



Public Health Advisory Committee

March 25, 2014, 6:00 – 8:00 pm

Minneapolis City Hall, Room 132

AGENDA

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

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

**Public Health Advisory Committee (PHAC)
Minutes**



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
	No changes to the January Minutes	
Reports from Sub-committees:		Minutes approved by unanimous consent
<i>Operations / Communication Karen Soderberg</i>	Finalizing the Annual Report for presentation to the HE&CE committee of the council; nearing completion on updated orientation materials for PHAC members.	
<i>Policy & Planning Rebecca Thoman</i>	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.	
<i>Collaboration & Engagement Autumn Chmielewski</i>	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 rewording: 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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	<ol style="list-style-type: none"> 1. Foster violence-free social environments 2. Promote positive opportunities and connection to trusted adults for all youth 3. Intervene with youth and families at the first sign of risk 4. Restore youth who have gone down the wrong path 5. Protect children and youth from violence in the community <p>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 separate youth, youth from parents, and parents from the community? How do we tap into and interconnect the community, faith-based organizations, businesses, parents, and kids? Violence prevention and response focus does include family orientation.</p>	
<p>Department Updates- Gretchen Musicant</p>	<p>Appointment vote for Gretchen is on March 28 [<i>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"</i>]. Some of the results while Gretchen has been Health Commissioner:</p> <ul style="list-style-type: none"> • 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). <p>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[inderergarten]' or 'Birth to K'). In total, MHD expenditures related to 0-18 year old children are currently about \$9 million annually.</p> <p>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.</p>	<p>Staff will e-mail PHAC members details of events for Public Health Week and Youth Violence Prevention Week</p>

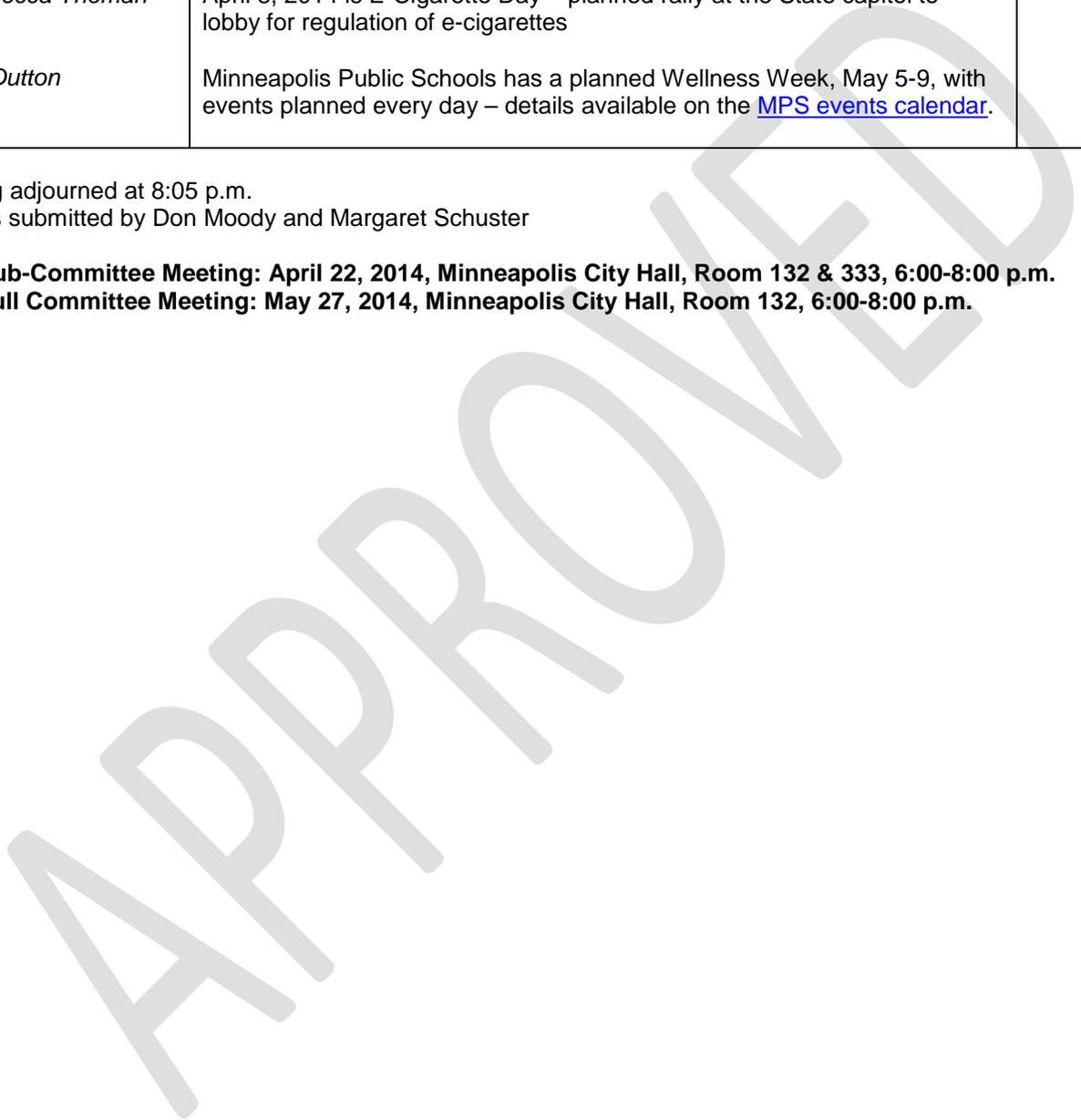
**Public Health Advisory Committee (PHAC)
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<p>Information Sharing – <i>Karen Soderberg</i></p>	<p>A reminder that the film, Health and Climate, which was produced by Twin Cities Public Television (tpt MN) in partnership with MDH, can be seen April 20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

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:

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Minneapolis Health Department
612.673.3815 or lara.pratt@minneapolismn.gov

¹ Press 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.

⁴ 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/electronic_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 Report* 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.

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 <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>.

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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.

“I would rather smell e-cigarettes than real cigarettes. I don’t think it is necessary.”

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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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:

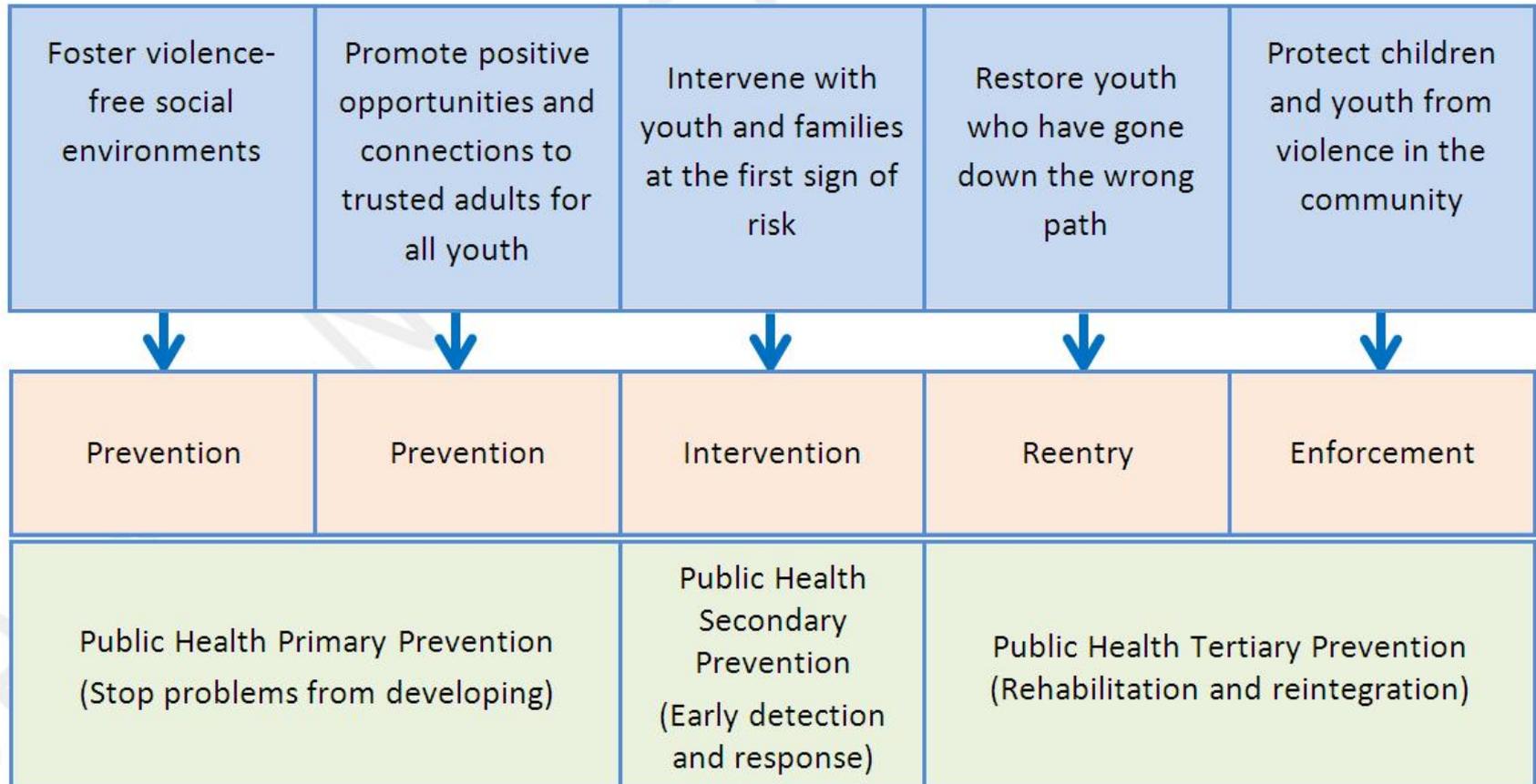
- Is centered on a public health approach including primary, secondary and tertiary prevention strategies
- Incorporates problem-oriented and community-oriented policing enforcement strategies
- Has borrowed elements of the Comprehensive Gang Model in working with high-risk, gang-involved youth
- Is 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



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 firearm-related 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

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