

# Ranking Public Health Issues in Minneapolis

Minneapolis Department of Health and Family Support

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## **History of Minneapolis Public Health**

The Minneapolis Department of Health and Family Support (MDHFS) has been providing public health services to the City of Minneapolis for over 100 years. During that time, the roles and responsibilities of MDHFS have evolved based on changing social needs. At one time, all welfare programs, Hennepin County Medical Center (known at the time as Minneapolis General Hospital) and maternal and child health clinics were run by the City's Health Department. Over time, oversight of the welfare programs and the Medical Center went to Hennepin County. In the mid 1990s, MDHFS restructured around the core functions of public health: assurance, assessment and research, and policy and planning. Most direct services were discontinued and the Department subcontracted for those services through Hennepin County, Neighborhood Health Care Network, and other non-profit organizations.

## **Guiding Principles**

The Minneapolis Department of Health and Family Support operates under the following guiding principles:

- Our activities are investments in the health, social, and economic well being of the citizens of Minneapolis.
- Our work is accomplished through collaborations and partnerships.
- We work actively to build community capacity.
- We recognize, reflect, and respond to the increasing diversity of our city.
- We identify and define outcomes, evaluate, and report on results.
- We make decisions about resource allocation based on sound research or promising strategies.

## **Background on CHS Planning Process**

Since 2000, the MDHFS Research Division has been working with Hennepin County Community Health Assessment Division and the City of Bloomington Division of Public Health to plan and execute a comprehensive health assessment and survey of the residents of Minneapolis and suburban Hennepin County (Survey of the Health of Adults, the Population, and the Environment-SHAPE). The data from SHAPE were the basis of the Community Health Services assessment.

In the past, each public health department would then put together a plan that would flow from that assessment. This year we are strengthening our community engagement in the CHS planning process by getting input from both the staff of the Department and various stakeholders that we work with in the community.

The Minnesota Legislature recently enacted legislation that consolidates eight public health grant funds that form the core funding support for public health agencies across the state. With the new legislation, funding will be less restrictive and more flexible to

respond to needs of local communities. As a result of this new legislation, local public health departments have been directed to identify priority health issues that impact the communities they serve.

**Process**

Our process consisted of surveying both the internal staff and external community stakeholder groups. Initially we developed a list of public health issues that the staff ranked and prioritized. In addition, we developed a list of community stakeholder groups that we later contacted to give us input about the key health issues for the people they work with or represent. We initially approached twenty-two stakeholder groups. Inputs from the both groups are contained in the attachments 6 and 7. A more detailed description of this process is found in attachment 1.

**Priority issues identified by community groups**

As we met with various groups in the community, there were certain themes that were regularly encountered. The issues identified were access to health care, mental health, obesity and related chronic conditions, teen pregnancy and STDs, healthy housing, needs of immigrant communities, and concerns around violence related to economic conditions and cuts to programs.

Table 1. Priority Issue Areas Identified by Community Groups

<b>Health care access</b>
-insurance/cost -how to access system, especially for immigrants -concerns that services offered by safety net providers (e.g. HCMC) will be greatly reduced -dental care
<b>Mental health</b>
-access -cultural appropriateness -services to children, youth, and adults
<b>Obesity and associated chronic conditions (e.g. diabetes and hypertension)</b>
-obesity and diabetes affecting all ages including children.
<b>Adolescent sexuality</b>
-teen pregnancy prevention -STIs -access to confidential reproductive health services
<b>Youth programs</b>
-concern about cuts to youth programs and the potential for increased violence, teen pregnancy, etc.
<b>Domestic violence and neighborhood violence</b>
-increasing gang activity in the middle and high schools along racial and cultural lines -many people have expressed concern that the depressed economy and cuts to

programs has already or will result in increased family and neighborhood violence
<b>Healthy housing</b>
-lead abatement and prevention of exposure to lead -asthma
<b>Immigrant communities</b>
-need outreach and health education to immigrant communities. -interpreters -need for printed materials in multiple languages -needs of the undocumented

Table 2. Priority Issue Areas Identified by Community Groups by healthcare topic and population subgroup

Topic	Population subgroup				
	Children	Adolescents	Adults	Seniors	Immigrants
<b>Health care</b>					
<b>Health care access</b>					
Availability of insurance	✓	✓	✓		✓
Availability of health services	✓	✓	✓	✓	✓ Especially for undocumented
Access to confidential reproductive health services		✓			
Knowing how to use the system					✓ Education, outreach, interpreters, print materials.
<b>Specific health services</b>					
Dental care	✓	✓	✓	✓	
Mental health care	✓	✓	✓	✓	✓

<b>Specific health conditions</b>					
Obesity and related conditions	✓	✓	✓	✓	✓
<b>COMMUNITY AND ENVIRONMENTAL CONCERNS</b>					
Youth development programs		✓			
Teen pregnancy prevention		✓			
Domestic violence			✓		
Neighborhood violence		Gang activity in schools ✓	✓		
Healthy housing	Lead abatement ✓				

### Reflections on discussions with the community

There is almost universal concern about the ability of community agencies to respond to the needs of low-income people due to government cutbacks. While Minnesota has prided itself on having one of the highest rates of participation in health care in the nation, health care access remains a concern to many constituency groups. Lack of sensitivity on the part of health care providers to people with different cultural/ethnic backgrounds is often cited as a barrier to receiving quality health care. Close to the top of the needs for health care is access to mental health services. Community groups site the epidemic of obesity in all ages and its impact on chronic conditions affecting the overall health of the community as a major concern. School based clinics are seen as a vital resource in serving the health care needs of adolescents when schools are increasingly expected to do more with less.

As we have identified priority issues, we need to also capture the assets and resources available in the community to address these issues in a way that unites our communities across all ethnic, social, and economic levels. As a department, we are committed to continuing this active dialogue within our own organization and extending it into the community. While the exercise of prioritizing is very much related to our public health funding, we intend to engage the community and our public servants in these discussions throughout this decade.

# Attachment 1

## Prioritization Methods

### Process

- A Department Internal Staff Committee developed a list of Public Health Issues and criteria for assessment.
- The list of Public Health Issues was disseminated and discussed with a larger group, comprised of members from the monthly Policy and Research Cluster meetings. Additions were made, and people were given approximately 1 week to email further suggestions to the Internal Committee.
- Based on input from the Policy and Research Cluster, the Internal Committee developed a survey for all MDHFS staff to fill out (see attachment 2).
- While the internal MDHFS survey was being collected, the Internal Committee developed a list of community groups to solicit input from, and reviewed it for completeness (see attachment 3).
- A description of the project and questions for community groups were developed. (see attachment 4).

### Addition of data

- The Internal Committee gathered as many data about the various Public Health Issues in regard to numbers or rates (see attachment 5).

### Input from MDHFS staff

- A survey was emailed to all staff members from MDHFS, including Minneapolis Employment and Training Project (which has subsequently moved out of the MDHFS department).
- Approximately 1½ weeks were given for staff to respond to the survey.
- Results were tallied and presented to staff (All-Staff special meeting May 21, 2003).

### Input from community groups

Individual MDHFS staff met with various community groups to gather their input regarding key issues affecting people they work with or communities they represent.

- Internal Committee individuals summarized notes in electronic form.

### Outputs

- Internal Committee staff compiled lists of MDHFS staff Public Health Issues priorities according to overall votes and criteria-specific votes (see attachment 6).
- Internal Committee staff compiled the lists of priorities from various community groups (see attachment 7).
- Community group priorities were categorized into groupings of similar issues. (see attachment 7). Groups were allowed to contribute multiple responses within any given category, as long as the issues were distinct.

## Attachment 2 Staff Survey

### Minneapolis Department of Health and Family Support Public Health Issues Prioritization Ranking Matrix

There are 5 statements at the top of the following table. After reading the first statement, go down the list of health issues and mark (✓) the ones you feel most strongly agree with the statement. Repeat for the remaining statements. You may mark as many health issues as you want for each statement.

Issues	Statements				
	Issue affects a large number of people in Mpls	Issue affects city residents more than metro residents	MDHFS can have a great impact on this issue	There is a high amount of community interest in this issue	There are unmet needs in this issue
Asthma					
Cancer					
Cardiovascular disease					
Diabetes					
HIV/AIDS					
Sexually transmitted infections					
Children's immunizations					
Child care					
Well-child checkup					
School readiness (academic, physical & social development)					
Infant mortality					
Parenting					
Pregnancy and birth					
Teen Pregnancy					
Healthcare access- Dental					
Healthcare access- Public health nursing					
Healthcare access- Medical					
Healthcare access- Mental health					
Healthcare access- Vision					
Healthcare access-Insurance					
Housing- Affordable					
Housing – Quality (Safe, clean & maintained)					
Housing- Senior					
Lead					
Mental Health- Adolescent					
Mental Health- Emergency Preparedness					
Mental Health- Other					
Suicide					
Emergency preparedness					

Nutrition –Access to meal programs, food shelves, grocery stores, etc.					
Obesity					
Physical activity					
Tobacco use					
Alcohol abuse					
Illicit drug use					
Unintentional Injury					
Violence- child abuse/neglect					
Violence- domestic/ intimate partner					
Violence- gang					
Violence- gun					
Other (specify): _____					
Other (specify): _____					

From the list above, please list the 5 public health issues you feel are of greatest importance for our department:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### Attachment 3

### Community groups consulted

Quarterly Contractors
Senior Advisory Committee
Disability Advisory Committee
PHAC
Disparities Grantees
Healthy Start Consortium
MUID
MVNA Professionals Advisory Committee
Healthy Learners – Strategies Management Group
Chairs of HIV Planning Council
Mpls IEIC
Call To Action
Northside Health Advisory Committee
Alliance Home Visiting
GMDCA
Phillips/Powderhorn Healthy Comm. Task Force
SE Asian Community Council & Lao Assistance
Somali Community of MN & Confederation of Somali Community
Latino Advisory Comm. To the City
Health Related Services group (Sarah Mullet)
Lead Steering Committee
Neighborhood Employment Network

## Attachment 4

## Community questions

### Guidelines for talking with Community groups

- Explain CHS planning and prioritizing process.
- Ask people to consider the reality of budget situations six months to one year from now on a city, County, and State level.
- The overall question we are trying to answer is “What are the key health issues for Minneapolis residents?”
- Ask people what key health issues are important for people they serve or group they belong to.
- Document feedback gotten from members of community groups. Try to get as specific about issues as possible. For example, if the group identifies “health disparities”, ask what disparities they are most concerned about.

### Background

Every local public health agency in Minnesota is responsible for doing Community Health Services (CHS) planning every four years. After compiling data on how widespread a variety of health issues are; We are now in a prioritization process where we are getting input from internal staff and community stakeholders about what the priority health issues should be six months to one year from now for the residents of Minneapolis. We are facing some big budget challenges in the next year and need guidance from the community about what are the most pressing needs.

There is also the possibility that the way public health is funded may be changing in Minnesota. The Governor is promoting consolidation of all public health grant funds. This is subject to the approval of the current Legislature. We won't know until the Legislature is adjourned whether public health grant funds will continue to flow as they have or whether the funds will be consolidated. With the possible consolidation of public health grant funding; we will face some further reductions in level of funding from the Minnesota Department of Health.

## Attachment 5

## Public Health Issues Data Compilation

### Minneapolis Department of Health and Family Support Public Health Issues Data

Issues	Data
Asthma	Minneapolis: 12% adults reported diagnosed by doctor – SHAPE 2002 Minneapolis: 5% children under 2 ½ years with doctor-diagnosed asthma – CHAMP
Cancer	HC: 4400 new cases , 2000 deaths – CHS AB
Cardiovascular disease	Minneapolis: 7% adults heart trouble or angina – SHAPE 2002 Minneapolis: 17% adults high blood pressure – SHAPE 2002 Minneapolis: 15% adults high cholesterol – SHAPE 2002 HC: 2,359 deaths. Leading cause of death – CHS AB
Diabetes	Minneapolis: 5% adults with doctor-diagnosed diabetes – SHAPE 2002 HC: 3200 new cases – CHS AB
HIV/AIDS	Minneapolis: 126 new cases of HIV –MDH Minneapolis: 1299 persons living with HIV –MDH Minneapolis: 860 persons living with AIDS – MDH HC: 177 new cases of HIV –CHS AB
Sexually transmitted infections	Minneapolis: 2897 new cases of chlamydia – MDH Minneapolis: 1390 new cases of gonorrhea –MDH Minneapolis: 36 new cases of syphilis –MDH HC: 3400 new cases of chlamydia –CHS AB
Children’s immunizations	66% 24 months up-to-date (2001) – MDH
Child care	CENSUS
Well-child checkup	Minneapolis: 139,251 number of 0-24 months-old in the city
School readiness (academic, physical & social development)	Minneapolis: 5,185 children enrolled in kindergarten (2000)
Infant mortality	Minneapolis: 6 per 1,000 live births – CHS AB
Parenting	Minneapolis: 73,939 number of families in the city
Pregnancy and birth	Minneapolis: 6500 births annually – Vital Stats
Teen Pregnancy	Minneapolis: 1200 teen pregnancies in the city annually – CHS AB
Healthcare access- Dental	Minneapolis: 32% of adults do not have dental insurance – SHAPE 2002 Minneapolis: 33% of families with 2 ½ year olds do not have dental insurance – CHAMP
Healthcare access- Public health nursing	
Healthcare access- Medical	Minneapolis: 17% of adults delayed or did not get care they thought they needed – SHAPE 2002
Healthcare access- Mental health	Minneapolis: 37% of adults delayed or did not get MH care they thought they needed – SHAPE 2002
Healthcare access- Vision	

Healthcare access-Insurance	Minneapolis: 11% of adults uninsured – SHAPE 2002
Housing- Affordable	Minneapolis: 6% of adults report missing a rent or mortgage payment because they didn't have enough money – SHAPE 2002 CENSUS
Housing – Quality (Safe, clean & maintained)	Minneapolis: 19% of housing considered below average condition – State of City 2001
Housing- Senior	
Lead	Minneapolis: MEGAN
Mental Health- Adolescent	Minneapolis: 16% of 9 <sup>th</sup> graders reported being “worried or anxious” – MSS
Mental Health- Emergency Preparedness	
Mental Health- Other	Minneapolis: 15% adults with doctor-diagnosed depression – SHAPE 2002 Minneapolis: 10% adults with doctor-diagnosed anxiety/panic attack – SHAPE 2002
Suicide	Minneapolis: 45 suicides per year on average – State of City 2001
Emergency preparedness	
Nutrition –Access to meal programs, food shelves, grocery stores, etc.	Minneapolis: 7% of adults used food stamps – SHAPE 2002 Minneapolis: 4% of adults used food shelves – SHAPE 2002
Obesity	Minneapolis: 48% of adults are overweight or obese – SHAPE 2002
Physical activity	Minneapolis: 39% of adults report 5 or more days of moderate exercise per week – SHAPE 2002 Minneapolis: 45% of adults report 3 or more days of vigorous exercise per week – SHAPE 2002
Tobacco use	Minneapolis: 21% of adults smoke cigarettes – SHAPE 2002 Minneapolis: 12% of households with children 5 and under report second-hand smoke – SHAPE 2002
Alcohol abuse	Minneapolis: 19% of adults binge drank –SHAPE 2002
Illicit drug use	Minneapolis: 21% of 9 <sup>th</sup> graders reported trying illegal drugs – MSS
Unintentional Injury	Minneapolis: 24% of seniors have fallen in the past year – SHAPE 2002 HC: 360 deaths due to unintentional injuries – CHS AB
Violence- child abuse/neglect	
Violence- domestic/ intimate partner	
Violence- gang	
Violence- gun	

Sources:

SH=SHAPE 2002      CH=CHAMP      CHS AB=Community Health Services Assessment Bulletin  
MDH=Minnesota Department of Health      Census=Census 2000      Vital stats=Minneapolis vital statistics  
MSS=Minnesota Student Survey

## Attachment 6

## MDHFS staff priorities

### MDHFS staff survey results: Issues sorted by overall total

Issues	Statements Affects large number of people in Mpls	Affects city residents more than metro residents	MDHFS can have a great impact on this issue	High amount of community interest	Unmet needs	Total
Sexually transmitted infections	15	15	18	7	14	<b>69</b>
Housing- Affordable	17	15	5	11	14	<b>62</b>
Teen Pregnancy	12	18	12	6	13	<b>61</b>
Healthcare access- Insurance	14	14	10	9	14	<b>61</b>
Lead	15	15	13	5	11	<b>59</b>
Healthcare access- Medical	14	13	11	7	12	<b>57</b>
Housing – Quality (Safe, clean & maintained)	15	15	4	4	13	<b>51</b>
School readiness (academic, physical & social development)	14	13	6	6	11	<b>50</b>
Asthma	15	14	4	6	9	<b>48</b>
Obesity	15	7	5	9	12	<b>48</b>
Healthcare access- Dental	12	9	9	4	13	<b>47</b>
HIV/AIDS	9	13	8	6	10	<b>46</b>
Physical activity	14	10	4	4	12	<b>44</b>
Children’s immunizations	13	11	10	1	7	<b>42</b>
Infant mortality	5	14	11	3	9	<b>42</b>
Tobacco use	15	6	10	3	7	<b>41</b>
Child care	16	8	2	7	7	<b>40</b>
Pregnancy and birth	13	7	8	2	9	<b>39</b>
Healthcare access- Mental health	11	10	5	3	10	<b>39</b>
Housing- Senior	10	11	6	0	11	<b>38</b>
Mental Health- Adolescent	10	6	6	3	12	<b>37</b>
Cardiovascular disease	15	6	2	3	10	<b>36</b>
Emergency preparedness	11	2	10	7	6	<b>36</b>
Nutrition –Access to meal programs, food shelves, grocery stores, etc.	12	11	1	1	11	<b>36</b>
Parenting	15	6	3	1	10	<b>35</b>
Violence- gang	7	12	0	8	8	<b>35</b>
Well-child checkup	11	9	5	2	6	<b>33</b>
Illicit drug use	8	8	3	6	8	<b>33</b>

Diabetes	10	9	0	5	7	31
Violence- child abuse/neglect	8	6	1	6	10	31
Cancer	13	5	1	4	6	29
Healthcare access- Public health nursing	5	8	7	4	5	29
Alcohol abuse	11	5	5	1	6	28
Violence- domestic/intimate partner	10	3	1	5	9	28
Mental Health- Other	8	5	1	2	10	26
Violence- gun	5	9	0	4	7	25
Healthcare access- Vision	5	6	3	2	5	21
Unintentional Injury	9	3	0	0	7	19
Mental Health- Emergency Preparedness	5	2	3	1	6	17
Suicide	2	2	2	1	7	14

**MDHFS staff survey results: Issues sorted by categories**

**Issue affects a large number of people in Mpls**

Top "5"

- Housing- Affordable
- Child care
- Sexually transmitted infections
- Lead
- Housing – Quality (Safe, clean & maintained)
- Asthma
- Obesity
- Tobacco use
- Cardiovascular disease
- Parenting

Bottom "5"

- Suicide
- Infant mortality
- Healthcare access- Public health nursing
- Violence- gun
- Healthcare access- Vision
- Mental Health- Emergency Preparedness

**Issue affects city residents more than metro residents**

Top 5

- Teen Pregnancy
- Sexually transmitted infections
- Lead
- Housing – Quality (Safe, clean & maintained)
- Housing- Affordable

Bottom "5"

- Unintentional Injury
- Violence- domestic/ intimate partner
- Suicide
- Mental Health- Emergency Preparedness
- Emergency preparedness
- Healthcare access- Medical

**MDHFS can have a great impact on this issue**

Top 5

- Sexually transmitted infections
- Lead
- Teen Pregnancy
- Infant mortality

Bottom 5

- Violence- domestic/ intimate partner
- Violence- gang
- Violence- gun
- Diabetes
- Unintentional Injury

**There is a high amount of community interest in this issue**

Top "5"

Housing- Affordable

Healthcare access-Insurance

Obesity

Violence- gang

Sexually transmitted infections

Healthcare access- Medical

Emergency preparedness

Child care

Bottom "5"

Children's immunizations

Alcohol abuse

Parenting

Mental Health- Emergency Preparedness

Suicide

Nutrition –Access to meal programs, food shelves, grocery stores, etc.

Housing- Senior

Unintentional Injury

**There are unmet needs in this issue**

Top "5"

Housing- Affordable

Healthcare access-Insurance

Sexually transmitted infections

Teen Pregnancy

Healthcare access- Dental

Housing – Quality (Safe, clean & maintained)

Bottom "5"

Healthcare access- Public health nursing

Healthcare access- Vision

Emergency preparedness

Cancer

Well-child checkup

Alcohol abuse

Mental Health- Emergency Preparedness

# Attachment 7

# Community agencies priorities

## CHS Prioritization Process- Community Input

Group	Issues
Quarterly Contractors	Infant mortality Effect of unemployment on health (violence) Teen pregnancy Needs of undocumented Latinos Child poverty Violence ADHD Asthma Diabetes TB Communicable diseases Concern about using emergency room for health care Access to preventative and primary care services for the uninsured Maternal Child Health
Senior Advisory Committee	Access to health care Affordable, quality health care Affordable insurance Cost of prescription drugs Transportation to medical care Mental health care Coverage for dental, optical and hearing aids Caregiver support Exercise opportunities
PHAC	Need for education re: chronic disease, e.g. diabetes, high blood pressure. Housing quality (healthy housing) Lead (housing) Healthcare system education (access and prevention) Smoking Prevention & Education* * Environmental issues Homelessness School Based Clinics **** Violence domestic, child abuse, neglect, neighborhood. Educate consumers/community re: prevention Obesity- physical activity, healthy eating, access & knowledge. Cultural competence among health care providers Discrimination Parent education Public health nursing Senior health* * Immigrant/refugee health Transportation Emergency preparedness Early childhood screening Drug & Alcohol abuse Insurance Access for mental health/chemical dependency Summer/after school programs for youth Affordable Housing *



	Need for education, re: prevention/early intervention Pregnancy in teens, teen pregnancy/parenting in general (TAPS) STI's *
Eliminating Health Disparities Grantees	<p>Youth tobacco prevention (2)</p> <p>Urban environment e.g. lead, asthma, etc. (2)</p> <p>Health care for <u>kids and youth</u> (5)</p> <p>Basic infrastructure (H<sub>2</sub>O, clean air bio accumulation of toxins) (1)</p> <p>Healthy sexuality – STIs (3)</p> <p>Sex education (3)</p> <p>School based reproductive health (2)</p> <p><u>After school youth programs/enrichment</u> (5)</p> <p>Education training – cultural competency (2)</p> <p>Adult employment training</p> <p>Encouraging youth – health careers</p> <p>Affordable continuing care seniors (1)</p> <p>Nursing homes – adequate services</p> <p>Respite care for uninsured (2)</p> <p><u>1<sup>o</sup> and 2<sup>o</sup> addressing needs of teen pregnancy (prevention)</u> (7)</p> <p><u>Breast cancer – culturally appropriate</u> (5)</p> <p>HIV/AIDS (4)</p> <p>Substance abuse (2)</p> <p>Domestic violence (3)</p> <p><u>Access to health care (and insurance)</u> (12)</p> <p>Prevention focus on health care (7)</p> <p>Screening and primary care (5)</p> <p><u>Youth prevention programs *</u> (14)</p> <p>Refugees and immigrants (3)</p> <p>Health education</p> <p>Health care access</p> <p>Unique needs</p> <p>Focus on youth and youth violence (2)</p> <p>Youth – make good</p> <p>Support parents (1)</p> <p><u>Confidential health care for youth – reproductive</u> (9)</p> <p>Early childhood -- nutrition, immunization (4)</p> <p>Fitness, nutrition/health lifestyles (1)</p> <p>Interpreter services (1)</p> <p>Transportation (1)</p> <p>Mental health services (whole population) (2)</p> <p>Health disparities (racial/ethnic) (2)</p>
Healthy Start Consortium	<p>Over the counter drug costs</p> <p>Free clinics</p> <p>Public health insurance coverage</p> <p>Culturally specific health programs</p> <p>Mental health services</p> <p>Parenting behavior, attachment</p> <p>Parental custody</p> <p>Quality of health care to lower income consumers</p> <p>Prison health, community re-entry</p> <p>Infant mortality</p> <p>Parental accountability</p>
MVNA Professionals Advisory Committee	<p>Uninsured and underinsured</p> <p>Children's health</p> <p>Public health nursing</p>

	<p>School health  Senior health assessment  Repeat teen pregnancy  Bioterrorism  Environmental health  Lead  Asthma  Home assessments  Diabetes  Immigrant/refugee health (Somalis and Latinos)  Childhood prevention and screening</p>
<p>Healthy Learners – Strategies Management Group</p>	<p>Lack of Insurance  Safety net availability (School based clinics, public hospital, community clinics)  Mental health – an increased need due to financial pressures  Social conditions  Support services for students and families in schools  Infant mortality  School readiness  Neighborhood safety/violence  STDs  Teen Pregnancy  Food security  Access to fresh produce in some parts of the city  Obesity and all the chronic conditions associated with it like Diabetes</p>
<p>Chairs of HIV Planning Council</p>	<p><b>Affordable health care including insurance premiums as well as the costs associated with catastrophic disease.</b>  Health disparities, specifically those related to pregnancy and STDs.  Health insurance  Diabetes  Education and screening related to health disparities  Access to services  Information about available services  Teen pregnancy  Smoking  HIV  Children/adolescent programs to keep kids off the street during the summer and after school.</p>
<p>Mpls IEIC</p>	<p>Adequate nutrition  well child checks  immunizations  dental care  Interpreters  Access to translated health information  Use of emergency room for primary care-availability of providers  Uninsured children and families  Premature births and healthy pregnancies  lead abatement  transportation to health care  children’s mental health needs  Undocumented immigrants  Hearing and vision screening  Developmental screening  Homelessness</p>

	Violence
Call To Action	teen pregnancy prevention STD's support for peer education
Northside Health Advisory Committee	STI's Cardiovascular disease Diabetes
Alliance Home Visiting	Mental health resources for Latinos (bilingual, culturally appropriate) Health care access-resources for undocumented Reproductive health care and birth control Refugee health care in general Teen pregnancy education and prevention
GMDCA	Health care access Childhood obesity and diabetes. Physical activity Immunizations Childhood injury prevention Asthma Public health education information Child care Children's mental health Availability of health and early childhood services for immigrants and refugees Lead
Phillips/Powderhorn Healthy Comm. Task Force	Immigrant health issues Access to health care Fear of getting caught by INS limits interactions with service providers. Continuity of care issues (e.g. immunizations) Obesity and lack of physical activity in children Social conditions- housing, jobs, etc. in this economy leads to greater stress on low income families and increased focus on basic needs Preventive health care
SE Asian Community Council & Lao Assistance	Diabetes Stroke High blood pressure Health education needed in native language regarding prevention, diseases, accessing health care Accessing medical care Domestic violence
Somali Community of MN & Confederation of Somali Community	Posttraumatic Stress and other Mental health issues TB After school programs for youth <b>Seniors</b> Hypertension Diabetes Exercise/physical activity to combat sedentary lifestyle Health housing issues (lead, roaches, and other pests) Arthritis Social isolation
Latino Advisory Comm. To the City	Health care coverage Family planning Teen pregnancy

	Chemical dependency
Health Related Services group (Sarah Mullet)	Repeat teen pregnancies School attendance Child care Parent education STI's Youth violence (gangs)/injuries Youth depression Chemical health Access to health care Access to mental health care Asthma Health insurance Immunizations Diabetes Obesity Life threatening allergies oral health hearing and vision screening Need for more interpreters Early childhood education Childhood screening
Neighborhood Employment Network	<b>Communicable diseases</b> Dental care Chemical Dependency** Mental Health**** Maternal and child health Reproductive health Child care for sick kids Lack of health care access Immigrant and refugee outreach and education

<b>Category</b>	<b>Number of issues</b>
Health system accessibility	33
Child health	17
Chronic health conditions	17
Risk behavior/factors	17
Immigrant/refugee issues	15
Mental health	12
Reproductive health	12
Environment	10
Health education	10
Infectious diseases	10
Violence	9
Social conditions	8
Health care services	6
Maternal and child health	6
Healthy parenting	6
Senior health	4
Youth development	4
Preparedness	2