

## PUBLIC HEALTH PROGRAM SURVEY- Injury

### Contact Information

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**Short Title:** Youth Violence Prevention

**Program Location:** Minneapolis, Minnesota

### Objectives and Goals:

State cuts in youth programming in 2003 coincided with a noticeable rise in youth violence and homicide. City leaders recognized that a public safety approach alone was insufficient and that comprehensive solutions involving government, faith communities, community organizations and businesses were needed.

There are four overarching goals/principles outlined in the *Blueprint for Action*:

- (1) Every young person in Minneapolis is supported by at least one trusted adult in their family or community
- (2) Intervene at the first sign that youth and families are at risk for or involved in violence
- (3) Do not give up on our kids, work to restore and get them back on track
- (4) Recognize that violence can be unlearned by reducing the impact of violent messages in our media, culture and entertainment. These goals correspond with the 3 levels of prevention. There are 34 recommendations organized within these goals

### Methods:

A series of community meetings led to the adoption of a resolution by the City Council declaring youth violence a public health issue. A steering committee was formed to develop a multi year plan to eliminate youth homicides and reduce other indicators of youth violence. The steering committee was co-chaired by the Mayor and two foundation executives. The resulting document is called the *Blueprint for Action*. A Youth Violence Prevention Coordinator position was created and is funded for at least 3 years. We are beginning the second year of implementing the 34 recommendations of the *Blueprint for Action*.

### Program Length:

City Council passed a resolution recognizing youth violence as a public health problem 11/06; *Blueprint for Action* finalized 1/08; Implementation of recommendations 1/08-present.

**Number of target population reached by effort:**

Annually: 3,000 youth are seen at the Juvenile Supervision Center; 400 parents have participated in parent education and support; 450 teen parents have received home visits.

**Demographic Info:**

Minneapolis is an urban area. The target population is youth ages 10-24. Five neighborhoods have been targeted for the most intensive interventions but the effort is seen as city-wide. African American, American Indian, Somali, Hmong and Latino youth are most at risk for violence in Minneapolis. Low income families and youth experience additional challenges in avoiding violence.

**Overall Cost:**

Direct annual costs are \$190,000 for the Youth Violence Coordinator/admin and curfew truancy center support. The *Blueprint for Action* recommendations have guided realignment of existing funds and have helped us compete for and/or leverage new funds. These have averaged about \$1,500,000 per year in addition to the direct annual costs.

**Funding Sources:**

60% Federal  
0% State  
34% Local  
6% Other: private foundations  
Percentages are NOT estimates

**Outcomes:**

Homicides for Minneapolis residents ages 0-24 have decreased from 26 in 2003 to 13 in 2007. Hospitalizations/ER visits for assault related injuries of Minneapolis residents under age 18 have decreased from 518 in 2005 to 420 in 2007. ER visits for firearm related assaults for Minneapolis residents under 18 have decreased from 55 in 2005 to 39 in 2007 and for residents 18-24 they have decreased from 112 in 2006 to 68 in 2007.

Juvenile crime has decreased significantly every year since 2006.

**Did you make any estimates regarding costs deferred, outbreaks averted or deaths prevented?**

The average criminal justice costs of a single incident of homicide are estimated to be \$3 million and the costs for one non-fatal paralyzing injury resulting from gun violence may total \$2-5 million over the lifetime of the victim for health care, living expenses and lost productivity.

**Additional Information:**

The city public health department began funding community efforts to prevent youth violence in 2006, prior to the formal completion of the *Blueprint for Action*. Similarly, local community groups and foundations also began investing in youth

violence prevention collaboratively at that same time, prompted in large part by community discussions framing youth violence as a public health issue. An early decrease in youth violence began to become evident in part because of these efforts.

**Future Plans:**

Ongoing base funding is secure through mid 2011. The amount of leveraged or new competitive funds beyond 2010 is unknown, but promising. The state has legislation to help several pilot sites with technical assistance to address youth violence as a public health issue, possibly laying the foundation for future state funding. The Prevention Institute and CDC have formed UNITY –to help urban communities address youth violence as a public health issue.