



Public Health Advisory
Committee

2015
Annual Report

May 2016

Health Department

Executive Summary

The Public Health Advisory Committee (PHAC) is comprised of twenty citizens representing each ward, the Mayor's office, the University of Minnesota School of Public Health, Minneapolis Public Schools, and Hennepin County Public Health, with three members at large. The committee examines current and emerging public health issues, and advises the City Council and the Minneapolis Health Department on policy matters affecting the health of Minneapolis residents. PHAC members also serve as liaisons between the City and the community in addressing health concerns. Monthly meetings alternate between the full committee and three established sub-committees: Policy & Planning, Communications & Operations, and Community Engagement.

During 2015, the PHAC reviewed and discussed the following public health issues:

- Structural and cultural supports and barriers for breastfeeding
- Adverse Childhood Experiences
- Healthy Neighborhoods
- Homelessness and housing
- Access to flavored and e-cig tobacco products
- Air Quality at the neighborhood level
- Healthy Sleep
- Paid Sick Leave

In 2015, the PHAC made recommendations regarding the following:

- Submitted a response letter for the draft Cradle to K plan
- Engaged CMs Bender and Gordon and staff from CPED, Regulatory Services, and Health regarding the establishment of a citizen advisory committee on housing
- Provided public testimony supporting changes in the tobacco sales ordinance to reduce access to flavored tobacco and tobacco products for those under age 18
- Submitted a letter of support to the Workplace Partnership group on Paid Sick Leave for Minneapolis employees

The PHAC endeavors to examine health concerns brought forward by residents, staff, and council members. Committee members continue to review potential action/recommendations regarding homelessness and housing, Adverse Childhood Experiences, insufficient sleep, supports and barriers for breastfeeding, and paid sick leave. Future topics will incorporate issues of mental health, health disparities and health equity, substance abuse, sex trafficking and its link to major sports events, access to healthy foods, youth violence prevention, and the community engagement phase of the Minneapolis climate change vulnerability assessment.

Details about the 2015 public health issues examined plus the PHAC actions and recommendations are described in the following pages.

2015 Annual Report of the Public Health Advisory Committee

The Public Health Advisory Committee (PHAC) sets priorities by aligning committee discussions, actions, and efforts with the goals of the Minneapolis Health Department and City of Minneapolis. These priorities give direction to agenda planning as the Committee considers its topics of learning, speakers and guests, and committee actions.

Priority #1: A Healthy Start to Life & Learning

Breastfeeding rates, supports and challenges within Minneapolis Cultural Communities

The PHAC commissioned a Master's student qualitative research project which concluded in 2015 with a formal report. The goals of this study were to understand from the perspectives of health workers the perceived practices, protective factors and barriers for breastfeeding in the African American, American Indian, Hispanic and Latino, Hmong, and Somali communities. The research also sought to generate ideas for how the City of Minneapolis can create more supportive breastfeeding environments.

Learning:

- Jennie Meinz, University of Minnesota-Master of Public Health candidate presented her findings on **Structural and Cultural Supports and Barriers for Breastfeeding in Minneapolis Cultural Communities** in September 2015. Her report included several recommendations and identified potential next steps.

Actions:

- The report was presented to the PHAC, Allina system-wide breastfeeding committee, Hennepin County Breastfeeding Coalition, Hennepin County WIC All Staff meeting, and to Minneapolis Health Department staff and community partners.

Recommendations:

- Participants' key recommendations included:
 - Launch a public awareness campaign to normalize breastfeeding
 - Identify and recognize breastfeeding friendly organizations / employers / facilities
 - Create and increase obvious places to breastfeed and spaces for public lactation
 - Make lactation services more culturally specific and available on-site and in-home
 - Enhance support for peer-to-peer programs through community health workers
 - Improve coordination of breastfeeding resources

Cradle to K report

With the release of the Mayor's Cradle to K draft plan, the PHAC saw an opportunity to respond. The Cradle to K initiative aligned with some of the PHAC priorities and Health Department goals. The Policy & Planning sub-committee reviewed the report and prepared a formal response which was then approved by the committee.

Actions:

- Submitted a formal response to the Cradle to K Cabinet with specific recommendations on:
 - greater use of metrics for each goal / strategy
 - clearer link between the goals and key indicators
 - consistency in the format and specificity in the recommendations
 - acknowledging the fact that (at release date) funding sources were as yet unidentified
- Committee members attended the Mayor's listening sessions to provide input

Adverse Childhood Experiences

The Adverse Childhood Experiences (ACE) Study confirmed, with scientific evidence, that adversity early in life (prior to age 18) increases physical, mental and behavioral problems later in life. The ACE Study discovered: how multiple forms of childhood adversity can affect many important public health problems; that ACEs are common; and, where one ACE occurs there are usually others. In addition, it is possible to knock down ACE scores and although it may not be possible to get to a score of zero, everyone can contribute to preventing the accumulation of ACEs.

ACEs are measured by asking participants to complete a simple questionnaire which covers three main areas: household dysfunction, neglect, and abuse. Scores in each category are added together to get a cumulative ACE score. ACE scores reliably predict challenges during the life course and are highly interrelated. As ACE scores increase, so does the percentage of health problems one person may experience. An ACE score of 5 or more can reduce one's life by as much as 20 years.

The 2013 Minnesota Student Survey added questions about seven kinds of ACEs to explore their possible impacts of these experiences among young people.

Learning:

- **Understanding Adverse Childhood Experiences - Building Self-Healing Communities** - Dr. Mark Sander, Senior Clinical Psychologist-Hennepin County; Mental Health Coordinator-Hennepin County and Minneapolis Public Schools Student Support Services.

Actions:

- PHAC members completed the simple questionnaire used by ACE participants. Results showed how common ACEs are regardless of demographics, education, income, and upbringing. This exercise helped members empathize with the trauma many people experience and its impact on their health status.
- The PHAC recognizes that ACEs and other factors significantly impact mental health and well-being. Additional follow up to this presentation is under consideration.

Priority #2: A Healthy Place to Live

Healthy Neighborhoods, Housing, Homelessness

The committee delved into learning about healthy neighborhoods, the complexities of housing disparities, segregation and the concentration of poverty, and homelessness. Key presentations listed below approached housing and homelessness from different perspectives:

Learning:

- **Healthy Communities Transformation Initiative and the Healthy Communities Assessment Tool (HCAT)** – Charlene Muzyka, Sr. Public Health Researcher and Epidemiologist. The Minneapolis Health Department is participated in a three year pilot project on Healthy Communities Transformation. Minneapolis was one of five pilot cities that tested a neighborhood level index for HUD. The HCAT on line tool provides information about the physical, social and economic conditions of community health in Minneapolis by measuring 41 health indicators at the neighborhood level.

- **Heading Home Hennepin – Homelessness in Hennepin County** - Mikkel Beckman, Director
Mpls/Hennepin County Office to End Homelessness

Key messages from this presentation include:

Housing is **the** essential platform by which we accomplish everything else in our lives

Housing impacts every outcome we can measure

Nothing positive comes from NOT having a home

Occupancy in homeless shelters is tight

Homelessness affects families, singles, youth (especially LGBTQ youth)

Solutions include:

Increase available units of truly affordable housing

Increase personal income and wages for those below the median income

Change the discussion to ‘stable housing’ because that is the goal for both consumer and developer

Actions:

- PHAC members evaluated the HCTI/HCAT pilot website for Minneapolis: provided feedback on neighborhood indicators, website design and functionality, usefulness of HCAT’s information, and helpfulness in making planning decisions.
- Proposed the development of a Housing Advisory Committee to include citizen input and oversight regarding affordable housing and housing development. The proposal was submitted to HE&CE Chair Cam Gordon and Council Member Lisa Bender who called a meeting to discuss. The meeting included PHAC members Dan Brady and Peggy Reinhardt, Health Commissioner Gretchen Musicant, CMs Gordon and Bender, their staff, plus staff from Health, CPED, and Regulatory Services. A summary of key discussion points include:
 - CMs were generally supportive of the idea, but advised against developing another advisory committee without laying the groundwork for its need and its benefits.
 - Much housing related work is underway between CPED, Regulatory Services, Zoning, the Bloomberg Initiative, and Cradle to K, including CPED’s long-range planning, mapping and analyzing data (i.e. an inventory).
 - CM Bender suggested working housing into the City’s Comprehensive Plan given the current level of activity around this issue and dovetails with work that CPED is doing.
 - The group felt that PHAC or MHD should have a greater voice in these activities as public health has not typically been engaged as a stakeholder. All recognized that there are opportunities for better alignment across the initiatives.

Priority #3: Healthy Weight and Smoke-Free Living

The PHAC receives annual updates from Health Department staff on various initiatives in this priority area. In 2015, several topics informed our actions which included providing public testimony to writing letters of support for ordinance changes:

Learning:

- Update on flavored Tobacco products and e-cigarettes
- Introduced to **reThink Your Drink** campaign which raises awareness of sugar-sweetened beverages
- Review of the State Health Improvement Program – the primary funding source for healthy living initiatives on tobacco (smoke free living), obesity (healthy eating), and physical activity (active living)

Actions:

- Engaged City Council members and neighborhood businesses to support changes to City ordinances on tobacco sales and provided public testimony at the public hearing on tobacco sales
- For **reThink Your Drink** campaign, PHAC members provided additional input for community outreach

Priority #4: Healthy Environment(s)

In 2013, the PHAC was introduced to the Air Quality Study which was designed to provide additional air quality information at the neighborhood level. Several committee members volunteered to place collection units at their homes. At the conclusion of the study, Minneapolis Health Department staff updated the committee on some of the results; a final report is due in 2016.

Learning: Air Quality in Minneapolis: A neighborhood approach – Patrick Hanlon, Environmental Initiatives Manager and Project Manager and Jenni Lansing, Air Study Coordinator

Action: Committee members were very engaged in this topic and provided ideas for community outreach and raising awareness with local businesses and the general population.

Priority #5: Other areas of interest & action

Several topics that the PHAC studied this year can be summed up as ‘other’ or miscellaneous. This does not diminish their significance – it means these topics do not fit neatly into one goal area or may cross several goals.

Healthy sleep

Sleep is fundamental to all aspects of health; when sleep is compromised, people are more susceptible to infectious illness, weight gain, anxiety, depression, drug use and accidents. Sleep quality shows stratification by socioeconomic status with those most economically vulnerable getting the least quality sleep.

Learning: Insufficient Sleep: An Invisible Public Health Concern – Dr. J. Roxanne Prichard, Associate Professor of Psychology at the University of St. Thomas.

Action: The PHAC recognizes that insufficient sleep impacts daily functioning, mental health & well-being, and interpersonal relationships. Follow up to this presentation is under consideration.

Paid Sick Leave

The PHAC followed the Mayor’s proposed Working Families Agenda which included fair scheduling, protection from wage theft, and earned sick and safe time. As state and local discussions focused in on earned sick and safe time as the primary agenda item, the PHAC further studied the issue.

Learning:

- **White Paper on Paid Leave and Health** - Minnesota Department of Health Center for Health Equity, March 2015
- **Access to paid sick leave among working Minneapolis residents** - Minneapolis Health Department, August 2015
- Updates on Paid Sick Leave efforts from Ben Somogyi, aide to Council Member Lisa Bender.

Actions: The PHAC submitted their letter of support for providing paid sick leave to all Minneapolis workers to the Workplace Partnership Group, the group established by Council action and tasked with studying the issue and making recommendations to the City Council.

Priority #6: Committee Operations

The committee engages in tasks and activities which help inform new and existing members, connect with staff from the Health Department and City Clerk's office, and engage City Council members.

Actions:

- PHAC members helped review nominations for the Local Public Health Heroes awards, the Health Department's public ceremony which honors community partners whose service to public health activities transforms and strengthens the lives of Minneapolis residents and visitors.
- The Communications & Operations (Comm/Ops) sub-committee conducted new member orientation and provided PHAC manuals to each member. As vacancies occurred, Comm/Ops members reviewed new applications, provided feedback on applicants regarding their strengths and the committee's needs, and endeavor to recruit members who represent various cultural communities.
- The Collaboration & Engagement (C&E) sub-committee members participated in two community conversations on the documentary *The Raising of America*. *The Raising of America* is a documentary series that explores how a strong start for all our kids can lead to a healthier, safer, better educated, more prosperous, and equitable America.

2016 Priorities...

- Follow ongoing topics for potential action/recommendations: homelessness and housing, ACEs, insufficient sleep, breastfeeding, and paid sick leave
- Engage new topics: mental health, health disparities and health equity, substance abuse, sex trafficking and its link to major sports events, access to healthy foods, walkability, urban agriculture, youth violence prevention, and the Minneapolis climate change vulnerability assessment (community engagement phase)
- Review PHAC priorities alongside Health Department goals; examine committee understanding of health disparities and health equity
- Plan viewings and community discussions of the documentary *The Raising of America*
- Discuss health concerns and priorities brought forward by Minneapolis residents, Health Department staff, and City Council members

CITY OF MINNEAPOLIS

Public Health Advisory Committee 2015 Annual Report

Presented to the Minneapolis City Council
Health, Environment & Community
Engagement Committee

Karen Soderberg, co-chair and Ward 7 representative
and Margaret Reinhardt, Ward 10 representative

June 20, 2016



PHAC Responsibilities

Advise the City Council regarding:

- Policy matters affecting health of Minneapolis residents
- General roles and functions of the Health Department

Review proposed priorities of the Health Department:

- Make recommendations to City Council and the Health Department

Consider complaints, concerns, and views expressed by residents affecting delivery of public health services in Minneapolis:

- Forward concerns and make recommendations as necessary to the City Council and/or the Health Department

Committee Learning & Key Activities

In 2015, the PHAC reviewed and discussed these public health issues:

- Structural and cultural supports and barriers for breastfeeding
- Adverse Childhood Experiences (ACEs)
- Healthy neighborhoods, homelessness, and housing
- Access to flavored and e-cig tobacco products
- Earned Sick and Safe time for all Minneapolis workers
- Healthy sleep
- Air Quality at the neighborhood level

Key Activities – Healthy Start to Life and Learning



Breastfeeding supports and barriers

- PHAC commissioned a study to:
 - examine cultural and structural barriers for breastfeeding in Minneapolis, and
 - identify actions the City could take to better support breastfeeding families
- Report presented to:
 - Allina system-wide breastfeeding committee
 - Hennepin Co. Breastfeeding coalition and WIC All Staff meeting
 - Minneapolis Health Dept. staff and community partners

Key Activities –

Healthy Start to Life and Learning



Mayor's Cradle to K initiative

- Formal response on the Cradle to K Cabinet draft plan
- Recommendations included:
 - Greater use of metrics for each goal and strategy
 - Clearer links between goals and key indicators
- Committee members attended two of the Mayor's listening sessions to provide input.

Key Activities –

Healthy Start to Life and Learning



Understanding Adverse Childhood Experiences (ACEs)

- Adversity early in life increases physical, mental, and behavioral problems later in life.
- Participants complete a simple questionnaire which covers household dysfunction, neglect, and abuse
- Scores in each category are added together for an ACE score. As ACE scores increase so does the percentage of health problems one person may experience.
- Where one ACE occurs there are usually others.
- It is possible to knock down ACE scores – everyone can contribute to preventing the accumulation of ACEs.

Key Activities – Healthy Places to Live



Healthy Communities Assessment Tool (HCAT)

- On line tool which provides information about the physical, social and economic conditions of community health

Heading Home Hennepin – Homelessness in Minneapolis and Hennepin County

- Housing is ***the*** essential platform by which we accomplish everything else in our lives and impacts every outcome we can measure
- Occupancy in homeless shelters is tight
- Homelessness effects families, singles, and youth

PHAC actions

- Proposed development of a Citizen Housing Advisory Committee to provide input regarding affordable housing and housing development



Key Activities – Healthy Weight and Smoke Free Living

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- ***Flavored tobacco products and e-cigarettes tobacco ordinance***
 - Supported recommendations from Minneapolis Youth Congress
 - Contacted council members supporting ordinance changes
 - Provided public testimony at the public hearing
- ***reThink Your Drink campaign***
 - Received information on the campaign which raises awareness of sugar-sweetened beverages.
 - Provided additional input for community outreach

Key Activities –



Paid Sick Leave

Committee actions:

- Supported ordinance changes to provide earned sick and safe time to all Minneapolis employees
- Submitted a letter of support to the Workplace Partnership Group
- Committee member provided testimony at the public hearing

Other Committee Learning

- ***Insufficient Sleep: An Invisible Public Health Concern***
 - When sleep is compromised, people are more susceptible to infectious illness, weight gain, anxiety, depression, drug use and accidents.



- ***Air Quality in Minneapolis: A neighborhood approach***
 - By conducting a citywide air quality study at the neighborhood level, we raise awareness of air quality inequities, health risk values, worker exposure, and develop responses to improve air quality in Minneapolis.

Other Committee Operations



- Helped review nominations for Local Public Health Heroes awards –
 - an annual event celebrating individuals and organizations which help promote and contribute to public health in Minneapolis
- Reviewed applications for committee vacancies
- PHAC members participated in two community conversations on the documentary *The Raising of America*
 - the film explores how a strong start for all of our kids can lead to a healthier, safer, better educated, more prosperous, and equitable America

Highlights for 2016

- **Review PHAC priorities** alongside Health Department goals; examine committee understanding of health disparities and health equity
- **Discuss health concerns** and priorities brought forward by Minneapolis residents, Health Department staff, and City Council members
- **Follow ongoing topics** for action or recommendations: homelessness and affordable housing, ACEs, insufficient sleep, breastfeeding, and access to healthy foods
- **Engage new topics:** mental health, substance abuse, sex trafficking and its link to major sports events, city walkability, urban agriculture, youth violence prevention, and the Minneapolis climate change vulnerability assessment
- **Plan viewings and community discussions** of the documentary *The Raising of America*

Thank You!

- Presenters: PHAC Co-chair Karen Soderberg, Ward 7 rep; and, PHAC member Margaret (Peggy) Reinhardt, Ward 10 rep
- PHAC meetings are open to the public and held on the fourth Tuesday of the month from 6:00-8:00 p.m. in City Hall Room 132.
- Meeting records and annual reports are available on the City website: <http://www.minneapolismn.gov/health>
- For more information contact: Margaret Schuster, Sr. Public Health Specialist, Minneapolis Health Department, phone: 612.673.2643 or email: Margaret.Schuster@minneapolismn.gov