



Public Health Advisory Committee

May 27, 2014, 6:00 – 8:00 pm

Minneapolis City Hall, Room 132

AGENDA

Agenda Item	Presenter	Time	Committee Action
Welcome and Introductions	Tara Jenson	6:00-6:05	Approve agenda
PHAC Logistics and Updates Approve Minutes Review annual report & approve Reports from Sub-committees: <i>Communications/Operations:</i> <i>Policy & Planning:</i> <i>Collaboration & Engagement:</i>	Tara Jenson <i>Karen Soderberg</i> <i>Rebecca Thoman</i> <i>Each member: 3-4 minute summary</i>	6:05-6:10 6:10 – 6:15 6:15 – 6:20 6:20 – 6:35	Approve Minutes
Panel Discussion: <i>Engaging Area Hospitals around Breastfeeding policies/practices, supports & barriers</i>	Deb Cathcart, RN <i>Associate Chief Nurse Executive – Nursing Vice President University of MN Medical Center</i> Dr. Dana Barr, <i>Staff Physician Family Medicine HCMC Richfield Clinic</i> Evelyn Lindholm, RNC & Patty Kasper, RNC <i>Lactation Consultants N. Memorial Med Center</i> Dr. Jesse Hennem, <i>Med-Peds Hospitalist Abbott Northwestern</i>	6:35-7:15 7:15-7:30	Panel Discussion Q&A
Department Updates: <i>MHD business plan review</i>	Gretchen Musicant	7:35-7:50	Information-Discussion
Information Sharing: <i>June PHAC mtg: Youth Congress - community engagement & recommendations; and, ISAIAH – Wages & the Quality of Health for Contracted Cleaning workers</i>	Margaret Schuster	7:55-8:00	Announcement

Next Sub-committee meeting: June 24, 2014, Minneapolis City Hall, Rooms 132 & 333

Next Meeting of the Full Committee: July 22, 2014, Minneapolis City Hall, Room 132

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

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



May 27, 2014

Members Present: Sahra Noor, Saeng Kue, Tara Jenson, Dr. Happy Reynolds-Cook, Karen Soderberg, Dr. Rebecca Thoman, Silvia Perez, Linda Brandt, Tamara Ward, Daniel Brady, Joseph Colianni

Members Excused: Abdullahi Sheikh, Birdie Cunningham, Autumn Chmielewski, Jennifer Pelletier

Members Unexcused: Julie Ring, Sarah Dutton

MHD Staff Present: Gretchen Musicant, Margaret Schuster, Don Moody

Guests-Discussion Panel: Deb Cathcart, RN; Dr. Dana Barr; Evelyn Lindholm, RNC; Dr. Jesse Hennum

Guests: Betsy Bartek, Kay Tellinghuisen, Jahana Berry, Sarah Giauque

Tara Jenson called the meeting to order at 6:07p.m. at City Hall.

Item	Discussion	Outcome
Introduction	Members and guests introduced themselves.	
Agenda/Min Approval	Members had no changes to the agenda. No changes to the March Minutes	Minutes approved by unanimous consent
Reports from Sub-committees: <i>Operations / Communication Karen Soderberg</i>	PHAC 2013 Annual Report was reviewed and approved. Presented to the HE&CE committee on 2013 activities, activities of 2014, plans for remainder of 2014; received resounding support. Finalized copies of updated orientation materials for PHAC members were shown to the committee.	Dr. Happy Reynolds-Cook made motion to approve Annual Report; Dr. Rebecca Thoman seconded; approved by unanimous consent
<i>Policy & Planning Rebecca Thoman</i>	Received a presentation from Health Dept. staff & their partners in the Healthy Start program in preparation for tonight's panel discussion; discussed outreach to legislators regarding e-cigarette regulation. <i>Update:</i> State passed legislation which bans use of e-cig's in certain areas, however, usage restrictions are not equivalent to Freedom To Breathe Act; legislature left open the option for Cities to do more on their own.	
<i>Collaboration & Engagement Individual C&E members reporting their activities</i>	Members visited neighborhood or community groups outside of April meeting. Dr. Happy Reynolds reported on two groups: Youth Violence Prevention: V.J. Smith of MadDads asked about outreach to lower level gang members; what support is available to help if they want to leave the lifestyle? Minneapolis Swims – though funding is insufficient for a comprehensive Aquatic Center in Ward 6, available funds would allow for a smaller therapeutic pool; continuing to seek alternative funding sources for the entire aquatic center project. Momentum for teaching all to swim is growing; e.g., increased awareness that drowning disproportionately affects minorities; a committee of the Minnesota legislature heard a proposal for a bill which would require all schools to offer swimming lessons for students K-12. Silvia Perez reported on her attendance at a CANDO meeting to learn about their organization and operations. Their self-identified greatest needs are for food, social justice, and culture. They have a vision of increasing access to urban gardens; they have some yet need more land for more gardens. Ideas for increasing access to fresh food include: install a free 'food box' modeled off the Little Free Library book boxes placed in front yards or boulevards; perhaps a fresh food store? Silvia will attend	

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	<p>their next meeting where they will discuss how to mobilize the community and establish more details for these ideas.</p> <p>Autumn Chmeliewski sent in a written report (which Margaret shared): Autumn was in communication with a Ward 12 resident who is very concerned about the noise from leaf blowers. The resident initially reached out to CM Johnson who referred this resident to Autumn as the PHAC representative for their neighborhood. The resident would actually like to ban leaf blowers; CM Johnson is not ready to propose an ordinance change right now without further information on how this might fit into the larger topic of noise (<i>or air</i>) pollution. Autumn’s report suggested the resident is interested in speaking to the PHAC or sub-committee. Autumn told the resident she would bring the issue forward to the PHAC, seek advice and feedback and then get back to him. Several possibilities for discussion include: the effects of leaf blowers (odor, addition of particulate matter into the air, noise), work with Health Dept. staff on these issues, and couple with other PHAC discussions.</p> <p>Margaret—These reports provide good examples of how the Collaboration & Engagement committee can be a conduit for community concerns. At the June sub-committee meeting, we can list these concerns and prioritize actionable steps that might be taken. Actionable steps may include: work with other sub-committees, conversations with Council Members, engaging Health Dept. staff or community members/org’s for informational presentations.</p>	
<p>Panel Discussion: <i>Engaging Area Hospitals around Breastfeeding policies/practices, supports & barriers</i></p>	<p>Margaret provided an introduction on for today’s panel discussion: prioritizing activity which aligned PHAC interest with the Health Dept. goal, <i>A Healthy Start to Life & Learning</i>, plus Mayor Betsy Hodges <i>Cradle to K[indergarten]</i> initiative; presentations made to the PHAC on Baby-Friendly Hospital Initiatives and MHD’s Healthy Start program. These foundational pieces laid the groundwork for inviting hospital reps to discuss breastfeeding policies / practices and barriers in tonight’s meeting.</p> <p>Our panel had representatives from four hospitals - Abbott-Northwestern Hospital (A), North Memorial Medical Center (N), Hennepin County Medical Center (H) and the University of Minnesota Medical Center (U). Panelists agreed breastfeeding is one of the most effective preventive health measures for infants and mothers; that the best benefits are gained from exclusive breastfeeding during the early stages of life; and a mother’s experience during her hospital stay has a significant impact on breastfeeding rates. Some of the items mentioned in response to the questions to the panel and resulting discussion:</p> <p>Policies/Practices – (N) lactation consultants are available Mon-Fri, daytime & evening and looking to expand hours and access; e.g., weekends and overnights; pacifiers still used (at this time) in order to reinforce mother’s desire to comfort child; Education is key for dr.’s, staff, and parents; increase information and training of staff on how mother can comfort newborn (i.e., hunger is only <i>one</i> reason a newborn could need comforting); (H) is in the last 90 days of becoming a Baby-Friendly Hospital--trained over 100 nurses as part of BFHI; received grant from CDC for <i>Best Fed Beginnings</i>, a national effort to significantly improve breastfeeding rates; (A) as part of larger system, they are approaching this as a system-wide effort for educating nurses and physicians about the 10 steps; (U) Baby-Friendly designation granted in 2011; it was a long journey;</p>	<p>Discussion and opportunity to ask questions</p>

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keeping designation requires ongoing education especially for new staff; baby with parents 24 hours/day unless medical indication; hospital pays fair market value for formula and does not send home with parents; policies in place for transitioning mother from hospital to home, for helping extended families understand the importance of breastfeeding.

Supports – each hospital contributed some of their available supports, including: use of donated breast milk to supplement mother’s attempts; on-line training modules; patient & family education; ECHO videos in several languages for clinics serving the system-wide hospitals; in January 2014, the Joint Commission established mandatory reporting for hospitals with 1100 or more births per year on the Perinatal Care Core Measures on exclusive breast milk feeding; emphasis that breastfeeding has significant benefits to child **and** mother; acknowledging the majority of mothers can breastfeed (% that cannot is very small); Mayor Betsy Hodges *Cradle to K* initiative-of which Gretchen will be a part; billing for lactation consultation on an out-patient basis when mothers have insurance; Affordable Care Act requires most insurance plans (new policies or renewing) to cover lactation support without additional cost; sharing resources on breastfeeding supports, supplies, and counseling.

Barriers – debunking mythology of staff perception (e.g., some staff personal views or experiences are out of line with best data and best practices); inconsistent messages through ‘collective’ mindset / beliefs / experiences of staff; education has a financial expense; breastfeeding involves the entire family, extended family, and the general public; need better support for providing lactation consulting (e.g., 1 FTE per 1,000 births vs current 3.8 for 6,100), all staff trained/certified so information or assistance is readily available when mother needs help or advice; breastfeeding is an emotional topic which touches on ‘right to choose’ and ‘right to not be exposed’; media impact of sexualizing breasts impacts public perceptions of breastfeeding; difficulty in changing societal norms; cultural-community-family perceptions on use of formula (for some, using formula represents affluence, for others, formula seen as medicine for the baby); many Somali approach pregnancy intending to BF and use formula; for breastfeeding-age children who need extended pediatric care there is no system in place to promote, encourage & facilitate breastfeeding during an in-patient stay; post-partum lactation counseling often has other barriers like transportation-traveling with siblings, etc.; hospitals can influence breastfeeding while in the hospital, but how to sustain after leaving the hospital?

Ideas – look into what the City as an employer is doing to create a breastfeeding-friendly place; PSA’s, Billboards, 24-hour lactation hot-line support; drop-in breastfeeding community clinic to support moms after hospital stay; how to increase, then better include expectations of breastfeeding during, pre- and post-natal care; health care practitioners educated to ask ‘how is breastfeeding going?’ instead of ‘are you breastfeeding?’ (i.e., promoting the expectation that breastfeeding is both natural and the societal norm); breastfeeding-friendly spaces in all public places; address educational messages in culturally-resonating ways; develop peer counseling, post-partum support group, and access to ‘like’ individuals; explore ways to join efforts with WIC / other community partners and organizations already connected to community; include motivation for mothers to breastfeed as part of the curriculum; do on-site education for families and community; implement incentives--awards and gift cards for achievements and completion—as part of a breastfeeding

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	<p>'recognition' plan; talk about breastfeeding as a public health issue; attach breastfeeding to policy initiatives to improve Health Policy and Reduce Health Disparities; influence public policy on reimbursement issues for breastfeeding classes and access to in-patient lactation consulting; build on existing collaborations within Hennepin County (one priority is nutrition issues) and metro-wide (one priority for the Community Health Improvement Plan is obesity).</p>	
<p>Department Updates- Gretchen Musicant</p>	<p>An updated one-page handout of MHD's vision, mission, values and goals was provided to members; the goals have more details than in previous versions.</p> <p>MHD's 2015 Budget Request summary was reviewed. This will be presented in June, the mayor will make recommendations in August, and the City Council will have hearings in October with the vote on the budget held in December. The budget summary included three sections of "5% Enhancements" (for each of the Mayor's priorities on Equity, Growing the City, and Running the City Well), plus a "Keep Things Going" request section (items to meet increasing demand for federal or state mandated services), and a "5% Reductions" section.</p>	<p>Review and update PHAC members</p>
<p>Information Sharing – Margaret Schuster</p> <p>Margaret Schuster and Silvia Perez</p> <p>Dan Brady</p>	<p>At the June meeting, the Youth Congress will present the results of their engagement and outreach to youth and provide their recommendations on preventing tobacco marketing to - and use by - youth.</p> <p>Also scheduled for the June meeting, ISAIAH will present on Wages & the Quality of Health for Contracted Cleaning Workers, with a focus on the connection between social conditions and health. Silvia met with ISAIAH on May 26. They are concerned about a fair wage (and the effects of not having one), access to health care (and the effects of having none or not enough), and how the PHAC can support their concerns.</p> <p>Healthy Communities Transformation Initiative (HCTI) - Minneapolis is one of four pilot cities chosen to participate in HCTI; Charlene Muzyka (Senior Public Health Researcher and Epidemiologist) contacted Dan to ask if he would be on the HCTI stakeholder group.</p>	<p>All sub-committees are requested to meet at City Hall in June.</p> <p>Contact ISAIAH rep - is this a time- sensitive issue to present to PHAC in June? If not, ask to July meeting.</p>

Meeting adjourned at 8:07 p.m.
Minutes submitted by Don Moody and Margaret Schuster

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Next Full Committee Meeting: July 22, 2014, Minneapolis City Hall, Room 132, 6:00-8:00 p.m.

MINNEAPOLIS HEALTH DEPARTMENT

OUR VISION...

Healthy lives, health equity, and healthy environments are the foundations of a vibrant Minneapolis now and into the future.



OUR MISSION...

The Minneapolis Health Department improves the quality of life for all people in the city by protecting the environment, preventing disease and injury, promoting healthy behaviors, and creating a city that is a healthy place to live, work, and play.

OUR VALUES...

Our values provide the foundation for the work we do, how we work together as a department, within city government, and with the community. They inspire and challenge us, and set forth the principles by which we hold ourselves accountable.

Invest in a healthier community

- *We support a holistic sense of health within the context of families and communities across the life span.*
- *We work for sustainable changes to ensure a return on our investment in health outcomes for the most at risk and the community at large.*
- *We bring people and resources together to achieve our common goals and address conditions that influence health.*

Exercise leadership in public health

- *We use sound research, promising strategies, and community input to inform our activities and decisions.*
- *We encourage our mission-focused, passionate staff to be proactive, innovative and flexible, and to share their knowledge with our local community and beyond.*

Quality inspires our work

- *We strive for excellence in our work by being accountable to the public for consistent standards resulting in measurable progress toward desired outcomes.*

Engage with communities

- *We build on our urban community's cultural diversity, wisdom, strengths and resilience, and are directed by the community's voice.*

Protect from harm

- *We protect residents and guests of Minneapolis from disease and injury; assist them in recovery from disaster; and, protect the environment from degradation.*

OUR GOALS...

A Healthy Start to Life and Learning

- Strengthen systems of care for pregnant and parenting families
- Support and develop policies and partnerships that strengthen families
- Strengthen systems for positive early childhood development

Thriving Youth and Young Adults

- Improve the healthy development, health and well-being of youth
- Reduce unintended pregnancy and STIs among youth and young adults
- Reduce violence among youth and young adults

Healthy Weight and Smoke-Free Living

- Increase availability and affordability of healthy food
- Increase opportunities for physical activity
- Improve health care and community providers' ability to prevent obesity and tobacco use
- Advocate for policy to reduce exposure to second hand smoke and youth tobacco use
- Increase community engagement in creating opportunities for healthy eating, physical activities and tobacco-free living

A Healthy Place to Live

- Reduce lead hazards in homes
- Reduce asthma triggers and home safety hazards in homes
- Strengthen systems that support healthy housing
- Increase community outreach and education around lead poisoning, and other hazards in and around the home

Safe places to eat, swim, and stay

- Reduce the risk of disease and injury from food, lodging and swimming establishments
- Establish a community engagement and education program

A Healthy Environment

- Develop policies & organizational practices that support a clean and healthy natural environment (air, soil, water)
- Monitor and reduce environmental hazards, nuisances and pollution
- Increase education and outreach to improve compliance with existing and new environmental regulations and initiatives

A Strong Urban Public Health Infrastructure

- Increase emergency preparedness capacity internally and for the city as a whole.
- Ensure that residents who lack health insurance receive health care services and assistance with enrolling in government-funded health plans.
- Achieve the high quality standards that merit accreditation from the national Public Health Accreditation Board (PHAB)
- Improve population and environmental health through research and program evaluation.
- Develop, advocate for, and implement policies that improve population and environmental health.
- Assure and maintain a diverse, engaged, and skilled workforce with the resources needed to achieve program goals in an efficient and effective manner.

Visit our website to learn more about the Minneapolis Health Department:

www.minneapolismn.gov/health