



Minneapolis
City of Lakes

Public Health Advisory Committee

Tuesday, Sept 28, 2010, 6:00 – 8:00 pm

Minneapolis City Hall

350 S 4th Street, Room 132

AGENDA

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

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

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

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

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

Members Excused: Lizz Hutchinson

Members Unexcused: Gavin Watt, Mitchell Davis Jr.

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

Guests: Mitch Roldan

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

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

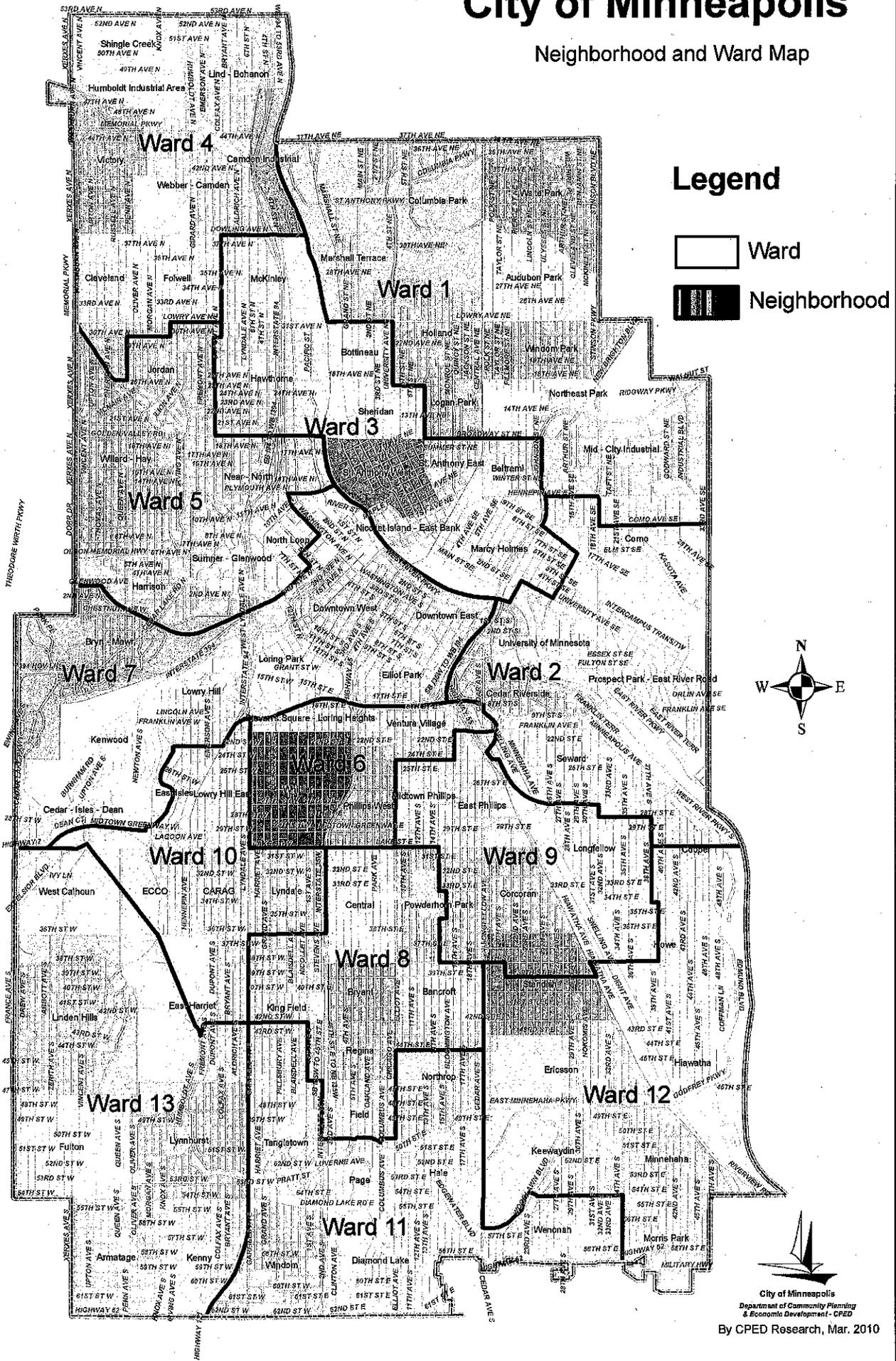
	<p>gangs and domestic violence.</p> <ul style="list-style-type: none"> • Gangs have rules against drugs and alcohol. Youth are moving to crack and meth. • Belief that alcohol is a “happy” drug – won’t make me violent. • Very little resources for youth who cannot speak English. Although some culturally-competent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

Meeting adjourned at 7:40 p.m.

Minutes submitted by Brian Thomas May and Emily Wang

City of Minneapolis

Neighborhood and Ward Map



Legend

- Ward
- Neighborhood



Health and Family Support 2011 Budget Hearing

Ways and Means/Budget Committee
Presentation
October 6, 2010

Health Care Savings

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

Highlights of the Mayor's Recommended Budget

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

Overall progress of department

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

Trends and Challenges

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

Recent or Planned Efficiencies

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

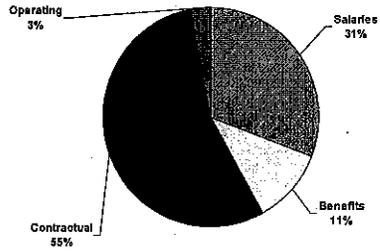
Impact of Recommended Budget on Key Results

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

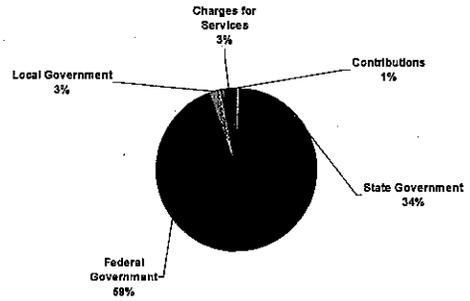
New Initiatives

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

Health and Family Support
Expenditures by Type



Health and Family Support
Direct Revenue by Type



Health and Family Support
Expenditures by Fund

