

Public Health Advisory Committee

January 22, 2013, 6:00 - 8:00 pm

Minneapolis City Hall

350 S 4th Street, Room 132

AGENDA				
Agenda Item	Presenter	Time	Committee Action	
Welcome and Introductions	John Schrom	6:00-6:05	Approve agenda	
PHAC Logistics and Updates Approve Minutes	John Schrom	6:05-6:25	Approve Minutes	
Review draft of 2012 annual report			Review / Discussion refer to policy & planning sub-committee to finalize	
Co-chair for PHAC	John Schrom / Karen Soderberg		Review / Discussion: (currently no definitive terms in by-laws) John has served as co-chair since February	
Presentation <i>Cancer Prevention Study - 3</i>	Pamela Mason / CPS-3 Project Coordinator Midwest Division American Cancer Society, Inc.	6:25 – 7:10	Informational; discussion / questions from Committee	
Department Updates	Gretchen Musicant	7:10 - 7:20	Informational	
Information Sharing Update on Mpls Swims - request for assistance from PHAC	Dr. Happy Reynolds	7:20 - 7:30	Discussion/questions; refer action to Community Engagement sub-committee	
Sub-Committee meetings Operations, Policy & Planning Community Engagement	Meet in Room 132	7:30 - 8:00	Discussion: develop possible agenda items for future meetings and communication strategy	

Next Meeting Sub-committees: February 26, 2013, Minneapolis City Hall Operations, Policy & Planning sub-committees meet in Room 132 Community Engagement meet in Room 333

Next Meeting of full committee: March 26, 2013, Minneapolis City Hall, Room 132

Minneapolis Health Department (MHD) Public Health Advisory Committee (PHAC) January 22, 2013

Ward 1	Julie Ring	
Ward 2	Robin Schow	Х
Ward 3	Patricia Hillmeyer	
Ward 4	Saeng Kue	Х
Ward 5	Tara Jenson	Х
Ward 6	Dr. Happy Reynolds-Cook	Х
Ward 7	Karen Soderberg	Х
Ward 8	Abdullahi Sheikh	Х
Ward 9	John Schrom	Х
Ward 10	Linda Welter	Х
Ward 11	Robert Burdick	Х
Ward 12	Autumn Chmielewski	X
Ward 13	Dr. Rebecca Thoman	Х
Mayor's Representative	Silvia Perez	Х

MPS	Julie Young-Burns	Х
HCHS&PH	Linda Brandt	Х
U of M SPH	Dr. Alan Lifson	
Member at Large	Daniel Brady	Х
Member at Large		
Member at Large		
MHD, Commissioner	Gretchen Musicant	Х
MHD, Staff	Margaret Schuster	Х
MHD, Admin Support	Kim Stringfellow	Х
Guest, American Cancer Society	Pamela Mason	Х
Spanish Interpreter, Red Fountain Inc.	Marj Evans de Carpio	Х

John Schrom called the meeting to order at 6:03 pm at City Hall.

Item	Discussion	Outcome
Welcome/Introduction		
PHAC Logistics and Updates John Schrom	Minutes and Agenda November 27 minutes and January 22 agenda were reviewed.	Approved by unanimous consent
	Review Draft of 2012 Annual Report A draft of the 2012 Annual Report was provided to all committee members for their review and approval. The report represents any actions taken by the PHAC and a summary of speakers/topics received by the Committee. John Schrom thanked Margaret Schuster & Karen Soderberg for their work on this report.	Referred to Policy & Planning sub-committee for discussion on presenting to PSCR&H Committee
	<u>Co-Chair for PHAC</u> John Schrom has fulfilled his 2-year term as co-chair for PHAC and offered the position for anyone interested. Co-chair responsibilities include: chairing meetings, presentations to City Council/Home Committee, finalizing agenda, coordinating work of committee, communicating with department staff, etc.	Referred to Operations/Com munications sub- committee
Info Sharing Happy Reynolds re: Phillips Neighborhood and Minneapolis Swims	Happy brought forward a renewed call for community engagement from the Minneapolis Swims project (re-opening a public pool at the Phillips Community Center), emphasizing this is public pool for all of Minneapolis, not just the Phillips neighborhood; that from a public health perspective learning to swim helps prevent drowning and increases choices for physical activity which can decrease obesity. This pool seeks to be a competitive swimming pool, a teaching pool, and has received a specific request to fill a cultural gap by providing same gender swimming/lesson opportunities for the Somali community. Happy will forward talking points to anyone interested and relay some of our questions related to Minneapolis Swims plan for moving forward.	Discussion among members; what is PHAC's role in this request? What is Minneapolis Swims plan to move forward?

Primary Presentation <u>Cancer</u> <u>Prevention Study</u> – 3 Pamela Mason, Project Coordinator – Midwest Division, American Cancer Society, Inc.	This is the 4 th Study by the Cancer Society—now focusing on environmental factors, lifestyle & genetics as factors that cause or prevent cancer. Much has already been learned in previous studies about the connections between smoking, secondhand smoke, obesity and cancer. Long-term study follows a person for 20-30 years. Enrollment takes 20-30 minutes, must be in-person at pre-determined sites, take a short survey on site, provide waist measurement and give a blood sample, then take home a longer survey that takes about 45-minutes to complete. Eligibility for persons not currently diagnosed with cancer, between ages of 30-65; must provide updates every 2-3 years over the life of the study. The study hopes to register 18,648 people from the Midwest Division; 10,027 have enrolled. Overall goal for CPS III = 300,000 people. Goal must be attained by December 2013, no exceptions. Although the CPS-III is searching to increase the diversity of its survey participants, materials are not readily available in other languages represented in Minneapolis. (See sidebar for reaction from PHAC members) There are materials available in Spanish—but a Somali or Hmong speaker for instance would need to bring their own interpreter to translate materials and the person enrolling would need to have someone who can interpret in the home.	PHAC members questioned why ACS would spend \$\$ to do this type of study if no \$\$ spent on diverse materials and seeking pre- determined sites that already serve a diverse population. Happy Reynolds commented that the community engagement sub- committee could be vital in registering people in the Minneapolis area.
Department Updates		
Gretchen Musicant <u>Department Name</u> <u>Change</u>	It's official—we are no longer the Minneapolis Department of Health and Family Support. The City Council approved a name change to the Minneapolis Health Department (MHD). This will encompass the merger with Environmental and Health/Family Support; its simplicity will better convey what we do.	
Governor's Budget	The Governor's budget recommendations include funding for the SHIP program, a Tobacco tax increase of 94 per pack/cigarettes, an increase in Local Government Aid (which will probably go to relieve property taxes)	
Youth Violence Prevention Initiative	The Department of Justice has created a Nation Forum on Youth Violence Prevention. Minneapolis is one of ten cities chosen to participate which includes work on a Strategic Plan for Youth Violence Prevention and updating the Blueprint. Alyssa Banks, MHD's Youth Violence Prevention Specialist seeks a representative from PHAC to sit on the YVP Advisory Council.	Happy Reynolds volunteered to be the PHAC representative to YVP.
Safe & Healthy Homes	There is an opportunity to become certified by the Federal Government in regards to radon, mold, and weatherization to create safer, healthier homes. MHD is looking for a contractor to put everything together; info posted on our website.	
Margaret Schuster	Before the February sub-committee meeting, the co-chairs and sub- committee leaders will meet to outline roles/activities of sub-committees and guidelines for communication between the sub-committees, full committee, and department. Margaret provided an update in the department newsletter regarding the PHAC re-organization. In March, there will be a department update on tobacco initiatives. This spring we will hear from Dan Huff and get a brief orientation to the Environmental Health Division and Margaret will provide us with information on the Department's accreditation efforts.	

Meeting adjourned at 7:15 p.m. to allow PHAC members to split into sub-committees Minutes submitted by Margaret Schuster.

Next Meeting: March 26, 2013, Minneapolis City Hall, Room 132, 6:00-8:00 pm

Cancer Prevention Study – 3

Outline of presentation to PHAC – January 22, 2013

Research Today for a Cancer-Free Tomorrow

Have you heard of any of the Cancer Studies? CPS-I, CPS-II?

How long has the American Cancer Society been doing research?

Why is this research so important?

Because previous findings have been so significant... Past research & Smoking...1954 – 2011

Why is there a CPS-III?

The goal of CPS-III... CPS-III will help...

What are the eligibility requirements for participating in CPS-III?

How do I enroll?

In person... At home... Long term follow through...

We need your help...

Spread the word about this important research & opportunity!

Target enrollment – 300,000

Midwest's goal? 18, 648 participants Where are we now?

Questions?







Research today for a cancer-free tomorrow.





January 22, 2013



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- 1. How many of you have heard about CPS-III??
- 2. How about CPS-II? Or even CPS-I?
- 3. Can anyone guess how long ACS has been doing research??



Research isn't new to ACS... It's been going on for over 60 years...

In the	ACS Conducted	To Examine
Early – Mid 1950's	Hammond- Horn Study	Smoking and Lung Cancer
Late 1950's – Early 1970's	CPS-I	Smoking, Obesity and Cancer(s)
Early 1980's – Present	CPS-II	Smoking, Obesity w/Some Lifestyle / Environmental Factors and Cancer(s)
And in 2006 for ~20-30 years	CPS-III	Smoking, Obesity w/Greater Expansion upon Lifestyle / Environmental Factors and Cancer(s)





Why is this research so important?? Because previous findings have been so significant.

- ✓ Researchers better understand the causes of cancer...which, in turn has...
 - ...positively impacted programs and services
 - ...enabled updated public health education and guidelines
 - ...resulted in legislative activity

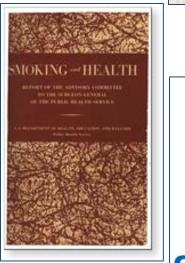








Illustration: ACS Past Research and Smoking

Discovery / Activity	Year
Hammond Horn shows first link	1954
CPS-I shows smoking responsible for early death	1964
Surgeon general's report released	1964
Public laws passed on advertising	1965 – 69
CPS-II shows secondhand smoke increases mortality	1996
80% of the US population protected from secondhand smoke due to legislation*	2011

*How do you measure up? ACS CAN progress report 2011

So why CPS-III?

Because not only are lifestyles different, but the US population has changed significantly since CPS-I and II took place.

The Goal of CPS-III is to "better understand factors (e.g., lifestyle, environmental, genetic) that cause or prevent cancer in order to help eliminate cancer as a major health concern for future generations."

Why? Because...

...dietary patterns, amount of exercise, use of medications, exposure to environmental factors, etc. are quite different now



...CPS-III will help...

- ...identify new, relevant risk factors
- ... better understand risk factors within diverse populations
- ...leverage new technology which will improve the understanding of how cancer develops and how to predict risk



What are the eligibility requirements?

- 1. Willing to make a long-term commitment of 20-30 years
- 2. Between 30 and 65 years old
- 3. Have never been diagnosed with cancer (not including basal or squamous cell skin cancers)

What does the enrollment process entail?

There are two parts: 1) An in-person enrollment and 2) Long term follow-up.

I) In person – ~20-30 mins

- ✓ Read and sign a consent form,
- ✓ Take a short survey on site
- ✓ Provide a waist measurement and
- ✓ Give a blood sample (~7 tsp, 4 vials)

At home – ~45 mins

✓ Complete the longer, more comprehensive baseline survey

II) Long term follow-up

✓ Complete short surveys ~ every 2-3 years









Where are we nationally?

• As of January 1, 2013 → 183,553K

What is the Midwest Division's goal? To enroll 18, 648 participants by end of Dec 2013...



- As of January 1, 2013 → 11,443K
- In Minnesota alone, 3374 people have enrolled since our start in 2009.

We need YOUR help spreading the word in Minneapolis and beyond. Why is this so critical now??

- We are approaching our final year of enrollment (Dec 2013) and we HAVE to enroll at least 300K participants. No exceptions...
- Including people from diverse backgrounds remains paramount as the U.S "melting pot" continues to grow.
 - It's changed significantly even within the past two decades...

The Twin Cities enrollment provides us with the perfect opportunity to draw in diverse populations from Minneapolis.

MHAC can play a key role in helping us promoting the effort!





I am only one, But still I am one. I cannot do everything, But still I can do something. And because I cannot do everything, I will not refuse to do the something that I can do...

- Edward Everett Hale



Any Questions?

THANK YOU!!



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Public Health Advisory Committee Annual Report – 2012

The Public Health Advisory Committee underwent several changes this year, including new departmental staff as committee coordinators: Aliyah Ali coordinated the committee from January –July 2012; and Margaret Schuster from August 2012–present. The committee, consisting of 22 members, currently has no vacancies with 9 new members joining the group. *Highlights / accomplishments from 2012 include:*

Topic / Area	Action / Result	
Minneapolis Swims	Action:	Support Minneapolis Swims in seeking funding for the renovation of the Philips Pool.
	Result:	The Legislature included this in the bonding bill that was signed by the governor.
Downtown TMO's Dero Zap Program	Action:	Support the downtown program in which the City of Minneapolis, as an employer, will participate.
	Result:	9 ZAP readers installed in downtown Minneapolis mid-August 2012; recorded 113 active riders in August & September; their goal is 500 active riders by the end of summer 2013.
Recreational Fires	Action:	A formal request from the Public Safety Civil Rights and Health Committee of the City Council to review recreational fire ordinance and consider possible improvements from a health and safety perspective.
	Result:	PHAC supported the recommendations from CEAC that included greater emphasis on enforcing current ordinances; increasing awareness through public education; and a provision to restrict burning on Air Quality Alert days. CEAC/PHAC formally presented to the PSCR&H committee November 2012.
Climate Action Plan	Action:	A request by the Minneapolis Sustainability Program Coordinator for PHAC to respond to the draft Climate Action Plan.
	Result:	PHAC endorsed the strategies and goals outlined in the Climate Action Plan with a suggestion that next steps include a comprehensive approach addressing other environmental factors that put the public's health at risk.
Public Education / Partnership Recognition	Action:	Highlight the work of Public Health in Minneapolis and the partners who contribute to it.
	Result:	A celebration was held on April 4 in the City Hall Rotunda which included an awards announcement and a list of nominees. Council Member Gordon emceed; proclamations from Mayor Rybak and Senator Franken's office were presented.
Committee Operations	Action:	Examine the functions of the committee; streamline operations, increase effectiveness in engaging community, enhance diversity in committee membership / representation, and utilize sub- committees to support departmental goals/priority issues / community needs.

Result:	PHAC discussions / survey of membership led to the creation of 3
	sub-committees: policy & planning, collaboration & engagement,
	and committee operations/communication & recruiting.

Along with these accomplishments, PHAC received informative presentations on various public health related matters, which include:

• SHIP and Healthy Living (January 2012)

Lara Tiede, MDHFS, shared information about Healthy Living Minneapolis program: Create a healthier population in Minneapolis by focusing on healthy eating, physical activity, and smoke-free living. Lara presented the Department's efforts for outreach in promoting these values throughout the city.

• Identifying Community Strengths and Gaps in Emergency Preparedness (February 2012)

Pam Blixt and Sarah Reingold, MDHFS, presented a Community Risk Assessment designed to identify gaps and current readiness regarding emergency preparedness, especially as it relates to communities of color, and to create a five-year plan. Gaps identified include: communication and alternative communication methods; access to resources for shelter and housing; having only partial plans in place and need for drill exercises; having enough volunteers; and, considering unknown scenarios.

• Native American Somali Friendship Committee (February 2012)

Amina Saleh, Community Organizer with The Family Partnership, and Wade Keezer, Ojibwe Band member and longtime South Minneapolis resident, shared successes from this partnership that developed as a result of tension between the Native American and Somali communities: greater mutual respect for each other; some improvements in levels of mistrust toward police; increased parental involvement in groups focused on ending violence; and, relationship building and storytelling is beginning to outweigh the actual violence. The greatest source of frustration is the breakdown of communication within the community. The Family Partnership is seeking guidance from PHAC and City support to build on their successes so far.

• Senior Strategic Planning (March 2012)

Ahmed Muhumud, NCR Access and Outreach Manager, presented information on Minneapolis' longterm strategic planning to attract seniors to and retain seniors in the city. Past census data showed that Minneapolis population is getting younger; several council members are looking into this and inquiring how to make sure the city's population is able to "age in place." The #1 public health issue for seniors is isolation, especially for immigrant seniors who may have other unique issues.

• Social Media and Public Health (March 2012)

John Schrom, PHAC co-chair, educated the committee on social media and how it can be used effectively in public health. Facebook, 4 Square, Last FM, and Twitter are used more frequently as another tool to spread information quickly to specific audiences based on the incident. For example, notifying parents of students in a specific school or district with information about a school closure. One movement on West Coast includes an app for domestic abuse prevention. Issues to be worked on are: privacy, HIPAA, legality, and defining the role that the PHAC may play.

• Health Implications of Recreational Fires (May 2012)

Greg Pratt, Minnesota Pollution Control Agency, provided a presentation regarding the current issue of recreational fires and the health implications. This presentation helped clarify that MPCA does not have definitive data connecting urban recreational fires to increased prevalence of asthma and/or asthmatic incidents. There are many pollutants that affect Minneapolis residents and, while recreational fires are one source of pollution, the available data show that it is less of a factor than several other sources such as automotive combustion. Despite the lack of data associating recreational fires with adverse population health effects, recreational fires can pose a health risk for individuals regardless of their personal health. PHAC has been directed by the PSCR&H Committee of the Council to explore the health implications of recreational fires and provide input to the Committee.

Results: Communities Putting Prevention to Work (May 2012)

Noya Woodrich, member of the Youth Violence Prevention (YVP) Executive Committee and previous PHAC member, provided an update to PHAC. Focus areas from the Blueprint for Action include: Goal 1-Every youth has a trusted adult; and Goal 2- Intervene at first sign of risk. Alyssa Banks, YVP Coordinator, reports quarterly with updates from community partners, both public and private. Violence in downtown Minneapolis has increased, especially with groups of youth "rushing in" on their victim, termed as "click mobs." This activity has caused concern for safety among those who work, live in, and visit the downtown area. An increased police and security presence is helping to reduce the amount of loitering along Hennepin Ave and Nicollet Mall.

• MN HIV Prevention Plan (June 2012)

Peter Carr, STD and AIDS Director, Minnesota Department of Health, presented 2011 AIDS and STD data. Funding continues to be available based on data. While trends show there are fewer new cases overall, those who receive treatment live longer and need continued healthcare support from community systems, which are primarily located in Minneapolis. It was recommended that community partners continue to seek out grant opportunities from other sources to help fill the gaps from federal and state funding.

• Results: Valuing Our Individual Cultures Through Engagement (VOICE) (July 2012)

Maria Sarabia, CDC Prevention Specialist working in MDHFS, presented the VOICE Project: a community engagement strategy that uses story-based dialogue among populations that experience high-risk health issues. VOICE is targeting Minneapolis' priority communities to achieve health equity as it relates to obesity prevention. This strategy succeeds by fostering partnerships, promoting inclusion, sharing knowledge and understanding, and promoting sustainability.

• Above the Falls Health Impact Assessment related to planning efforts along the Upper Mississippi Riverfront (September 2012), presented by Dave Johnson, MDHFS and Joe Bernard, CPED. This grant focuses on examining / evaluating the original Upper Riverfront plan, proposing improvements based on a health impact assessment and community input, and creating one master plan for the area along the Upper Mississippi Riverfront in north & northeast Minneapolis.

• Sustainability: City of Minneapolis Climate Action Plan (October 2012)

Brendan Slotterback, Minneapolis Sustainability Program Coordinator, presented information on the City's Climate Action Plan, focusing on improving energy efficiency in city buildings, reducing automotive traffic by promoting alternative commuting options, and reducing waste. PHAC has been asked to provide a response to the plan by December 1; an ad hoc subcommittee is reviewing this.

• The changing demographic of the Senior population & their changing needs (October 2012) Christina Kendrick, MDHFS Coordinator UCARE Skyway Senior Center, reviewed the changing demographic of the Senior population as related to the UCare Skyway Senior Center. The most recent census data show the greatest population increase (nationally) in the 50-75 year old age category, with the 60-64 age group seeing an increase of over 70% growth. Locally, more "seniors" choose to work longer and not retire in the more traditional sense, and choose to "age in place," rather than move south to warmer climates. This center is not a public health resource per se, but offers a gathering place with a wide array of services and socialization in the heart of downtown and, among other things, addresses the problem of social isolation among seniors. MDHFS officials work with UCare and other possible partners for continued financial support of the senior center beyond the current funding period. Friends of the Skyway Senior Center, a non-profit organization, raise funds to support the Center. Current funding for operations and programs is provided by UCare through 2013 with facility space provided by the building owner Ryan White.

• Health Effects of Noise (November 2012)

PHAC committee member Dr. Happy Reynolds presented information on the health issues related to noise pollution. She covered topics such as sound levels and human response; causal connections between noise, community and individual reactions, modifiers and health effects; and, possible long term effects of noise exposure.

• Human Trafficking (November 2012)

Amy Kenzie, Program Coordinator Sexual Violence Prevention Program, Coordinator MN Human Trafficking Task Force, MDH, presented *Sex Trafficking: It's Not Inevitable, It is Preventable*. Cordelia Anderson, President, Sensibilities Prevention Services also presented a *Public Health Approach to Sex Trafficking*. Both presenters gave information on the importance of early intervention as a means of prevention, emphasized societal contributions to skewed perceptions of appropriate sexual behavior, the overemphasis on "correcting" behavior through the criminal justice system, and the necessity to use a public health lens to examine the complicated factors related to the sexual exploitation/sex trafficking /sexual and child abuse.



Public Health Advisory Committee

March 26, 2013, 6:00 - 8:00 pm

Minneapolis City Hall

350 S 4th Street, Room 132

Agenda Item	Presenter	Time	Committee Action
Welcome and Introductions	Karen Soderberg	6:00-6:05	Approve agenda
PHAC Logistics and Updates Approve Minutes	Karen Soderberg	6:05-6:55	Approve Minutes
Reports from Sub-Committees: Communications / Operations: Bios/Charter revision/Google groups/application process?	Tara Jensen	6:10 - 6:25	Informational / Updates May include specific requests to full committee /
Policy & Planning: agenda setting, committee goals?	Rebecca Thoman	6:25 - 6:40	recommendations or action
Collaboration & Engagement: areas of expertise/interest? Expectations of engagement?	Happy Reynolds	6:40 - 6:55	
Department Presentation <i>Tobacco Initiatives</i>	Lara Pratt, SHIP Manager Minneapolis Health Dept.	6:55 – 7:15	Report from Dept. Request for PHAC action
		7:15 - 7:25	Questions/discussion
Department Updates	Gretchen Musicant	7:25 – 7:45	Discussion
Information Sharing	Autumn Chmielewski	7:45-8:00	Discussion

Next Meeting Sub-committees: April 23, 2013, Minneapolis City Hall Operations, Policy & Planning sub-committees meet in Room 132 Community Engagement sub-committee meets in Room 332

Next Meeting of full committee: May 28, 2013, Minneapolis City Hall, Room 132

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



March 26, 2013

Members Present: Julie Ring, Robin Schow, Patricia Hillmeyer, Tara Jenson, Karen Soderberg, Linda Welter, Robert Burdick, Autumn Chmielewski, Dr. Rebecca Thoman, Silvia Perez, Julie Young-Burns, Linda Brandt, Daniel Brady

Members Excused: Dr. Happy Reynolds-Cook, John Schrom

Members Unexcused: Saeng Kue, Abdullahi Sheikh, Dr. Alan Lifson

MHD Staff Present: Gretchen Musicant, Margaret Schuster, Hattie Wiysel, Lara Pratt

Guests: Medoro Witwer, Guest of Dan Brady; Marj De Carpio, Interpreter; Emily Anderson, Guest presenter

Karen Soderberg called the meeting to order at 6:00 pm at City Hall.

Item	Discussion	Outcome
Introduction	Members and guests introduced themselves.	
Agenda/Min Approval	Minutes and Agenda Members had no additions to the March agenda.	Approved by unanimous consent
	Change to February Minutes: Under info sharing > Cancer Prevention Study "must be in-person at a pre-determined Relay for Life event the sites." Delete "this portion of the sentence"	motion to approve minutes with this edit carried by unanimous consent
Rec Fires Update	Update from CM Cam Gordon's office: Language will be proposed to change ordinance, hearing likely in April/May.	
Communications/Opera tions Subcommittee – Tara Jenson	 Google Groups- set up as internal tool to share information. Members should note that all City Business is considered public, be mindful of what you post. Tara will be posting bios of the members, please provide her with a couple sentence bio of yourself. Co-Chair – Patricia Hillmeyer nominated Tara Jenson for Co-Chair, Linda Brandt seconded the motion. Group wants to develop a survey to gather demographic information from the PHAC members for future reference and as a tool for recruiting new members. 	Motion to appoint Tara Jenson as Co- Chair approved by voice vote. Gretchen approved the survey
	Reviewed by laws specific to new structure; no changes recommended at this time. Tara volunteered to provide members with a short summary (2-3 sentences) of meetings that could then get passed on to Council Members, neighborhood meetings/newsletters, etc.	
Policy and Planning Subcommittee – Dan Brady	Group wanted to prioritize areas for considering presentations: Make Actionable asks Make/understand reach of ask – geo/demo (how broad, who it effects) Be involved at the right level— Request recommendations/action that are timely and reasonable Does it address health disparities/underserved pops After a long discussion of concerns/issues/interests; the committee grouped concerns into these three areas: Environmental Health, Mental Health, Lifestyle Issues/requests for action and information funneling to PHAC from: Health Department/City Council, PHAC members, Public	



	He	ealth Department
	Other discussion: What is our focus (as an advisory committee to the Department?); Can we proactively make a recommendation rather than always being reactive? We prioritize our work with the City/City Council first; but what about recommendations at a State level? Gretchen offered these specific issues that are on table now: Review ordinance language on what grocery stores are required to carry (percentage of fresh foods) compared to WIC standards Increase amount of air quality monitoring; are activities of enforcement education issues being measured?	Gretchen affirmed that the PHAC can be proactive in concert with the Dept/City Council. This also applies to interest in activities at a State level—channel through work of the City Council/Dept.
	Member asked about Human Trafficking as an agenda item – it is an issue that is being addressed under Youth Violence Prevention.	Committee added to the list
Collaboration / Engagement Subcommittee - Silvia Perez	Group came up with 5 majors areas of interest: Prevention of Youth Violence Access to better food—improve choice & access Substance abuse Environment and Atmosphere	
	Mental Depression Related to policy & planning sub-committee; Choose 3-4 of most important topics, try to move on these and focus our energies. If we are too diverse and attempting to do too much, we won't have an impact.	
	 Principles to engage communities: 1. Report to community about PHAC actions—then bring community reactions back to committee 2. Also gather/listen to community and get their info/concerns/issues and bring it to PHAC for discussion/action; then report back to community. We can hold community meetings in churches and parks, use parks and recreations to deliver messages to community. 	
Health Department Tobacco Initiatives – Lara Pratt, MHD SHIP Manager and Emily Anderson, Program Director – AnsrMN.org	 Lara gave a presentation to the committee on current smoking trends for youth in Minneapolis and Tobacco prevention work. Her presentation had 3 specific "asks" of the committee in regards to: Access to landlords in your ward / neighborhood or connections to owner / companies with multi-unit housing—identify and begin conversation about smoke-free units Ideas, connections or avenues to influence trade & technical schools in regards to smoke-free policies AND support for the U of MN smoke-free campus policy Knowledge of organizations engaging youth and cultural communities around tobacco use 	
Department Updates- Gretchen Musicant	Gretchen reported that the newly merged department is beginning a Strategic Planning process which will help guide the Department for the next several years. We will have a 4-hour planning session on May 9th for a group of staff and a few PHAC members. She would like 2 people from the PHAC to be a part of the planning process. Public Health Week, first week in April. MHD will sponsor several events including: April 2-a scavenger hunt between the 4 & 5 th floor staff (as an opportunity to learn more about each other and our work), April 3-an event	Margaret to email all members inquiring about interest in participating. At meeting, three mem- bers volunteered.



		leann Department
	Public Hero Awards ceremony recognizing the good work of our community partners; and, a ½ hour walk with the Mayor on April 4.	
Information Sharing –		
Rebecca Thoman	Cancer Prevention Study is available in Spanish. Handout provided regarding registration locations and enrollment.	
Karen Soderberg	April 20 th – Earth Day, Minneapolis Parks clean-up day.	
	MDH awarded a Federal Innovations Grant regarding integrated home & health care. Karen is involved in this planning phase over the next 6 months. She will keep PHAC informed.	

Meeting adjourned at 7:50 p.m.

Minutes submitted by Hattie Wiysel and Margaret Schuster

Next Sub-Committee Meeting: April 23, 2013, Minneapolis City Hall, Room 132 & 332, 6:00-8:00 p.m. Next Full Committee Meeting: May 28, 2013, Minneapolis City Hall, Room 132, 6:00-8:00 p.m.

Minneapolis Tobacco Prevention Overview / March 2013

Healthy Living Initiative / Minneapolis Health Department

Healthy Living Initiative--comprehensive, citywide effort to reduce obesity, tobacco use and the chronic diseases they cause. 18 initiatives to increase healthy eating, physical activity, smoke-free living

Tobacco Use in Minneapolis

- Large disparities in adult smoking rates by geography, race/ethnicity
- 18-24 year-olds have highest smoking rates
- Youth Smoking Rates--2010 Minnesota Student Survey Minneapolis Data
 - Smoking Rates by Race and Ethnicity
 - Minneapolis 12th grade, 30 day use
 - Statewide Lifetime Flavored Cigarillo and Snus Use

Minnesota 2011 Youth Tobacco and Asthma Survey

- State Smoking Trends
- Cigars, Cigarillos, Little Cigars: What are strategies for reducing access to these increasingly popular products?
- Cigar Products Cheap, tasty, appealing to kids
- Emerging Flavored Products A Dangerous Trend
- Minneapolis Access / Source Location for Tobacco Users

Survey Question: "If you used tobacco in last 30 days, where did you get it?" (Top four locations)

Minneapolis Underage Youth Tobacco Sales Compliance

- The City of Minneapolis Licensing Office conducts annual underage tobacco sales compliance checks on all 397 licensed tobacco retailers.
- In 2012, only 11 stores (2.75%) failed the inspection because they were selling tobacco to youth.
- Cigarillos: Cheap and Profilic

Cigarillo Sales

- Add price
- 68% vendors selling flavored little cigarillos
- 72% selling single cigarillos

- 68% selling packs of 2-6 cigarillos
- 49% with cigarillo price promotions

Minneapolis Tobacco Prevention Strategies

- **Strategy #1:** Reduce exposure to secondhand smoke
- **Strategy #2:** Restrict places where people can smoke
- Strategy #3: Increase Price/decrease youth access

Strategy #1: Reduce exposure to secondhand smoke - Multi-Unit Housing

- Minneapolis Public Housing Authority 42 high-rises
 - Affordable Housing over 430 affordable housing properties, with focus on:
 - ✓ North Minneapolis
 - ✓ Owners of multiple properties across the city
 - Most populated buildings

Specific "Asks"

•

- Ideas for accessing landlords per ward/neighborhood
- Connections to owner/companies

Strategy #2: Restrict places where people can smoke -- Post-Secondary Institutions

- Trade and technical schools
 - Dunwoody Academy
 - Aveda Institute
 - ✓ Summit OIC
 - ✓ Minneapolis College of Art and Design (MCAD)
 - ✓ MCTC
- University of Minnesota

Specific "Asks"

- Avenues to influence trade and technical schools
- Support for U of M smoke-free campus policy

Strategy #3: Increase Price/Decrease Youth Access

Actions Taken By Other Cities

- **Flavored Ban.** New York City, Providence RI, Santa Clara County and the State of Maine have prohibited flavored tobacco product from being sold in stores, including flavored cigarillos and Snus.
- **Minimum Pack Size.** Prince George's County in Maryland (5 in a pack), and Boston (4 in a pack), along with six other cities in Massachusetts have all regulated minimum pack sizes.
- **Price Discounting Ban.** Providence, RI prohibited all price discounting schemes such as buy-one-get-one-free and the use of coupons.
- **Pharmacy Ban.** San Francisco, Boston and multiple Massachusetts cities prohibit the sale of tobacco products in pharmacies. Rock County in MN recently passed a pharmacy prohibition.
- Cigar Tax Increase
 - There is a proposal pending at the state level to increase the tax rate on cigars, cigarillos and little cigars.
 - Relative cost: pack of cigarettes vs. single-small pkgs of cigarillos/little cigars
 - Price is one of the biggest predictors to smoking rates; Youth are one of the groups most sensitive to price.

Minneapolis Approach

- Educational campaign to:
 - Increase awareness of youth smoking trends, focus on flavored
 - Increase awareness of strategies for reducing access

Specific Asks:

• Knowledge of organizations engaging youth and cultural communities around tobacco use?

Contact Information: Lara Pratt, 612-673-3815, Lara.Pratt@minneapolismn.gov



Public Health Advisory Committee

Tuesday, May 28, 2013, 6:00 - 8:00 pm

Minneapolis City Hall

350 S 4th Street, Room 132

Agenda Item	Presenter	Time	Committee Action
Welcome and Introductions	Karen Soderberg	6:00-6:05	Approve agenda
PHAC Logistics and Updates Approve Minutes	Karen Soderberg	6:05-6:25	Approve Minutes
Reports from Sub-committees: Communications/Operations: Policy & Planning	Tara Jensen Rebecca Thoman		Action: PHAC sent Letter of support for Tobacco-free Twin Cities Campus to UofMN
Collaboration & Engagement	Happy Reynolds		President Kaler and Board of Regents
Department Presentation <i>Review steps taken to improve</i> <i>access to healthy foods through the</i> <i>Minneapolis Staple Foods</i> <i>Ordinance</i>	Kristen Klingler, MHD Sr. Public Health Specialist and Robin Garwood, Aide to CM Cam Gordon	6:25-7:00	Informational session Questions/discussion
Department Presentation <i>Review Minneapolis Park & Rec</i> <i>Board's proposed food policy</i>	Sarah Reuben, MHD, Public Health Specialist	7:00-7:35	Informational session Questions/discussion
Department Updates	Gretchen Musicant / Margaret Schuster	7:35-7:50	Discussion
Information Sharing	Sometimes committee member has topic of choice	7:50-8:00	Discussion

Next Sub-committee meeting: June 25, 2013, Minneapolis City Hall, Rooms 132 & 333

Next meeting of the Full Committee: July 23, 2013, Minneapolis City Hall, Room 132



May 28, 2013

Members Present: Robin Schow, Patricia Hillmeyer, Tara Jenson, Dr. Happy Reynolds-Cook, Karen Soderberg, Abdullahi Sheikh, Linda Welter, Robert Burdick, Autumn Chmielewski, Dr. Rebecca Thoman, Silvia Perez, Julie Young-Burns, Linda Brandt, Daniel Brady

Members Excused: Saeng Kue

Members Unexcused: Julie Ring, John Schrom

MHD Staff Present: Gretchen Musicant, Margaret Schuster, Don Moody, Kristen Klingler, Sarah Reuben **Guests:** Robin Garwood (aide to CM Cam Gordon), Diana Heilig (niece of Karen Soderberg)

Tara Jenson called the meeting to order at 6:02 p.m. at City Hall.

ltem	Discussion	Outcome
Introduction	Members and guests introduced themselves.	
Agenda/Min Approval	Minutes and Agenda A suggested change to the agenda was proposed. Members had no additions to the May agenda.	Agenda approved by unanimous consent
	Members had no additions or changes to the March minutes. Robert (Bob) Burdick announced his resignation from the PHAC. Council Member John Quincy was present, thanked Bob for his service and presented him with a fruit basket, which Bob shared with the committee.	Motion to approve minutes carried by unanimous consent
	PHAC received a response from President Kaler in regards to last month's letter of support for a tobacco-free Twin Cities Campus to U of MN President Kaler and the Board of Regents.	
Reports from		
Sub-committees: Operations / Communication.	Tara reported that we made contact with all 7 applicants for our at-large vacancies; all 7 still interested. Given Bob's resignation, there were 2 applicants from Ward 11 that will be forwarded on to CM Quincy.	
Collaboration / Engagement	Autumn reported that guidance from Margaret in last month's sub- committee meeting helped clarify roles/expectations for being active in the community.	
Department Presentation Minneapolis Staple Foods Ordinance - Kristen Klingler, MHD Sr. Public Health Specialist and Robin Garwood, Aide to CM Cam Gordon	Kristen and Robin gave a presentation on improving access to healthy foods through strengthening the City's Staple Foods Ordinance. They reviewed the proposed change and discussed its various aspects; wording of the proposed amending of the ordinance was provided. The project goal is to improve access to healthy foods and increase the number and variety of healthy food options in stores. Currently, some stores which sell significant amounts of food are exempt from the ordinance. The proposed change would help determine who is or isn't exempt and ensure exemptions are given only to stores that truly qualify. Stores which sell a significant amount of food items would have to meet the new healthy food requirements.	At June meeting, sub-committees will decide upon letter of support to be sent by July 1 st (Policy & Planning / Operations- Communication will take lead
	A store survey was conducted in April by Food Council and community volunteers to help better understand the potential impact on licensed grocery stores, especially small retail stores. A summary was provided. In addition to licensing and inspections, training for understanding the new ordinance, working with stores to provide education on how to handle, process, and present healthy foods would continue.	Margaret will check with Dr. Happy Reynolds-Cook regarding the Collaboration & Engagement sub-committee



		ealth Department
	 Committee members asked about the effect on smaller businesses and how "that sell a single category of food", "10% of total public retail floor area" and "non-expired or spoiled" (i.e. quality of healthy foods; e.g., vegetables 'past prime') would be defined. Robin said many of the smaller businesses already fall under the current wording, while many larger businesses (that do not sell exclusively food items are exempt). The proposed changes would cover more of these larger businesses. Some of the wording is "broader and softer"wording changes are expected before passage. When asked if this is expected to pass, Robin said yes and commented on the original passage of the Staple Foods Ordinance. Minneapolis is leading the way in this area and others are asking "How did you do it?" Robin said opposition is expected and had action step requests of the committee he would welcome: a letter of support sent from the PHAC (a draft letter based upon Homegrown Minneapolis Food Council was provided) Welcome outreach to supportive community partners, especially groups that care about access to healthy food who would be willing to attend the public hearing (possibly early-mid July) PHAC members connecting back to their City Council members re: support for healthy food & its' access to people who have limited income and may have limited access to multiple food outlets. 	
Department Presentation Minneapolis Park & Rec Board's proposed food policy Sarah Reuben, MHD, Public Health Specialist	Sarah gave a presentation on changes to the Minneapolis Park and Recreation Board Healthy Food Policy. Sarah discussed the goal of providing access to healthy food choices when participating in programs or visiting facilities. The policy was presented to the Recreation committee in May. Though there was some concern of changing from specific to more general language, the policy passed the committee with unanimous consent. Training on the new policy will start in June, with implementation in September. This is the most comprehensive park food policy in the nation. Committee discussed choice, vendor contracts, vendor criteria, pricing structure (who sets prices?) and "healthy" vs. "healthier" criteria. Currently, the vendor decides what will be in vending machines. Gretchen mentioned the trial/pilot program where it was shown that when there is an increase in healthy options, there is an increase in the purchasing of healthy options. Park Board can implement criteria on vending RFPs, including pricing structure to positively impact healthy food choices. The "healthy" and "healthier" criteria are based upon expected audience, higher standards where children are the targeted buyers. Use of the USDA guidelines was discussed. Sarah reviewed the timeline and draft letter.	Dan Brady made a motion to endorse the policy and send a letter to Park Board President & Superintendent using the wording of the draft letter provided to the Committee. Dr. Happy Reynolds- Cook seconded. Julie Young-Burns recused herself due to connections with involved parties Motion passed unanimously with one abstention.
Department Updates- Gretchen Musicant Budget	Gretchen reported on the budget process. A new budget cycle is beginning with final approval in December 2013. In June, a proposed department budget goes to Mayor; followed by budget discussions with the Mayor's office in June & July; in August the Mayor presents his budget to the City Council; the Department will present its budget to the City Council this Fall; the City Council votes on the 2014 budget in December. LGA (Local Government Aid) was not cut this year and was in fact increased. City leaders will likely use this increase to provide property tax relief and keep department at 2% increase (flat budget). The department can propose new ideas for budget expenditures. Health department ideas being considered include more support staff due to increase in department	At June meeting, Gretchen will report to committee what was proposed to the Mayor.



	He	ealth Department
	size, additional effort in Youth & Family (e.g. Youth Violence Prevention), localized air monitoring (current air monitoring is broad, this would increase delineation of air quality monitoring), funding for Health Department Emergency Preparedness (is currently entirely funded by Federal grants administered via the State, which has been decreasing the last few years).	
Strategic Planning	Three members of PHAC joined the Health Department for the Strategic Planning process of revising the department's Vision, Mission and Values statements. Tara and Silvia shared their views and expressed how much they appreciated participating. Silvia mentioned how it really helped increase understanding of the purpose of the PHAC. A draft of resulting wording was provided (numbering in draft was only for organizational purposes; final version will have no numbering). Vision and Mission portions are nearly finalized. Values sections are still in progress of being completed.	Gretchen will update PHAC members as Vision, Mission and Values / Goals discussions finalized
Margaret Schuster	Margaret reminded committee members of the ethics training requirement and that the ethics training can be done on-line. Emergency Preparedness community trainings available to non-profit and community organizations—free of charge. Next one on June 10: "Whole Community Resilience: Build on Strengths to Meet Diverse Needs"flyers made available. June 9 th -15 th is Bike-Walk to Work week. Abdullahi said in coordination with the Safety Center, Cedar Riverside Senior Walk Day is June 14 th , 5:30-8:00 p.m. and other nearby communities have been invited.	Margaret sent e-mail with access to on- line training; looked into a Spanish version—currently none available Abdullahi Sheikh offered to provide flyers with information about Sr. walk once these are available Margaret will disseminate when provided.
Information Sharing – Rebecca Thoman	Cancer Prevention Study doing well in registering, but some areas lagging a bit. Handout provided regarding registration locations and current enrollment. Discussion about health department involvement in Viking Stadium. Concerns focused on having better outcome (than when Twins stadium opened) for types of new businesses, types & style of advertising. There are varied associated health impact areas; e.g., social connectedness, food access in and around the stadium, adding green spaces for physical activity. PHAC also concerned about increased human / sex trafficking around stadium area and impact this has on families, children, and visitors to our City.	Request staff member from Business Licensing attend June sub-committee meeting

Meeting adjourned at 7:54 p.m.

Minutes submitted by Don Moody and Margaret Schuster

Next Sub-Committee Meeting: June 25, 2013, Minneapolis City Hall, Room 132 & 332, 6:00-8:00 p.m.

Next Full Committee Meeting: July 23, 2013, Minneapolis City Hall, Room 132, 6:00-8:00 p.m.

Improving Healthy Food Access through the Minneapolis Staple Foods Ordinance

Background

The Minneapolis Code of Ordinances Chapter 203.20 (c) currently requires all licensed grocery stores to provide a variety of fresh, non-perishable food items for sale, including fresh fruits and vegetables. These requirements help promote the availability of healthy food options in every community. Under the current ordinance, stores can often receive an exemption from the staple foods requirements even if they are selling a significant amount of food items.

Proposed changes



The City of Minneapolis is considering changes to the

current ordinance in order to promote increased access to healthy foods and ensure that all stores selling food items are appropriately licensed and held to consistent standards. Revisions would:

- Ensure that retail outlets selling a certain amount of food are offering a reasonable selection of high quality, healthy options. The proposed requirements would be based on current Minnesota WIC (Women, Infants and Children) standards.
- (2) Allow City staff to more appropriately license retail food outlets and better classify which stores are eligible to receive exemptions. Stores would be licensed based on the percentage of revenue received from food; "grocery" stores would be required to meet the new food requirements.

Timeline and process

In April 2013, City staff and community volunteers will conduct background research to help estimate the potential impact of these changes, identify areas of concern, and discover opportunities to assist stores in meeting the new requirements. Opportunities to provide feedback and support for the ordinance changes will occur in May – June. It is anticipated that the proposed ordinance changes will be brought to the Minneapolis City Council for review and adoption by late June 2013.

For more information, please contact:

Kristen Klingler, Minneapolis Health Department (Kristen.Klingler@minneapolismn.gov)



Minneapolis Park and Recreation Board Healthy Food Policy Components

Purpose:

This Policy and Procedure has been developed to ensure that the Minneapolis Park and Recreation Board will provide the citizens, especially children, of Minneapolis with access to healthy food choices when participating in programs or when they visit a Minneapolis Park and Recreation Board facility.

<u>Healthiest Criteria</u>

All foods procured with MPRB funds will meet or exceed the following recommendations from the USDA Dietary Guidelines and will meet portion sizes as stated on all pre-packaged foods.

Service delivery area/programs affected: Youth programming (children under 17) Community events and meetings, Recreation center concessions, Snack vending

2010 USDA Dietary Guidelines

(http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/PolicyDoc/ExecSumm.pdf)

Foods and Food Components to Reduce

- a. Reduce sodium
- b. Ensure that 10% of calories come from saturated fatty acids
- c. Keep Trans fatty acid consumption as low as possible
- d. Reduce calories from solid fats and added sugars
- e. Limit the servings of foods that contain refined grains, especially refined grain foods that contain solid fats, added sugars and sodium.

Foods and Food Components to Increase

- a. Increase servings of fresh vegetables and fruits
- b. Serve a variety of fresh vegetables, especially dark green and red and orange vegetables and beans and peas
- c. Serve at least half of all grains as whole grains. Increase whole-grain intake by replacing refined grains with whole-grains
- d. Increase servings of fat-free or low-fat milk and milk products such as milk yogurt, cheese or fortified soy beverages
- e. When serving protein, select from a variety of protein foods including seafood, lean meat and poultry, eggs, beans and peas, soy products, and unsalted nuts
- f. Choose foods that provide more potassium, dietary fiber, calcium, and vitamin D.

Healthier Criteria

50% of all foods procured with MPRB funds will meet or exceed the USDA Dietary Guidelines and meet portion sizes as stated on all pre-packaged foods.

Service delivery area/programs affected: Adult programs, Co-sponsored events/partnerships, Snack bar (pool)

Healthy Criteria

15-25% of all foods procured with MPRB funds will meet or exceed the USDA Dietary Guidelines and meet portion sizes as stated on all pre-packaged foods.

Service delivery area/programs affected: Snack bar (golf courses)

Timeline

March 28th- Present to MPRB leadership

(Policy was accepted by Leadership committee and will be moving forward to Recreation Committee May 1)

May 1- Present to Recreation Committee

Implementation Schedule

Service Delivery/Program Area		
Youth Programming (Children 17 and under)		
Community Events		
Recreation Center Concessions		
Snack Vending		
Adult Programs		
Community Meetings		
Co-Sponsored Events/Partnerships		
Snack Bars – Golf Courses		
Snack Bar – Pool		
All other areas		
Beverage Vending		
3rd Party Vending		
3rd Party Concessionaires		

2 | Page



Public Health Advisory Committee

July 23, 2013, 6:00 - 8:00 pm

Minneapolis City Hall, Room 132

AGENDA

Agenda Item	Presenter	Time	Committee Action
Welcome and Introductions	Karen Soderberg	6:00-6:05	Approve agenda
Introduction: J. Pelletier, new U of MN School of Public Health representative			
PHAC Logistics and Updates Approve Minutes	Karen Soderberg	6:05-6:30	Approve Minutes
Reports from Sub-committees:			Hear reports
Policy & Planning	Rebecca Thoman		
Collaboration & Engagement	Happy Reynolds		
Communications/Operations	Tara Jenson		Vote on two at-large positions
Presentation Overview of the Environmental Health Division of MHD	Dan Huff, Manager – MHD Environmental Health	6:30–7:15	Informational session Questions/discussion
Department Updates	Gretchen Musicant	7:30-7:45	Discussion
Information Sharing	Happy Reynolds – info on community clinic diabetes care	7:45-8:00	Discussion
	All		

Next Sub-committee meeting: August 27, 2013, Minneapolis City Hall, Rooms 132 & 333

Next Meeting of the Full Committee: September 24, 2013, Minneapolis City Hall, Rm 132



July 23, 2013

Members Present: Julie Ring, Patricia Hillmeyer, Saeng Kue , Tara Jenson, Dr. Happy Reynolds-Cook, Karen Soderberg, Abdullahi Sheikh, Linda Welter, Dr. Rebecca Thoman, Silvia Perez, Linda Brandt, Jennifer Pelletier
 Members Excused: Robin Schow, John Schrom, Autumn Chmielewski, Julie Young-Burns, Daniel Brady
 MHD Staff Present: Gretchen Musicant, Margaret Schuster, Don Moody, Dan Huff
 Guests: Birdie Cunningham (Ward 11, pending Council approval)

Karen Soderberg called the meeting to order at 6:05 p.m. at City Hall.

Item	he meeting to order at 6:05 p.m. at City Hall. Discussion	Outcome
Introduction	Members and guests introduced themselves. Jennifer Pelletier is the new committee member representing U of M School of Public Health.	
Agenda/Min Approval	Minutes and Agenda Members had no changes to the July agenda. Members had no changes to the May minutes.	Motion to approve minutes carried by unanimous consent
Reports from Sub-committees: Policy & Planning Julie Ring	Proposed wording for the City's Staple Foods Ordinance is still being defined. Draft letter of support was reviewed and discussed. Concerns raised over food perishability and whether frozen foods may be an acceptable alternative. Request Kristen Klinger follow up with the PHAC in regards to wording of Ordinance and timeline for a PHAC letter of support.	Send PHAC letter of support when letter would have most impact (based upon revised time frame)
	Linda Roberts from Business Licensing presented regarding license massage parlors. Current code has location requirement (downtown area) with no specific licensing requirement. Council Member Glidden is sponsoring ordinance to help legitimize appropriate businesses and differentiate them from illegal operations. Other nearby cities have ordinances that are being referenced in developing one for Minneapolis.	Refer Business Licensing to San Francisco for data evidence to support effort.
Collaboration & Engagement Linda Welter	Vish Vasani presented regarding the MN Food Charter and event. Sub-committee discussed goals for this sub-committee. Ideas included 1) compiling a list of community groupshave members attend at least one of these during the sub-committee meeting time to share details about what PHAC is doing and to bring back thoughts and concerns from the community; and, 2) work with MHD to organize larger community forums 1-2 times each year to talk about public healthinvite key stakeholders.	
Operations / Communication Pat Hillmeyer	Sub-committees met two (2) candidates of the six candidates for the vacant At Large positions. Impressions of candidates were shared. Committee then discussed procedure for voting and criteria to consider for At Large members; e.g., "What are we looking for?" "What would fill out the committee?" and "intent is to fill gaps".	Motion to recommend Adrienne Morris be appointed to an At Large position and invite other candidates to next sub-committee meeting; Julie Ring, motion, Linda Welter second. Motion approved by voice vote. Margaret will issue invite.



	Health Department	
Department Presentation Overview of the Environmental Health division of MHD Dan Huff, Director of MHD Environmental Health division	 We heard a summary of the Environmental Health division. See the attached presentation outline (committee members received a copy before the meeting started). Discussion during and after presentation included: health violations at licensed businesses, common denominators (e.g., older facility or equipment) and goals of inspection (business compliance with code for safer community) diversity in the division (division has two Hmong, two Somali, and two Spanish proficient staff) Noise complaints and division response (striking a balance between the different needs of the parties involved; activity may involve protected speech; organized activities are exempt until 10pm) lead issue concentrations in City (with 89% of houses in City having some lead paint, this is primarily a maintenance issue, which disproportionately affects low income households and rental properties) in most instances, residence approval is required for inspections and with low vacancy rates in the City, there is a reluctance to jeopardize housing situation (i.e., renters concern over landlord response) Dan had some suggestions for possible PHAC action items: LEAD outreach to Rental Properties (majority of lead cases are from single family homes up to four-plex buildings) outreach and education to neighborhoods regarding problem properties, renter's rights, and code prohibiting retaliation provide data on effect of low cost intervention (small \$\$ outlay can have beneficial health results) 	
Department Updates- Gretchen Musicant Budget	Mayor has received proposal for 2014 budget and will present his budget recommendations on August 15, noon to 1:00 p.m. Health Department may see a couple of our proposals included: increased air quality testing, Youth Violence Prevention, and parent education and support. Committee discussed budget schedule, effect of LGA (local government aid), and new issues that came with the merger with environmental health.	
Injuries from trampolines	Dr. Happy Reynolds-Cook raised concern of backyard use of trampolines; is there an article which could be provided for the committee to review?	
Council Member orientation	With fall elections bringing changes in City leadership—MHD is looking at new council orientation and invites PHAC to consider what input they might provide.	
Information Sharing – Dr. Happy Reynolds- Cook	Happy shared information about Bob Albee and A-POD (A Partnership Of Diabetics), an organization by diabetics for diabetics with a focus on connectedness and self-directed efficacy.	
Abdullahi Sheikh	The 2013 Community Health Conference (sponsored in part by the Minnesota Department of Health) will be held in September in Brainerd. Nominations for their Community Health Awards are open through July 26; please consider nominating a worthy recipient.	
Rebecca Thoman	Inquired about MHD's goals for SHIP grant which led to a discussion of worksite wellness and best practices.	

Meeting adjourned at 8:00 p.m.; Minutes submitted by Don Moody and Margaret Schuster Next Sub-Committee Meeting: August 27, 2013, Minneapolis City Hall, Room 132 & 333, 6:00-8:00 p.m. Next Full Committee Meeting: September 24, 2013, Minneapolis City Hall, Room 132, 6:00-8:00 p.m.

Minneapolis Health Department Environmental Health

OPENING SLIDE – Overview of services, areas of responsibility

Food, Lodging and Pools:

- Operates under delegation agreements with state departments of Health & Agriculture.
- Inspects all food establishments, board/lodging facilities, pools, hotels, farmers markets, etc.

Lead and Healthy Homes:

- Operates mandated response to children with lead poisoning.
- Grant-funded lead and healthy homes remediation projects.

Environmental Services:

- Enforces City environmental ordinances
- Issues and inspects permits
- Operates state delegated well program
- Manages pollution control registration program

SLIDE 2: Food, Lodging and Pools

- Routine Inspections of restaurants, board and lodging, hotels, Pools, tanning beds, farmers markets, stadiums, institutions
- Plan Review
- Complaints, Fire Calls
- Food borne illness and Outbreak investigations
- Short Term Food Permits

SLIDE 3: Food, Lodging and Pools

- State has authority over health code
- Minneapolis operates under Delegation Agreements with MDA & MDH

• Major restructuring and hiring since 2010 MDH audit.

SLIDE 4, 5, 6: Food, Lodging and Pools

- Increased staffing model in 2013
- Allowed department to complete mandated inspections, increase inspection frequency, plan reviews and licenses application approvals.
 - 475 more inspections January-May in 2013
 - Inspect every wading pool twice a year.
 - HACCP approval
- Food Safety Video Project

SLIDE 8, 9, 10, & 11: Environmental Services

- Permitting
 - o Includes Outdoor Amplified Sound
 - After hours work
 - Wells, tanks
 - Rock crushing, soil erosion
 - Sanitary and stormwater discharge
- Complaint based inspections
 - o Spills
 - o Noise
 - Air / Odor
 - Illegal Dumping
 - o Drainage
- Pollution Control Registration Program
 - Impact Fee based upon equipment
 - o Commercial and Industrial properties
 - ✓ Sanitary connection
 - ✓ Rooftop HVAC equipment

- ✓ Monitoring Well
- ✓ Contaminated Site
- ✓ Air Pollution Control

SLIDE 12: Environmental Initiatives

- Air Quality: A neighborhood approach
- Energy Benchmarking and Disclosure
- Trees for Business
- Green Business Matching Grants

SLIDE 13, 14, 15, 16, 17, 18, & 19: Lead & Healthy Homes

- Regulatory
 - Elevated Blood Lead Response
 - Lead Poisoning
 - Lead Hazard Reduction/EBL Orders
 - o Abrasive Blasting
- Grant-funded Projects
 - Healthy Homes Thriving Communities
 - ✓ 3-year, \$1.84 million
 - ✓ Approximately 300 homes
 - Safe and Healthy Homes
 - ✓ 3-year, \$2.4 million
 - ✓ Approximately 200 homes



Public Health Advisory Committee

September 24, 2013, 6:00 – 8:00 pm

Minneapolis City Hall, Room 132

Agenda Item	Presenter	Time	Committee Action
Welcome and Introductions	Tara Jensen, co-chair	6:00-6:05	Approve agenda
PHAC Logistics and Updates: Approve Minutes	Tara Jensen	6:05-6:30	Approve Minutes
Reports from Sub-committees: Communications/Operations (Date change for November)	Karen Soderberg		
Policy & Planning	Rebecca Thoman		
Collaboration & Engagement	Autumn Chmielewski		
Presentation: Prezi Department Goals, Updated Vision-Mission-Values, Strategic Priorities	Gretchen Musicant	6:30-7:05	Informational session Questions/discussion
Prioritizing Activity: <i>Determine PHAC work priorities</i> <i>in relation to Dept. goals</i>	Rebecca Thoman	7:05 – 7:30	Facilitated exercise
Department Updates: Budget presentation to Ways & Means Committee	Gretchen Musicant	7:35-7:45	Discussion
Information Sharing	All	7:45-8:00	Discussion

Next Sub-committee meeting: October 22, 2013, Minneapolis City Hall, Rooms 132 & 333

Next Meeting of the Full Committee: November 26, 2013, Minneapolis City Hall, Room 132

Public Health Advisory Committee (PHAC) Minutes



September 24, 2013

Members Present: Julie Ring, Robin Schow, Patricia Hillmeyer, Saeng Kue, Tara Jenson, Karen Soderberg, Linda Welter, Birdie Cunningham, Autumn Chmielewski, Dr. Rebecca Thoman, Silvia Perez, Julie Young-Burns, Linda Brandt, Jennifer Pelletier, Daniel Brady

Members Unexcused: Dr. Happy Reynolds-Cook, Abdullahi Sheikh, John Schrom

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

Guests: Tamara Ward (Member At-Large, pending Council approval); Anthony Nixon, CDC Associate (Public Health Associate Program)

Tara Jenson called the meeting to order at 6:02 p.m. at City Hall.

Item	Discussion	Outcome
Introduction	Members and guests introduced themselves. Anthony Nixon discussed the Environmental Health Air Quality study. One hundred air quality monitoring stations will be placed at various locations in Minneapolis. MHD looking for volunteers to place small round canister in yard with appropriate signage to explain its purpose. Launch date: November 4; collect air samples through November 7. City staff place & remove canister for you.	Sign-up sheet to volunteer to host a monitoring canister for Nov 4-7 was passed around
Agenda/Min Approval Sub-committee reports: Operations / Communication Karen Soderberg	Minutes from July reviewed; Members had no changes to the minutes or to tonight's meeting agenda. Reminder: A Yahoo! group mailing list has been set-up for the committee to post notes, questions, etc. Let Tara know if you need to be added to that group. Also, Karen & Tara will summarize full committee meetings into a short blurb that can be shared with your council member or representative agency/office.	Motion to approve minutes carried by unanimous consent
Annual report presentation to Council Committee Meeting Dates	 Tara Jenson and Karen Soderberg (PHAC co-chairs) will present to the PSCR&H Committee regarding the PHAC 2012 annual report and a review of activities so far in 2013 with ideas for 2014. Presentation is September 25 at 1:30 p.m., City Hall, Room 317. Committee suggested re-scheduling November meeting: November meeting would fall in same week as a national holiday. Schedule for 2014 meetings presented and discussed. PHAC member terms, aspects of Council Member appointments, and City Council approval were also discussed based on questions from committee members. 	Motion to move meeting date to November 19; no meeting in December; Patty Hillmeyer, motion; Linda Welter second. Motion approved by voice vote. Motion to accept 2014 meeting schedule approved by voice vote.
Policy & Planning Rebecca Thoman	A Prioritizing Activity is on the agenda – and will be conducted by this committee. This group activity designed to help PHAC prioritize its activities and align them with Department goals.	
Collaboration & Engagement Autumn Chmielewski	Howard Blin, Neighborhood and Community Relations (NCR), presented to the sub-committee in August. Sub-committee is working to define "How do we engage?", "What is the role of our sub- committee?" and is discussing which avenues work best for connecting with various communities, neighborhoods, ethnic/cultural groups. The sub-committee found it very helpful to hear the breadth of work NCR does. Howard will send Margaret a list of organizations they work with which will inform our activities moving forward.	

Public Health Advisory Committee (PHAC) Minutes



		Health Department
Department Presentation Department Goals, Updated Vision- Mission-Values, Strategic Priorities (using Prezi) <i>Gretchen Musicant</i>	Gretchen presented the finalized version of MHD's goals, new vision, mission and value statements, and the department's strategic priorities. A PDF of this presentation is found on the website: http://www.minneapolismn.gov/www/groups/public/@health/document s/webcontent/wcms1p-115332.pdf Gretchen gave an overview of the accreditation process MHD is working through. The Public Health Accreditation Board (PHAB) has a voluntary national accreditation program, developed in 2011, for state, territorial, tribal, and local health departments. The State of Minnesota and Hennepin County have submitted their applications and are awaiting their site visits. MHD is learning from them and utilizing their assistance as needed. PHAC member question following the department overview of goals: Where is Mental Health in all this? What are the department's proactive activities around mental health? Gretchen's response: We are working to include Mental Health (MH) aspects: MH is an overriding need of many families; about one-third of our School Based Clinics staff work in MH; our Youth Violence Prevention efforts include MH and grieving work. Your question makes me think our efforts and focus should be more visible.	Questions and discussion
Prioritizing Activity: Determine PHAC work priorities in relation to Department goals <i>Rebecca Thoman</i>	Group activity for prioritizing PHAC activities. Information and requests for action come to us from Council, the community, from MHD, and through our own vested interests. How do we focus our efforts? We previously set criteria that included: items/requests need to be actionable, have appropriate scope for PHAC involvement; reflect a genuine need; and, be concrete and data-driven. Post it easel sheets were hung around the room with areas of interest (as voiced in earlier PHAC meetings coupled with health department goals. Committee members added several areas of interest that were not reflected. Once lists finalized, committee members reflected preferences by 'starring' items (each member allowed three 'stars' which could be placed on a single item or on multiple items). Comment from PHAC member: Integrating this information into an action plan will help us determine the primary advocates // opponents // partners and ways to integrate with what the City is working on. It will help identify groups / individuals / organizations in those identified (prioritized) areas, provide focus to the engagement efforts of the Collaboration & Engagement sub-committee and inform the actions & activities of this committee.	Information gathered will be summarized by Margaret, sent to Rebecca, and the focus of this sub-committees' discussions at the October meeting.
Department Updates- <i>Gretchen Musicant</i> <i>Budget review</i>	Gretchen reviewed the 2014 Budget as presented to the Ways & Means Committee. (Power Point presentation). Current timeline: Council Members send follow-up questions to department and receive reply; Council then votes on budget December 2013.	
Information Sharing – <i>Red Fountain Inc.</i>	Multi-cultural Career Fair and Community Expo will be held on Saturday, October 12 (associated flyer passed around)	

Meeting adjourned at 7:36 p.m.

Minutes submitted by Don Moody and Margaret Schuster

Next Sub-Committee Meeting: October 22, 2013, Minneapolis City Hall, Room 132 & 333, 6:00-8:00 p.m. Next Full Committee Meeting: November 19, 2013, Minneapolis City Hall, Room 132, 6:00-8:00 p.m.

Our Vision...

Healthy lives and healthy environments are the foundation 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...and the Way We Work

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 towards 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

- Thriving babies
- School-ready children

Thriving Youth and Young Adults

- Prevent teen pregnancy
- Reduce sexually transmitted infections/HIV rates through targeted services to youth and young adults most at risk.
- Reduce violence among youth
- Invest in activities that promote: mental and physical health; social, emotional and life skill learning; and, positive development for all youth.

Healthy Weight and Smoke-Free Living

- Affordable and accessible opportunities for healthy eating, physical activity and smoke-free living for all ages and abilities
- Communities expect healthier environments

A Healthy Place to Live

• Healthy indoor environment for everyone

Safe places to eat, swim, and stay

• Minimize the risk of disease and injury from food, lodging and swimming establishments

A Healthy Environment

- Clean, healthy natural environment (air, soil, water) free of environmental hazards and pollution
- Environmental nuisances (noise, odor) are minimized

A Strong Urban Public Health Infrastructure

- City and community prepared for emergencies now and into the future
- Health care safety net for everyone who needs it
- Diverse, engaged, and skilled staff
- State-of-the art implementation of programs and procedures to improve population and environmental health
- Research and policy-related activities that improve population and environmental health



Our Strategic Priorities...to Strengthen our Department...

We determined that, over the next two years, particular emphasis would be placed on creating our workforce and communications plans. The last three strategic priorities cut across all facets of our goals; provide the foundation for sustained, secure programs, services, and staff; and, emphasize the necessity for strategic alignment of resources, whether those resources are people, organizations, partnerships, or funding.

Create a workforce plan

- Hiring practices: streamlined, consistent, diverse workforce
- Orientation: cultural competency, performance management
- Perform Minneapolis: goal setting, measure performance and results, training & development
- Upstream activities: promote public health as career

Create a communications plan

- Key messages / intended audiences / effective tools
- Inform / educate public
- Articulate value, measures, and impact of our work

Secure(d) funding for prioritized activities

- Research, evaluate, recommend new funding opportunities
- Prioritize funding sources align with department goals
- Determine process to develop funding security

Increase & strengthen strategic partnerships

- Identify existing external partners align with department goals
- Identify other strategic partners align with department goals
 - o initiate / nurture / sustain partnership

Collect meaningful data

- Identify existing / available data used to address public health issues
- Prioritize what data would be most important / relevant / useful
- Determine best method to collect / obtain additional data
- Analyze / disseminate / use data
 - Meaningful statistics linked to funding, linked to department goals / programs
 - Meaningful statistics linked to performance measures
 - identifies gaps & successes
 - identifies potential program development





Public Health Advisory Committee

2014 Meeting Dates

FYI: Meetings are the 4th Tuesday of each month and run from 6:00-8:00 PM in City Hall; exact room locations are indicated on the monthly agenda; a light supper is served at 5:45 PM in Room 132 City Hall. Additionally, the full Committee of the PHAC meets *every other month* beginning January 2014. Sub-committees meet <u>every other month</u> independent of the full committee beginning February 2014.

KEY: Full Committee meeting dates are RED; Sub Committee meeting dates are GREEN.

January 28, 2014

February 25, 2014

March 25, 2014

April 22, 2014

May 27, 2014

June 24, 2014

July 22, 2014

August 26, 2014

September 23, 2014

October 28, 2014

November 25, 2014

December 2013—No meeting unless determined by sub-committee.

If unable to attend, please contact Don Moody by email at <u>Don.Moody@minneapolismn.gov</u> or by phone (612) 673-2907

Minneapolis Health Department 2014 Budget Hearing

Department found on pages E128 – E136 in budget book Presentation to Ways and Means/Budget Committee

2014 Funding Initiatives

- 11 Ongoing Programs
- 3 Mayor-recommended New Initiatives
- 1 Operational Capitol request

Health Department Programs – Many People, One Minneapolis Youth Development and Teen Pregnancy Prevention

- Ensures policy and programs for youth are aligned with positive youth development theory and are evidence-based;
- Creating / maintaining collaborative partnerships to address disparities in youth development; and,
- Prevent Teen pregnancy through program development

Benefit to the City: Improve school attendance, prevent school drop-out, and reduce teen pregnancies. Partnerships with community based agencies, jurisdictional partners, and schools allow us to work more efficiently in developing evidence based services for youth with multiple challenges/barriers and help them improve their soft skills to become college or job ready.

Senior Services

- UCare Skyway Senior Center; and,
- Home health care visits provided by the Minnesota Visiting Nurse Agency

Benefit to the City: For ten years the Senior Center has provided drop-in services that focus on wellness, social connection, linking to community resources, helping seniors avoid isolation, staying healthy and in their homes. In 2013, an average of 1,440 unduplicated seniors drop-in every month; a total of 15,555 visits in the first 10 months. Over 500 home health visits provided annually to low income, at-risk, and under/ uninsured Minneapolis seniors who are not yet Medicare eligible to help maintain them safely in their own homes.

Perinatal, Early Childhood and Family Health

- Promotes maternal, paternal, child and infant and health through a range of coordinated, complementary services; and,
- A major marker for broader societal well-being is the rate of infant mortality

Benefit to the City: Investments in healthy pregnancies, healthy births, and early child development activities promote desirable long-term outcomes such as academic success, gainful employment, and healthy families.

School Based Clinic Programs

- In six Minneapolis public high schools and the Broadway Teen Parent Program alternative school at Longfellow;
- Adolescent focused health services are provided by medical and behavioral health professionals and include acute illness care, well teen exams, reproductive care, nutrition education, immunizations, and mental health screenings, diagnostic assessments and therapy

Benefit to the City: Reduce absenteeism by providing in-school medical and mental health services; Connect youth to caring adults and teach adolescents the importance of routine health screens and check-ups; Provides services to uninsured and underinsured adolescents enrolled in Minneapolis Public Schools; Helps prevent unwanted teen pregnancies.

Health Department Programs – A Safe Place to Call Home Youth Violence Prevention

• Provide citywide leadership and coordination to implement the Youth Violence Prevention Blueprint for Action in partnership with government and community partners

Minneapolis was one of 4 cities added to the National Forum to Prevent Youth Violence and has revised the Blueprint for Action with input from law enforcement, juvenile corrections, youth programs, education, public health, social services, community residents, and youth.

Benefit to the City: This collective framework impacts the juvenile crime rate in Minneapolis by keeping youth out of the juvenile justice system, connecting them to school, addressing the impact of repetitive violence on communities, developing youth as leaders focused on unlearning the culture of violence, and increasing community pride. Investments in youth and families before youth get caught up in gangs or criminal behavior is less expensive than incarceration.

Lead Poisoning and Healthy Homes

- Eliminate elevated lead levels in Minneapolis children under age six;
- Reduce indoor environmental hazards that contribute to asthma, lung cancer and other chronic conditions; and,
- Provide outreach, education, home visiting, and referrals to lead remediation and healthy homes services

Benefit to the City: Focus on healthy homes issues (lead, asthma, radon, etc.) can prevent death and disability for Minneapolis residents *(children being most susceptible)*. Elevated blood lead levels in children have been associated with violence, learning disabilities, decreased IQ, decreased growth, hyperactivity, hearing impairment, brain damage and, at very high levels, death. Childhood asthma is a leading cause of school absenteeism and can lead to death if not managed. Changes made to homes improve the City's housing stock.

Public Health Emergency Preparedness and Infectious Disease Prevention

- Required by statute and the Commissioner of Health by Minneapolis charter to prevent the spread of infectious disease; and,
- Required by statute to prepare for and respond to disasters and assist the community in recovery

Benefit to the City: Prepares the City for a quick, effective response to infectious disease outbreaks and emergency situations; ensures a proactive, coordinated effort that supports stability; enhances safety; and, builds community resilience.

Food Lodging and Pools

- Ensures commercial and institutional food offerings are safe and in compliance with state and local health codes; and,
- Conducts more than 7,000 inspections a year of restaurants, schools, board & lodging facilities, hotels, pools, tanning & body art establishments, daycares, farmers markets, grocery stores, and food vendors

Benefit to the City: Health inspectors protect the public from disease and injury. Successful regulation helps businesses thrive. Balancing the use of tools such as education, technical assistance and enforcement allow health inspectors to partner with local businesses, reduce health and safety risks, and ensure fair enforcement of health laws.

Health Department Programs – Eco-Focused

Environmental Services and Initiatives

- Protects our air, water and land from pollutants and toxins
- Enforces state and local environmental laws, provides technical assistance, and operates the state well-monitoring program under delegation from the state

Initiatives program designed to proactively address pollution in a way that is a win-win for our area businesses, our residents, and the environment.

Benefits to the City: A healthy environment is foundational to healthy people, a healthy economy, and a healthy community. Minneapolis ranks as one of the greenest cities in the world, a key contributor to quality of life.

Health Department Programs – Livable Communities, Healthy Lives Minneapolis Healthy Living Initiative

- Department and its partners primarily use policy, systems, and environmental approaches with a population focus;
- Efforts concentrated in low income communities across the City with highest rates of obesity, tobacco use and chronic disease; and,
- Healthy Living Minneapolis initiative = 14 strategies aimed at decreasing obesity and tobacco use and the chronic diseases caused by them

Benefit to the City: Both smoking and obesity are leading causes of preventable chronic disease which impact health care costs and productivity. Increased access to health-enhancing amenities and infrastructure lead to a more livable city.

Health Department Programs – A City that Works

Public Health Core Infrastructure

- Assessment of community health needs, setting health priorities
- Engaging the community to address health-related issues
- Advocating for policy changes
- Evaluating programs, developing and evaluating innovative tools and programs, and
- Fostering healthy environments

Benefit to the City: Provides administrative platform for the provision, oversight, and assessment of public health services. Includes contract management and grant writing necessary to maintaining progress toward City and Department goals. Promotes policy development (such as, the Urban Agriculture plan and policy and Minneapolis Public Housing Authority's smoke-free multi-unit housing policy).

New Initiatives

The Mayor is recommending three new/continuing initiatives requiring additional resources:

- Preventing High-Risk Youth from Becoming Victims of Violence
- Parents of Adolescents Support Groups
- Air Quality Monitoring

New Initiatives – A Safe Place to Call Home

Preventing High-Risk Youth from Becoming Victims of Violence

- Lead by the Health Department--a data-informed approach to identifying and providing services for youth who are most at risk of becoming victims of violent crime;
- Requests \$75,000 in one-time funding to contract with 1-2 agencies to provide outreach and case management services to identified youth; and,
- Designed as a voluntary prevention and early intervention program; Services will focus on positive modeling, pro-social behavior and academic success

New Initiatives – Many People, One Minneapolis

Youth Violence Prevention – Parents of Adolescent Support Groups

- One-time allocation of \$150,000 to implement support groups for parents of adolescents to support citywide efforts to prevent youth violence
- The program funds 2-5 projects ranging from \$30,000-\$75,000, serving 150-200 total families

Research has shown that evidence-based parenting programs have positive impact on youth academic performance, self-esteem, resiliency, and mental well-being, as well as reduction in youth involvement in violence and teen pregnancy.

Air Quality: A Neighborhood Approach

The Air Quality in Minneapolis: A Neighborhood Approach project will expand on the Minneapolis Air Quality Study published in 2007, which provided a more extensive look at air quality in Minneapolis. The first half of this study was initiated in 2013 and requires funding through 2014 to be completed.

- One-time allocation of \$125,000 to support air quality testing in 2014;
- Air monitors will be placed in transects across the city as well as locations of potential concern identified in the first study; and
- Looks at sources of pollution and at affected populations and issues related to environmental justice: \$30,000 of this request is to conduct cross cultural outreach work with minority communities and business owners

Operating Capital Request

The department made one request through the CARS process for \$50,000 in 2014 to leverage existing IT resources for the development and the enhancement of an IT infrastructure for the One-Touch Minneapolis project.

- Aims to create tools designed to generate a common healthy homes, health and energy assessment intake and referral system;
- Tracks how families access services and documents unmet community needs
- End goal is to create a unified effort across City and non-profit agencies so one application and intake process would suffice.

Impact of Recommended Budget on Key Results

- No change in the department's ability to achieve its Results measures;
- Mayor's recommended funding level: a modest increase from 2013 with cost of living increases for staff and with adjustments for health insurance;
- Stable funding in 2014 gives us the base upon which to continue to seek additional outside competitive funding;
- Proposed General Fund allocation to the department is 31% of the budget. *There is concern* about federal funding uncertainty and the significant cuts in the Department's federal funding that may occur.

Recent or Planned Efficiencies

- Merger of Health with Environmental Health
- Used BPI to analyze the department's hiring processes, improve efficiencies and timeliness in hiring
- Utilization of School Based Clinic (SBC) staff by the lead and healthy homes program over summer break
- Developing *One Touch Minneapolis* designed to streamline intake and referral systems for city residents seeking help with a variety of healthy homes issues.

Technology Initiatives

- Continuing implementation of Electronic Health Records (EHR) for the School Based Clinics (SBC). Set up costs for EHR have been covered, on-going expenses will be managed within existing patient revenue resources and with anticipated federal funding incentives; and,
- Wireless communications: particularly important for web based training; may be an emergency preparedness resource for City response

Racial Equity Impact

- Our values statements include focusing our efforts on investing in health outcomes for the most at-risk;
- Mission includes the statement "improve the quality of life for all people in the city";
- When possible, our health data analysis includes comparisons by race;
- We work with community-based organizations to support their work ;
 - o as part of the city's infrastructure
 - o because of their relationships with communities affected by health disparities, and
- As we work with regulated parties we pay attention to cultural and linguistic issues so that our interactions are more effective and the end result is healthier businesses

Workforce Planning

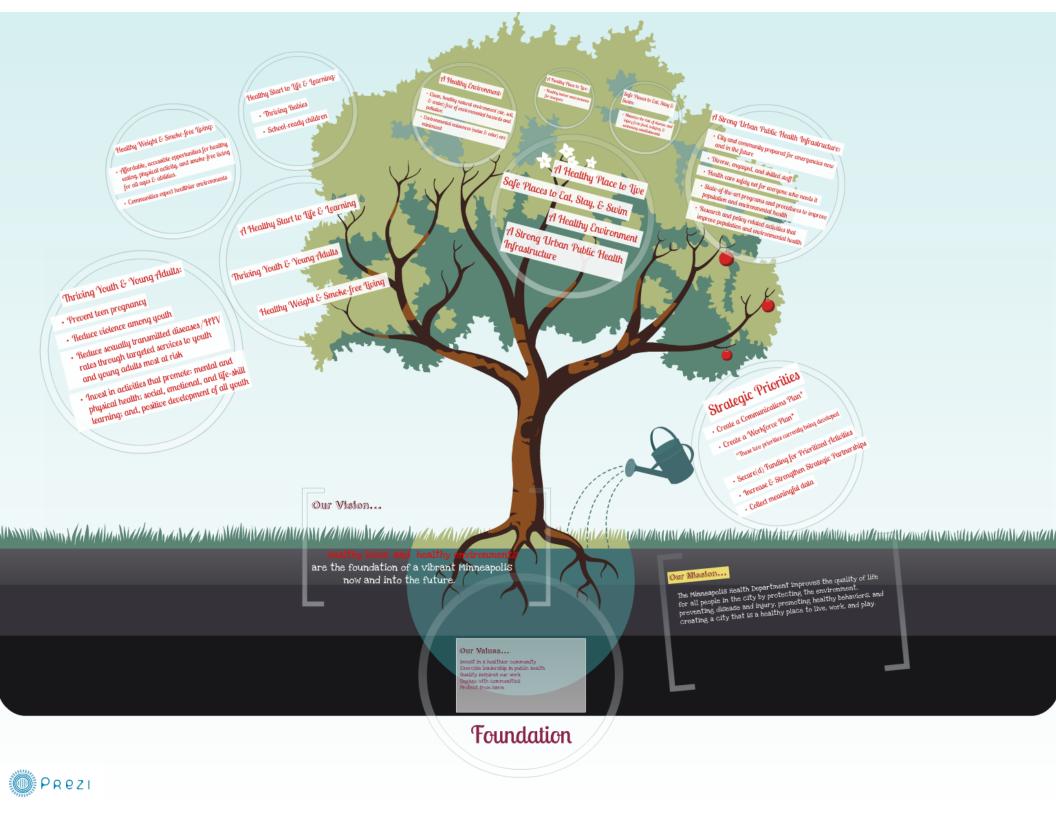
- Department's Strategic Plan includes a Workforce Plan with the goal of "Developing and Supporting a Competent, Stable, and Diverse Workforce";
 - assessing and streamlining current hiring practices including current and future workforce needs;
 - o initiating and implementing Perform Minneapolis;
 - maintaining upstream activities to promote public health as a career and to diversity the public health workforce; and,
 - o updating orientation processes to include more cultural competence training

Major Contracts in Departments

- Over 90% of department contracts are with community based not-for-profits, governmental units, and independent contractors;
- Met with Civil Rights on opportunities to increase the use of Women or Minority Business Enterprise (W/MBE) contractors; with a primary focus on identifying opportunities to use W/MBE vendors for services.

How is the Department Doing?

- Revised mission, vision, values, and department goals, staff aligned with new goals;
- Timeliness of state mandated health inspections significantly improved: from 27.6% of health inspections overdue in 2010 to 1.5% of inspections overdue in 2013;
- One of 4 cities joining the National Forum to Prevent Youth Violence which led to engaging the community in refreshing the Blueprint to Prevent Youth Violence;
- One of 6 inaugural cities to receive the Road Maps to Health Award from the Robert Wood Johnson Foundation for our Healthy Living work and partnerships;
- Mentoring an unprecedented number of CDC staff: 2 Prevention Specialists and 3 Associates. They are each with us for 2 years and are working in the areas of emergency preparedness, healthy living, youth development/sexual health, environmental services, men's health and Homegrown Minneapolis.



into the future.

Our Values...

Invest in a healthier community Exercise leadership in public health Quality inspires our work Engage with communities Protect from harm

Foundation



Our Values...

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Our Vision...

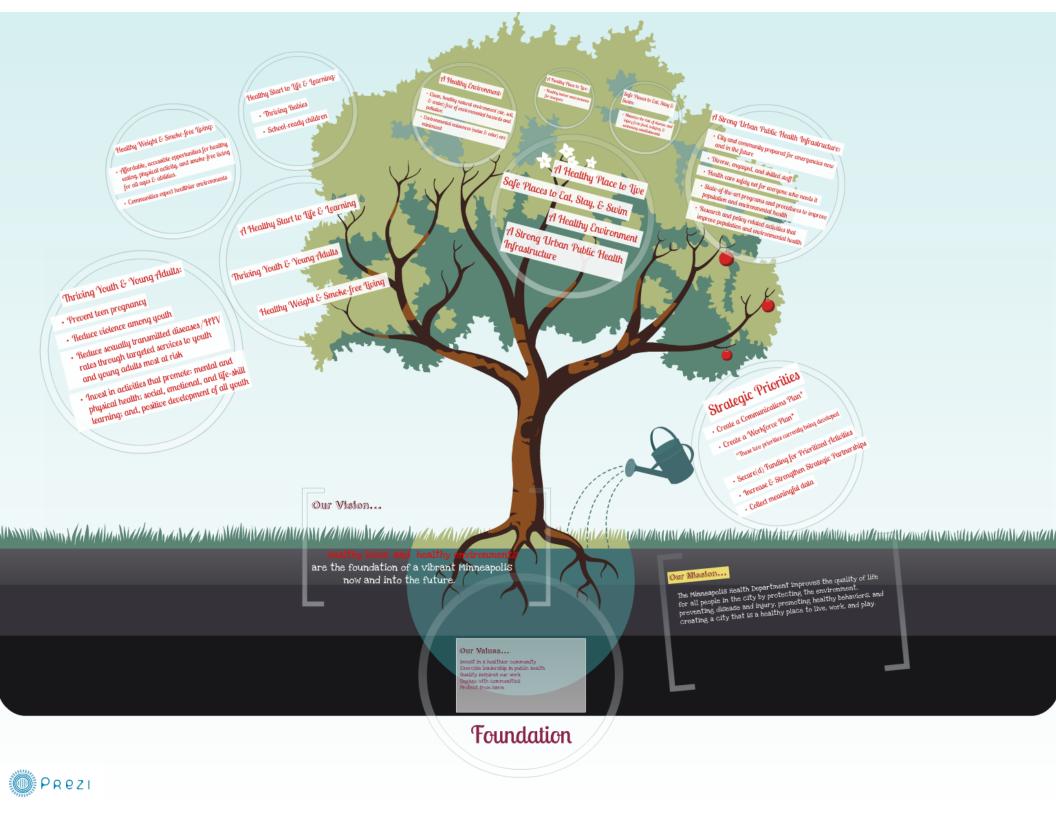
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Healthy Start to Life & Learning:

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• School-ready children

Thriving Youth & Young Adults:

- Prevent teen pregnancy
- Reduce violence among youth
- Reduce sexually transmitted diseases/HIV rates through targeted services to youth and young adults most at risk
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Thriving ⁶

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• Communities expect healthier environments





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• Healthy indoor environments for everyone



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• Minimize the risk of disease and injury from food, lodging, & swimming establishments



A Healthy Environment:

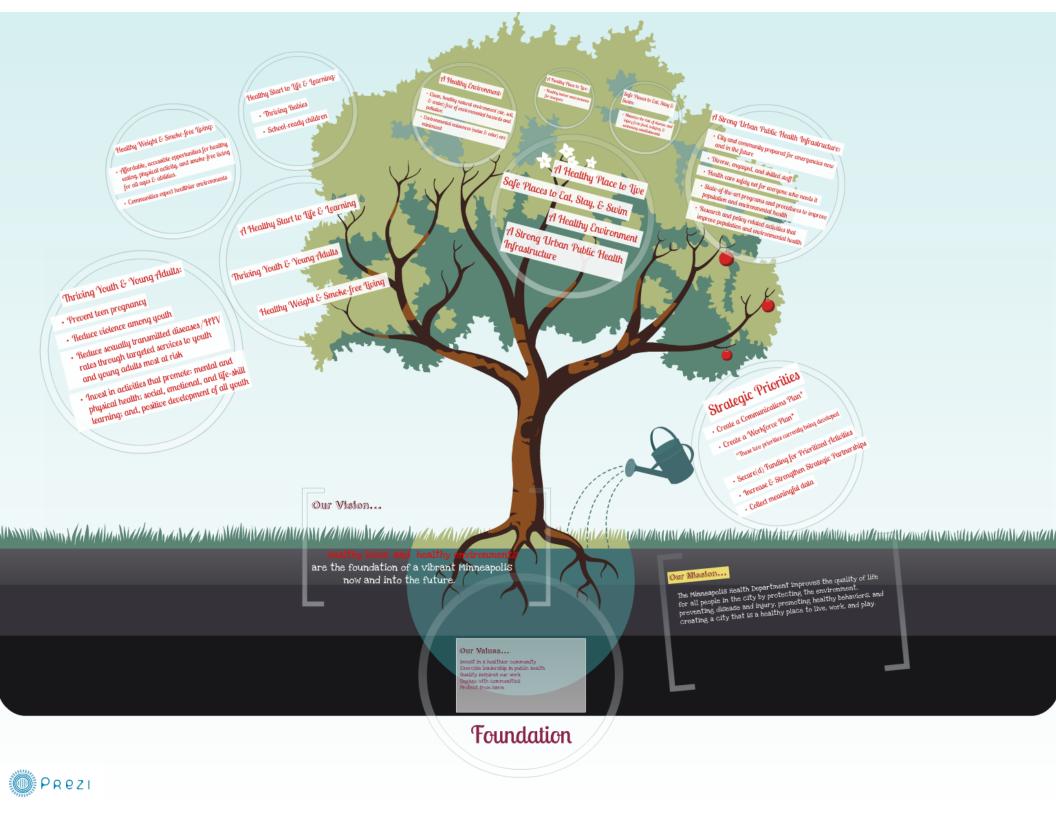
- Clean, healthy natural environment (air, soil, & water) free of environmental hazards and pollution
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A Strong Urban Public Health Infrastructure:

- City and community prepared for emergencies now and in the future
- Diverse, engaged, and skilled staff
- Health care safety net for everyone who needs it
- State-of-the-art programs and procedures to improve population and environmental health
- Research and policy-related activities that improve population and environmental health

and



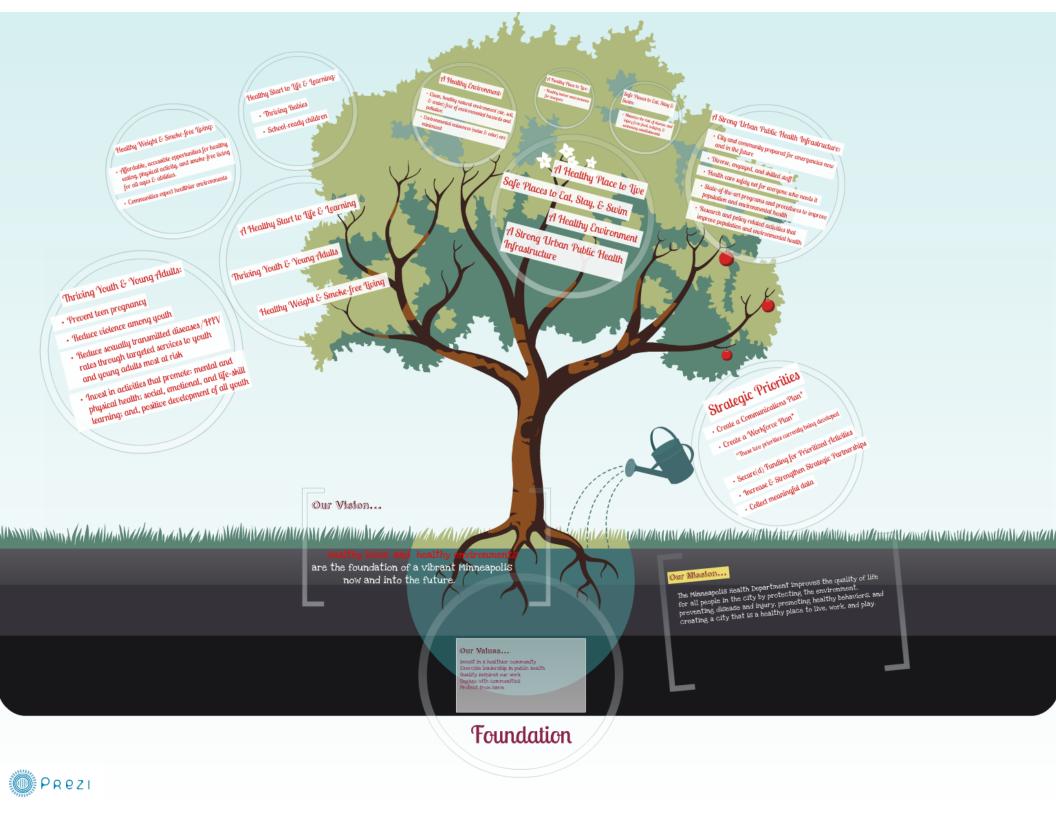
Strategic Priorities

- Create a Communications Plan*
- Create a Workforce Plan*

*These two priorities currently being developed

- Secure(d) Funding for Prioritized Activities
- Increase & Strengthen Strategic Partnerships
- • Collect meaningful data







Public Health Advisory Committee

November 19, 6:00 - 8:00 pm

Minneapolis City Hall, Room 132

AGENDA Agenda Item	Presenter	Time	Committee Action
8	Tresenter		Committee Action
Welcome and Introductions	Karen Soderberg	6:00-6:10	Approve agenda
Recognition of Past Members	Margaret (?)		
PHAC Logistics and Updates Approve Minutes	Karen Soderberg	6:10-6:35	Approve Minutes
Reports from Sub-committees:			
Communications/Operations	Tara Jenson		Consider vote on new
PHAC + new council members At large seat opening			at large candidate
Policy & Planning	Rebecca Thoman		Receive input from
Review 2014 meeting topics			committee
Collaboration & Engagement	Happy Reynolds		
Presentation:	Lara Pratt, MPH	6:35 - 7:10	Informational session
What's new in SHIP 3.0?	Manager, Mpls Healthy Living Initiatives - MHD	7:10 - 7:25	Questions/discussion
Department Updates	Gretchen Musicant (not	7:30-7:40	Discussion
Changes to Vision statement	able to be present) Margaret Schuster		
Information Sharing		7:45-8:00	
Video clip on health equity	Don Moody		
Info sharing about health equity,	Karen Soderberg - All		Discussion
recent Council elections			

Reminder: NO meeting in December 2013

Next Meeting of the Full Committee: January 28, 2014 - Minneapolis City Hall, Room 132

Public Health Advisory Committee (PHAC) Minutes



November 19, 2013

Members Present: Julie Ring, Robin Schow, Saeng Kue, Tara Jenson, Dr. Happy Reynolds-Cook, Karen Soderberg, Abdullahi Sheikh, Linda Welter, Birdie Cunningham, Dr. Rebecca Thoman, Silvia Perez, Sarah Dutton, Linda Brandt, Jenifer Pelletier, Daniel Brady

Members Excused: Birdie Cunningham, Autumn Chmielewski

Members Unexcused: Patricia Hillmeyer, John Schrom, Tamara Ward

MHD Staff Present: Margaret Schuster, Don Moody, Lara Pratt

Karen Soderberg called the meeting to order at 6:04 p.m. at City Hall.

Item	Discussion	Outcome
Introductions	There were no visitors and no new members.	
Recognition of Past Members	The PHAC Co-Chair and Margaret displayed and read the Certificate of Recognition plaques for Bob Burdick, Dr. Alan Lifson, and Julie Young-Burns	
Agenda/Min Approval	Members had no changes to November agenda; "Yahoo!group" changed to "Google group" in September minutes.	Minutes approved with change noted.
Reports from Sub-committees: Operations / Communication Tara Jenson	Resignation of Adrienne Morris was reported to the committee. Tara Jenson and Karen Soderberg (PHAC co-chairs) reviewed their presentation to the City Council regarding PHAC activities. They reported positive feedback and appreciation for the report from several Council members. Presented two remaining candidates for discussion and vote to fill vacant At Large seat.	Julie Ring motion: "to support Joseph Colianni for the open At Large position"; Linda Welter second; motion carried by a vote count of 9 to 1.
Policy & Planning Rebecca Thoman	 Review results of September's prioritizing activity, including top items in each category and overlay with MHD's goals. Rebecca Thoman requested clarification on topics of homelessness, seniors support services, and mental health as these three areas rose to the top of PHAC's priorities. Dr. Happy Reynolds suggested a recent Wilder report on homelessness: http://www.wilder.org/Wilder-Research/Research-Areas/Homelessness Saeng Kue shared info on cutbacks in the nutrition programs for seniors; changes in eligibility assessment for Nursing Home residency; expected demographic changes in the next 20 years; and, efforts to increase aging-in-place and stay-at-home care. Services provided in schools by the School-based clinics include mental health for kids; including un- and under-insured adolescents. 	Margaret will contact Joey with results.
Collaboration & Engagement Happy Reynolds	Howard Blin, Neighborhood and Community Relations (NCR), previously met with this sub-committee. He followed up by providing a list of neighborhood groups, contact information and meeting dates. The sub- committee would like to attend a select few organizational meetings, listen to meeting attendees-hear their concerns, and bring those back to the full committee. This type of activity would help introduce the PHAC to community members and bring community concerns to the PHAC. Members of this committee were also interested in participating in some of the Public Health week events; MHD was interested in engaging the	Margaret will email list to sub- committee.

Public Health Advisory Committee (PHAC) Minutes



	Health Department		
	PHAC in nominating and selecting honorees for our Public Health Hero awards given out during Public Health week.		
	Silvia Perez commented that already good programs in place could be built upon, for example: Corcoran, Powderhorn, and Sibley Park Associations. Some of their activities match up well with MHD's goals and PHAC's priorities, such as the Mental Health for Seniors program at Powderhorn Park, which focuses on seniors' mental health and social connectedness. These successes could be replicated across the city. Silvia also mentioned the women's leadership training she is involved with. Programs like this could connect the right leader to the right program; benefit a culturally and racially diverse group; and, be replicated racially / culturally across the city.		
Department		Ormantumities for	
Presentation What's new in SHIP 3.0 - Lara Pratt, MPH, Manager, Minneapolis Healthy Living Initiative	Lara presented on SHIP 3.0, which is the third round of two-year funding for the Statewide Health Improvement Program (SHIP). SHIP funding strives to help Minnesotans live longer, healthier lives by reducing the burden of chronic diseases. Lara provided a one-page handout and PowerPoint (now included in the <u>November meeting materials</u>). PHAC has already been active in some of these initiatives, including writing letters of support for changes to the Park Board's healthy food policy; supporting tobacco-free U of MN Twin Cities campuses; and, supporting ideas presented in the Staple Foods Ordinance.	Opportunities for PHAC involvement include public comment period for Park Board related to Homegrown Minneapolis and local food movement. Don Moody will send link.	
	SHIP 3.0 is very prescriptive with not a lot of room for innovation. The main buckets are: healthy food and opportunities for physical activity; high quality clinical care to address obesity and tobacco use; worksite wellness; opportunities for tobacco-free living.		
	New in SHIP: Focus on older adults/MPHA senior population; Healthy Restaurant Initiative; Healthy Beverage Campaign; Worksite wellness; Meal programs; Healthy childcare strategies; and, Robust communications efforts. MHD competed for and was awarded a second SHIP grant called the Community Driven Change Initiative which provides greater flexibility for cultural and neighborhood engagement and a focus on youth engagement / fostering youth leadership. Total of the two SHIP grants = 1.8 million dollars.		
	Suggestions from PHAC members regarding community engagement: <i>Karen Soderberg</i> —contact the Loppett Foundation who is partnering with the Park Board around youth involvement: (http://www.loppet.org/blog/2013/09/05/step-up-interns-help-improve-wirth- park-trails-this-summer/); <i>Happy Reynolds</i> —contact Minneapolis Swims; <i>Abdullahi Sheikh</i> —3 suggestions: connect with Senior adults through the Metropolitan Area Agency on Aging (MAAA <u>http://www.tcaging.org/</u>); connect with youth through Youth Council and SPOKES.	Lara received these suggestions, took member contact info for future discussion	
Department Updates- Margaret Schuster	Gretchen Musicant – Commissioner of Health apologizes for her absence tonight and reports she will not be able to attend January's meeting. Margaret will touch base with her regarding our discussions and report on any department updates. She wanted to report a change to the department's vision statement to include the phrase <i>health equity</i> . The amended vision statement is: <i>Healthy lives, health equity, and healthy</i> <i>environments are the foundations of a vibrant Minneapolis now and into</i> <i>the future.</i>		

Public Health Advisory Committee (PHAC) Minutes



	Health Department		
	Margaret reported on the public hearing for the Ordinance Amendment for Massage Establishments, heard before the Regulatory, Energy and Environment Committee on November 18. PHAC members heard more about this last year during our presentation on sex/human trafficking. The motion to amend the ordinance passed unanimously (<u>http://www.minneapolismn.gov/meetings/ree/WCMS1P-115387</u>).		
Information Sharing –			
Linda Brandt	Attended the <i>Women in Public Service Conference</i> at Hamline University, featuring Police Chief Janee Harteau. Karen commented it was probably the best conference she's ever attended.		
	In the interest of time, rather than take committee meeting time to view the 4-minute video on health equity, called Place Matters, PHAC members are invited to view this on their own: <u>http://youtu.be/saREW_BfxwY</u>		
Margaret Schuster	Members whose terms end December 2013 and are eligible to re-apply for the 1/1/2014-12/31/2015 term were reviewed. All members for whom this applies will be contacted via email and reminded to complete a re-application.		

Meeting adjourned at 8:02 p.m. Minutes submitted by Don Moody and Margaret Schuster

Next Full Committee Meeting: January 28, 2014, Minneapolis City Hall, Room 132, 6:00-8:00 p.m. Next Sub-Committee Meeting: February 25, 2014, Minneapolis City Hall, Room 132 & 333, 6:00-8:00 p.m.



The Minneapolis Health Department received two grants totaling \$1.8 million from the State Health Improvement Program (SHIP) to pursue healthy weight and tobacco-free living for all Minneapolis residents. Through improvements in policies and practices in schools, neighborhood, child care programs and other settings, the Health Department and its partners will make it easier for Minneapolis residents to eat healthy, be active and avoid the harms of tobacco.

The 2014-2015 SHIP grants include expansion of current initiatives and new ones to create healthy environments. The Health Department developed the SHIP projects based on its previous experience and recommendations from community organizations and its Community Leadership Team.

2014-2015 SHIP Strategies

Healthy Eating

<u>Corner Store Program</u>-Training and store enhancements to increase the amount and quality of healthy foods and fresh produce.

<u>Minneapolis Healthy Food Shelf Network</u> - Assistance with communications, policies and practices to increase healthy food donations and preparations at food shelves and meal programs.

<u>Community Gardening</u>- Connecting residents to resources for gardening and supporting landlords and tenants with gardening on rental property.

<u>Healthy Beverage Campaign</u>- Partnerships with community organizations to implement a campaign to reduce consumption of sugary drinks and promote healthy beverages.

<u>Restaurant Initiative-</u> Training and technical assistance to help small non-chain restaurants adopt healthy food practices such as menu labeling, portion sizing, and recipe modifications.

Physical Activity

<u>Active Living for Seniors</u>: Improvements to the walkability around senior buildings and on-site fall prevention and physical activity classes for public housing residents.



The Statewide Health Improvement Program (SHIP), an integral part of Minnesota's nation-leading 2008 health reform law, strives to help Minnesotans lead longer, healthier lives by preventing the chronic disease risk factors of tobacco use and exposure, poor nutrition and physical inactivity. For more information, visit www.health.state.mn.us/ship

Tobacco-Free Living

<u>Tobacco-free Housing</u>- Protecting U of M students from secondhand smoke through tobacco-free policies in rental properties.

Comprehensive Strategies

healthy eating + physical activity + tobacco-free

<u>Healthy Schools</u>- Support for bike-walk to school programs, wellness councils, and salad bars in Minneapolis public, charter and alternative schools.

<u>Healthy Child Care-</u> Development of neighborhood-based learning groups to help child care provides improve nutrition, physical activity and breastfeedingfriendly practices.

<u>Worksites Wellness-</u> Improvements to City of Minneapolis tobacco-, food, and breastfeeding policies and practice and support to small employers that want to adopt wellness practices.

<u>Health Care-</u> Training and support to health care providers in community clinics to support patient goals around weight loss and smoking cessation.

<u>Community and Youth Driven Healthy Living</u>- Outreach, technical assistance and funding to youth, cultural and neighborhood organizations to implement community-driven health improvement initiatives around healthy food, physical activity and tobacco-free living.

For more information, contact: Lara Pratt 612-673-3815 Lara.Pratt@minneapolismn.gov

If you need this material in an alternative format please call Minneapolis Health Department at 612-673-2301 or email <u>health.familysupport@minneapolismn.gov</u>. Deaf and hard-of-hearing persons may use a relay service to call 311 agents at 612-673-3000. TTY users may call 612-673-2157 or 612-673-2626.

Hmong - Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu 612-673-2800;

Spanish - Atención. Si desea recibir asistencia gratuita para traducir esta información, llama 612-673-2700;

Somali - Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la' aan wac 612-673-3500

Tobacco Use and Obesity in Minneapolis

- In some Minneapolis communities, nearly onequarter of adults smoke.
 Cigarillos and small cigars are increasingly popular among youth with rates as high as 24% among White, 12th grade boys.
- Childhood obesity is at historically high rates and half of Minneapolis adults are overweight or obese, greatly increasing their risk for diabetes, heart disease and other chronic diseases.

Examples of Previous SHIP Successes in Minneapolis:

- Integrated systems at 13 farmers markets to accept customers' food support dollars (EBT).
- Engaged 1500+ Minneapolis students in regular biking and walking to school.
- Reduced exposure to secondhand smoke for 3500 Riverside Plaza residents with a smoke-free building policy.
- Developed initial plans for a 30-block, car-free greenway in north Minneapolis.

Creating a Healthier Minneapolis healthy eating + physical activity + smoke-free living

Overview of SHIP 3

Public Health Advisory Committee November 19, 2013



SHIP 3 Reminder

• Statewide Health Improvement Program

 \$35 million statewide to help Minnesotans live longer, healthier lives by reducing the burden of chronic diseases.

• Third round of 2-year funding.

Minneapolis SHIP 3

- Community input into SHIP 3 proposal
 - "All-call" community meeting
 - Community/sector-specific meetings
 - Recommendations from Community Leadership Team
- 2 SHIP grants totaling \$1.8 million
- Two-year projects: November 2013-October 2015

SHIP 3 Strategies

- Healthy food and opportunities for physical activity in schools, communities, child care and worksites.
- High quality clinical care to address obesity and tobacco use.
- Opportunities for tobacco-free living.

New and Different in SHIP 3

- Focus on older adults/MPHA population
- Healthy restaurant initiative
- Healthy beverage campaign
- Meal programs
- Worksite wellness
- Child care strategies
- Robust communications efforts

Community-Driven Change Initiative

Goal = Achieve community-defined and communitydriven improvement for obesity and tobacco prevention.

Two Components:

- Neighborhood and Cultural Engagement
- Youth Engagement

Neighborhood and Cultural Engagement

- Outreach and support to groups
 - Links to opportunities (e.g., corner store program)
 - Technical assistance and guidance
 - Better understanding of communities' needs
- Funding for groups to pursue communitydefined projects
 - \$10,000-\$25,000 for 4-6 organizations

Youth Engagement

Expansion of focus on youth from "beneficiaries" of SHIP efforts to "drivers" of community improvement.

Three components:

- "Transitional" partnership with YWCA's Strong, Fast, Fit program
- Step Up summer employment for teens
- Fostering youth leadership for healthy living

Opportunities for PHAC Involvement

- Ambassadors in your wards and to your council members
 - Staple Foods Ordinance
 - Complete Streets
- Conceptualization of youth initiative
- RFP development and selection committees
 - Healthy Beverage Campaign
 - Health Hubs

Complete Streets Teaser

- Complete streets are road systems that provide safe, convenient access for all users
- Complete streets often includes: sidewalks, bike facilities, and transit accommodations.
- Potential to improve public health by improving safety for users and decreasing reliance on cars (leading to increases in physical activity and improved air quality).

Complete Streets Teaser

Policy Status

 Public Works rewriting its initially proposed policy; engaging stakeholders to gather input on the draft policy.

PHAC Opportunities:

- Learn more in early 2014
- Join Taskforce
- Educate your council members
- Make a recommendation

Contact Information

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Creating a Healthier Minneapolis healthy eating + physical activity + smoke-free living