



Minneapolis
City of Lakes

Public Health Advisory Committee

Tuesday, Jan 25, 2011, 6:00 – 8:00 pm

Minneapolis City Hall

350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve Nov 23, 2010 Minutes <ul style="list-style-type: none">• PHAC Orientation: Tues, Feb 22nd 4:45- 6:00 p.m. City Hall Rm 132	John Schrom Co-Chair	Vote	6:00 – 6:10
Finalize Recommendations for CDBG Funding for MDHFS <ul style="list-style-type: none">• Results of community review sessions & site visits• Balancing awards (i.e. content area, geography, race/ethnicity, etc.)	Jan Fondell, Barb Kyle, Becky McIntosh, & Emily Wang	Discussion & Vote	6:10 – 7:50
Department Updates	Gretchen Musicant		7:50 – 7:55
Information Sharing	All		7:55 – 8:00

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

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

**City of Minneapolis
Public Health Advisory Committee Members
2011**

Ward	Seat	Committee Member	Committee Member	Jan	RSVP
1	Reich	Gavin	Watt	R	
2	Gordon	Robin	Schow	R	<i>M</i>
3	Hofstede				
4	Johnson				
5	Samuels				
6	Lilligren				
7	Goodman	Karen	Soderberg	R	<i>KS</i>
8	Glidden	Debra	Jacoway		<i>RJ</i>
9	Schiff	John	Schrom	R	<i>JS</i>
10	Tuthill	Lizz	Hutchinson	R	<i>LH</i>
11	Quincy	Robert	Burdick		<i>RB</i>
12	Colvin Roy				
13	Hodges				
	Mayor's Representative	Clarence	Jones	R	<i>CJ</i>
	Minneapolis Public Schools	Julie	Young-Burns	R	<i>JY</i>
	Hennepin County Human Services and Public Health Department	Renee	Gust	R	
	U of M School of Public Health				
	Member at Large	Samira	Dini		
	Member at Large				
	Member at Large	Douglas	Limon	E	
	Urban Health Professional Advisory Committee	Revolving	Revolving		
	Urban Health Agenda Community Advisory Committee Representative	Revolving	Revolving		
	MDHFS Staff	Gretchen	Musicant	R	<i>GM</i>
	MDHFS Staff	Emily	Wang	R	
	MDHFS Staff	Brian Thomas	May	R	<i>BTM</i>
Guests					
	MDHFS Staff	Jan	Fondell	R	<i>✓</i>
	MDHFS Staff	Barb	Kyle	R	<i>✓</i>
	MDHFS Staff	Becky	McIntosh	R	<i>✓</i>
		David	Therkelson	R	
		James	Hart	R	
		Sean	Cahill	R	<i>✓</i>

**Minneapolis Department of Health & Family Support (MDHFS)
Public Health Advisory Committee (PHAC)
January 25, 2011**

Members Present: Gavin Watt, Robin Schow, Karen Soderberg, Debra Jacoway, John Schrom, Lizz Hutchinson, Robert Burdick, Julie Young-Burns, Clarence Jones

Members Excused: Samira Dini, Renee Gust, Douglas Limon

Members Unexcused:

Staff Present: Gretchen Musicant, Emily Wang, Brian Thomas May, Becky McIntosh, Jan Fondell, Barb Kyle

Guests: Sean Cahill, Dr. James Hart

John Schrom opened the meeting at 6:03 p.m. at City Hall, and members introduced themselves.

Item	Discussion	Outcome
Welcome & Introductions		
Approve October 26, 2010 Minutes		<ul style="list-style-type: none"> • Gavin Watts motioned to have minutes and agenda approved. • Seconded by Clarence Jones • Motion carried.
Finalize Recommendations for CDBG Funding for MDHFS: Background	<ul style="list-style-type: none"> • \$400,000 will be awarded to organizations through CDBG. • There were significantly more proposals for this cycle totaling 54 requests and over \$3.5 million. • Funding priorities were set by PHAC– Youth Violence & Sexual Health. The City Council added Seniors. • Each proposal was read by 3 community reviewers and 1 MDHFS staff. • Review meetings were held with opportunity for reviewers to revise scores and discuss strengths and weaknesses of proposals. • 14 proposals received site visits, which was a new process to see if youth-serving proposals could meet income verification requirements by HUD and to answer questions from reviewers. • Those who conducted site visits each chose their top 3 proposals from each category. • MDHFS suggests PHAC approve about 6 agencies for funding and 3 additional, which would not be funded. This is in case more funding becomes available or one of the approved agencies for funding can't meet grant requirements. • In the past, PHAC has chosen to fund equally across funding priorities. This does not need to be the case. PHAC should consider cultural and geographic balancing. • Tonight's goal is to rank agencies for funding. Actual funding amounts are not decided by PHAC. • Site visits did not change scores – only provided verification on the agency's proposal and ability to verify income. However, the visits did influence the ranking presented by MDHFS. 	
Finalize Recommendations for CDBG Funding for MDHFS: Site Visits and Community Review Results	<p>Youth Violence <i>see attached spreadsheet for data and agency details</i></p> <ul style="list-style-type: none"> • 2 categories for this funding priority: culturally based rites of passage and parent support/skill building activities • Agency #13: served near North, Hmong youth <ul style="list-style-type: none"> ○ High intensity program ○ Routinely in home to verify income ○ Strong site visit and proposal ○ Kids who don't connect ritually look to connect elsewhere • Agency #26 <ul style="list-style-type: none"> ○ Successful, established program whose funding has ended. ○ Parent support is given at the same time religious education is offered for kids. 	

- Income verification will come through the schools
- Serves south Minneapolis/Phillips neighborhood
- Agency #8
 - Time intensive serving smaller group of youth.
 - Income verification via free/reduced lunch program
 - Balance of time is a challenge
 - Serves Phillips neighborhood/Native Americans
- Sexual Health & Teen Pregnancy**
- Agency #42:
 - Secondary program building off of previous program
 - City-wide focus – diverse population
 - Income verification: MA card and free/reduced lunch program
 - Parents want online and social media learning
 - Serve high-risk populations, which are easily identifiable
 - Year-round project.
 - Weakness: focus mainly on females, no drop-out support, no alternative school if Broadway Clinic closes.
- Agency #40
 - Serves Phillips/Powderhorn/Longfellow
 - Easy to verify income via MA and WIC
 - Clinic model – building on from other programs – leverage from other funding streams
 - Strong history with working on teen pregnancy
 - Well laid out proposal
 - Weakness: curriculum not laid out specifically to teen pregnancy. Also a large age-range at multiple schools.
- Agency #53
 - Multiple (7) sites in community centers mainly in central and North Minneapolis
 - Peer to peer education
 - Using other program to build upon
 - Somali and West African staff members
 - Work with elders and high-risk groups
 - Leveraging other grants and staff
 - Income verification: how do you get it at a community center? Not clear on recruitment
 - Weakness: funding would be spread thin across 7 sites. How do you address cultural differences?
- Seniors** *income verification is not required by the grant for this funding priority*
- Two categories in this funding priority: social isolation issues and health maintenance.
- Agency #49
 - Serves East and South Minneapolis
 - Longstanding program receiving CDBG funds for 10 yrs
 - Not a diverse population so they plan to do some marketing
 - Weakness: No cultural competency with low involvement of clients in program development
- Agency #25
 - Serves Central and South Minneapolis
 - Long-lasting program
 - Culturally competent staff
 - Recognized as a gathering place by community
 - Weakness: program specifications not clear, outcome measures need strengthening
- Agency #43
 - Serves Central Minneapolis
 - Strong need
 - Culturally competent
 - Strong family involvement
 - Peer companions
 - Located in senior housing w/ 24 hour emergency responder

	<ul style="list-style-type: none"> o Weakness: culturally competent outside of main target populations • Agency #32 <ul style="list-style-type: none"> o Collaboration of 4 sites throughout Minneapolis o Multi-ethnic o Culturally competent and multi-lingual staff o Strong, experienced inter-generational program o Weakness: budgeted time, ambitious for 20% time 	
<p>Finalize Recommendations for CDBG Funding for MDHFS: Discussion</p>	<ul style="list-style-type: none"> • If PHAC members have a conflict of interest based on the definitions in the attached packet, you need to self disclose and either leave the room or not be included in the discussions. • The following members self-disclosed a conflict of interest: <ul style="list-style-type: none"> o Julie Young-Burns: Youth Violence and Sexual Health/Teen Pregnancy. o John Schrom: Works for HCMC but has no knowledge of program proposal o Robert Burdick: Member of Healthy Seniors • Does agency #13 have bias in gender mix based on the rituals they teach? No- serves both • There is not a set percentage set aside for salary in requests. Most funding goes to hiring staff. MDHFS looked to see if the monetary request fit the need. • Some of the agencies which serve fewer people have more interaction with them. Dosage/intensity of time increases over those that serve bigger populations. • MAP and DADS could not supply proof that they could verify income. • PHAC could allocate funds either by looking within each category to balance priorities or rank all agencies overall. • Based on money available – approximately six – seven agencies could be funded. • Agencies that appear shaded on the spreadsheets did not fit grant requirements • Recommendation made to pick top 2 ranked agencies in each funding priority. This would respect the process and grant the top ranked agencies approval for funding. • Another recommendation is to also add Agency #53 as the seventh agency. In order to be funded, #53 could chose locations instead of all they serve. • Recommendation made that Block Nurses program needs to strengthen diversity. They could link with another agency, like #43 & #47. • Suggestion to look at geographical and culture balancing across choices. • #49 is a strong program, but not diverse. However, it leverages 100s of volunteers and large staff. • In the past, there was a high rate of agencies that are funded that end up not being able to verify income. This year, the site visits help to assure this. • #32 has a higher serve-rate. Could be switched out with #49. However, #49 has higher dosage or interaction than #32. <p>The following is the PHAC recommendation to the City Council on the CDBG funding for 2011:</p> <p>The following agencies are recommended for funding:</p> <p>Youth Violence Prevention</p> <p style="padding-left: 40px;">Southeast Asian Community Council/Rites of passage</p> <p style="padding-left: 40px;">Holy Rosary Catholic Church/Parent support</p>	<ul style="list-style-type: none"> • Gavin Watts motioned that those who have a conflict of interest can stay in the room, but not participate. • Clarence Jones seconded the motion • Motion carried. • PHAC chose to allocate based on looking within each funding priority. • Gavin Watts motion to approve this recommendation • Robin Schow seconded the motion.

	<p>Sexual Health/Teen Pregnancy Prevention</p> <p>Minneapolis Public School's Teenage Pregnancy and Parenting Program (TAPPP)</p> <p>Hennepin Healthcare System</p> <p>Seniors</p> <p>Block Nurse Program*</p> <p>*The PHAC requests strong contractual language to increase the program's cultural diversity with a suggested linkage with other agencies such as the Korean Service Center or African Community Services</p> <p>Minneapolis American Indian Center (MAIC)</p> <p>The following agencies are recommended in ranked order as "approved but not funded" pending any additional funding becoming available:</p> <ol style="list-style-type: none"> 1. Minnesota African Women's Association (MAWA)* *The PHAC recommends this agency be approached with the request to narrow the focus of their proposal either based on geography or cultural diversity in order to be funded. 2. CAPIUSA 3. MIGIZI Communications, Inc. 4. African Community Services 	<ul style="list-style-type: none"> • The following members voted to approve: Gavin Watts, Debra Jacoway, Clarence Jones, Robin Schow, Robert Hart, Karen Soderberg and Robert Burdick • The following members abstained: Julie Young-Burns • The motion carried.
Adjourn		

Meeting adjourned at 8:14 p.m.

Minutes submitted by Brian Thomas May and Emily Wang

Process for PHAC Discussion

Funding Recommendations for CDBG 2011-2013

6:10-6:20

CDBG Discussion:

Quick Overview of CDBG, Review Discussion Process, Share Ground Rules- Becky

- Handouts: 3 matrix summaries of agencies & findings/topic area;
Process/MDHFS 1-pager/Ground Rules/CDBG funding principles

6:20-6:45

High level oral summaries of top proposals

- Youth violence (3) -Jan
- Sexual health (3) -Barb
- Seniors (4) -Emily

6:45-7:45

Discuss & finalize agency recommendations for CDBG funding- PHAC members & staff, Gretchen facilitate

Goal of the process: rank ordering of proposals for funding

Steps: 1-Decide to fund equally across the three priority areas or rank all in a single list based on individual proposals without consideration of priority areas.

2-rank proposals and consider any additional "balancing" of awards based on groups served, target service areas, etc. (Estimated that funding is sufficient for 6-7, with an additional 3 as "approved but not funded").

Comments on the process

I. What does the City of Minneapolis-Department of Health & Family Support stand for?

Vision

Health, equity, and well-being for all people in their communities

Mission

To promote **health equity** in Minneapolis and meet the unique needs of our urban population by providing leadership and fostering partnerships.

II. How do we do our work?

The Way We Work

- We build on our urban community's cultural diversity, wisdom, strengths, and resilience.
- We support individual health within the context of families and communities across the lifespan.
- To achieve health equity, we invest in the social and physical environments of our residents.
- We bring people and resources together to achieve our common health goals.
- Sound research and promising strategies inform our activities and decisions.
- We promote health as the interconnection of physical, mental, social, and spiritual well-being.

III. What is health equity?

Health equity is when everyone has the opportunity to “attain their full health potential” and no one is “disadvantaged from achieving this potential because of their social position or other socially determined circumstance.”

(Brennan Ramirez LK, Baker EA, Metzler M. Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008.)

IV. What did we learn from watching “Unnatural Causes,” which can apply to our discussion? (www.unnaturalcauses.org; California Newsreel 2007)

- Jobs, working conditions, education, housing, social inclusion, & political power impact individual & community health
- When resources are distributed unequally by class & race, population health will be distributed unequally too
- We need to reframe how we talk about health differences between groups
 - *Conventional question:* How can we reduce disparities in the distribution of disease & illness?
 - *Health equity:* How can we eliminate inequities in the distribution of resources & power that shape health outcomes?

Ground Rules
CDBG Funding Recommendations Discussion
Public Health Advisory Committee

- Participate
- Be honest
- Be objective and fair
- Welcome & respect members' sharing of different perspectives
- Listen actively
- Ask questions to seek understanding
- Keep comments short
- Don't dominate the discussion
- Give those who haven't spoken a chance to speak
- Before making comments, be mindful of:
 - Your "ambassador role" as a ward representative, at-large member, or health institution
 - Our department's mission & the way we work
 - Our CDBG funding principles
- Please recuse yourself from the room, if you have a conflict of interest with any of the proposals being discussed (i.e. financial interest, special/unusual knowledge, direct involvement in writing proposal, personal involvement w/ agency members)
- Agree to disagree
- Keep discussion confidential

Funding Principles
CDBG 2011-2013**

1. Family involvement & support

The extent to which the project will involve families, not just individuals

2. Cultural competence

Culturally tailored activities & outreach; language skills as needed; description of cultural competencies of staff relative to target population, trustworthy relationships/effective track record working for target population; method for ensuring cultural competence among all agency staff & board

3. Strength of evidence for selected approach

Availability of evidence of effectiveness of approach, particularly for target population; availability of evidence that this is a promising practice which will work for this population

4. Addressing health disparities or inequities

How will the project address the identified disparities between the target population(s) and other groups?

5. Involvement of clients in program development & implementation

How will agency generally ensure clients or community representatives are involved in program development & implementation; how will client involvement in decision making be ensured for the proposed project

6. Intergenerational relationships

Will proposed activities create community and foster intergenerational relationships between youth & adults (multicultural or culturally-based?)

7. Expand street level outreach (effective outreach to target population)

For youth-focused proposals: How will the agency conduct outreach, including door-to-door strategies, in order to engage families & re-connect youth exhibiting risky behavior with quality education & employment opportunities?

For senior proposals: How will the agency connect with those most isolated & vulnerable, including culturally diverse & linguistically isolated populations?

****2010 PHAC DISCUSSIONS-** After volunteers participated in a series of discussions at 5 meetings (3 subcommittee and 2 full committee) from April through June 2010, the Public Health Advisory Committee finalized their recommendations to City of Minneapolis-Department of Health and Family Support (MDHFS) and City Council for CDBG funding priorities and principles for the upcoming grant cycle. These recommendations were informed by and align with updated city-specific information, including: City of Minneapolis Goals, Strategic Directions, City Values, and MDHFS Vision, Mission, Goals, and The Way We Work.

Youth Violence Prevention

Application #	Agency	Amount Requested	FY09 Budget	Activity	City	Ethnicity	Description	Age Group	Program Details
13	Southeast Asian Community Council	\$60,000	80	Rites	N. Mpls	Asian (Hmong)	With the goal of building youth confidence and capacity to give back to the community as a rite of passage, the program will involve youth learning the importance and cultural significance of certain Hmong rituals and ceremonies. Hmong instructors who know the culture and rituals well will mentor, teach and train the youth to become certified in performing four rituals: wedding ceremonies, shaman rituals, spiritual calling performances and funeral rituals. Youth who complete the training will also teach their peers.	120 (10-21 yrs)	6 hrs/wk (2-3 hr evening sessions); ritual/quarter (i.e. shaman, wedding, etc.)
26	Holy Rosary Catholic Church	\$54,338	83	Parent support	Phillips	Latino (Mexican?)	The goal of El Programa de Comunicacion Familiar is to assist parents in developing the confidence and skills to better communicate with, care for, and discipline their children. The program will include professionally guided workshops for parents and counseling with individual families to address specific needs. Fostering awareness and development of Lation cultural values and characteristics which strengthen resiliency in youth and provide an alternative to high-risk negative behaviors is key.	80 families (9-18 yrs);	12 sessions w/in 1 mo.(6 for 9-12 yrs; 6 for 13-18 yrs); 1 family visit; 12 sessions w/in 3 mos; 2nd family visit; 6 sessions for mom self-care group; recruit & train 6 parents for yr 2 planning
8	MIGIZI Communications, Inc.	\$64,369	88	Rites	Phillips	American Indian (Ojibwe & Dakota)	The goal of the Native Youth Rites of Passage project is to prepare American Indian youth for a healthy transition to adulthood by reconnecting them with the cultural values, practices & rites of passage that helped to guide and mark entry into the social obligations and responsibilities of adult life in Ojibwe and Dakota cultures. The project will offer: gender-specific, culturally-based group mentoring sessions; instruction and preparation in the rites of passage rituals that were traditionally employed to mark and celebrate the transition from childhood to adulthood for males and females; community service projects that engage youth in "giving back" to their community; and a week long guided rites of passage wilderness experience either in the Boundary Waters of Northern Minnesota or the Black Hills of South Dakota.	20 (14-18 yrs)	3 hrs/wk (evening);1 field trip/mo;2 group service projects (over 6 mos); 7-day rites of passage
16	MAD DADS	\$59,750	88	Parent support	Phillips, Powderhorn, & Central	African American	By educating and training parents of at-risk and violence-prone youth in "Common Sense Parenting (CSP)," a proven evidence-based curriculum, MAD DADS will empower parents to communicate with their children, use appropriate and effective discipline, establish clear familial roles and structure, solve problems, and implement self-control. These tools will enable and guide their children in positive directions, away from crime and violence.	40-60 parents (8-18 yrs)	Outreach & recruitment-3 days/wk; Parent education/support group-2 hrs/wk (Thursdays 5-7 p.m.; aligns w/ day care availability across street);12 wk-prog (expansion from 6 wk-prog specified in Common Sense Parenting curriculum);4 prog/yr; [MAD DADS 2010 Program Data Report provided at site visit shows strong intensity for related programming]
24	Minneapolis American Indian Center	\$75,000	88	Rites	Phillips	American Indian	The goal of the Native Youth Rites of Passage project is to prepare American Indian youth for a healthy transition to adulthood by reconnecting them with the cultural values, practices & rites of passage that helped to guide and mark entry into the social obligations and responsibilities of adult life in Ojibwe and Dakota cultures. The project will offer: gender-specific, culturally-based group mentoring sessions; instruction and preparation in the rites of passage rituals that were traditionally employed to mark and celebrate the transition from childhood to adulthood for males and females; community service projects that engage youth in "giving back" to their community; and a week long guided rites of passage wilderness experience either in the Boundary Waters of Northern Minnesota or the Black Hills of South Dakota.	20 (14-18 yrs)	3 hrs/wk (evening);1 field trip/mo;2 group service projects (over 6 mos); 7-day rites of passage

Youth Violence Prevention

Sexual Health

Application #	Agency	Request Amount	Priority Score	Neighborhood	Demographics	Program Description	Target Population	Outcomes/Notes
42	Minneapolis Public School's Teenage Pregnancy and Parenting Program (TAPPP)	\$74,876	87	?[Students of: South, Edison, Roosevelt/Wellstone & Henry High Schools]	Af Am (65%), Latino (20%), Am Ind (6%), Asian (5%), Caucasian (4%)	The overall goal is to reduce the repeat pregnancy rate of Mpls TAPPP students from an average of 8% annually to 5% annually. This drop will be accomplished by implementing a four-pronged approach combining: 1) Not Ready Now (NRN) services that include student-led media activities and peer education, 2) On-site comprehensive case management, and 3) Grandparents/guardian support group/information services. In addition, the NRN component will be linked to a newly created online health/parenting course accessible to all pregnant & parenting students district-wide.	67-200 parents (12-21 yrs)	Case management-25 one-on-one mtgs/student/yr; 175-200 pregnancy prevention plans; Grandparent support sessions provided monthly at 2 sites (1 north, 1 south); 9 on-line forums & weekly discussion boards for grandparents
40	Hennepin Healthcare System	\$75,000	82	South Minneapolis (Clinic on E. Lake St.)	Latino	Reduce Latino youth teen pregnancy rates by building social capitol within the Latino community through formalizing connections between Aqui Para Ti (a comprehensive, bi-cultural, clinic-based, youth development program) and MPS; Program will provide education on birth control methods and increase school retention and academic success. (Dropping out of school is first vital sign for teen pregnancy for Latinas) A full-time working youth mentor in partnership with 7 peer advisors (Latino college students) will work w/ youth & parents to navigate U.S. education systems & ensure teens remain in school & access higher education and community leadership opportunities.	150 youth (11-24 yrs) and 100 parents	Clinic patients will be triaged for participation in education-based program (adolescent health clinic open 2 days/week); Through case management, youth will receive educational needs assessment conducted by youth mentor; 80% of youth will complete individualized plans; Quarterly youth group meetings and quarterly parent groups will be held with peer advisors to share available resources/opportunities to access higher education and orientation to US education system, respectively; Parents will also receive additional 1 on 1 education as needed.
53	Minnesota African Women's Association (MAWA)	\$74,591	83	?[NEIGHBORHOODS: Whittier, Phillips, Central, Lyndale, Cedar Riverside/West Bank, McKinley, & Elliot Park; SITES: Somali Mall, Brian Coyle, Abraham Lincoln H.S., Wellstone Internat'l, Sabathani Community Ctr, Ctr for Families (55408, 55412)]	African (Liberian, Somali)	The project will prevent teen pregnancy and HIV/STIs among high risk Pan-African youth, while building social/leadership skills, self-confidence and positive life goals. Teen preg/HIV/STI prevention curriculum from Becoming a Responsible Teen (BART) will be combined with youth development curriculum from Teen Power to be utilized in this program. Approach involves the use of peer educators, outreach education and group education for parents to help them build positive supportive relationships with their children.	105 (14-18/19yrs) complete 12-wk program; 315 youth receive pregnancy, HIV/STI prevention & healthy relationship education; 60 or more parents participate in groups	Outreach to recruit parents; Parent education to gain support for children's involvement in project; Provide 12-week program over 3 quarters; African professionals provide intensive small group and on-to-ton mentoring for participants as needed?; Peer education sessions and parent education groups will be provided
34	Way to Grow	\$75,000	89	Near North, Powderhorn, Phillips	Af Am (32%), Latino (19%), Asian (11%), Am Ind (2%), Multi-racial (2%), Af (1%)	Dream Tracks is aimed at ensuring teen mothers avoid repeat pregnancies, gain effective parenting skills, graduate high school and work toward higher education and employment goals, thus improving their opportunities and providing the foundation to help their children succeed in school and life.	30 preg/parents (15-21yrs)	Home visits (parenting and health education) for teen parents, their children & extended families children (monthly); Academic tutoring (monthly); motivational empowerment workshops for teen parents (bi-weekly); Center-based programs for teen parents & extended families/support network (bi-monthly); Internships & volunteer opportunities for teen mothers (seasonally & involves service learning projects)

Sexual Health

Question	Response	Response	Response	Response	Response	Response	Response	Response	Response
1. How often do you have sex?	Several times a week	Once a week	Once a month	Less than once a month	Never	Don't know			
2. How satisfied are you with your sex life?	Very satisfied	Satisfied	Not satisfied	Very dissatisfied	Don't know				
3. How often do you use a condom?	Always	Often	Sometimes	Rarely	Never	Don't know			
4. How often do you use a condom correctly?	Always	Often	Sometimes	Rarely	Never	Don't know			
5. How often do you use a condom with lubricant?	Always	Often	Sometimes	Rarely	Never	Don't know			
6. How often do you use a condom with a condom?	Always	Often	Sometimes	Rarely	Never	Don't know			
7. How often do you use a condom with a condom?	Always	Often	Sometimes	Rarely	Never	Don't know			
8. How often do you use a condom with a condom?	Always	Often	Sometimes	Rarely	Never	Don't know			
9. How often do you use a condom with a condom?	Always	Often	Sometimes	Rarely	Never	Don't know			
10. How often do you use a condom with a condom?	Always	Often	Sometimes	Rarely	Never	Don't know			

Seniors

Application #	Agency	Amount	Block	Neighborhood	Race	Needs	Services	Population	Notes
49	Block Nurse Program (Longfellow Seward Healthy Seniors, Nokomis Healthy Seniors, & Southeast Seniors)	\$75,000	86	SOUTH (Longfellow, Seward, Hiawatha, Howe, corner of Cedar-Riverside, Prospect Park, Marcy-Holmes, Como, Standish, Corcoran, Bancroft, Ericsson, Keewaydin, Minnehaha, Wenonah, Morris Park, Field, Regina, Northrop, Hale, Page, & Diamond Lake)	White	Social isolation; Health maintenance	The Living at Home/Block Nurse Program will provide a safety net of affordable in-home health services & preventive care & provide/coordinate initial services (i.e. Meals on Wheels, volunteer visitors, homemakers, nursing, home health aides, chore services & transportation).	1,200	Home visits-1,800/yr; Flu shots-150/yr; <u>Volunteers</u> - (visiting, transportation, inter-generational activities)-7,500 hrs/yr; <u>Service coordination</u> (connecting to Meals on Wheels, Metro Mobility, etc.) 1,400 hrs (8 hrs/wk); <u>Outreach-Health clinics</u> -250 (blood pressure checks-4,000); Workshops (i.e. monthly low vision); Exercise classes-200 w/ ~10-15 seniors (L:weekly yoga for 40 wks; N: 2x/wk for 46 wks; 2x wk/42 wks); Outreach contacts to diverse populations-150; Flyers to diverse populations-1,000
25	Minneapolis American Indian Center (MAIC)	\$75,000	89	SOUTH (Phillips, Longfellow, Standish, Corcoran, Seward & Central neighborhoods)	American Indian	Social isolation	Mpls American Indian Senior Program will provide the following services: transportation (i.e. congregate dining at MAIC, food shelves, medical appointments, government & social service agencies, shopping & cultural events), home services (light housekeeping, safety & wellness visits), and congregate dining.	85	<u>Outreach</u> -monthly newsletter w/ events calendar; monthly Urban Indian Elders meeting; at least 7 mtgs/yr w/ local American Indian orgs (i.e. Little Earth, Native American Community Development Institute, Native American Community Clinic, MN Board on Aging & American Indian communities' "Wisdom Steps" program, etc.); attending community resource fairs (i.e. American Indian Health Fair); <u>Homemaker/chore services</u> -15-17 clients receive cleaning services/month; 2-3 new referrals/month; <u>Congregate dining</u> - transport 10-15 seniors to lunch daily M-F at MAIC (meals provided by Presbyterian Homes Services, including weekend take-home lunch/dinner); <u>Transportation</u> -3-4 other daily transports to appts, shopping, etc.; <u>Special events</u> -meet w/ at least 5 collaborative partners/yr at MAIC (i.e. AARP taxes for seniors, Veterans Administration, Senior Linkage, American Diabetes Association, etc.)
43	Korean Service Center (KSC)	\$49,944	84	SOUTH (primarily Cedar-Riverside)	Asian (Korean)	Social isolation; Health maintenance	The Outreach Project will search & visit homebound Korean immigrant seniors, assess their needs & connect them to appropriate services such as: home delivery Korean meals, home management, companionship, case management, translation/interpretation, shopping, banking, transportation, and social activities.	60	<u>Outreach</u> -15 mtgs w/ comm people, including 7-8 churches/temples (i.e. church pastors, buddhist monks, interpreters, etc.); <u>Home visits, assessments & referrals</u> -conduct visits to determine needed services (i.e. home management, meal delivery, bathing, companionship, etc.) to refer to KSC's related programming (i.e. culturally-specific meals/lunch stipend, caregiver support, assisted living, elderly waiver, hospice care, partnership w/ Lutheran Social Services' senior companion/volunteer program, family enrichment, social services, community peace garden) & Hennepin County related services; Grandchildren will send emails, with photos, to grandparents-25 (weekly)
32	CAPIUSA-(The Disabled Immigrant Association, SEWA-Asian Indian Family Wellness, Lao Assistance Center, and Centro, Inc.)	\$75,000	83	NORTH & SOUTH (Harrison, Bottineau, Bryn Mawr, Central, Diamond Lake, Elliot Park, Field, Folwell, Hawthorne, Hiawatha, Jordan, Longfellow, Phillips, Powderhorn Park, Shingle Creek, Waite Park, Webber-Camden, Como, Beltrami, & University)	African (Somalis, Ethiopians); Asian (Bhutanese, Burmese, Indian-Guyanese, Hmong, Laotian) & Latino (Participants of speak out activities only)	Social isolation; Health maintenance	The Elder Refugees & Immigrants Speak Out program will provide: health education (i.e. diabetes, nutrition, tobacco use, exercise, immunization, flu shots); free health screening (i.e. blood pressure, glucose); translation/interpretation; referrals to medical services, personal care assistance, health care insurance; and other health services as needed. The program will also conduct inter-ethnic & ethnic-specific social enrichment activities (i.e. walking clubs, nutrition, financial literacy, film showing, poetry reading, computer, & art); introduction to civic engagement (i.e. the political process on public policies, current events, voting & law enforcement); and Speak Out community engagement forums.	300	<u>Health maintenance</u> : Receipt of community health resource packets, including health insurance & clinic/provider info (for elders and/or family caregivers)-1200/yr (300/quarter); Chronic disease health screening & follow-up services/resources by 8-10 ethnic-specific volunteer physicians serving 160/yr (2-5 providers serving 40/quarter); Thematic "health speak out" community forums for health screenings & education (i.e. diabetes, flu shots, immunization & high blood pressure)-16 events (4 at each site)/yr reaching 300/yr (75/quarter); "nutrition & recreation speak out" community forums (healthy eating, anti-smoking, physical exercise, yoga, walking clubs, tours of various cultural outings)-16 events(4 at each site)/yr reaching 300 yr(75/quarter); <u>Social isolation/civic engagement</u> : "civic engagement speak out" community forums (walking tours of city hall, capitol, parks & other cultural ventures)-16 (4 at each site)/yr reaching 300 yr(75/quarter)
47	African Community Services	\$57,375	83	Phillips community & surrounding neighborhoods	African (Somali & Ethiopia)	Social isolation; Health maintenance	African Community Services will provide intensive outreach to help elders build confidence and connect w/ appropriate community services to address health concerns (i.e. obesity, diabetes, hypertension). They will conduct public awareness campaign w/ African-specific radio, t.v., internet via UTube, & cell phones, to spread health & fitness information in multiple languages and conduct home visits, needs assessments, and referrals for seniors.	65-75	Fliers to high-rise apts in target areas, local shops, schools mosques & agencies-400; home visits (focus on safety & food availability)-60; case management mtgs-120; transportation assistance as needed; interpretation assistance of English instructions on medications/key documents as needed; health topic workshops-4; weekly broadcasts of 4 health videos from Oct-May for 32 wks; radio interviews, w/ call-in opportunities, at least 4 times/week during 5-6 a.m. & 5-6 p.m.-2 rotated on monthly basis for 10 wks; focus groups for project evaluation-4; staff trained to work w/ vulnerable adults-3;

Seniors

17	Catholic Charities St. Paul Minneapolis Center serving homeless 1624 Chicago Ave.	81 population Unclear	Social isolation Catholic Charities Homeless Elders in Minneapolis program will: re-house homeless elders in improved housing situations, help homeless elders develop skills to secure & maintain housing, and connect homeless elders to essential supportive services.	15 services-10 Pre-housing support groups-18 weekly; Housing referrals & application assistance- 20; Set-up permanent housing specific to needs-15 [part of 20 referrals?]; post- housing support groups-15 weekly; Identify clients who need ongoing support &
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10	Northeast Senior Services, Inc	150,000		
11	Eaton Senior Services, Inc	1,500,000		
12	Eaton Senior Services, Inc	1,500,000		
13	Eaton Senior Services, Inc	1,500,000		
14	Eaton Senior Services, Inc	1,500,000		
15	Eaton Senior Services, Inc	1,500,000		
16	Eaton Senior Services, Inc	1,500,000		

Seniors

Application	Agency	Amount	Score	Priority	Comments	Agency	Amount	Score	Priority	Comments
12	Mr. Alkness Project	\$73,000	272							
62	African Immigrants Community Services	\$61,812	61							
18	Greater Minneapolis Council of Churches/Hand Works Program	\$60,000	61							
18	Common Bond Communities	\$50,423	60							
4	Vietnamese Immigrant Association (VMA)	\$73,000	30							

Appendix B Socioeconomic Indicators Minneapolis-St. Paul, MN

The Minneapolis-St. Paul area is defined as seven counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties.

Table 33: Major Racial and Ethnic Groups

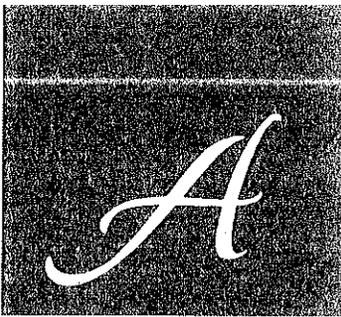
	Home-ownership	Crowded Housing	Less than High School Degree	Below Federal Poverty Line	Per Capita Income (MSA only)	Foreign-Born	Limited English Proficiency
	SF2 HCT 2	SF4 HCT 11	SF4 PCT 64	SF4 PCT 142	SF4 PCT 130	SF4 PCT 44	SF4 PCT 38
1.	Black 32%	Latino 29%	Latino 39%	Black 26%	Black \$13,091	Asian Am 54%	Asian Am 48%
2.	Latino 40%	Asian Am 28%	Asian Am 28%	Am. Indian 20%	Latino \$13,137	Latino 44%	Latino 40%
3.	Am. Indian 45%	Pac Islander 26%	Pac Islander 32%	Asian Am 38%	Asian Am \$15,242	Pac Islander 32%	Pac Islander 32%
4.	Asian Am 45%	Black 14%	Am. Indian 21%	Latino 18%	Pac Islander \$16,536	Black 17%	Black 8%
5.	Pac Islander 47%	Am. Indian 10%	Black 20%	Pac Islander 17%	Am. Indian \$15,723	Am. Indian 5%	Am. Indian 5%
6.	White 76%	White 1%	White 7%	White 4%	White \$28,389	White 2%	White 1%
7.	Twin Cities 71%	Twin Cities 34%	Twin Cities 39%	Twin Cities 47%	Twin Cities \$28,218	Twin Cities 38%	Twin Cities 45%

Asian and Pacific Islander Ethnic Groups

	Home-ownership	Crowded Housing	Less than High School Degree	Below Federal Poverty Line	Per Capita Income (MSA only)	Foreign-Born	Limited English Proficiency
	SF2 HCT 5	SF4 HCT 11	SF4 PCT 64	SF4 PCT 142	SF4 PCT 130	SF4 PCT 44	SF4 PCT 38
1.	Indonesian 14%	Hmong 62%	Hmong 55%	Hmong 33%	Hmong \$7,137	Pakistani 78%	Vietnamese 61%
2.	Samoan 23%	Laotian 41%	Cambodian 44%	Thai 30%	Cambodian \$11,264	Asian Indian 76%	Hmong 59%
3.	Malaysian 30%	Cambodian 30%	Laotian 42%	Pakistani 27%	Laotian \$12,386	Korean 75%	Laotian 54%
4.	Guamanian 38%	Vietnamese 29%	Thai 16%	Laotian 19%	Korean \$13,838	Vietnamese 75%	Cambodian 53%
5.	Pakistani 37%	Pakistani 27%	Vietnamese 15%	Cambodian 18%	Guamanian \$16,711	Cambodian 47%	Chinese 42%
6.	Korean 41%	Thai 18%	Chinese excl 16%	Vietnamese 14%	Vietnamese \$16,223	Chinese 67%	Chinese excl 42%
7.	Nat. Hawaiian 42%	Asian Indian 17%	Chinese 14%	Korean 10%	Samoan \$17,170	Chinese excl 67%	Pakistani 31%
8.	Thai 43%	Hmong 14%	Nat. Hawaiian 13%	Japanese 9%	Filipino \$19,400	Laotian 65%	Thai 30%
9.	Asian Indian 46%	Chinese excl 13%	Korean 12%	Chinese 9%	Indonesian \$20,013	Thai 62%	Korean 20%
10.	Hmong 55%	Chinese 12%	Asian Indian 11%	Chinese excl 9%	Thai \$22,481	Hmong 57%	Nat. Hawaiian 19%
11.	Sri Lanka 58%	Korean 10%	Pakistani 11%	Asian Indian 8%	Chinese excl \$22,971	Filipino 48%	Japanese 19%
12.	Japanese 57%	Nat. Hawaiian 9%	Filipino 10%	Hmong 8%	Chinese \$23,111	Japanese 36%	Asian Indian 17%
13.	Hawaiian 57%	Japanese 3%	Japanese 3%	Nat. Hawaiian 4%	Japanese \$28,229	Nat. Hawaiian 24%	Filipino 14%
14.	Chinese excl 58%	Bangladeshi *	Bangladeshi *	Bangladeshi *	Nat. Hawaiian \$24,390	Bangladeshi *	Bangladeshi *
15.	Chinese 58%	Fijian *	Fijian *	Fijian *	Asian Indian \$26,391	Fijian *	Fijian *
16.	Vietnamese 58%	Guamanian *	Guamanian *	Guamanian *	Pakistani \$28,825	Guamanian *	Guamanian *
17.	Filipino 59%	Indonesian *	Indonesian *	Indonesian *	Taiwanese \$29,539	Indonesian *	Indonesian *
18.	Laotian 62%	Malaysian *	Malaysian *	Malaysian *	Bangladeshi *	Malaysian *	Malaysian *
19.	Cambodian 63%	Samoan *	Samoan *	Samoan *	Fijian *	Samoan *	Samoan *
20.	Bangladeshi *	Sri Lankan *	Sri Lankan *	Sri Lankan *	Malaysian *	Sri Lankan *	Sri Lankan *
21.	Fijian *	Taiwanese *	Taiwanese *	Taiwanese *	Sri Lankan *	Taiwanese *	Taiwanese *
22.	Tongan *	Tongan *	Tongan *	Tongan *	Tongan *	Tongan *	Tongan *

Figures are for the inclusive population (single race and multirace combined) and are not exclusive of Latino/Hispanic, except for White, which is single race non-Hispanic. "Chinese" includes both Chinese and Taiwanese. "Chinese Excl" and "Taiwanese" are separate figures for the two groups. Racial and ethnic groups are ranked from worst to best with regard to socioeconomic status indicators. Source: U.S. Census 2000, Summary Files 1 through 4. *Groups did not meet population threshold.

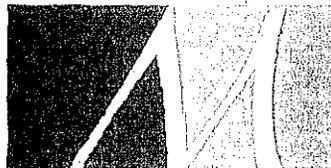
Shaded = Faring below Non-Hispanic Whites
 Bold = Faring below the area average
 Boxed = Faring below all major racial and ethnic groups



A

*Profile
of the
Older
Population
in the
Twin Cities
Metropolitan
Area*

2005



METROPOLITAN
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The Twin Cities Metropolitan Area, which encompasses Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties has experienced significant changes in the older population between 1990 and 2000. This report summarizes the population changes of persons age 60 and older. Some information uses data on persons aged 65 and older. This profile is available electronically from the Metropolitan Area Agency on Aging's website at www.tcaaging.org.

Since 1990, the older population in the Metropolitan Area has increased 11.5% (to 339,174) compared to the under 60 population which increased 16%.*

There is wide variation in the population changes of older adults from 1990 - 2000:

- 60-64 year olds increased 6%
- 65-69 year olds decreased 3.4%
- 70-74 year olds increased 13%
- 75 and older increased 25%

According to the Metropolitan Council population estimates, by 2030, persons age 60 and older are expected to represent 22% of the total Metropolitan Area population.

Older women outnumbered men by 130 to 100. The ratio increased with age. For persons 75 and older it was 184 and persons 85 and older it was 283 women to 100 men.

*From "Twin Cities Age Trends and Forecasts, 1970 to 2030," Metropolitan Council

Table 1: Population Age 50+ Twin Cities Metropolitan Area, 1990 and 2000

Area	1990	2000	Percent Change
Anoka	20,279	30,660	51.6%
Carver	5,470	7,059	28.0%
Dakota	24,823	30,759	48.1%
Hennepin	156,137	155,745	-1.7%
Minneapolis	59,860	44,319	-25.7%
Suburban	96,477	114,426	18.6%
Ramsey	78,063	76,192	-2.4%
St. Paul	47,151	37,328	-20.8%
Suburban	30,917	38,864	25.7%
Scott	5,791	7,856	35.7%
Washington	13,775	27,901	59.0%
Metro Total	304,288	339,174	11.5%

Geographic Distribution

In 2000, more than two-thirds (69%) of all older adults in the Metropolitan Area lived in Hennepin (47%) and Ramsey (23%) counties. This is a decrease from 1990, when 77% lived in Hennepin and Ramsey counties.

Older adults constituted more than 10% of the total population in six of the seven metropolitan counties: Anoka (10.3%); Carver (10.1%); Dakota (10.3%); Hennepin (14.2%); Ramsey (14.9%); and Washington (10.9%). Scott County's older population was 8.8%.

Unless otherwise noted, all data are from the U.S. Census 2000

Six of the seven counties' older population increased in the 1990s. In three counties, the older population increased by 48% or more between 1990 and 2000: Anoka (51.6%); Dakota (48.1%); and Washington (59.0%). Ramsey County had a slight decrease (-2.4%). This is attributed to a 20% decrease in the older population in St. Paul, which was largely offset by an increase in the suburban areas of the county.

The suburban older population is more than three times larger than the urban older population in Minneapolis and St. Paul. The older population in the central cities dropped from 166,811 to 81,647 during the decade, while the suburban older population rose from 197,547 to 257,527.

Life Expectancy*

Minnesota's life expectancy in 1990 was the second highest in the nation, outranked by Hawaii.

The average life expectancy of Minnesotans in 2000 was 79.1 years. This was an increase of 1.3 years from the 1990 figure. Men gained more than women during this time: males gained 1.3 years in life expectancy, while women gained 0.6 years.

In 2000, persons reaching age 65 in Minnesota had an average life expectancy of an additional 20 years for women and 17 years for men. For persons reaching age 80, women's additional life expectancy was 9.6 years and men's was 7.7 years.

*From "Minnesota Life Expectancy in 2000," MN State Demographic Center, April 2002.

Living Arrangements

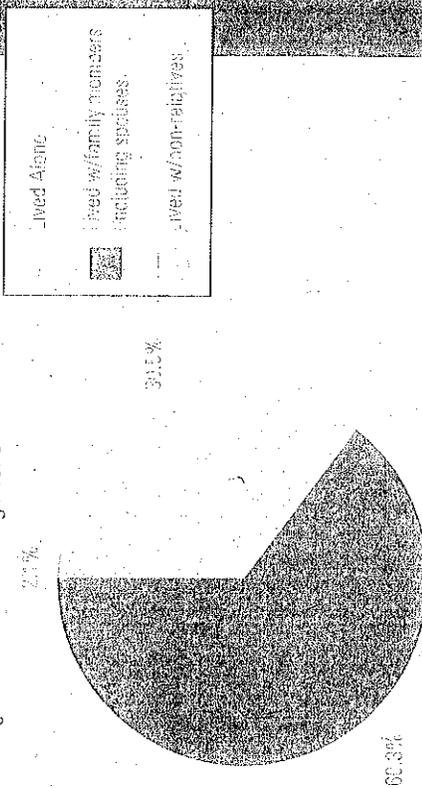
Of the 254,503 individuals age 65 and older, 92.9% lived in households. Of the rest, 5.7% lived in institutions (primarily nursing homes) and another 1.4% lived in other group settings.

The majority of older adults (55.8%) lived with their spouse in 2000. About 91.3% of older men and 43.6% of older women lived with their spouse.

The proportion living with a spouse decreased with age, especially among women. Only 23.3% of women age 75 and older lived with their spouse compared to 71.0% of men age 75 and older.

About 32.8% of community living individuals age 65 and older lived alone. About 64.9% lived with other family members including spouses. About 2.3% lived in households with non-relatives.

Figure 1: Percent Living Alone



Racial and Ethnic Composition

In 2000, about 94.6% of older adults were white. 2.3% were black, 2.0% were Asians/Pacific Islanders, 0.3% were American Indians, and 0.9% were of other races. Persons of Hispanic origin, who may be of any race, represented approximately 0.9% of the population age 60 and older in the Metropolitan Area.

The proportion of older adults varies considerably within different races and categories of ethnic origin. The proportion of white older adults in the Metropolitan Area was higher than other races at 14.3%. Approximately 4.9% of blacks, 5.5% of American Indians, 5.4% of Asians/Pacific Islanders, and 3.2% of Hispanics were age 60 and older. 3.3% of persons who were of two or more races were age 60 and older.

The majority of persons of color age 60 and older in the Metropolitan Area reside in Hennepin and Ramsey counties.

Disability

Of older adults that reported some type of disability, physical disability was reported as the most common (22.5%). Mobility outside the home affected 16.0%.

Self-care disability and mental disability affected nearly 8% of the population age 65 and older.

Table 3: People 65+ with Disabilities, Seven County Metro Area

Disability	Total
Sensory disability	28,794
Physical disability	57,622
Mental disability	19,757
Self-care disability	17,428
Go-outside-home disability	41,676
Total unduplicated persons with one or more disabilities	86,214

Table 2: Persons of Color Age 60+, Metropolitan Area Counties 2000

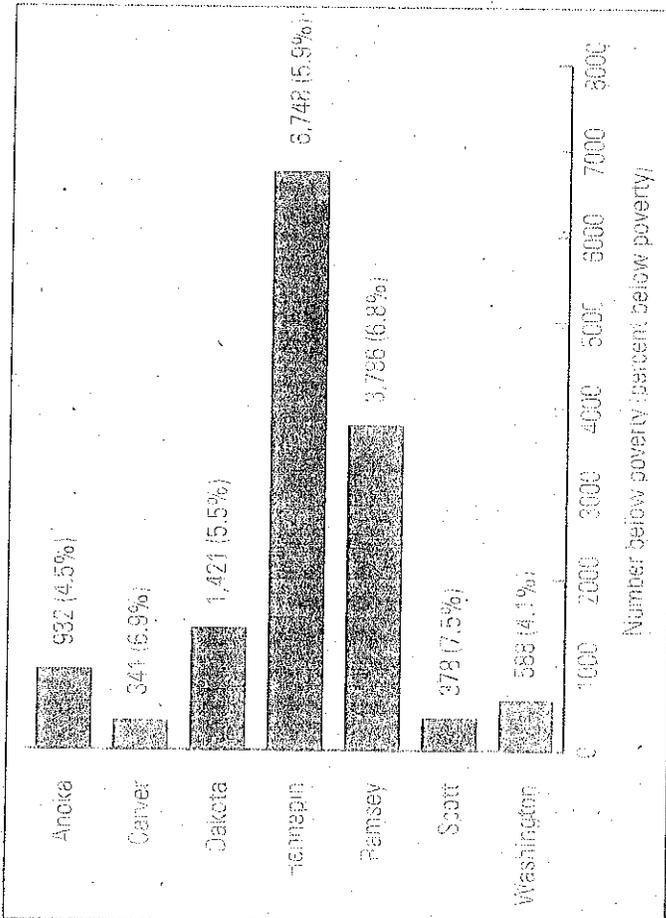
Area	Anoka	Carver	Dakota	Hennepin	Ramsey	Scott	Washington	Total
Black	115	8	278	4,963	2,189	12	86	7,661
American Indian	101	8	58	634	238	45	39	1,223
Asian or Pacific Islander	351	44	582	3,032	2,275	91	209	6,584
Hispanic	167	34	368	1,149	1,160	53	148	3,079
Other*	222	35	289	1,341	987	51	129	3,054

*Includes Native Hawaiian and Other Pacific Islander, Some Other Race Alone, and Two or More Races

Income and Poverty

About 5.9% of the non-institutionalized population age 65 and older had incomes below the poverty level (\$8,240 for an individual and \$11,060 for a couple). This is a significant decrease from 1990, when 8% lived below the poverty level.

Figure 2: Percent Below Poverty by County



In 1990 the percentage of older adults living in poverty ranged from 7% in Anoka, Dakota, and Washington counties to 12% in Scott County. In contrast, by 2000 the percentage of older adults in poverty by county ranged from a low of 4.1% in Washington County to a high of 6.9% in Carver County.

Though poverty rates decreased for older adults in 2000, householders age 65 and older were still more likely to have lower incomes than householders under age 65. Nearly 10% of householders headed by older adults reported incomes of less than \$10,000 compared to 4.6% of householders headed by younger people.

Table 4: Percent of Low Income Households by Age

	Under 65	Over 65
Percent of households < than \$10,000 year income	4.2%	9.0%
Percent of households < than \$20,000 year income	10.2%	30%

Approximately 85.6% of all persons age 65 or older below the poverty level in the Metropolitan Area were white and 14.4% were racial/ethnic minorities. This represents an increase in the percentage who were racial/ethnic minorities from 1990, when 92% were white and 8% were ethnic minorities.

Table 5: Percent of Population Age 65+ Below Poverty Level by Racial/Ethnic Group

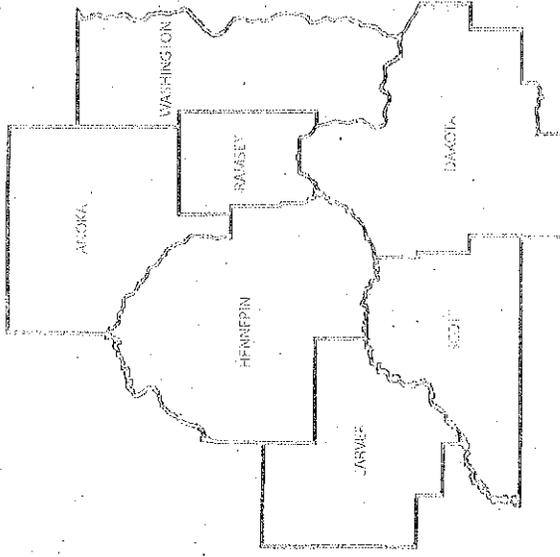
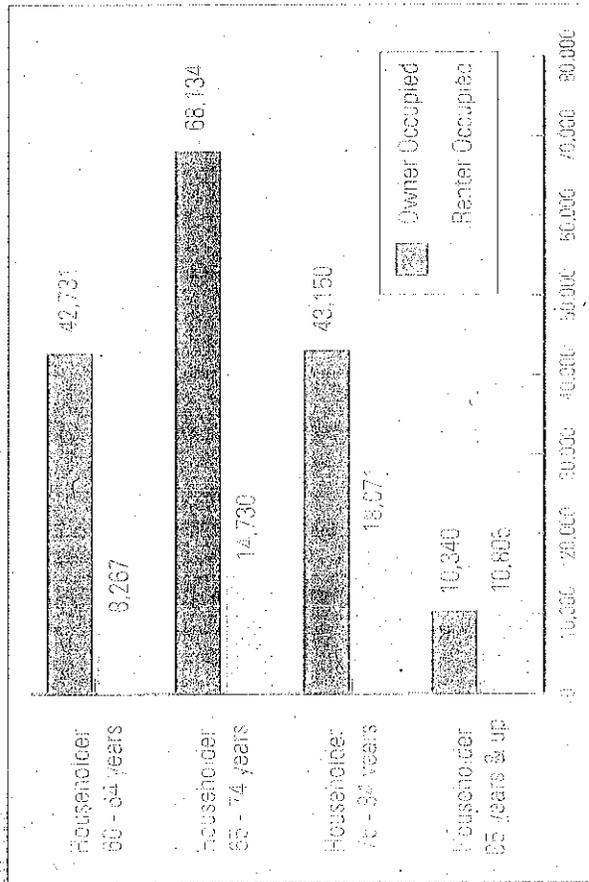
Racial/Ethnic Group	% Below Poverty
White	5.3%
Black	18.9%
American Indian	13.5%
Asian or Pacific Islander	19.3%
Hispanic	15.4%
Total in poverty, all races	5.9%

Housing

Approximately 48% of households headed by someone age 60 and older lived in owner occupied housing. 15% lived in rental housing.

The number of householders age 85 and older was evenly divided between those who lived in owned housing and rental housing.

Figure 3: Housing Tenure by Age



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Minneapolis

City of Lakes

Public Health Advisory Committee

Tuesday, Feb 22, 2011, 6:00 – 8:00 pm

Minneapolis City Hall

350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve Jan 25, 2010 Minutes	John Schrom Co-Chair	Vote	6:00 – 6:10
Mayor's Gun Violence Prevention Initiative	Sherman Patterson	Presentation w/ Q & A	6:10 – 6:25
Gun Violence & Mental Health Urban Agriculture Plan	Bob Burdick Robin Garwood	Discussion Presentation & Request for Letter of Support	6:25 – 7:00 7:00 - 7:30
PHAC Co-Chair Elections	John Schrom	Candidate remarks & vote	7:30 – 7:50
Department Updates	Gretchen Musicant		7:50 – 7:55
Information Sharing	All		7:55 – 8:00

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

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



Minneapolis
City of Lakes

Public Health Advisory Committee

Tuesday, March 22, 2011, 6:00 – 8:00 pm
Minneapolis City Hall
350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve Feb 22, 2011 Minutes	Clarence Jones Co-Chair	Vote	6:00 – 6:10
Social Determinants of Health <ul style="list-style-type: none">• Point maps of highest risk areas• Color map of premature deaths	Gretchen Musicant	Discussion & Next Steps	6:10 – 6:40
Follow-up Discussion: Youth Violence & Mental Health <ul style="list-style-type: none">• City of Minneapolis Police Mental Health Screening Information	Bob Burdick	Discussion	6:40 – 7:10
Revisit PHAC Workplan <ul style="list-style-type: none">• Youth violence & chemical use; obesity; & culturally- based health, including social determinants of health• Fill in 2011-2012 Agenda Planning Document	Clarence Jones & Emily Wang	Discussion & Vote	7:10 – 7:50
Department Updates	Gretchen Musicant		7:50 – 7:55
Information Sharing	All		7:55 – 8:00

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

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



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		<ul style="list-style-type: none"> • Robert Burdick motioned to have minutes and agenda approved. • Seconded by Karen Soderberg • Motion carried.
Be the Match National Bone Marrow Registry	<ul style="list-style-type: none"> • <i>See Handouts</i> • 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. <i>See handout</i>. Donors must be willing to do both. • Cheek swabs determine tissue type for donors. 	
Minneapolis Sexually Transmitted Disease (STD) Update	<ul style="list-style-type: none"> • <i>See Powerpoint</i> • 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 	

	<p>community clinics to increase education and prevention.</p> <ul style="list-style-type: none"> • High rates fall in the same areas as unemployment, crime and high minority populations. 	
<p>Survey Results: 2011-2012 PHAC Work plan priorities</p>	<ul style="list-style-type: none"> • <i>See Handouts</i> • 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) 	<ul style="list-style-type: none"> • 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.
<p>Department Updates</p>	<ul style="list-style-type: none"> • 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. 	
<p>Information Sharing</p>	<ul style="list-style-type: none"> • Julie Young-Burns reminded the committee of the community forum on May 4 http://www.ci.minneapolis.mn.us/dhfs/CommunityForum_040811.pdf 	<ul style="list-style-type: none"> • 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

Height & Weight Guidelines

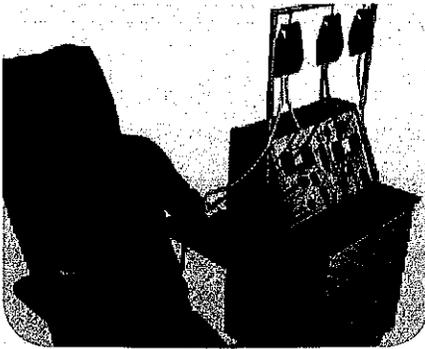
Height	Max. weight (lbs.)	Height	Max. weight (lbs.)
4'10"	191	6'0"	295
4'11"	198	6'1"	301
5'0"	204	6'2"	310
5'1"	211	6'3"	321
5'2"	218	6'4"	328
5'3"	225	6'5"	339
5'4"	233	6'6"	345
5'5"	240	6'7"	355
5'6"	247	6'8"	363
5'7"	255	6'9"	374
5'8"	263	6'10"	381
5'9"	270	6'11"	392
5'10"	278	7'0"	400
5'11"	286		

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

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

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.



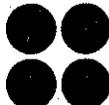
Marrow donation

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 more information, contact:

Kristine Reed
612.616.6534
kreed2@NMDP.ORG

BE  **THE MATCH**[®]



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!



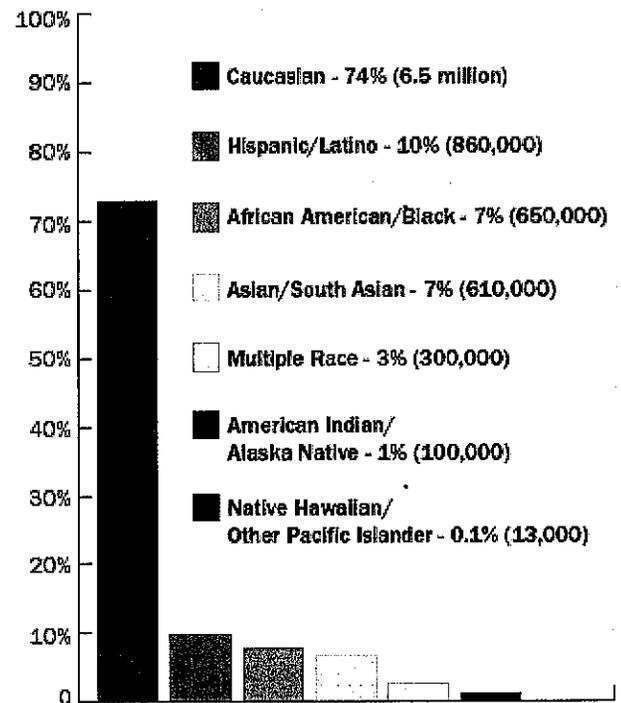
Be The Match® offers you the unique opportunity to give a life-saving marrow transplant to someone in need. Thousands of patients with leukemia and other life-threatening diseases depend on the Be The Match Registry®, the largest and most diverse registry in the world, to find a life-saving donor. We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

Minneapolis STD Update

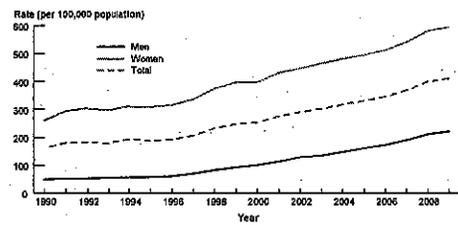
Minneapolis
Public Health Advisory Committee
April 26, 2011

National and State Context

Data Sources

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

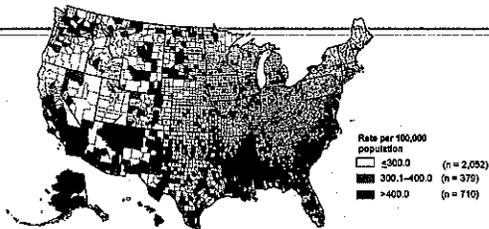
Chlamydia— Reported Rates by Sex, United States, 1990–2009



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

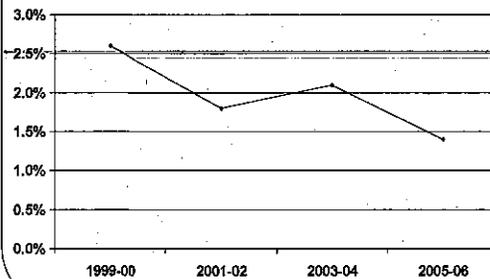
National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention
Division of STD Prevention

Chlamydia—Reported Rates by County, United States, 2009

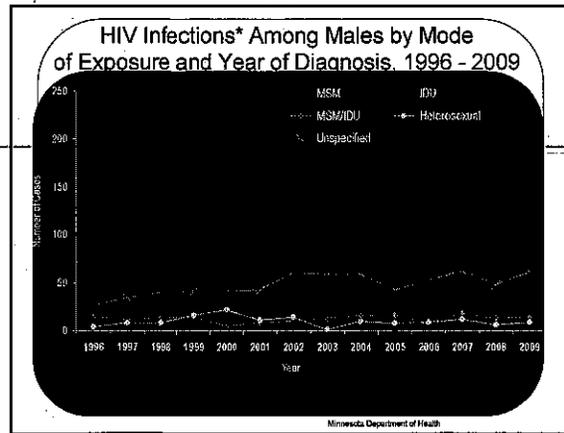
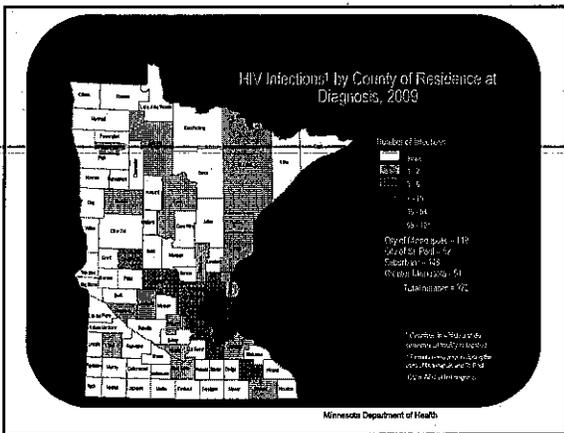
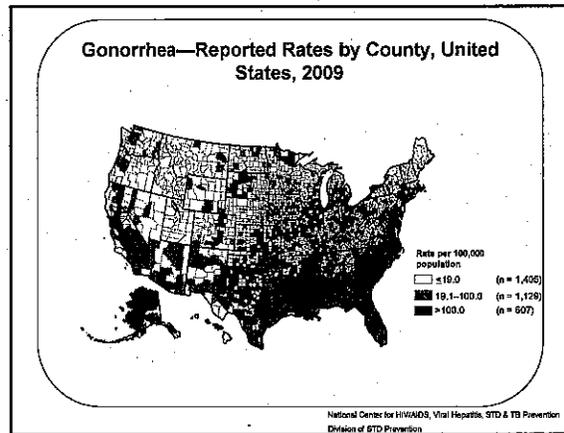
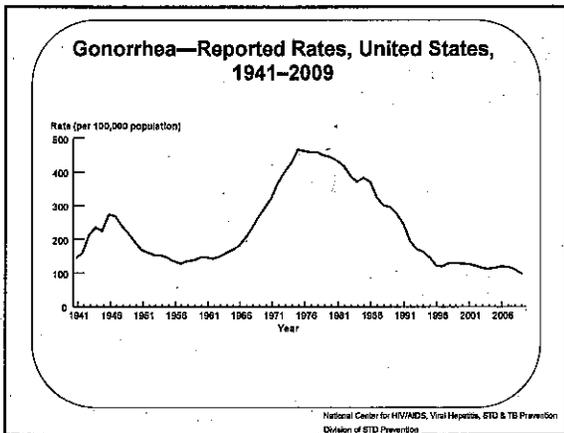
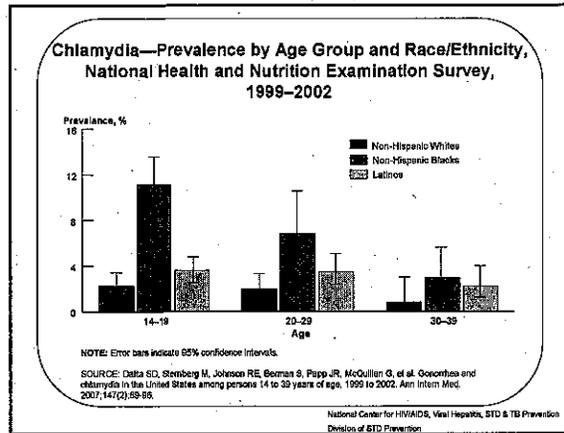
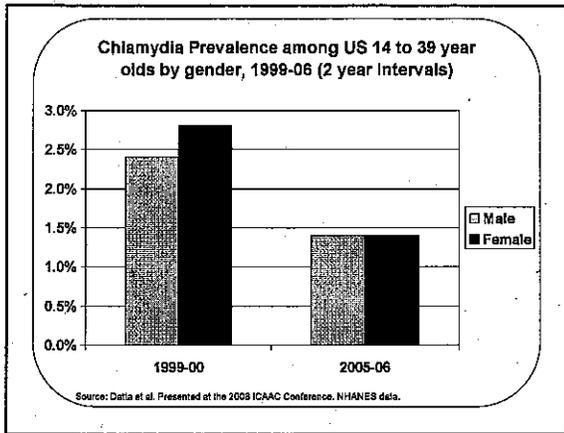


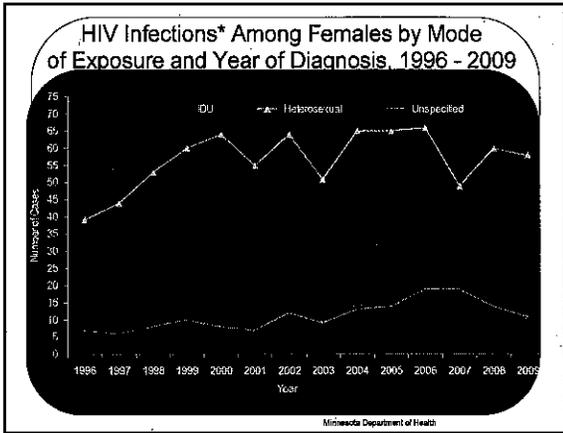
National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention
Division of STD Prevention

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

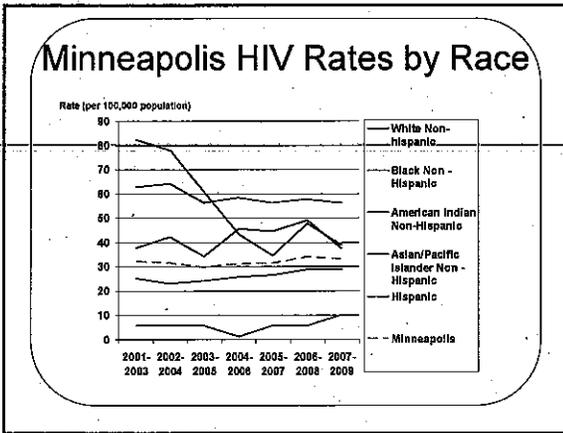
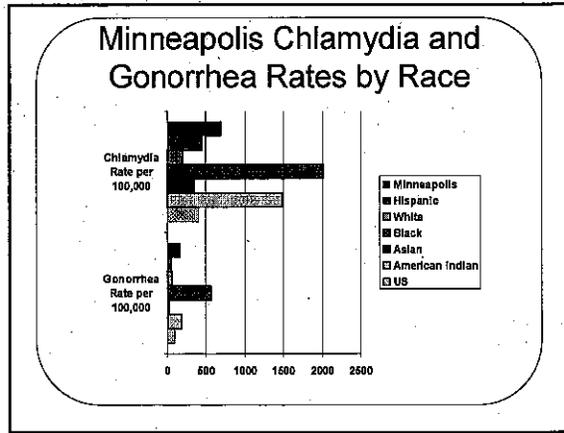
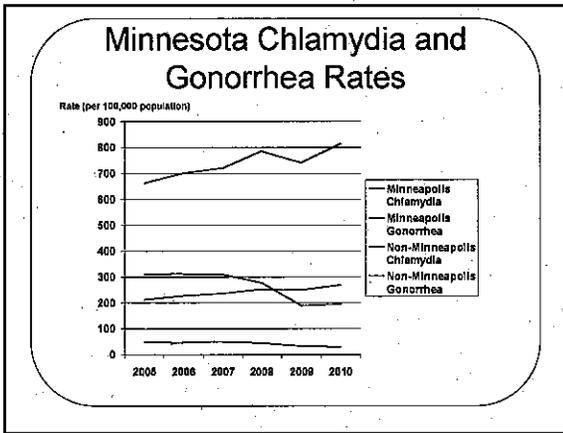


Source: Data et al. Presented at the 2006 ICAAC Conference, NHANES data.





Local Data



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	25.4%
...used a condom at last intercourse	72.7%	71.4%	53.8%	n/a	58.8%
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)

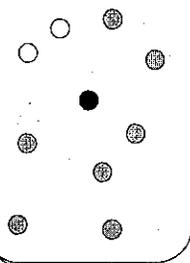
Social Determinants

2007-09 American Community Survey Data by Race for Minneapolis

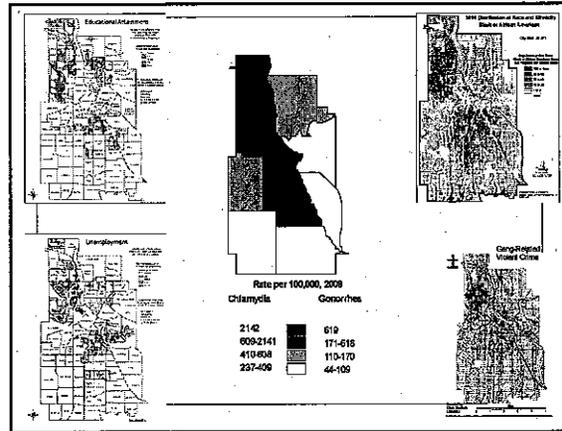
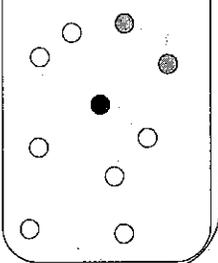
	White	Black	Asian	Am Ind	Latino
Under age 18	11.7%	32.8%	23.9%	32.5%	36.4%
Below 100% Federal Poverty Guidelines	12.3%	44.0%	33.3%	44.2%	30.8%
Unemployed (16 years and older)	5.7%	20.6%	n/a	n/a	n/a
Less than High School Education (25 years and older)	4.2%	28.2%	25.7%	28.6%	44.0%
Female Headed Household	8.4%	48.3%	14.0%	n/a	27.3%

Community Prevalence is an Independent Risk Factor

P = 7/10



P = 2/10



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

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:

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

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.

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)
-

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



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	<input type="checkbox"/>	20.0%	1
Sexual health-HIV/AIDS reduction		0.0%	0
Senior health & independent living-assure health maintenance		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)	<input type="checkbox"/>	40.0%	2
Nutrition-relationship between culture, food, & health	<input type="checkbox"/>	20.0%	1
Nutrition-direct programming (nutrition education of pregnant women, youth, & families; growing & preserving food; programmatic ideas to increase health equity)	<input type="checkbox"/>	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	<input type="checkbox"/>	20.0%	1
Sexual health-teen pregnancy prevention		0.0%	0
Sexual health-HIV/AIDS reduction	<input type="checkbox"/>	20.0%	1
Senior health & independent living-assure health maintenance		0.0%	0
Senior health & independent living-reduce social isolation/connect with others	<input type="checkbox"/>	20.0%	1
Intersection of transit with public health		0.0%	0
Nutrition-food system work (access, availability, quality, social determinants of health)	<input type="checkbox"/>	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)	<input type="checkbox"/>	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 <input type="text"/>	20.0%	1
Sexual health:teen pregnancy prevention <input type="text"/>	20.0%	1
Sexual health:HIV/AIDS reduction	0.0%	0
Senior health & independent living:assure health maintenance	0.0%	0
Senior health & independent living:reduce social isolation/connect with others <input type="text"/>	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 RHAC 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 26, 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 files 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

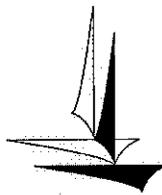
Location: UROC
2001 Plymouth Avenue N.
Minneapolis, MN 55411

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



Minneapolis
City of Lakes

Department of Health
& Family Support

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

For questions or interpreter
requests call: 612.668.0867



UNIVERSITY OF MINNESOTA
Amplatz Children's Hospital



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Minneapolis
City of Lakes

Public Health Advisory Committee

Tuesday, May 24, 2011, 6:00 – 8:00 pm

Minneapolis City Hall

350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve April 26, 2011 Minutes	Clarence Jones Co-Chair	Vote	6:00 – 6:10
Proposed 2011-2012 PHAC Work plan (Social determinants of health emphasis) <ul style="list-style-type: none">Youth violence prevention (culturally-based rites of passage)Sexual health (HIV/STDs/STIs)Nutrition-food system work (Access, availability, quality, etc.)	Emily Wang	Presentation/Discussion	6:10 – 6:25
Minneapolis Demographics	David Johnson	Presentation/Q &A	6:25 – 6:50
Teen Parent Report Card	David Johnson	Presentation/Q & A	6:50 - 7:10
Youth Violence & Mental Health <ul style="list-style-type: none">New “Results Minneapolis” dataOther available City of Mpls data	Jared Erdmann	Presentation/Q & A	7:10 – 7:30
Implications of data presented for 2011-2012 PHAC Work plan	John Schrom	Discussion	7:30 – 7:55
Information Sharing	All		7:55 – 8:00

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

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



Minneapolis

City of Lakes

Public Health Advisory Committee

Tuesday, June 28, 2011, 6:00 – 8:00 pm

Minneapolis City Hall

350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve May 24, 2011 Minutes	Clarence Jones Co-Chair	Vote	6:00 – 6:10
PHAC Update: Youth Violence Prevention Executive Committee	Noya Woodrich	Presentation/Q & A	6:10 – 6:20
Minneapolis Demographics	David Johnson	Presentation/Q & A	6:20 – 6:40
Teen Parent Report Card	David Johnson	Presentation/Q & A	6:40 - 7:00
Youth Violence & Mental Health <ul style="list-style-type: none">• New “Results Minneapolis” data• Other available City of Mpls data	David Johnson	Presentation/Q & A	7:00 – 7:25
Recommendation for distribution of CDBG 2011-2013 funding cuts	John Schrom	Discussion & Vote	7:25 – 7:45
Department Updates <ul style="list-style-type: none">• Government Shutdown	Gretchen Musicant		7:45 – 7:55
Information Sharing	All		7:55 – 8:00

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

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



Minneapolis
City of Lakes

Public Health Advisory Committee

Tuesday, July 26, 2011, 6:00 – 8:00 pm

Minneapolis City Hall

350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve June 28, 2011 Minutes	Clarence Jones Co-Chair	Vote	6:00 – 6:10
Living Well Sustainability Annual Report	Brendon Slotterback	Presentation/Q & A	6:10 – 6:30
Healthy Food Policy: One Strategy of a Comprehensive Obesity Prevention Plan (Statewide Health Improvement Program- SHIP)	Lara Tiede	Presentation/Q & A	6:30 – 7:00
Homegrown Minneapolis Food Council	Gretchen Musicant	Announcement	7:00 – 7:10
Proposed 2011-2012 PHAC Work plan (Social determinants of health emphasis) <ul style="list-style-type: none">• Nutrition-food system work (Access, availability, quality, etc.)• Sexual health (HIV/STDs/STIs)• Youth violence prevention (culturally-based rites of passage)	Emily Wang	Presentation/Discussion	7:10 – 7:45
Department Updates	Gretchen Musicant	Presentation	7:45 – 7:55
Information Sharing	All		7:55 – 8:00

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

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



Minneapolis

City of Lakes

Public Health Advisory Committee

Tuesday, Aug 23, 2011, 6:00 – 8:00 pm

Minneapolis City Hall

350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve July 26, 2011 Minutes	John Schrom Co-Chair	Vote	6:00 – 6:10
PHAC Staff Change <ul style="list-style-type: none">Farewell to Brian Thomas MayWelcome to Kim Stringfellow		Presentation	6:10 – 6:20
Sustainability Indicators-2014 Targets		Presentation/ Q &A	6:20 – 6:50
Oct 24 th Food Day Ideas		Discussion & Vote	6:50 – 7:20
PHAC Letters of Support <ul style="list-style-type: none"><i>Citywide Healthy Food Policy Initiative</i><i>Mpls Parks & Rec Comprehensive Food Policy</i>		Discussion & Vote	7:20 – 7:45
Department Updates	Gretchen Musicant	Presentation	7:45 – 7:55
Information Sharing	All	Presentation	7:55 – 8:00

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

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



Minneapolis
City of Lakes

Public Health Advisory Committee

Tuesday, Sept 27, 2011, 6:00 – 8:00 pm

Minneapolis City Hall

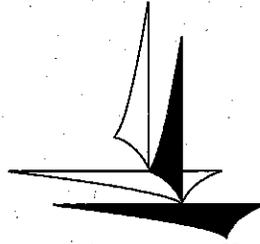
350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve Aug 23, 2011 Minutes	Clarence Jones Co-Chair	Vote	6:00 – 6:10
Making It Better Campaign	Kristin Klingler	Presentation/ Q & A	6:10 – 6:40
Navigators: Jobs & Health Care for Minnesota Communities	Sarah Greenfield	Presentation/Q & A	6:40 – 7:00
Minneapolis Swims	Hannah Lieder	Presentation/Q & A	7:00 – 7:15
Update: 10/24 Food Day Planning & Nutrition-related letters of support <ul style="list-style-type: none">• Linden Hills• MDHFS	Dr. Rebecca Thoman & Emily Wang	Presentation/Q & A	7:15 – 7:30
UHPAC Report <ul style="list-style-type: none">• MDHFS Contractors Survey for health literacy/cross-cultural communication	Jonatan Gudino	Presentation/Q & A	7:30 – 7:45
PHAC Membership <ul style="list-style-type: none">• Application Time for City Boards & Commissions• Current Vacancies• Ethics training requirement	Emily Wang	Presentation	7:45 -7:50
Department Updates <ul style="list-style-type: none">• Mayor's budget	Emily Wang		7:50 – 7:55
Information Sharing	All		7:55 – 8:00

Next Meeting: Oct 25, Minneapolis City Hall, Room 132

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



Minneapolis
City of Lakes

Public Health Advisory Committee

Tuesday, Oct 25, 2011, 6:00 – 8:00 pm
Minneapolis City Hall
350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve Sept 27, 2011 Minutes	John Schrom Co-Chair	Vote	6:00 – 6:10
Follow-up: Minneapolis Swims	Hannah Lieder & Rep. Karen Clark	Presentation/ Q & A	6:10 – 6:25
Update: Affordable Care Act (ACA)	Karen Soderberg	Presentation/Q & A	6:25 – 6:40
Draft PHAC Recommendation • ACA Navigators: Jobs & Health Care for Minnesota Communities	John Schrom/ Clarence Jones	Presentation/Q & A	6:40 – 7:00
Check-in: PHAC Work plan	John Schrom/ Clarence Jones	Discussion	7:00 – 7:15
Proposal for Remaining 2011 PHAC Meeting Schedule • Tues, Dec 6 th , 6:00-8:00 p.m.	Kim Stringfellow	Vote	7:15 – 7:20
UHPAC Report • MDHFS Contractors Survey for health literacy/cross-cultural communication	David Durenberger	Presentation/Q & A	7:20 – 7:30
Department Updates • 10/24 Food Day Activities • PHAC Nutrition-related letters of support • MDHFS Budget	Gretchen Musicant	Presentation/Q & A	7:30 – 7:55
Information Sharing	All		7:55 – 8:00

Next Meeting: Dec 6th??, 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 27, 2011**

Members Present: Robert Burdick, Samira Dini, Jonathan Hanft, Lizz Hutchinson, Clarence Jones, Saeng Kue, Robin Schow, Karen Soderberg, Julie Young-Burns

Members Excused: Patricia Hillmeyer, John Schrom, Abdullahi Sheikh

Members Unexcused: Douglas Limon, Dr. Rebecca Thoman, Gavin Watt

Staff Present: Gretchen Musicant, Emily Wang, Kim Stringfellow

Guests: Kristen Klingler, Minneapolis Department of Health and Family Support; Sarah Greenfield, Take Action; Hannah Lieder, Minneapolis Swims

Clarence Jones opened the meeting at 6:00 pm at City Hall and members and guests introduced themselves.

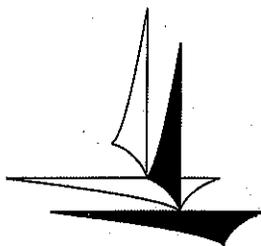
Item	Discussion	Outcome
Welcome & Introductions		
Approve August 23, 2011 Minutes		<ul style="list-style-type: none"> • Robert Burdick motioned to have minutes and agenda approved. • Seconded by Karen Soderberg. • Motion carried.
Making It Better Campaign	<p>Kristen Klingler from Minneapolis Department of Health and Family Support provided information about the Making It Better Campaign, which is part of the Communities Putting Prevention to Work (CPPW) federal grant. Visit www.makingitbettermn.org to enter the Making It Better Challenge and share information or stories about how you or your group has been involved in efforts to improve the health of your community. Entries and nominations of entries are due by October 31, 2011. Vote for your favorite stories.</p> <p>Kickoff celebration for the new Venture North Bike Walk Center on October 8, 2011, 11:00-2:00 pm, located at 1830 Glenwood Ave. For questions, contact Redeemer Center for Life, 612-354-7421. Visit www.bikewalkmove.org/emersonfremont for more information.</p> <p>More stories are wanted from groups, businesses, individuals who are making a difference. Send information to Kristen Klingler, Gretchen Musicant or Emily Wang.</p>	
Navigators: Jobs & Health Care for Minnesota Communities	<p>Sarah Greenfield shared information about TakeAction Minnesota, Affordable Care Act (ACA), Health Benefits Exchanges and Navigators www.takeactionminnesota.org. (See power point presentation). The deadline for submitting public comments to the U.S. Department of Health & Human Services has been extended to Oct 31st. Given PHAC's interest in access to health care, MDHFS staff will compare the PHAC principles to the ACA principles and bring to the October 25 meeting for consideration and input. Karen Soderberg can help to inform PHAC about ACA, given her related work with SHADAC.</p>	
Minneapolis Swims	<p>Hannah Lieder, Minneapolis Swims, presented information about their organization and the limited number of public swimming facilities in Minneapolis. (See power point presentation.) The Minneapolis Park and Recreation Board has been supportive of Minneapolis Swims. Clarence Jones suggested continuing this discussion at the October 25 meeting. Prior to the meeting, staff will discuss potential actions with Ms. Lieder,</p>	

	which intersect with PHAC priorities, in order to determine how best PHAC can provide support. For more information on Minneapolis Swims, check link: www.minneapoliswims.org .	
Update: October 24 Food Day Planning & Nutrition-related letters of support	University of Minnesota will sponsor a Food Day Rally on October 24 http://www.hfhl.umn.edu/NewsEvents/HFHLEvents/FoodDay/index.htm , and Mayor RT Rybak will officially declare October 24 as Food Day in Minneapolis. Presentation and further discussion is moved to the October 25 meeting.	
UHPAC Report	This presentation has been moved to a future PHAC meeting.	
Department Updates	<ul style="list-style-type: none"> • CDBG Year 36 budget has \$130K remaining. Discussion: Of the three block nurse programs, only Longfellow/Seward received funding. May consider Minneapolis American Indian Center Senior Program. Could also consider Southeast Asian Community Council if program activities are already in place. Motion to use one-time funding to support those approved but not funded agencies to expand existing programs. In the case of Block Nurse Programs, this is contingent upon reaching out to communities of color and/or learning from Longfellow/Seward about their outreach efforts. • Grants received recently include a lead grant from Hennepin County, and a \$1M federal grant to continue the work of SHIP and CPPW to be shared between MDHFS, Hennepin County and Bloomington. • The Mayor's budget includes an \$800K general fund cut to MDHFS. This includes a cut of approximately \$200K to the Safety Net, which includes community clinic grants and possibly MVNA, a \$75,000 reduction to the Domestic Abuse Project. Also included is a \$230K cut to staff/other administrative costs. • DHFS will be look internally to tweak the grant application process to respond to an increasingly competitive environment and will have a management meeting to examine how staff time is being utilized compared to Department goals. • The Department does have some carryover funds from last year in the local public health fund (State grant to all public health agencies). This is appropriate for one time uses like bridging funding for staff until a new grant is executed. • Accreditation for local public health departments will likely become an expectation for competitive grants in the near future. Preparing for accreditation will be time intensive and will need to have resources to support staff time. • Minneapolis City Council Ways and Means Committee will meet at 1:00 pm on October 19 to hear the DHFS budget presentation. A final vote by the full council will be in mid December. • Gretchen will have a conversation with the Neighborhood Health Care Network about cuts to the community clinics. • Gretchen will prepare a Power Point presentation for the Ways and Means Committee and will share it with PHAC. 	<ul style="list-style-type: none"> • Motion by Samira Dini and Lizz Hutchinson. • Seconded by Jonathan Hanft. • Motion carried.
PHAC Membership	Emily Wang gave an update to the committee about membership information. To apply for membership, the applicant needs to live or work in Minneapolis. Current PHAC appointments may continue for up to three consecutive two-year terms, with terms ending at the end of the second year. In this instance, a member may reapply for membership after one full year of non-membership. Staff will contact members about reapplying as the end of their two-year term approaches.	

	PHAC members are required to complete the ethics education at the beginning of their committee appointment and every three years after. This online training takes about 40 minutes to complete and can be accessed at http://mpls-ethics.appspot.com/main .	
Information Sharing	None	

Meeting adjourned at 8:00 p.m.

Minutes submitted by Kim Stringfellow and Emily Wang



Minneapolis

City of Lakes

Public Health Advisory Committee

Tuesday, December 6, 2011, 6:00 – 8:00 pm

Minneapolis City Hall

350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve October 25, 2011 Minutes Recognition	Clarence Jones Co-Chair	Vote	6:00 – 6:15
Bike parking and access guidelines for city employees	Robin Garwood 2 nd Ward Aide	Follow-up discussion	6:15 – 6:30
Minneapolis Swims - Finalize letter of support	John Schrom Co-Chair	Vote	6:30 – 6:40
Request for PHAC rep to the Public Health Emergency Preparedness Advisory Committee	Becky McIntosh	Request for volunteer	6:40 – 6:45
Draft Workplan for 2012-13 2012 Schedule and tentative agenda for January	Co-chairs	Discussion	6:45 – 7:15
Department Updates <ul style="list-style-type: none">• 2012 Health Budget update• Recreational fires	Gretchen Musicant	Presentation/Q&A	7:15 – 7:30
PHAC Membership <ul style="list-style-type: none">• Application Time for City Boards & Commissions• Current Vacancies• Ethics training requirement	Becky/Aliyah Ali	Presentation/Q&A	7:30 – 7:40
Information Sharing	All		7:40 – 8:00

Next Meeting: January 24, 2012, 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)
December 6, 2011**

Members Present: Robert Burdick, Jonathan Hanft, Patricia Hillmeyer, Lizz Hutchinson, Clarence Jones, Saeng Kue Douglas Limon, Robin Schow, John Schrom, Abdullahi Sheikh, Karen Soderberg, Julie Young-Burns.

Members Excused: Dr. Rebecca Thoman,

Members Unexcused: Samira Dini, Gavin Watt

Staff Present: Aliyah Ali, Becky McIntosh, Gretchen Musicant, Kim Stringfellow

Guests: Robin Garwood, Council Aide, Ward 2

John Schrom opened the meeting at 6:00 pm at City Hall and members and guests introduced themselves.

Item	Discussion	Outcome
Welcome & Introductions		
Approve October 25, 2011 Minutes		<ul style="list-style-type: none"> • Bob Burdick motioned to approve the October minutes as written, and seconded by Patricia Hillmeyer. October 23, 2011 minutes were approved by all, with no further discussion. • Motion carried.
Recognition	Recognition and thanks was given to Gavin Watt, Ward 1 Representative, for his time served and great work; and also to Clarence Jones, PHAC Co-Chair and Mayor's Representative, also for his time served and great leadership.	
Bike Parking and Access Guidelines for City Employees	Robin Garwood, Ward 2 Aide, provided information about the bike parking and access guidelines creation and how it has progressed. This includes not only bike racks, but also designs for indoor/locked cage type facilities to meet the short- and long-term needs. Also discussed were some of the challenges to be faced along the way, including availability and cost of showers, identifying decision makers, and options for scooters, mopeds and other like small-engine transportation. Questions, ideas or comments can be directed to Robin Garwood at 612-673-3654 or Robin.Garwood@minneapolismn.gov .	
Minneapolis Swims – Finalize Letter of Support	<p>Gretchen Musicant has been in communication with IGR about the committee's interest to express support for Minneapolis Swims. If a bonding request is being supported by the city, schools, parks, and all entities partners within the city, it is theoretically already on our agenda. The letter should be written to the MPRB which reinforces as a bonding initiative. IGR is not in favor of letting Minneapolis Swims include a copy of the letter in grant applications.</p> <p>Include edits to the letter: "Recognize that drowning disproportionately affects ___% of African American youth." There is a lack of infrastructure with three of MPS schools having pools.</p>	Motioned by Lizz Hutchinson with changes as discussed, seconded by Robin Schow, and all approved. Motion carries.
Request for PHAC Rep to the Public Health Emergency Preparedness Advisory Committee	Saeng Kue volunteered to represent PHAC on the Emergency Preparedness Advisory Committee for 2012, and report back to PHAC. The EPAC meetings twice a year, and the next meeting is scheduled for April 10 at the Ridgedale Library, from 11:30-1:00 pm.	
Draft work plan for	Committee members agreed the 2012 Meeting Calendar dates.	

<p>2012-13, 2012 schedule, and tentative agenda for January</p>	<p>January Agenda Members were asked what they feel are priorities for PHAC in 2012. Aliyah will draft and put together the workplan ideas.</p> <ol style="list-style-type: none"> 1. Public Health Infrastructure <ul style="list-style-type: none"> • CHIP – Health Assessment (1st and 2nd Quarter) • Accreditation Planning • Public Health Week (1st Quarter) 2. Youth Violence Prevention <ul style="list-style-type: none"> • Somali and American Indian Dialogue (1st or 2nd Quarter) • Noya Woodrich to report back (Spring 2012) • Check-in on progress related to alcohol and violence (Fall) • CDBG Grantee Report (Fall 2012) 3. Sexual Health <ul style="list-style-type: none"> • Issues with cultural groups • CDBG Grantee Report (Summer/Fall 2012) 4. Seniors <ul style="list-style-type: none"> • Alcohol and Drugs • Input to strategic planning (June 2012) • Increased numbers of seniors living in poverty • Seniors: poverty, isolation, and vulnerability 5. Healthy Living <ul style="list-style-type: none"> • Seniors and other mobility issues • Connecting PSE with community (hubs/working with disparity Grantees (Spring 2012) • CPPW – end of March Grantees (Kristen Klingler, Sarah Stewart) (May/June 2012) 6. Mental Health <ul style="list-style-type: none"> • Conceptualize a public health approach • Seniors and other isolated groups • Connection with chemical use • Bring in backyard 	
<p>Department Updates – Gretchen Musicant</p>	<p>2012 Health Budget Update City Council is working on the budget mark-up and will offer amendments and recommendations to the mayor. There will be one more public hearing and vote on December 14. There will be a 23% cut in General Fund support. Additional cuts to CDBG staffing was restored (\$72,000), and more amendments may come up, including Domestic Abuse funding, reallocating funding of Senior Ombudsman, cuts to community clinics and the uninsured, taxes/financial issues to seniors.</p> <p>The department has received an 18 month SHIP grant. SHIP 2.0 has the same focus of policy, systems and environment change as the first SHIP grant. We have also been notified that we will receive a Federal Community Transformation Grant over the next 5 years in partnership with Hennepin County and Bloomington, Edina and Richfield health departments. It uses the same types of strategies as the SHIP grant and will help expand our work.</p> <p>The PEW Charitable Trust has awarded us a health impact assessment. Grant for a study of the Above The Falls development plan.</p>	
<p>Recreational Fires</p>	<p>MFD has been charged to respond to the issue of grown number of complaints of outdoor fires at homes that impacts health and/or causing discomfort. On October 12 the PSHS Committee will meet. Dan Huff, Cherie Penn, Assistant Fire Chief and new Fire Marshall will present to</p>	

	<p>SEAC on February 1, 3:00 pm, location to be determined. Recommendations will be back to PS Safety Committee. They will look at the particulate matter with a keener eye, and once particulate matter is counted then Minneapolis will no longer have own quality control.</p> <p>Becky McIntosh will ensure the written information and PowerPoint is made available.</p>	
<p>PHAC Membership</p>	<p>Application Time for City Boards and Commissions and Current Vacancies</p> <ul style="list-style-type: none"> • Becky McIntosh shared with the committee the membership vacancies and appointment process. Wards 1, 5, 6, 12 and the Mayor's Representative seats are, or will be as of 1/1/2012, vacant. Approved re-appointments include Ward 2 Robin Schow, and Ward 9 John Schrom. The U of M SPH seat has been particularly difficult to fill due to the challenge in identifying a representative. Lizz Hutchinson, Robin Schow and John Schrom volunteered to participate on a subcommittee charged to review Member At Large applications, and will meet in early January 2012. <p>Ethics Training Requirement</p> <ul style="list-style-type: none"> • Advisory committee members are required to take the ethics training every four years. 	
<p>Information Sharing</p>		

Meeting adjourned at 7:50 p.m.

Minutes submitted by Kim Stringfellow and Becky McIntosh.