

MINNEAPOLIS

HEALTHY CITY THRIVING FAMILIES



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

October - December 2007

100 Days to Get Fit! Jan. 16 to April 24, 2008

Last year, approximately 8,000 people teamed up through Get Fit Twin Cities, motivating each other and integrating more physical activity into their daily lives. Get Fit Twin Cities is coming back in January, and it's even simpler – the entire focus is on moving. Teams of two to 10 people track their minutes of physical activity and report their progress online weekly. Get Fit is easy to implement and comes with a free worksite toolkit. Find out how much progress you and your colleagues can make on your fitness goals in 100 days!

New this year – children can be part of a family team. The Minneapolis Steps staff will work closely with Minneapolis Public Schools to get the word out to families about this fitness challenge. Program highlights include:

- A weekly e-mail with health and fitness tips and event notices.
- Free and reduced prices for fitness clubs and classes.
- Random prize drawings for teams that report their progress and grand prizes for the top winning team.

Join us for this year's Get Fit kickoff on Jan. 12, a fun-filled day of activities for the whole family at Midtown Global Market in Minneapolis.

Register your team today at www.getfittwincities.org. The first 10,000 participants who live or work in Minneapolis and Saint Paul participate for free; registration with other metro addresses is \$5 per individual.



Feel better.
Look better.
Live longer.

This community-wide fitness program was developed by the Minneapolis Department of Health and Family Support as part of its Steps to a Healthier Minneapolis grant in collaboration with Steps to a Healthier Saint Paul. The 2008 Get Fit campaign builds on the successes of 2007.

For a worksite toolkit or more information, call Lara Tiede at (612) 673-3815 or lara.tiede@ci.minneapolis.mn.us.

Youth Violence Prevention: Blueprint for Action

A City Council hearing is scheduled for Jan. 7 to receive formal public comment on the City of Minneapolis Youth Violence Prevention Steering Committee's recommendations for preventing youth violence in Minneapolis. The final draft of the framework known as the "Blueprint for Action" will be complete by early January. A Jan. 9 Minnesota Meeting, sponsored by the Minneapolis Foundation, will focus on the Blueprint for Action and feature the renowned leader on youth violence prevention, Deborah Prothrow-Stith.

The blueprint focuses on these four strategies:

- **Intervention through action** to ensure that the community unites to intervene at the first sign of at-risk behavior in each young person.
- **Restoration** to ensure that we do not write-off our young people once they have become involved in the juvenile justice system.
- **Unlearning violence** to create community change. This will mean changing the violent messages children receive, modeling non-violent behavior that prevents and de-escalates conflicts, and addressing violent behavior in young people with consequences and second chances.

- **Prevention through connection** to ensure that every young person in Minneapolis is supported by at least one trusted adult.

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By January of 2008, the City will hire a full-time Youth Violence Prevention Coordinator to further develop and oversee the implementation of the Blueprint for Action. During the first year, smaller workgroups will convene to advise the coordinator on implementation.

There is broad-based energy, hope and support for collective action to improve the lives of youths in Minneapolis and the health of the City.

The City of Minneapolis established this 32-member steering committee in April 2007 to create and oversee the implementation of a multi-faceted, public health approach to significantly reduce and prevent youth violence in Minneapolis.

For a copy of the Blueprint for Action, or other information, please contact Coral Garner at (612) 673-5446 or coral.garner@ci.minneapolis.mn.us.

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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Emergency Contraception – A Critical Tool in Preventing Teen Pregnancy

Despite improvements in contraceptive use among teenagers in recent years, national studies have found that three-fourths of teen pregnancies are unintended and result from no use or incorrect use of contraceptives. In response to these situations, emergency contraception was developed as an effective method to prevent pregnancy after unprotected sexual intercourse. “Plan B” has been dispensed since 2001 at the school-based clinics operated by MDHFS.

The school-based clinics provide emergency contraception as part of a comprehensive system for preventing teen pregnancies that includes individualized risk assessments, obtaining a history of sexual behavior and contraceptive use, conducting tests for pregnancy and sexually transmitted diseases and contraceptive counseling. Patients are also counseled to re-evaluate their choice to be sexually active, especially when they express ambivalence about having sex, and they are encouraged to discuss reproductive health with their parents and partners.

During the 2002-2003 school year, emergency contraception was dispensed 109 times to 91 students. The top reasons reported by patients for their emergency contraception requests were:

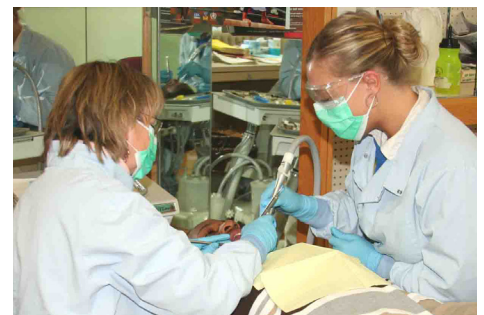
- 37 percent lacked any protection
- 27 percent experienced a condom mishap
- 24 percent reported questionable protection from a hormonal method (e.g., missed pills, patches that had fallen off, failure to get a Depo Provera shot on schedule)
- 12 percent had anxiety despite reporting apparently adequate contraception

Initially, fears were expressed that access to emergency contraception might discourage use of more long-lasting forms of contraception. However, this study found that most girls whose partners had previously used a condom or no protection had a higher likelihood of using a hormonal method after the emergency contraception incident. For more information, contact Abbey Sidebottom at (612) 673-3931 or abbey.sidebottom@ci.minneapolis.mn.us.

School-Based Clinics

Health and Family Support continues to provide comprehensive health care to students in six Minneapolis public high schools and has expanded services to include:

- **Dental Services** - Collaborating with Children’s Dental Services, clinics provide students with dental care and dental fluoride varnishing services.
- **Steps Program** – Washburn High School’s clinicians promote physical activity by working with school staff to offer a pedometer challenge and mini-health fair to students and faculty.
- **Asthma Care** – Each clinic participates in the Controlling Asthma in American Cities Project, administered by the American Lung Association of Minnesota to improve asthma care skills among providers.
- **Staffing to Meet Needs** – To accommodate more walk-in and urgent care needs, the staff has been reconfigured to include more nurse practitioners and medical assistants. Mental health interns, nurse practitioner students and family practice residents also allow the clinics to see more patients.
- **Mental Health** - Mental health counselors facilitate anger management and other life-skills education.
- **Outreach** – Clinic staff has expanded its outreach efforts to students, parents and school faculty with information about clinic services, health alerts and health tips.



Children’s Dental Services staff cleans a patient’s teeth at Roosevelt High School’s clinic.

For more information, contact Donna Amidon at Donna.Amidon@ci.minneapolis.mn.us or (612) 673-5305.

Urban Health Agenda: Infant Mortality

Infant mortality is recognized by the World Health Organization as a gauge of population health. Disparities in infant mortality reflect a constellation of risk factors, including the long-term effects of poverty and stress, poor maternal health, unhealthy physical and social environments and lack of access to high-quality health care.

Over the past decade, infant mortality has significantly improved for African Americans and American Indians in Minneapolis. Yet disparities still exist; these babies are still more likely to die in their first year than white infants.

Births to foreign-born mothers are increasing in Minneapolis. To evaluate the impact of these births on overall Minneapolis infant mortality, Health and Family Support examined trends from 1999 to 2004 (see chart) for infants whose mothers were born outside the United States compared to infants whose mothers were born in the U.S. (2004 data is the most recent available from the Minnesota Department of Health).

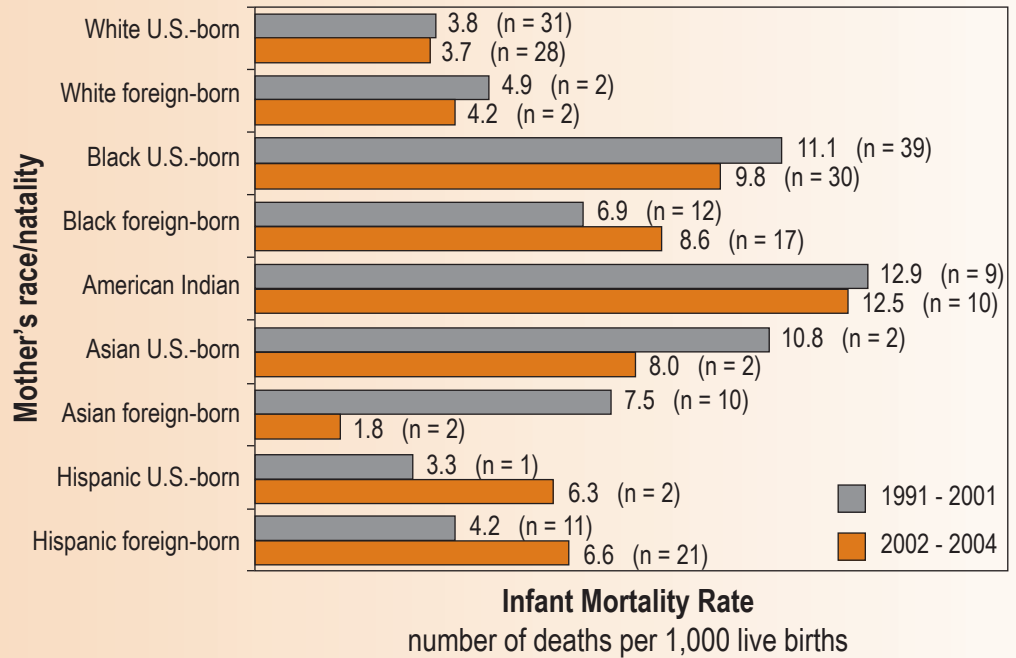
The infant mortality rates (number of infant deaths per 1,000 live births) for U.S.-born black mothers have declined, but they are still higher than infant mortality rates for foreign-born black mothers, even though these rates have increased. The chart on the right shows the infant mortality rates and the number of infant deaths during the three-year period.

Infant mortality for both U.S.-born and foreign-born Hispanic women has increased. Infant mortality for Asian mothers has declined. It should be noted that there are fewer than 100 births each year to U.S.-born Asian and U.S.-born Hispanic women. These small numbers make the rates fluctuate more; for example, the increase of one infant dying in a three-year period caused the infant mortality rate for U.S.-born Hispanic infants to double.

Twin Cities Healthy Start, a Health and Family Support program that addresses racial disparities in infant mortality primarily among African American and American Indian populations, operates in Minneapolis and Saint Paul. The Minneapolis clinics (NorthPoint Health and Wellness Center, Community-University Health Care Center and Indian Health Board) screen all pregnant women they serve and offer case management services to women with certain risk factors. In addition, MDHFS is applying for a new Healthy Start grant to focus on reducing infant death in the Minneapolis Hispanic community.

Reducing infant mortality, especially among low-income and racial/ethnic minority groups, will require continued concerted and collaborative efforts by policymakers, service providers and community members. The most promising areas for intervention are increased health education; enhanced social supports for pregnant women and new mothers; adequate nutrition and safe living environments; and access to affordable and high-quality health care before, during and after pregnancy. For more information, contact Abbey Sidebottom at (612) 673-3931 or abbey.sidebottom@ci.minneapolis.mn.us.

Minneapolis Infant Mortality Rates by race/nativity of mother*
(n = number of deaths occurring in 3 year period)



*Excludes deaths for which mother's race/nativity was unknown.

Infant deaths 1999 to 2004

Black mothers.....	106
White mothers	64
Hispanic mothers.....	36
American Indian mothers.....	19
Asian mothers.....	16
Mother's race/ethnicity unknown	7

Reaching All Pregnant Minneapolis Teens

The Minneapolis Department of Health and Family Support will step up its efforts to reach all pregnant teens in Minneapolis in the following years. In partnership with the Minnesota Visiting Nurse Agency (MVNA), approximately 550 pregnant teens will be seen by public health nurses. Currently, about half of these teens are seen by public health nurses, but the state's Temporary Assistance for Needy Families funds recently doubled to \$1 million annually, allowing for an expansion of these visits.

Public health nurse visits address health and social risk factors that impact births, the mother's health and infant health and development. These interventions also reduce repeat pregnancies and help keep the mom in school.

The program will also develop a referral network for hard-to-reach teens. The network will include schools, community centers, churches, parent groups, hospitals, medical clinics and other community-based agencies. Hennepin County's Health Care for the Homeless Project will provide some public health nurse services for homeless pregnant teens, and the Wilder Foundation will evaluate the program to find out how the service impacts the mothers' and babies' lives. For more information, contact Megan Ellingson at (612) 673-3817 or megan.ellingson@ci.minneapolis.mn.us.

Age Distribution of

Minneapolis Pregnant Teens

(based on 580 teens, 207 under age 18)

64 percent 18 and 19 years old
 34 percent 15 to 17 years old
 2 percent under 15 years old

Racial Distribution of

Minneapolis Pregnant Teens Under Age 18

46 percent Black
 24 percent Hispanic
 11 percent American Indian
 10 percent Asian/Pacific Islander
 9 percent White

Source: 2005 birth certificate data

Healthy City Updates

Funding Updates

- The Seen on da Streets project received its fifth and final year of funding, \$310,000 from the U.S. Office of Population Affairs. Seen on da Streets performs outreach interventions that reduce sexually transmitted diseases and unintended fatherhood among young, at-risk African American men in Minneapolis.
- Health and Family Support's Minneapolis Project for Lead-Safe Kids received a \$40,000 grant from the Medica Foundation to increase childhood blood lead level testing at 25 Minneapolis pediatric clinics.
- The Minneapolis Senior Ombudsman program received a \$30,233 Minnesota Department of Revenue grant to support its taxpayer assistance program, which provides free tax preparation assistance to low-income and middle-income taxpayers, with special attention to people 60 years and older.
- The Broadway School-Based Clinic received a grant of \$25,000 from the Medtronic Foundation for health services for pregnant and parenting teens.
- On Nov. 30, 2007 at the Title X Male Grantee Conference in Washington D.C., the Seen on da Streets program received an Award for Innovation from the U.S. Department of Health and Human Services Office of Population Affairs. The award recognizes an exceptional level of creativity in implementing innovative strategies and activities in expanding reproductive health services to males.

Staff updates:

- Please welcome Aliyah Ali who has joined the Health and Family Support team as a Family Support Specialist I to work on the Steps grant. Aliyah is currently completing her Master's degree in Public Health at the University of Minnesota and has had valuable internship experience with the International Health Education Alliance, Center for Urban and Regional Affairs and Minnesota Department of Human Services.
- Please also welcome Bonnie Vang who joined the Department as an Office Support Specialist I and will be working at our front desk. Bonnie's previous work experience includes working for an automotive dealership for four years and for Associated Bank for two years. Bonnie attended Metropolitan State University and brings with her an interest in public health.
- A fond farewell and good luck to Sue Gerhard, an Office Support Specialist who has worked at the Washburn school-based clinic since 1998. She is retiring this December.
- Lastly, Ruth Austad Lewis retired from the City after 30 years of service, primarily working in Health & Family Support. Ruth was an integral part of the department over the years and was able to transition smoothly through all changes and needs. Her warmth, caring, and professionalism will be missed as she ventures on a new path in her life.



The Sustainable Resources Center and its CLEARCorps education crew are in the community with the Leadie Eddie van. The crew tests children for lead poisoning and speaks to families about keeping children safe from lead.