older)	5.7%	20.6%	n/a	n/a	n/a
Less than High School Education (25 years and older)	4.2%	28.2%	25.7%	29.6%	44.0%
Female Headed Household	8.4%	48.3%	14.0%	n/a	27.3%

Community Prevalence is an Independent Risk Factor





Current Strategies

- School Based Clinics
  - Edison HYPE program
- Seen on da Streets
- MN Chlamydia Partnership
- Hennepin County HIV Collaboration
- CDC Grant Opportunity

For more information…

- David Johnson
  (612) 673-3948
  david.johnson@ci.minneapolis.mn.us

8/25/09

PHAC Work Plan 2009-2010

Obesity

PHAC will primarily work through Minneapolis Department of Health & Family Support's State Health Improvement Program (SHIP) to address obesity.

- Community Leadership Team
  - Noya Woodrich, PHAC representative

- Committees:
  - Community
  - School
  - Workplace
  - Health care

2-3 PHAC members are invited to participate on the above mentioned committees. PHAC members will be mindful of the causes of obesity, beyond having **knowledge** of the benefits of healthy eating & physical activity; and **access** to healthy foods & opportunities for physical activity.

Additional considerations:

- Needed behavioral modifications (cognition, mental health)
- Why are obesity rates higher in Phillips neighborhood (i.e. increased food shelf use? What's in foods? Education needed in reading labels in some communities?)
- How can we ensure polices are connected to & informed by the community? (i.e. some neighborhoods may be missing a gym, a grocery store, etc.)

Goal: PHAC will participate in committees first before determining specific outputs to work on.

Youth Violence & Chemical Health

PHAC will focus on supporting Goal #2 of the Blueprint for Action: Preventing Youth Violence in Minneapolis:

<u>Intervene at the first sign that youth and families are at risk for or involved in violence</u>.

PHAC members will focus on the *intersection of chemical use with violence.*

Note: Specific communities (i.e. culturally-based) may have different ideas of what "first sign" means.

We will invite experts in this area from Minneapolis Public Schools, Minneapolis Police, University of Minnesota, etc. to present at our PHAC meetings. Questions to consider:

- Do police keep data on circumstances involving alcohol?
- How often are alcohol & drugs involved in certain incidents?
- Are incidents geocoded?

Goal: PHAC will develop 2-3 recommendations for the Youth Blue Print Executive Committee for consideration.

Culturally-based health, inclusive of socioeconomic determinants of health

As a start, PHAC members will begin viewing the Unnatural Causes DVD series during monthly meetings from February-July 2010.

- After introductory video, start with diabetes segment. This may help with our obesity work through SHIP.

They will also continue to support/participate in related work within the Urban Health Agenda Community Advisory Committee and the Urban Health Professional Advisory Committee.

Goal: PHAC will view beginning segments of Unnatural Causes first before determining specific outputs to work on.

10/26/10

DRAFT Framework Ideas: Food

Culturally Based Health, Inclusive of Socioeconomic Determinants of Health

1. **Work Across Silos**
   - Health
   - Community Planning & Economic Development (CPED)
     a. Example: coolers for convenient stores to increase availability of fruits & vegetables
   - Regulatory Services (permits)
   - Small business/convenient stores
   - Food producers/distributors

2. **Data for Community/Publicly Available**
   [Make data specific to geography, race, and culture; Minneapolis data can also be divided: into 3 zones, zipcodes, 4 quadrants of SHIP, and more]
   - Adult obesity
   - Child obesity
   - Farmers market maps
   - WIC grocery stores
   - Convenient Stores (10 and more)
   - Fruit & Vegetable consumption/ Money spent by schools for this
   - Community Gardens

3. **Community Engagement (Addressing lack of empowerment)**
   - PHAC hosted dialogue
   - New CDC Prevention Specialist at MDHFS working to adapt multicultural storytelling work to obesity prevention w/ 6 cultural communities; beyond traditional reasons for obesity (i.e. safe bike path, vegetable consumption, etc.)
   - SHIP multi-unit housing project (Allison)

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4. **Look at Policies (Not just public policies)**
   - Informed by SHIP (very prescriptive cookbook)
     - Work across silos to ensure pilots are expanded; wrap around services
   - Other policies, beyond SHIP

2011-2012 PHAC Workplan Priorities

SurveyMonkey

1. At the last PHAC meeting, members proposed a list of possible health priority areas for the 2011-2012 work plan. Please select your top three priorities from the list within the next few questions, beginning with your 1st choice here.

	Response Percent	Response Count
Youth violence prevention-parent support	0.0%	0
Youth violence prevention-culturally-based rites of passage	0.0%	0
Sexual health-teen pregnancy prevention	20.0%	1
Sexual health-HIV/AIDS reduction	0.0%	0
Senior health & independent living-assure health maintanence	0.0%	0
Senior health & independent living-reduce social isolation/connect with others	0.0%	0
Intersection of transit with public health	0.0%	0
Nutrition-food system work (access, availability, quality, social determinants of health)	**40.0%**	**2**
Nutrition-relationship between culture, food, & health	20.0%	1
Nutrition-direct programming (nutrition education of pregnant women, youth, & families; growing & preserving food; programmatic ideas to increase health equity)	20.0%	1
Other	0.0%	0
	answered question	**5**
	skipped question	**0**

2. If you selected "other" as your 1st choice, please specify.	
	Response Count
	0
answered question	0
skipped question	5

3. Please select your 2nd choice		Response Percent	Response Count
Youth violence prevention-parent support		0.0%	0
Youth violence prevention-culturally based rites of passage		**20.0%**	**1**
Sexual health-teen pregnancy prevention		0.0%	0
Sexual health-HIV/AIDS reduction		**20.0%**	**1**
Senior health & independent living-assure health maintanence		0.0%	0
Senior health & independent living-reduce social isolation/connect with others		**20.0%**	**1**
Intersection of transit with public health		0.0%	0
Nutrition-food system work (access, availability, quality, social determinants of health)		**20.0%**	**1**
Nutrition-relationship between culture, food, & health		0.0%	0
Nutrition-direct programming (nutrition education of pregnant women, youth, & families; growing & preserving food; programmatic ideas to increase health equity)		**20.0%**	**1**
Other		0.0%	0
		answered question	**5**
		skipped question	**0**

4. If you selected "other" for your 2nd choice, please specify.	Response Count
	0

answered question	0
skipped question	5

5. Please select your 3rd choice.	Response Percent	Response Count
Youth violence prevention-parent support	0.0%	0
Youth violence prevention-culturally-based rites of passage	20.0%	1
Sexual health-teen pregnancy prevention	20.0%	1
Sexual health-HIV/AIDS reduction	0.0%	0
Senior health & independent living-assure health maintanence	0.0%	0
Senior health & independent living-reduce social isolation/connect with others	20.0%	1
Intersection of transit with public health	0.0%	0
Nutrition-food system work (access, availability, quality, social determinants of health)	0.0%	0
Nutrition-relationship between culture, food, & health	0.0%	0
Nutrition-direct programming (nutrition education of pregnant women, youth, & families; growing & preserving food; programmatic ideas to increase health equity)	0.0%	0

Other		40.0%	2
		answered question	5
		skipped question	0

6. If you selected "other" for your 3rd choice, please specify.

	Response Count
	2
answered question	2
skipped question	3

7. For your 1st choice, why did you pick this priority?

	Response Count
	4
answered question	4
skipped question	1

8. For your 1st choice, how could PHAC work on this? What strategies could our volunteer group use?

	Response Count
	4
answered question	4
skipped question	1

9. For your 2nd choice, why did you pick this priority?

	Response Count
	4
answered question	4
skipped question	1

10. For your 2nd choice, how could PHAC work on this? What strategies could our volunteer group use?

	Response Count
	4
answered question	4
skipped question	1

11. For your 3rd choice, why did you pick this priority?

	Response Count
	4
answered question	4
skipped question	1

12. For your 3rd choice, how could PHAC work on this? What strategies could our volunteer group use?

	Response Count
	3
answered question	3
skipped question	2

Q6. If you selected "other" for your 3rd choice, please specify.		
1	Health behavior programs utilizing the park system	Apr 25, 2011 10:04 AM
2	Support community-based resources (including culturally-based) addressing physical activity, nutrition, tobacco, and drug/alcohol abuse	Apr 26, 2011 3:26 PM

Q7. For your 1st choice, why did you pick this priority?		
1	There are a lot of disparities in the city relating to access to health food. I think this is a fundamental problem for physical health	Apr 25, 2011 10:04 AM
2	Data shows need	Apr 25, 2011 4:46 PM
3	Proper nutrition prevents public health problems like crime, illness, abuse of others that comes from a deficit in your nutritional needs. It also promotes a higher quality of life.	Apr 26, 2011 3:26 PM
4	It's something we haven't done much with. Not so much solving an ugly problem, limiting the damage, but creating a positive environment.	Apr 26, 2011 5:16 PM

Q8. For your 1st choice, how could PHAC work on this? What strategies could our volunteer group use?		
1	First I think greater awareness of the situation should be promoted using information such as location of grocery stores and availability of fresh produce in those stores as well as awareness of fast-food locations. Then I think we should consider ways to support local ag programs (which are already underway), produce availability in corner stores, and outreach programs to teach people how to cook.	Apr 25, 2011 10:04 AM
2	Outreach, recs to Council, future funding search	Apr 25, 2011 4:46 PM
3	PHAC could help ensure that nutrition information is available either through centralized website or through distribution of literature, or through promotional capabilities of the Minneapolis government.	Apr 26, 2011 3:26 PM
4	Work with Gardening Matters, Minnesota Institute for Sustainable Agriculture and similar organizations to provide food, employment and lifestyle emollients.	Apr 26, 2011 5:16 PM

Q9. For your 2nd choice, why did you pick this priority?		
1	I picked this because it's a major problem. I'm not sure that rites of passage is the best way, but probably more effective than family based strategies (because families can be split up).	Apr 25, 2011 10:04 AM
2	Data shows need	Apr 25, 2011 4:46 PM
3	The start of life is extremely important. From a public health standpoint, the healthier the start in life, the better the outcomes as public health is concerned.	Apr 26, 2011 3:26 PM
4	Because elders are important to the health of a community. As positive community resources and as the most significant consumers of community health resources.	Apr 26, 2011 5:16 PM

Q10. For your 2nd choice, how could PHAC work on this? What strategies could our volunteer group use?		
1	Not sure - I need to understand what leads kids into violence. Is it drug-related? Boredom? Bullying? What are the trigger points in kids' lives that send them in the direction of violence? A discussion of this may help understand how to catch kids at those trigger points and redirect their lives.	Apr 25, 2011 10:04 AM
2	Outreach, recs to Council, future funding search	Apr 25, 2011 4:46 PM
3	Proper nutrition prevents public health problems like crime, illness, abuse of others that comes from a deficit in your nutritional needs. It also promotes a higher quality of life.	Apr 26, 2011 3:26 PM
4	Identify best practices of extant organizations and programs – support the organizations, export the practices.	Apr 26, 2011 5:16 PM

Q11. For your 3rd choice, why did you pick this priority?		
1	I strongly believe that the parks can be utilized to improve public health. MPRB is an excellent resource, despite the geographic disparities in types of parks and amenities.	Apr 25, 2011 10:04 AM
2	There's a need for public health application to this issue, which would promote a higher quality of life.	Apr 26, 2011 3:26 PM
3	With the recent census data, we have a large number of seniors in our communities and the population is aging!	Apr 26, 2011 4:38 PM
4	Because you made me pick 3.	Apr 26, 2011 5:16 PM

Q12. For your 3rd choice, how could PHAC work on this? What strategies could our volunteer group use?		
1	I would like to open a dialog with MPRB to discuss how the parks can better serve the neighborhoods that have greater health disparities, perhaps linking in neighborhood groups to discuss what types of amenities the neighbors would like. I think this can tie into my other priorities as well.	Apr 25, 2011 10:04 AM
2	Use City resources, including websites, to connect w/ community & cultural groups. For example, if there is a high incidence of diabetes in the American Indian community, then the idea is to help them address this issue in such a way that there is a better outcome on a public health level - becomes less of an issue. Provide procedures for people to follow which would provide them with a higher quality of life.	Apr 26, 2011 3:26 PM
3	Consider a different paradigm - 'pregnancy prevention' flies in the face of 'harm reduction.' Do the 'prevention' models work? Is it time to design some new models? Engage the folks at risk in the design process.	Apr 26, 2011 5:16 PM

Community Forum Wednesday May 4, 2011

The Intersection of Alcohol Use and Youth Violence: Strategies for Family and Community Partnership

Date: Wednesday, May 4, 2011

Time: Light Meal served at 5:30 PM
Guest Speaker and Panel Discussion from 6-8 PM

Location: UROC
2001 Plymouth Avenue N.
Minneapolis, MN 55411

Audience: Parents, Community Partners, and Policy Makers.

Guest Speaker:
Dr. Ken Winters, University of Minnesota Department of Psychiatry

Community Moderator: James Trice, Founder & CEO The Public Policy Project

Speaker Panel: Law Enforcement, Youth Substance Abuse Treatment, Parent and Young Adults in Recovery Representatives

Please register by email:
jyb@mpls.k12.mn.us

For questions or interpreter requests call: 612.668.0867

Minneapolis
City of Lakes
Department of Health & Family Support

University of Minnesota
Amplatz Children's Hospital

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