MINITARY CITY THRIVING FAMILIES

A Quarterly Update from the City of Minneapolis Department of Health and Family Support

May - June 2006

Leveraging resources to prevent youth violence

While many Minneapolis youth are successful in school and contribute to their families and community, some young people remain disconnected and disengaged and are at greater risk for perpetrating or being a victim of violence. The Minneapolis Department of Health and Family Support (MDHFS) will dedicate \$500,000 over the next two years to support community-based strategies that will intervene with disconnected young people and redirect them toward healthy, and contributing adult lives. The Minneapolis Foundation is also issuing violence prevention grants this spring. The two organizations are coordinating their efforts to help stem youth violence and positively change the course of young lives.

Homicide is a leading cause of death for people age 1 to 24 in Minneapolis and the number 1 killer for people age 15 to 24. From 2001 to 2003, more than one-third of the deaths for Minneapolis residents ages 15 to 24 were by homicide. This is nearly triple the number of youths and young adults killed in auto accidents. Robberies are increasing in Minneapolis and more than 40% of those arrested for these robberies have been juveniles. This increase in youth crime comes at a time when the City and nonprofit partners lost more than \$4 million of youth development programs.

Youths who are not connected and engaged in their families and communities are at high risk for participating in violence, so funding priority will be given to program plans that include strategies specifically designed to engage disconnected and disengaged youths. The funding will be allocated via a competitive request for proposals (RFP). The RFP and more information about this grant program, is available on the MDHFS website: www.ci.minneapolis.mn.us/dhfs.

The complex issue of youth violence does not have a single solution. Effectively addressing it will require collaboration among individuals and institutions in a comprehensive and community-wide approach. MDHFS, the Minneapolis Foundation, Northway Community Trust and the Minneapolis Youth Coordinating Board will work together to create this approach. This will include closely examining existing services and resources, identifying gaps and needs for greater investment in prevention activities and identifying ways to guide and measure the impact of violence prevention efforts. By working together, partners will combine resources for engaging youth and create a community-wide commitment that will make a difference and change the course of young people's lives. For more information on this initiative, please contact Jan Fondell at (612) 673-5527.

After smoking ordinance: business revenues still mostly higher

A study examining business revenues before and after the Minneapolis Indoor Smoking Ordinance of April 2005 shows that most Minneapolis bar and restaurant revenues were increasing before the ordinance and continued increasing after the smoking ordinance began.

The industry as a whole had higher revenue increases after the ordinance than in a comparable period in the previous year. All major commercial areas had increased revenues in 2005. Two types of businesses did have decreased revenue — decreases of less than 1 percent for downtown clubs and 4.15 percent for neighborhood bars.

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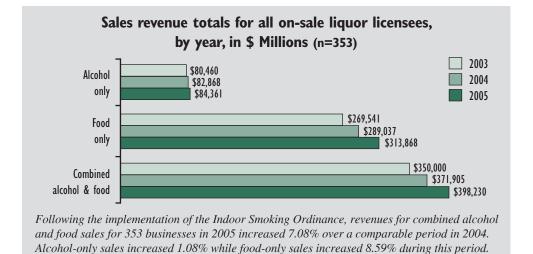
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Sales revenue from combined alcohol and food sales for establishments licensed to serve alcohol were compared from April to September of 2003, 2004 and 2005. For the four types of restaurants, increases ranged from 1.99 percent (for those with no minimum food sales requirement) to 9.02 percent for those licensed to serve wine and beer only with a 60 percent minimum food sales requirement. For private clubs, revenues increased 5.38 percent in 2005, and for hotels and bowling alleys, the increase was 11 percent. These increases were lower than those seen in previous years.

Revenues decreased in neighborhood bars by 4.15 percent and in downtown clubs by 0.09 percent. Increases before the ordinance – from 2003 to 2004 – were 1.06 percent for neighborhood bars and 0.01 percent for downtown clubs.

The study used taxable sales data from the Minnesota Department of Revenue for 353 businesses licensed to serve alcoholic beverages on their premises April through September from 2003 to 2005. These findings do not answer the question of what impact the smoking ordinance had on affected businesses. Revenues are not the same as profits, and profits are a more accurate gauge of business success.

Revenues are affected by many factors, including price increases, so increased revenue does not equate with increased business. However, since profits are private data, studies elsewhere have also relied on revenue data. For information about this report, please contact Pat Harrison, (612) 673-3883.



The Minneapolis Department of Health and Family Support (MDHFS)

VISION:

Healthy residents, communities and environments.



MISSION: to provide leadership in meeting the unique needs of our urban population by engaging partners in promoting individual, community and environmental health and eliminating disparities.

Gretchen Musicant, Commissioner

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Steps grants target family nutrition, fitness

Steps to a Healthier Minneapolis grants target the Near North, Phillips, and Northeast Minneapolis communities, helping families eat healthier and become more active.

To increase physical activity among families, grants for walking projects were awarded to the YWCA and Midtown Greenway Coalition in the Phillips community, Parents in Community Action, Inc. (PICA) and Oak Park Neighborhood Center of Pillsbury United Communities in Near North, and East Side Neighborhood Services in Northeast. Each walking project has community partners including neighborhood associations, local churches, community health clinics and neighborhood programs.

Grants for nutrition education for lower income families were awarded to the YWCA and Waite House of United Pillsbury Communities in the Phillips community, and Minnesota FoodShare and PICA in Near North. Community partners include Simply Good Eating, Minneapolis Heart Institute Foundation and Second Harvest.

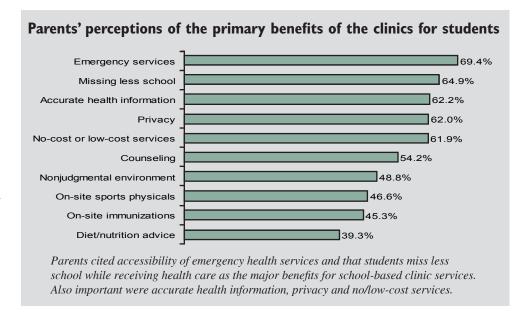
To increase access to healthy, culturally appropriate foods, the Northside Food Project in Near North pairs the University of Minnesota with the McKinley neighborhood association to pilot mini farmers' markets, conduct a community food assessment and explore opening a retail cooperative store and a Farmer's Market Annex site. The Institute for Agriculture and Trade Policy and the University of Minnesota School of Public Health will also pilot mini farmers' market sites and a resident survey on the impact of mini-market sites on buying nutritious foods.

Steps, an initiative of the U.S. Department of Health and Human Services, helps Americans become healthier by reducing diabetes, obesity, asthma and related risks of physical inactivity, poor nutrition and tobacco use. Selected for funding were the Minnesota Department of Health and the cities of Minneapolis, Saint Paul, Rochester and Willmar. For more information, please contact Janelle Peralez, (612) 673-3815.

Parents appreciate practical benefits of high school health clinics

School-based clinics offer a variety of services to Minneapolis high school students, including medical care, counseling, health education, prescriptions and laboratory services. A recent survey of parents provided perspectives on their priorities for patient care, benefits to students and access to services. Research was conducted between September 2005 and February 2006. Of 1,023 completed surveys from parents with students at Edison, Henry, South, Roosevelt and Washburn high schools, five major benefits stand out. These include emergency services, missing less school, accurate health information, teen privacy and no-cost/low-cost services.

Parents found major benefits in the accessibility of emergency health services and the convenience of onsite health care to save students from having to miss school. Parents also appreciated that the clinics serve as a source of accurate health information, afford privacy to teens, provide access to health services at low or no cost, and make health counseling available. For more information, please contact Donna Amidon, (612)673-5305.



Urban Health Agenda: New report targets health disparities

To create improved health care access and outcomes in Minneapolis, we need to understand what the most pressing health disparities are and hold ourselves accountable for measurable progress. MDHFS has recently released a new report examining this: "Health Disparities in Minneapolis: Populations of Color and American Indians." This report documents progress in addressing disparities in many health areas, but it stresses that challenges remain.

Community-wide health improvements are evident: The percentage of homicides among young adults fell, and the percentage of births to teens have generally decreased across all populations of color. The infant mortality rates among African American and American Indian babies and the gonorrhea rate among African Americans have declined sharply in recent years. In these last cases, the magnitude of the health disparities has decreased because the rates of improvement among populations of

color have been greater than the rate of improvement among the white population.

Despite these areas of progress, disparities persist across nearly every measure of health. For example, households with children found to have elevated blood-lead levels are disproportionately represented in neighborhoods with higher concentrations of people of color and American Indians.

Below are several examples of initiatives that are making a difference in reducing health disparities and are uniquely designed to address target populations.

Twin Cities Healthy Start

Founded in 1999, Twin Cities Healthy Start (TCHS) works to address infant mortality disparities in the African American and American Indian communities of both Minneapolis and Saint Paul. TCHS contracts with four community clinics and two communitybased social service agencies in Minneapolis and Saint Paul to provide case management services to high-risk mothers.

Seen on da Streets

This initiative addresses sexually transmitted infections and teen pregnancies in Minneapolis by providing outreach, education and clinical services to African American young males.

MPLS Kids

The Minneapolis Project for Lead-Safe Kids provides education and outreach to low-income families about lead hazards and reducing the dangers to their children. MPLS Kids works with homeowners, landlords, childcare facilities, churches, and community organizations.

The "Health Disparities in Minneapolis" report can be found on the MDHFS Web site: www.ci.minneapolis.mn.us/dhfs. For more information about the report or MDHFS programs, please contact Dave Johnson at (612) 673-3948.

Healthy City Updates

How healthy is Minneapolis?

Increased physical activity, improved air quality and access to fresh and healthy food add to the overall health and fitness of a community. Minneapolis Public Health Week, April 3 to 9, highlighted building a healthier community and better understanding of public health issues facing the city. The City Council adopted a resolution affirming Minneapolis as a city that embraces active living. For 'Take Your Shoes for a Walk Day' on April 4, city employees took a lunchtime hike to the Stone Arch Bridge. The public was invited to rate the health of the community for raising kids by taking a pop quiz on the American Public Health Web site at www.apha.org.

Healthy City News Ready, Set, Go for Emergency Preparedness

The arrival of spring weather brings warm and sunny days. National Severe Weather Awareness Week, April 17 to 21, signaled the need to be prepared for the types of severe weather that affect Minnesota: thunderstorms, hail, straight-line winds, lightning, heat waves, tornadoes and flash floods. For

details, visit www.readyminnesota.org.

A new emergency response plan details how the community will be alerted, what public information will be given to the news media, and what actions will be taken – especially for at-risk populations – when the summer heats up to dangerous levels. A metro-wide SuperHOT Team, including emergency preparedness and health officials from Minneapolis, Saint Paul, Hennepin County, Ramsey County, the American Red Cross, the National Weather Service, the Minnesota Department of Health, United Way and community coalitions, developed this heatemergency response plan. In March, the team received the Homeland Security

and Emergency Management Award of Excellence for their work. For more information, please contact Pam Blixt at (612)673-3933.

Health and Family Support staff Transitions

Coral Garner became director of Community and Public Health Initiatives in February. She oversees the school-based clinics, Senior Ombudsman's Office, housing advocates, youth development initiatives and the New Families Center. Before this appointment, Coral headed the Twin Cities Healthy Start program, working with community agencies to reduce infant mortality among African American and American Indian families.

Doriscile Everett-O'Neal became the new Healthy Start project director in April. Doriscile brings management experience in adolescent and family services. She is a former director of the Adolescent Pregnancy Prevention Program at the Summit University Teen Center in Saint Paul and served as Family Preservation team manager at African American Family Services in Minneapolis. She also taught at



After 26 years with the City of Minneapolis, of which 8 years were with MDHFS, Ken Dahl retired in December 2005. Ken is shown above being honored by the City Council with a special resolution recognizing his outstanding public service and leadership.

Metropolitan State University, the University of Minnesota and St. Olaf College.

Gopal Narayan is one of 14 participants in the 2006 Emerging Leaders Network, an effort to develop collaborative leadership skills and networks and increase the diversity of leadership within the field of public health. The network is supported locally by the Minnesota Department of Health, the Minnesota Public Health Association and the University of Minnesota School of Public Health.

Maria Orleny Arboleda was hired for outreach to Latino students and their families at the school-based clinic at Minneapolis Edison High School, in partnership with Westside Community Services through its La Clinica en Lake site. She is a veteran of bilingual and culturally sensitive health and outreach and will work on activities such as a Latino Health Fair and Aqui Para Ti adolescent health program.

Lora Quenemoen-Running retired from City government after 29 years, her last nine at the MDHFS Laboratory. Her conscientiousness and devotion to the job are appreciated. Shada Buyobe-Hammond has taken on her former job responsibilities.

Cathy Luiken recently resigned from the New Families Center for an exciting new position with Human Services, Inc. to coordinate a fetal alcohol project for Ramsey and Washington counties. Cathy is an expert in helping clients obtain health care coverage and provided outstanding service for families at the New Families Center. Congratulations to Cathy!

Carrie Day-Aspinwall has also left MDHFS. Carrie built a strong relationship with the community, coordinating one or more of the Phillips Weed and Seed programs since they began in 1997. Her excellent work ensured a smooth transition for the project, now being administered by the Greater Minneapolis Council of Churches, in January 2006. Thanks to Carrie for outstanding service and best wishes as she leaves the department.