Public Health Advisory Committee

January 26, 2016, 6:00 – 8:00 pm

Minneapolis City Hall, Room 132

AGENDA

Agenda Item	Presenter	Time	Committee Action
Welcome and Introductions –	Karen Soderberg	6:00 – 6:10	Approve agenda
PHAC Logistics and Updates *Present Certificates of Recognition* *Announce openings for co-chair & leader of Policy & Planning group* *Review Minutes* **Sub-committees Reports:** ***Communications/Operations:*** *New member orientation in Feb.* ***Policy & Planning:*** *Letter to Workplace Partnership Group in support of Paid Sick Leave* ***Collaboration & Engagement:***	Karen Soderberg *Peggy Reinhardt* *Margaret Schuster*	6:10 – 6:25	 Email Margaret or Karen, if interested Vote to approve
Department Presentations ***Northside Greenway*** *and* ***Complete Streets***	Sarah Stewart	 6:25 – 6:55 7:00 – 7:25	 Information / Q&A Information / Q & A
Commissioner Update	Gretchen Musicant	7:30 – 7:45	Discussion
Sub-Committee Planning time:	***Optional - if time allows***	TBD	Discussion

Next Sub-committee meeting: February 23, 2016, Minneapolis City Hall, Room 132

Next Meeting of the Full Committee: March 22, 2016, Minneapolis City Hall, Room 132

For more information on this committee, visit: Public Health Advisory Committee - City of Minneapolis

If there are any problems/changes the night of the meeting, please call Gretchen Musicant, Health Commissioner, cell phone: 612-919-3855.

Minneapolis
City of Lakes

Public Health Advisory Committee

250 South 4th Street – Room 510
Minneapolis, MN 55415

Office 612 673-2301
Fax 612 673-3866
TTY 612 673-2157

www.minneapolismn.gov/health

December 23, 2015

Workplace Partnership Group
WRP@minneapolismn.gov

Dear Chair Doyle, Vice Chair Rowader, and WRP Members,

The members of the Minneapolis Public Health Advisory Committee (PHAC) believe that universal access to paid sick leave is a common sense strategy that is critical to upholding our City's values of equity, health, vitality, and safety. Furthermore, research and experiences in other cities demonstrate that such a policy contributes to a thriving business environment.

The PHAC is a citizen advisory committee for the City of Minneapolis and the Minneapolis Health Department. Twenty members represent each ward, the Mayor's office, Minneapolis Public Schools, the University of Minnesota School of Public Health, Hennepin County Human Services and Public Health, with three members-at-large. As an advisory committee on policy matters affecting the health of Minneapolis residents, we serve as liaisons between the City and our community in addressing health concerns. In October, committee members were briefed regarding our City Council's recent discussions about a potential City ordinance guaranteeing employee access to paid sick leave. We submit this letter of support for adopting this type of ordinance.

Regarding equity, access to paid sick leave is currently concentrated in higher-paying industries and among higher-paid workers. Eighty-five percent of full-time employees in Minneapolis earning over $65,000 per year have access to paid sick leave compared to only 34% of those earning less than $15,000 per year. This disparity is incongruent with the City's values of health, safety, and vitality, and should be rectified.

Low-income workers, who are more likely to be living paycheck to paycheck, are the most vulnerable to hardship caused by loss of income or employment due to lack of access to paid sick leave. Access to paid sick leave is a basic employee benefit that will allow all Minneapolis employees to take care of their own health and the health of their family members without fear of losing their income or employment.

Regarding health, vitality, and safety, access to paid sick leave has benefits for individuals as well as the population as a whole. Workers who go to work ill pose a public health risk as they can contribute to the spread of infectious diseases such as the flu. This is of special concern for workers in the food, healthcare, and personal care service industries, who handle food and interact closely with the population through their work. These direct service industries also happen to employ a large number of the workers who currently lack access to paid sick leave. Furthermore, employees that use paid sick leave benefits to attend preventive care appointments and address health issues before they become emergencies experience better health outcomes and help to keep healthcare costs low.

Regarding the business environment, expanding access to paid sick leave is a low-cost strategy to improve worker productivity and morale, benefitting both employers and employees. While most

employers are familiar with the productivity losses from absenteeism, an equally important problem is presenteeism, or lost productivity due to employees' showing up to work ill. Extending this basic benefit to all employees also makes Minneapolis an attractive place to work, helping to attract and retain talent. Research on paid sick leave policies enacted in Washington, DC, Seattle, WA, San Francisco, CA, and Connecticut has found no evidence that these policies caused employers to move out of the city/state or lay off employees.

The City of Minneapolis has a history of enacting regulations to protect the public's health and working together with businesses on implementation. Recent examples include the Staple Foods Ordinance and the Environmentally Acceptable Packing Ordinance, for which businesses received technical assistance and were given a feasible timeline for implementation. We believe the City would be similarly successful in drafting an ordinance and devising an implementation plan that achieves health, safety, vitality, and equity goals while simultaneously supporting businesses in a thriving economy.

We look forward to working together to protect and enhance the health of all Minneapolis employees on this and other efforts.

Sincerely,

The City of Minneapolis - Public Health Advisory Committee

Julie Ring	Ward 1
Sahra Noor	Ward 2
Harrison Kelner	Ward 3
Akisha Everett	Ward 4
Jahana Berry	Ward 5
Dr. Happy Reynolds	Ward 6
Karen Soderberg, co-chair	Ward 7
Abdullahi Sheikh	Ward 8
Sarah Jane Keaveny	Ward 9
Margaret Reinhardt	Ward 10
Birdie Cunningham	Ward 11
Autumn Chmielewski	Ward 12
Dr. Rebecca Thoman	Ward 13
Silvia Perez	Mayor's Representative
Cindy Hillyer	Minneapolis Public Schools
Jane Auger	Hennepin County Human Services and Public Health
Jennifer Pelletier, co-chair	University of MN – School of Public Health
Dan Brady	Member At-Large
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December XX, 2015

Dear XXXXX,

Los Miembros del Comité Asesor de Salud Pública de Minneapolis (PHAC) recibieron un informe sobre las discusiones recientes del Consejo Municipal con respecto a una posible ordenanza que garantizaría acceso para empleados a baja por enfermedad pagada. Como un comité asesor al Consejo Municipal y al Departamento de Salud de sobre asuntos políticos que afectan la salud de los vecinos de Minneapolis, servimos como enlaces entre la Ciudad y la comunidad para tratar asuntos de salud. Creemos que acceso universal a baja por enfermedad pagada es una estrategia de sentido común que es esencial para la preservación de los valores de la Ciudad de equidad, salud, vitalidad y seguridad. Además, investigaciones y experiencias en otras ciudades demuestran que tal política contribuye a un entorno empresarial próspero.

Con respecto a equidad, acceso a baja por enfermedad pagada actualmente está concentrada en las industrias que mejor pagan y entre trabajadores mejor remunerados. Ochenta y cinco por ciento de los empleados de tiempo completo en Minneapolis que ganan más que $65,000 por año tienen acceso a baja por enfermedad pagada comparado a solo 34% de los que ganan $15,000 por año. Esta disparidad es incongruente con los valores de la Ciudad de salud, seguridad y vitalidad y deberían de rectificarse.

Trabajadores de bajos ingresos, quienes tienen más probabilidad de vivir de cheque a cheque, son los más vulnerables a adversidad causada por la pérdida de ingreso o empleo por falta de baja por enfermedad pagada. Acceso a baja por enfermedad pagada es una prestación básica del empleado que permitirá que todos los empleados de Minneapolis atenderán a su propia salud y la de los miembros de sus familias sin temor de perder sus ingresos o sus empleos.

Con respecto a salud, vitalidad, y seguridad, acceso a baja por enfermedad pagada tiene beneficios para individuos así como para la población entera. Trabajadores que van al trabajo enfermos representan un riesgo a la salud pública ya que contribuyen al propagación de enfermedades contagiosas tales como gripe. Esta es de preocupación especial para trabajadores en las industrias de comida, cuidado de salud y servicios de cuidados personales, quienes tocan comida y tienen interacciones de cerca con la población por su trabajo. Estas industrias de servicios directo también resulta que emplean un número mayor de trabajadores a quienes actualmente les hace falta el acceso a baja por enfermedad pagada. Además, empleados que usan prestaciones de baja por enfermedad pagada para asistir citas de cuidados para prevención y tratar asuntos de la salud antes de que se conviertan en emergencias

experimentan mejores resultados en la salud y ayudan a mantener los costos de cuidado de salud bajos.

Con respecto al entorno empresarial, ampliar acceso a baja por enfermedad pagada es una estrategia que cuesta poco para mejorar la productividad y el ánimo de los empleados, beneficiando tanto a los empleadores como a los empleados. Mientras la mayoría de los empleadores conocen las pérdidas en la productividad por ausencias, un problema de igual importancia es presencia, o sea la productividad perdida debido a que los empleados se presenten al trabajo. Ofrecer esta prestación básica a todos los empleados también hace que Minneapolis sea un lugar atractivo para trabajar, ayudando a atraer y retener talento. Investigaciones sobre políticas de baja por enfermedad pagada que se promulgaron en Washington, DC, Seattle, WA, San Francisco, CA, y Connecticut no ha hallado prueba ninguna que estas políticas causaron a los empleadores a descansar a empleados o a salirse de la ciudad/estado.

La Ciudad de Minneapolis tiene una historia de promulgar reglamentos para proteger la salud del público y trabajar juntos con empresas en la implementación. Ejemplos recientes incluyen la Ordenanza de Comidas Básicas y la Ordenanza de Estacionamiento Aceptable para el Medioambiente, para las cuales, empresas recibieron asistencia técnica y se les dio una cronología razonable para implementación. Creemos que la Ciudad gozaría de éxito semejante en redactar una ordenanza e idear un plan de implementación que logre las metas de salud, seguridad, vitalidad y equidad al mismo tiempo que apoya simultáneamente las empresas en una economía próspera.

Esperamos trabajar juntos para proteger y mejorar la salud de todos los empleados de Minneapolis en este y otros esfuerzos.

Sincerely,
The City of Minneapolis - Public Health Advisory Committee

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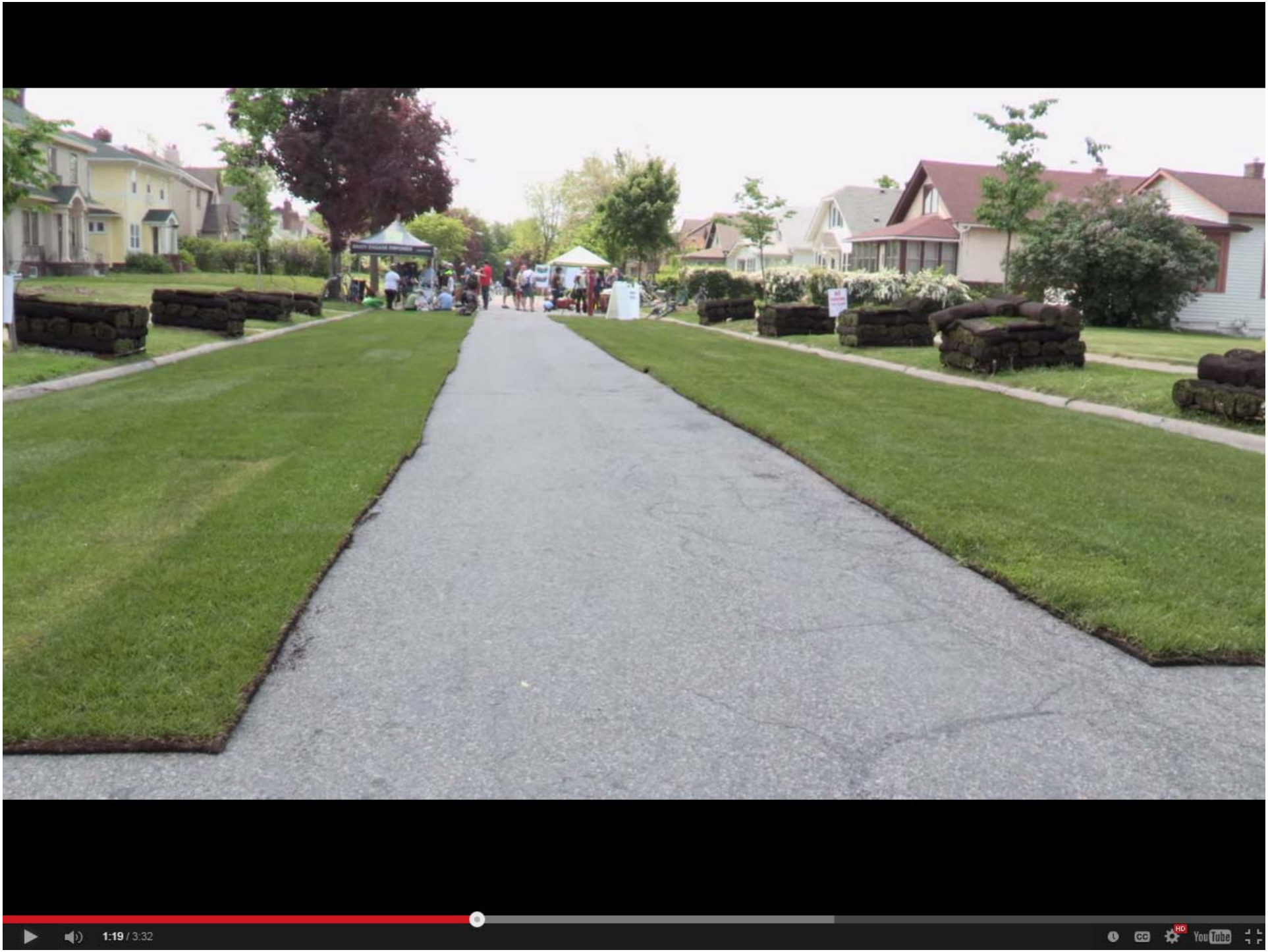
North Minneapolis Greenway

Sarah Stewart
Minneapolis Health Department

January 26, 2016 Public Health Advisory Committee Meeting

This project is funded in part by the Center for Prevention at Blue Cross and Blue Shield of Minnesota, the Minnesota Department of Health, the Centers for Disease Control and Prevention and the City of Minneapolis.

Minneapolis
Health Department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2014 engagement

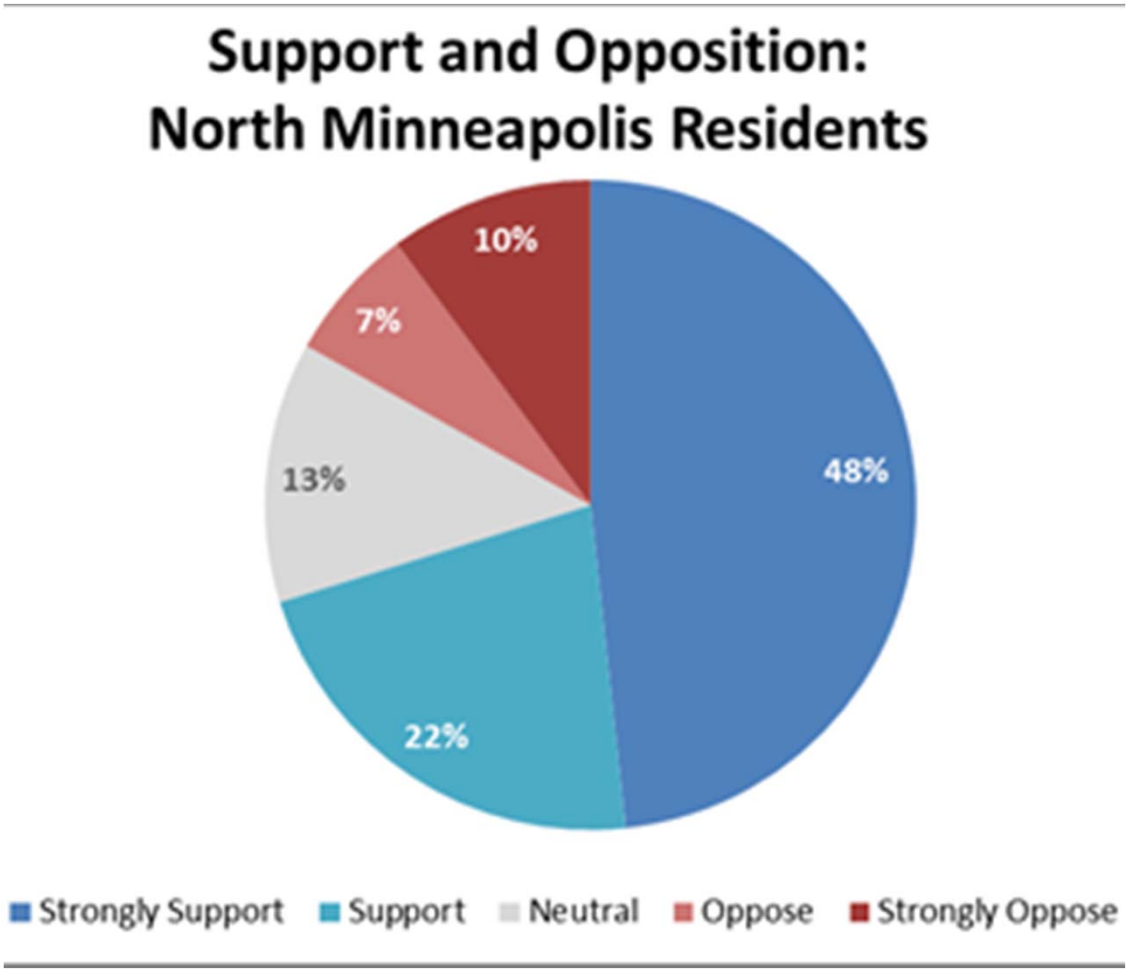
- Led by a community-based steering committee
- Funded community and neighborhood orgs to do outreach

2014 Engagement

New process yields better results:

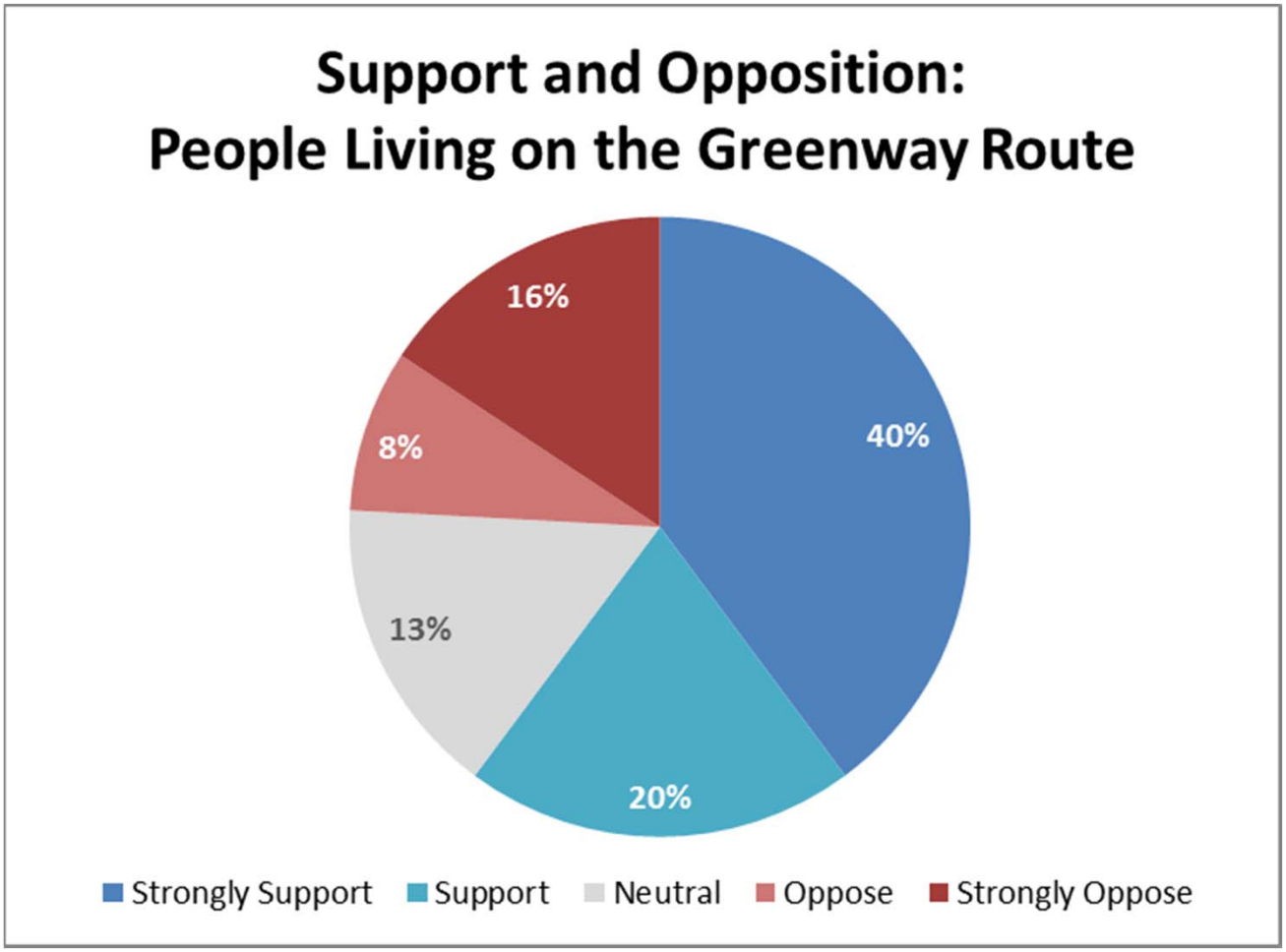
2013 Engagement Process		2014 Engagement Process
371 surveys	→	2,040 surveys
258 Northside residents	→	1,331 Northside residents
4% renters	→	26% renters
Not very diverse	→	55% residents of color (Northside residents)

2014 Engagement Results



n=1,312

2014 Engagement Results



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2014 Engagement

Opportunities:

- More green space
- Safety from traffic; good for kids
- Space for amenities like gardens, pocket parks, art
- New Northside attraction

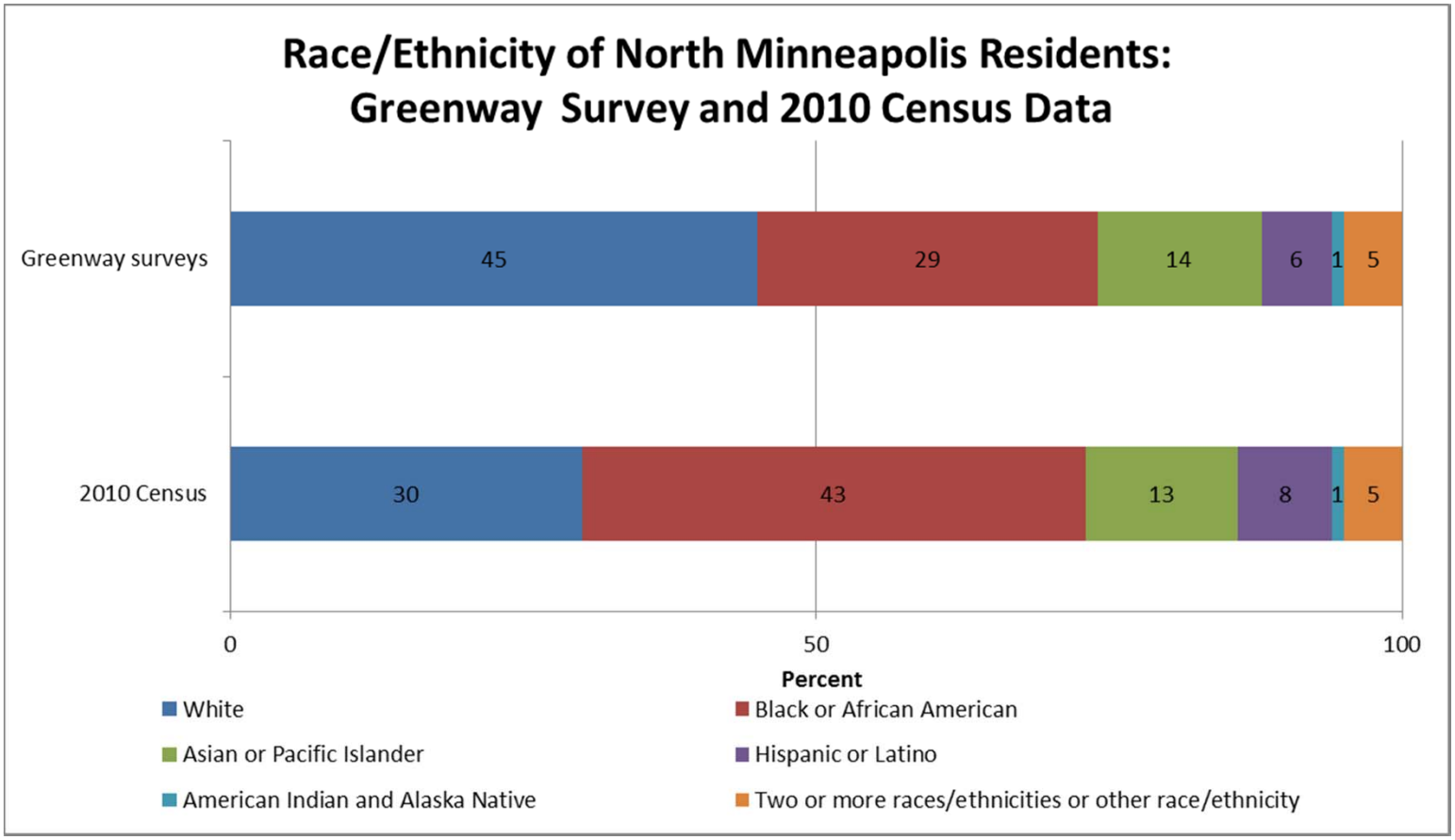
Concerns:

- Parking
- Safety
- Cost to homeowners (taxes, assessments)
- Maintenance (greenway and alleyway)

Engagement Gaps

- Gaps:
  - Clear support and interest in the project, but not enough qualitative data about what a greenway should look like and how it should function
  - No outreach south of Plymouth Ave. N. (and few people reached south of Broadway)
  - No focus on people across the lifespan (new focus on youth and older adults)
  - African Americans underrepresented; also concern about reaching non-English speakers

Solutions for 2015 engagement



Solutions for 2015 engagement

- Ask more qualitative questions north of Plymouth Ave
- Start outreach south of Plymouth Ave
- Continue to fund community-based organizations
- Implement a community connector program (based on the Trusted Advocate Model) to target specific geographic and racial/ethnic populations

RESULTS PENDING!

Northside Greenway Council

- Formalized community-based group of interested residents and organizations
- Decision-making formalized in bylaws
- ~18 voting members
- Provides strong leadership for the project

Greenway demonstration

- Implement a low-cost, temporary greenway for up to one year
- Place materials and paint on top of the street on five blocks of Irving Ave N (between Folwell and Jordan parks; crossing Lowry)
- Implement thorough evaluation
- Goal: to understand how well a greenway works from a technical and from a resident perspective
- Tentative start date: May 2016

Greenway demonstration

Thank you!

Sarah Stewart, Minneapolis Health Department

sarah.stewart@minneapolismn.gov

612-673-3987

What do you think about a greenway in north Minneapolis?

The City of Minneapolis is exploring the idea of converting low-traffic streets in north Minneapolis to a greenway that would provide a safe, accessible route for bicyclists and pedestrians. The City has identified a proposed route and designs. The final route, designs and timing of the project will depend on funding availability, local support and other factors.

Why is the City considering this idea? The City is responding to north Minneapolis residents' interest that was generated by an all-volunteer group known as Twin Cities Greenways. This project would provide a new active-living amenity in north Minneapolis and improve residents' access to a place to be physically active. North Minneapolis has less park space than other areas of the city, and as a result its residents are more likely to have diseases like diabetes and high blood pressure, both of which can be affected by a lack of access to places to be physically active.

What streets would become a greenway? The proposed greenway would be a north-south route starting at the Shingle Creek Trail in the north and continuing on beyond Plymouth Ave N. Based on resident input, the City is exploring the greenway route at the southern end, including connections to the Van White, Cedar Lake and Bassett Creek Trails. The proposed route would primarily follow Humboldt and Irving Avenues North and connect Crystal Lake Cemetery, three schools, and four parks. A map of the proposed route and designs is available at the project website (see below). The greenway route could change based on community input.

What would a greenway look like? In the current proposal north of Plymouth Avenue N, most of the greenway is a full linear park greenway and a half-and-half greenway. No designs are yet proposed south of Plymouth Avenue N. The back of this page has graphics of some of the possible greenway designs. The greenway would increase green space and allow for amenities such as community gardens, playgrounds, barbecues and public art.

What has happened with the project so far? In 2008, Twin Cities Greenways volunteers began presenting several greenway proposals to neighborhood groups, and in 2011, with funding from Transit for Livable Communities, ten community workshops were conducted to gather input on the concept. In 2012, the Minneapolis Health Department received funding from the Minnesota Department of Health to develop concept plans for the greenway and collect community input. In 2013, the City and its partner, the Alliance for Metropolitan Stability (AMS), received additional funding from the Center for Prevention at Blue Cross and Blue Shield of Minnesota to further develop plans and conduct broader community outreach and engagement, including large engagement efforts in 2014 and 2015 in collaboration with many community-based organizations. In the spring of 2016, the City will implement a temporary, up-to-year long demonstration greenway on five blocks of Irving Ave N.

How can I learn more about this project? Visit www.minneapolismn.gov/health/living/northminneapolisgreenway or contact Sarah Stewart, sarah.stewart@minneapolismn.gov, 612-673-3987.

Funding for this project is provided in part by the Center for Prevention at Blue Cross and Blue Shield of Minnesota.

BlueCross BlueShield Minnesota
Center for Prevention

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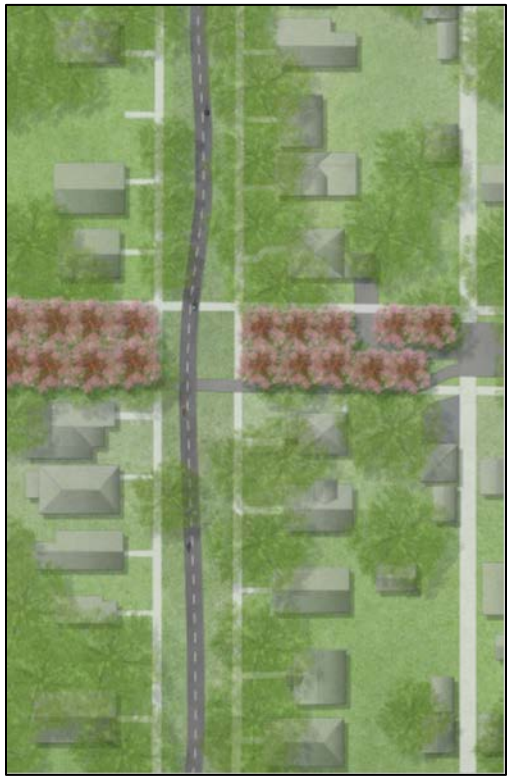
Possible Greenway Designs

Full Linear Park Greenway



A full linear-park greenway eliminates car traffic from the street and replaces it with a trail and green space for bikes and pedestrians. Many intersecting streets are blocked off, providing more green space. There is room for amenities like BBQs, community gardens, playgrounds and art.

Half & Half Greenway

A half-and-half greenway has a trail on one half of the street and vehicle traffic on the other side. The street is either one-way with parking or two-way without parking. The trail crosses some intersections diagonally so that bikes do not have to stop and car traffic is minimal on the street next to the trail.

Bike Boulevard

A bike boulevard is a lower-traffic, lower-speed street that has been designated as a bike route and is marked with large bicycle symbols with the text “BLVD”. Some intersections feature traffic calming measures to encourage slower traffic speeds, like speed bumps, traffic diverters and traffic circles.

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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

¿Qué le parecería si hubiera una vía verde en el norte de Mineápolis?

La Ciudad de Mineápolis está desarrollando planes para convertir las calles del norte de Mineápolis por donde transitan pocos vehículos, en vías verdes que les darían a los ciclistas y peatones una ruta de acceso segura y accesible. La ciudad ya tiene identificadas la ruta propuesta y los diseños. La ruta final, los diseños y el tiempo que tomará el proyecto dependerán de los fondos disponibles, del apoyo local y de otros factores.

¿Qué razón hay para que la ciudad considere esta propuesta? La ciudad le está dando respuesta al interés de los residentes de Mineápolis del norte, la cual surgió a través de un grupo de solo voluntarios, llamado Vías Verdes de las Ciudades Gemelas "Twin Cities Greenways". Este proyecto le daría al norte de Mineápolis una nueva área de recreación activa y mejoraría el acceso de los residentes a un lugar donde pueden mantenerse físicamente activos. El norte de Mineápolis tiene menos áreas de parques que otras partes de la ciudad; como resultado, es más probable que sus residentes padezcan de enfermedades tales como diabetes e hipertensión; y en el caso de ambas enfermedades, el hecho de no tener acceso a lugares donde poder mantenerse activo físicamente, tiene efectos adversos.

¿Qué calles se convertirían en la vía verde? La vía verde propuesta sería una ruta con orientación de norte a sur, empezando desde la vereda Shingle Creek Trail en el norte y terminando en la avenida Plymouth en el sur. En base a la opinión de los residentes, la ciudad explora la posibilidad de crear la ruta de la vía verde en la parte del sur, incluyendo el que se conecten con el lago Cedar Lake y con las veredas Bassett Creek Trails. La ruta propuesta iría, antes que todo, a lo largo de las avenidas Humboldt e Irving del norte y entroncarían con el Cementerio Crystal Lake, con tres escuelas y con cuatro parques. Hay un mapa de la ruta propuesta y de los diseños disponibles en el sitio web del proyecto (vea abajo). La ruta de la vía verde podría cambiar dependiendo cual sea la opinión de la comunidad.

¿Que aspecto tendría una vía verde? De acuerdo con la propuesta actual, la mayor parte de la vía verde es un área verde en forma de parque rectilíneo con una sección a partes iguales. El dorso de esta hoja tiene gráficas muestra algunos de los posibles diseños de la vía verde. La vía verde aumentaría el área verde y permitiría áreas recreacionales tales como jardines, parques de juegos, barbacoas y lugares públicos para exhibir arte.

¿Qué ha pasado con el proyecto hasta ahora? En el 2008, los volutarios del grupo Twin Cities Greenways comenzaron a presentar varias propuestas de vías verdes a los grupos vecinales y en el 2011, a través del financiamiento por parte de le entidad Transit for Livable Communities, se llevaron a cabo diez talleres comunitarios para recopilar opiniones al respecto. En el 2012, la ciudad de Mineápolis recibió fondos por parte del Departamento de Salud para desarrollar los planes conceptuales de la vía verde y recopilar opiniones de la comunidad. En el 2013, la ciudad, junto con su socia, la Alianza Para la Estabilidad Metropolitana (Alliance for Metropolitan Stability o AMS), recibieron fondos adicionales por parte del Centro de Prevención de Blue Cross and Blue Shield of Minnesota para continuar desarrollando los planes y poder llevar a cabo más trabajo comunitario y lograr una mayor participación de la comunidad. La ciudad y la Alianza se asociaron con varias organizaciones vecinales y con otros grupos comunitarios para procurar lograr la participación de los residentes de la comunidad, para darles información y para obtener sus opiniones.

¿Cómo podemos aprender más sobre este proyecto? Visite www.minneapolismn.gov/health/living/northminneapolisgreenway o comuníquese con Sarah Stewart, sarah.stewart@minneapolismn.gov, teléfono 612-673-3987.

Los fondos para este proyecto los proporcionó, en parte, el Centro para la Prevención de Blue Cross and Blue Shield of Minnesota.

BlueCross BlueShield Minnesota
Center for Prevention
Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association

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Diseños de las Posibles Vías Verdes

Vía verde completa en forma de parque recto

Una vía verde en forma de parque rectilíneo completo elimina el tráfico de la calle y lo reemplaza con una vereda y con áreas verdes para bicicletas y transeúntes. Quedan bloqueadas varias calles que hacen intersección, lo que crea más espacio verde. Hay espacio para áreas de recreación tales como barbacoas, jardines comunitarios, parques de juegos y arte.

Vía verde completa en partes iguales

Una vía verde a partes iguales, tiene una vereda en una mitad de la calle y tráfico de vehículos en el otro lado. La calle puede ser o de una vía con parqueo, o de doble vía sin parqueo. La vereda cruza algunas intersecciones de forma diagonal para que las bicicletas no tengan por fuerza que detenerse y el tráfico de vehículos sea bajo al lado de la vereda.

Vereda para bicicletas

Una vereda para bicicletas es una calle con poco tráfico de vehículos que transitan a bajas velocidades, que se diseñó como una ruta de bicicletas y que está demarcada con señales grandes con las letras “BLVD”. Algunas intersecciones cuentan con medidas para decelerar el tráfico, tales como túmulos, desviaciones y rotondas.

Si necesita este material en un formato diferente, por favor llame al Departamento de Salud de Minneapolis al 612-673-2301 o envíe un correo a health@minneapolismn.gov. Las personas con sordera o discapacidad auditiva pueden utilizar el servicio de agentes de comunicación “relay” llamando al 311 a través del 612-673-3000. Los usuarios de TTY pueden llamar al 612-673-2157 o al 612-673-2626.
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Proposed North Minneapolis Greenway Route Map

This map shows a proposal for converting low-traffic residential streets into a greenway in north Minneapolis. In most places, the proposed greenway would provide a park-like trail that increases space for pedestrians and bicyclists while reducing or eliminating motorized traffic and parking. In some cases, extra green space would allow for new amenities, like community gardens, pocket parks, or public art.

No decisions about a greenway route have been made. Community input will be used to make changes to both the route and the designs included on this map.

The City of Minneapolis welcomes community input on this project and will explore funding options if the community supports the greenway. There is no start date set to build the greenway as the project is still in an engagement phase.

Shingle Creek Trail
47th Ave N
46th Ave N
Grand Rounds Trail
44th Ave N
Henry Senior High School
Webber Park
43rd Ave N
42nd Ave N
North Mississippi Park
St. Anthony Parkway Trail
41st Ave N
Noble Academy
Crystal Lake Cemetery
40th Ave N
North River Road Trail
Mississippi River
39th Ave N
Dowling Ave N
Folwell Park
37th Ave N
36th Ave N
Crystal/Robinsdale Regional Trail
Grand Rounds Trail
35th Ave N
Perkins Hill Park
34th Ave N
City View Community School
Cleveland Park
Cleveland Elementary School
33rd Ave N
Manor Park
Lowry Ave N
Library
31st Ave N
30th Ave N
Jordan Park
Hmong International Academy
West Broadway
29th Ave N
Farview Park
27th Ave N
Nellie Stone Johnson Community School
Theodore Wirth Parkway
26th Ave N
Valley View Park
Boys & Girls Club
North Star Elementary School
25th Ave N
24th Ave N
Loveworks Academy
Glenview Terrace Park
Glen Gale Park
23rd Ave N
Cottage Park
22nd Ave N
21st Ave N
YMCA
Broadway Ave N
Golden Valley Rd
18 1/2 Ave N
18th Ave N
17th Ave N
Willard Park
Willard School
North Commons Park
Elizabeth Hall International Elementary School
16th Ave N
North Community High School
Hall Park
15th Ave N
14th Ave N
Plymouth Ave N
Farwell Park

Legend

- 37th Ave Greenway
- Existing Off Street
- Existing On Street
- Parcel

Proposed Greenway Route

- Full "Linear Park" Greenway
- Half and Half with a Two-Way
- Half and Half with a One-Way
- On Street Bike Lanes
- Off-Street Trail
- Bike Boulevard
- Route Alternative (No Greenway Type Assigned)
- Intersection Remains Open
- To be Determined
- Partial Intersection Closure
- Street Closure
- Traffic Flow ("Half and Half" Type)
- 10' Contour
- Railroad
- Park Activity Hub
- Park/Open Space
- Water
- School

1,000 500 0 Feet

Future planning efforts will explore connections to the south, such as the Cedar Lake and Bassett Creek Trails.

Proposed Greenway Route with Intersection Treatments

NORTH MINNEAPOLIS GREENWAY

Funding for this project is provided in part by the Center for Prevention at Blue Cross and Blue Shield of Minnesota

March 4, 2014

SRF Consulting Group, Inc. Minneapolis City of Lakes

BlueCross BlueShield Minnesota

Vía Verde Propuesta con Aditamentos de Intersecciones

Este mapa muestra una propuesta para que las calles residenciales de trafico bajo, sean transformadas una Vía verde en "North Mineápolis". En la mayoría de los lugares, la vía propuesta proporcionaría una ruta con estilo de parque que aumentaría el espacio disponible a los peatones y los ciclistas y al mismo tiempo reduciría o eliminaría el tráfico motorizado y los parqueos. En algunos casos el espacio verde adicional haría posible nuevas áreas recreacionales, por ejemplo, jardines para la comunidad, parquecitos o arte para el público en general.

Todavía no hay decisiones sobre la Vía Verde. Se usarán opiniones de la comunidad para hacer cambios a la vía, así como a los diseños que se presentan en este mapa.

El gobierno de la Ciudad de Mineápolis recibe con gusto las opiniones de la comunidad acerca de este proyecto y estudiará las posibilidades de financiar el proyecto si la comunidad lo apoya. La fecha de inicio no está decidida en este momento, pues el proyecto todavía está en fase de planificación y acuerdos.

Leyenda

- Vía Verde de la avenida 37
- La vía en una calle
- La vía fuera de calle
- Parcela

Vía Verde propuesta

- Una Vía Completamente Verde de Forma Lineal
- Vía Verde a partes iguales con circulación en ambos sentidos
- Vía Verde a partes iguales con tráfico de una vía
- Carriles de bicicletas en la calle
- Ruta de bicicletas fuera de la calle
- Zócalo para bicicletas
- Una Ruta Alternativa (no hay clase de Vía verde definida)
- El cruce se queda abierto
- Aún está por ser determinado
- Cierre parcial del cruce
- Cierre de la calle
- Circulación de tráfico (Mitad Vía verde a partes iguales)
- Contorno de 10 pies
- Vía férrea
- Centro de actividades del parque
- Parque/Espacio abierto
- Agua
- Escuela

1,000 500 0 Pies

La planificación futura estudiará las posibilidades de hacer conexiones con el vecindario "Harrison" y más al sur, por ejemplo con el riachuelo "Bassett Creek" y con las vías "Cedar Lake Trails."

Proposed Greenway Route with Intersection Treatments

NORTH MINNEAPOLIS GREENWAY

Funding for this project is provided in part by the Center for Prevention at Blue Cross and Blue Shield of Minnesota

March 4, 2014

SRF Consulting Group, Inc.

Minneapolis City of Lakes

BlueCross BlueShield Minnesota

CITY OF MINNEAPOLIS

Complete Streets Policy

Pedestrian Advisory Committee

December 2, 2015

Minneapolis
City of Lakes

Complete Streets Policy

Tonight's Discussion

- Policymaker and Stakeholder Collaboration
- Input Received
- Policy Development
- Discussion and Comments
- Next Steps

Complete Streets Policy

Policymaker and Stakeholder Collaboration

Policy Guidance and Feedback:

- Policymakers
- Stakeholders
- Advisory Committees
- *Residents*

Complete Streets Policy

Engagement with Stakeholder Advisory Group

- Actively provide input on content during development of policy
- Represent wide range of user groups and travel modes
- Attend series of meetings throughout the policy development process

Stakeholder Groups

City staff: Health, Community Planning and Economic Development, Neighborhood and Community Relations, and Public Works

- Bicyclists
- Pedestrians
- Transit Users
- Freight
- Elderly
- Students
- People with Disabilities
- Business Community
- MnDOT
- Hennepin County
- Metropolitan Council
- Metro Transit

Complete Streets Policy

Stakeholder Meeting #1

- Expectations of the Complete Streets Policy

- Key elements, components, and/or ideas should be taken into consideration during the development of the Complete Streets policy

Complete Streets Policy

Stakeholder Meeting #2

Goals:

- Rebalance network for all users and modes
- Consider green infrastructure
- Guide/Align with City's Plans
- Improve transparency and roles through project development

Outcomes:

- Transparent outreach/engagement
- Multimodal metrics
- Establish application between jurisdictions
- Capitalize on opportunities for multimodal improvements (all projects)

Complete Streets Policy

Stakeholder Meeting #2

Key Themes:

- Initiate Change
- Define Purpose
- Define Modal Hierarchy
- Coordinate with City Plans
- Promote Livable Streets
- Documented Multimodal LOS
- Evaluate all users and modes
- Innovative designs/approaches
- Context Sensitivity
- Local policy to trump other policies

Complete Streets Policy

Policy Development and Discussion

Vision

Modify Modal Hierarchy and Incorporate More Visionary Language

Core Commitment	Best Practice Elements
☐ Specify all Users and Modes	☐ Create a Network
☐ All Projects and Phases	☐ Jurisdiction
☐ Exceptions	☐ Design Criteria
	☐ Context Sensitivity
	☐ Performance Measures

Implementation

Clear Language and Develop Project Checklist

Potential Companion Items/Actions

- Access Minneapolis Update
- Winter Maintenance Evaluation
- Curbside Use Evaluation
- Multimodal Operations

Complete Streets Policy

What are the next steps?

- Establish Policy Steering Committee (PSC) - Complete
- Establish Stakeholder Advisory Groups (SAG) - Complete
- Conduct outreach meetings with PSC and SAG - Ongoing
- Develop draft policy for comment/input from PSC and SAG - Ongoing
- Present revised draft policy/checklist to PSC and SAG - Planned
- Present policy to City Council for adoption in early 2016

Complete Streets Policy

June 3, 2015

Intent and Objective

The goal of Complete Streets is to provide a consistent set of guidelines to plan, design, and construct an integrated, well-connected transportation system. Complete Streets are designed and operated to enable safe and accessible travel for all users, including pedestrians, bicyclists, motorists and transit users, regardless of age, ability, income, race, gender, culture, or geography. Currently the City of Minneapolis does not have a Complete Streets policy, but adopted plans and ongoing initiatives have emphasized the implementation of Complete Streets as a part of Public Works' capital programming and planning.

This City-led task will develop a Complete Streets policy for City Council adoption, formalizing and building upon the planning and engineering processes currently in place. The policy will be coordinated with an internal group of policymakers, as well as representatives from local stakeholders groups. This document will be built upon input received from stakeholder groups during the initial policy development process conducted in 2013, while incorporating best practices and elements documented by the National Complete Streets Coalition. The policy will build upon the six plan components completed as part of Access Minneapolis (e.g., Downtown Action Plan, Citywide Action Plan, Design Guidelines for Streets and Sidewalks, Streetcar Planning, Pedestrian Master Plan, and Bicycle Master Plan) and concentrate on summarizing the policy's vision, intent, and key elements.

Previous Efforts and Key Elements

- Draft Policy - Fall 2013
  - Outreach with Health Dept., Advisory Committees, and Council Members; Policy Workshop (Dec. 2012)
- Public Works Project Development and Design Process
  - Capital Requests Include Multimodal Elements; Neighborhood, Council Member, and Business Community Outreach; City Council Layout Approval
- Challenges and Opportunities
  - Exemptions, Modal Priority, Implementation, Performance Measures, Stakeholder Equity, Integration with Access Minneapolis
- Policy Guidance and Examples
  - Input from Policy Steering Committee and Stakeholder Advisory Group
  - National Complete Streets Coalition – Policy Workbook and "Best of 2014"
  - MnDOT, Hennepin County, Indianapolis, Seattle, Austin (TX), etc.

Next Steps

POLICY STEERING COMMITTEE

A Policy Steering Committee (PSC) will be established, consisting of four Council Members and the Mayor's policy director. This committee will actively guide Public Works staff during the development of the Complete Streets policy. Bi-monthly meetings will be held at strategic intervals throughout the policy development process to provide input and guidance on the policy.

STAKEHOLDER ADVISORY GROUP

A Stakeholder Advisory Committee (SAG) will be established to actively provide input on the content and development of the Complete Streets policy. The group will be led by Public Works staff and include representatives from the following stakeholder groups: freight community, business community, transit (Metro Transit), students/schools, pedestrians, bicyclists, City advisory committees (e.g., aging, people with disabilities, pedestrians, and bicyclists), and jurisdictional (MnDOT, Hennepin County, Met Council). A series of three SAG meetings will be held at strategic intervals throughout the policy development process to review and provide input on the policy's content.

PROJECT TIMELINE AND EVENTS

- Policy to be developed and adopted in 2015
- Series of PSC and SAG meetings over seven month period - first to be held in May/June 2015
- Provide overview and update of policy development process to City advisory committees
- Present policy at T&PW for adoption in October/November 2015 timeframe

STAFF CONTACTS

Jeni Hager - Committee/Group Chair
Nathan Koster - Lead Staff Contact
Matthew Dyrdahl - Bicycle and Pedestrian Staff Contact

Policy Language - Key Themes By Element

Vision

Create an inclusive public right-of-way through a context sensitive decision making process that balances all modes and users within context of the transportation system.

Ensure the needs of the most vulnerable right-of-way users are prioritized, which include considerations for safety, convenience, and comfort, in the following order: people who walk, take transit, bike, and drive automobiles.

Support sustainable transportation improvements that promote quality of life and place-making by incorporating environmentally friendly design elements, with consideration for vegetation and other permeable surfaces.

Users and Mode

Evaluate and document the needs of all modes to accommodate the most vulnerable users, while maintaining consistency with modal plans through a balanced approach in the planning and project development process.

Document the decision making process that will be informed and guided by, but not limited to: street typology, documented needs, issues, and opportunities, functionality, environmental or social factors, right-of-way impacts, and input from stakeholders and the community.

Projects and Phases

Approach capital improvements as an opportunity to implement Complete Streets during the programming, planning, design, construction, operation, and maintenance of the public right-of-way.

Examine opportunities through ordinary maintenance activities.

Encompass all elements within the public right-of-way, such as streets, bridges, sidewalks, paths, landscaping, transit shelters, lighting, signs, traffic lights, parking meters, bicycle parking, and furniture.

Design

Follow recognized best design practices and guidelines to achieve the vision of Complete Streets.

Incorporate out low-cost, high-benefit design solutions to incorporate Complete Streets improvements, such as landscaping, where needs have been identified.

Context Sensitivity

Explore flexible and innovate context sensitive design solutions that improve livability and reflect location-specific social, environmental, and historical context.

Jurisdiction

Policy shall apply to all public and private projects and initiatives that impact the public right-of-way.

Coordinate with other agencies to adhere to adopted Complete Streets policies.

Network

Provide a complete transportation system that offers travelers numerous modal options through a network of interconnected routes.

Performance Measures

Establish a process to track and evaluate performance indicators for all modes that align with the vision and intent of Complete Streets.

Implementation

Seek opportunities to prioritize improvements that address or eliminate non-motorized gaps or barriers.

Encourage cross-departmental coordination during the programming, planning, design, construction, operation, and maintenance of the public right-of-way.

Exceptions

Cost of facility for a particular mode is excessively disproportionate to need or probable future use.

Indisputable lack of need for a mode in the present and future.

Project Development and Review Process (with Policy)

PHASE 1 – PROJECT DEVELOPMENT

- Project Identification: Issues, Needs, Opportunity Based
  - Opportunity to implement Complete Streets for all users and modes
  - Consider multimodal system connectivity
- Develop Capital Budget Request → Capital Long-Range Improvement Committee
- Location and Design Review
- Mayor's Budget → City Council Approval → Capital Improvement Program

PHASE 2 – PRELIMINARY DESIGN

Examine opportunities to implement Complete Streets for all elements within public right-of-way.

Review Plans and Local Context	Issue Identification	Documentation and Evaluation of Modal Needs	Develop 0% PRO	Core Team Assignment
Comprehensive Plan Small Area Plan Planned Bikeway Intersects Future Transitway Site Visits	On-street parking, Encroachments Lacks Lighting, Sidewalk Gaps, Connectivity to Schools, Aging Pavement, Drainage, etc.	① Pedestrians ② Transit Users ③ Bicyclists ④ Automobiles	Project Overview, Summary of Plans/Existing Conditions/Issues, Establish Objectives, Assess needs with resources and potential designs, Develop Concept Layout Identify level of outreach to public, Develop community engagement plan	TPP, Traffic, CPED, Streets, Water Revisit objectives, Perform research, Establish roles and responsibilities

PHASE 3 – PUBLIC INVOLVEMENT AND COUNCIL APPROVAL

Stakeholder Outreach	Develop 30% PRO	Council Approved Layout
Elected Officials, Neighborhoods, Advisory Committees, Public and Private Utilities, Business Associations, Consider local context, Follow community engagement plan	Assess Objectives, Revisit documented needs, Document decision making process, Develop 30% Design, Follow design criteria, Balance modal needs	Obtain feedback, Receive approval, Proceed to detailed design

PHASE 4 – DETAILED DESIGN

Coordination with Other Projects	Develop 60% PRO	Develop 90% PRO
Coordinate companion Complete Streets policies and agencies (e.g., Hennepin County, MnDOT, Metro Transit, and Park Board), Consider all public and private projects impacting right-of-way	Address objectives, Document decision making process, Develop 60% Design, Follow adopted design criteria, Balance modal needs, Evaluate impacts	Address objectives, Document decision making process, Develop 90% Design, Follow adopted design criteria, Balance modal needs, Evaluate impacts

PHASE 5 – CONSTRUCTION

- Funding of Project
- Construction Proceed
- Construction of Project
- Accommodate displaced modes during construction

5 BREASTFEEDING | THE GOAL

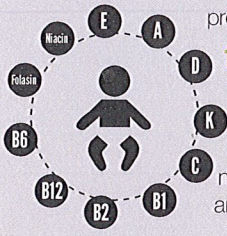
By 2025, increase to at least 50% the rate of exclusive breastfeeding in the first six months

WHY IT MATTERS

BENEFITS OF BREASTFEEDING

Babies who are fed **nothing but breastmilk** from birth through their first 6 months of life get the **best start**

Exclusive breastfeeding provides babies: **the perfect nutrition** & everything they need for healthy growth and brain development



Protection from respiratory infections, diarrhoeal disease, and other **life-threatening ailments**

Protection against **obesity & non-communicable diseases** such as asthma and diabetes

RECOMMENDED ACTIONS

LIMIT FORMULA MARKETING

WHAT? Significantly limit the marketing of breastmilk substitutes

HOW? Strengthen the monitoring, enforcement and legislation related to the International Code of Marketing of Breastmilk Substitutes

SUPPORT PAID LEAVE

WHAT? Empower women to exclusively breastfeed

HOW? Enact six-months mandatory paid maternity leave and policies that encourage women to breastfeed in the workplace and in public

STRENGTHEN HEALTH SYSTEMS

WHAT? Provide hospital and health facilities-based capacity to support exclusive breastfeeding

HOW? Expand and institutionalize the baby-friendly hospital initiative in health systems

SUPPORT MOTHERS

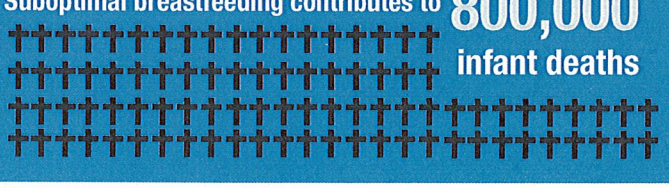
WHAT? Provide community-based strategies to support exclusive breastfeeding counselling for pregnant and lactating women

HOW? Peer-to-peer and group counselling to improve exclusive breastfeeding rates, including the implementation of communication campaigns tailored to the local context

SCOPE OF THE PROBLEM

Globally, only **38%** of infants are exclusively breastfed

Suboptimal breastfeeding contributes to **800,000** infant deaths



GLOBAL TARGETS 2025 — To improve maternal, infant and young child nutrition

World Health Organization

1,000 DAYS

Public Health Advisory Committee

Agenda for the Sub-Committees

February 23, 2016, 6:00 – 8:00 pm

Minneapolis City Hall, Room 132

AGENDA

Agenda Item	Presenter	Time	Sub-Committee Action
Supper is served!	La Loma Tamales	5:45 – 6:00	
PHAC Logistics / Dept. Updates *Public Health Week – Local Heroes* *Green Zone Workgroup Request* *PHAC Co-chair position – open*		6:00 – 6:10	
Sub-committee discussions: ***Communications/Operations:*** *New Member Orientation* *Application review: At Large candidates* *Edit Annual report & PowerPoint*	*Karen Soderberg*	6:10 – 8:00	
Policy & Planning: *Review topics from 2015: Healthy sleep, Adverse Childhood Experiences, Air Quality Report, Paid Sick Leave Support letter; generate agenda ideas for next 3-6 months*	*Harrison Kelner*		
Collaboration & Engagement: *Raising of America – watch Episode 4; plan for early summer viewing; discuss WHO infographic & recommendations on Breastfeeding*	*Margaret Schuster*		

Next Meeting of the Full Committee: March 22, 2016, Minneapolis City Hall, Room 132

Next Sub-committee meeting: April 26, 2016, Minneapolis City Hall, Rooms 132

New members-REMINDER: Oath signing will take place at the February 29 City Boards & Commissions member orientation, 5:30 – 7:00 p.m., City Hall, Room 319. This includes: S Ross, C Hillyer, Y Adams-Lee, K Tuzinski, L Nightingale, and C Hedberg.

More information on this committee: Public Health Advisory Committee - City of Minneapolis

If any problems or issues arise on the night of the meeting, please call the cell phone of Gretchen Musicant, Health Commissioner: 612-919-3855.

Public Health Advisory Committee

March 22, 2016 6:00 – 8:00 pm

Minneapolis City Hall, Room 132

AGENDA

Agenda Item	Presenter	Time	Committee Action
Welcome and Introductions – PHAC Logistics and Updates *Review Minutes*	*Peggy Reinhardt*	6:00 – 6:10	Approve agenda Approve Minutes
Presentation *Minneapolis Health Department School Based Clinics – overview of services & programs*	Barbara Kyle, SBC Manager; Marie Capra, SBC Mental Health Counselor	6:15 – 7:00	Information / Discussion
Communications/Operations: *At Large vacancy - discussion of applicants, recommendation, and vote to fill*	*Peggy Reinhardt*	7:05 – 7:20	Presentation of candidates; committee vote
Commissioner Updates *Business Plan (slides)* *Health Chapter of Comp Plan update*	Gretchen Musicant	7:20 – 7:50	Information / Discussion
Policy & Planning: *Ideas generated for agenda setting; survey members re: topics* ***Collaboration & Engagement:*** *Episode 4 Raising of America reactions to film*	***Optional - if time allows*** *Sarah Jane Keaveny* *Akisha Everett*		
Information Sharing		7:55 – 8:00	Informational

Next Sub-committee meeting: April 26, 2016, Minneapolis City Hall, Room 132

Next Meeting of the Full Committee: May 24, 2016 Minneapolis City Hall, Room 132

For more information on this committee, visit: Public Health Advisory Committee - City of Minneapolis

If any problems or issues arise on the night of the meeting, please call the cell phone of Gretchen Musicant, Health Commissioner: 612-919-3855.

Public Health Advisory Committee (PHAC)
Minutes

Minneapolis Health Department

March 22, 2016

Members Present: Harrison Kelner, Sarah Jane Keaveny, Margaret (Peggy) Reinhardt, Birdie Cunningham, Autumn Chmielewski, Silvia Perez, Cindy Hillyer, Yolonda Adams-Lee, Joseph Colianni

Members Excused: Sahra Noor, Jahana Berry, Karen Soderberg, Laurel Nightingale, Kathy Tuzinski, Jane Auger, Dr. Craig Hedberg,

Members Unexcused: Stepheny Ross, Akisha Everett, Dr. Happy Reynolds-Cook

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

Guests: Barb Kyle, Marie Capra, Joseph Desenclos, Robyn Anderson

Margaret (Peggy) Reinhardt called the meeting to order at 6:00 p.m. at City Hall.

Item	Discussion	Outcome
Introduction	Members and guests introduced themselves.	
Agenda/Min Approval	Members had no additions to the March agenda. Members had no changes to the January minutes.	motion to approve minutes carried by unanimous consent
Presentation: Minneapolis Health Department School Based Clinics – overview of services & programs *Barbara Kyle, SBC Manager; Marie Capra, SBC Mental Health Counselor*	Barb and Marie presented on the Minneapolis School Based Clinic (SBC) Program which is one of the programs in the Adolescent Health & Youth Development division of the Minneapolis Health Department. Key Points included: • SBC program, established in 1980, currently has seven locations in Minneapolis High Schools • in 2014-15 school year, care was provided to over 2500 students (over 12,000 individual visits and 11,000 outreach participants) • the demographics of students receiving care is very diverse • students hear about SBC through many avenues, with the most common way remaining referrals by friends • the gender gap in students receiving care has been declining though roughly 2/3 of students receiving care are female • in each year since the passage of the Affordable Health Care Act, rates of "no insurance" have declined • SBC client surveys (which have a 70+% response rate) indicate a very high level of satisfaction; 99% would recommend the clinic to a friend and almost every respondent says they would use the clinic again • Parental feedback surveys (done yearly since 2004) have continually shown strong parent support; parents value the services provided (about 2/3 of respondents talk with their teens about SBC services and 2/3 encouraged their teen to use SBC services) • feedback provided by the surveys is incorporated into the SBC programming, i.e. a recent suggestion led to revised school posters • special projects include: Student Engagement, Outreach, Project Connect, Safer Sex Intervention, STI testing day	Informational

Item	Discussion	Outcome
	• SBC has 10 Mental Health professionals (4 licensed supervisors plus additional staff, including graduate interns) and uses a school based Mental Health Model; i.e., the staff are at the schools full time (as compared to a co-located or off-site model) • MH services provided include: Individual, group and family psychotherapy; Care coordination, School wide crisis response, School staff training, Classroom presentations Discussion from PHAC members included: • How is Dental Health represented? Covered with sports physicals and children's dental (two of the HS) • What about pre-High School students? Any corollary between poverty level and health of 7-14 year olds? The current SBC program is a High School based program, so limited data on younger aged students. Current mission doesn't envision an expansion to younger students. • Discussion of the SSI (Safe Sex Initiative), an evidence based practices, tested in clinical settings. • Effect of TeenWise MN closing; loss of train trainer and outreach; is being filled in my other organizations though their absence is felt. • Foster Care and Homeless or highly mobile students – see some of these, fewer foster care, most have MH care case manager and as they exit HS try to transition to adult MH case manager	
Communications / Operations: At Large vacancy – review of process, discussion of applicants, recommendation, and vote to fill	The committee discussed the At Large seat vacancy and reviewed the summary of all applicants. The Comm/Ops sub-committee recommended Joseph Desenclos for the At Large position. Members asked about the process which Margaret clarified. The PHAC recommends a candidate to the Health, Environment & Community Engagement Committee, which then forwards their decision to the full City Council for a vote.	Peggy Reinhardt motioned to recommend Joseph Desenclos for the vacancy to the HE&CE committee in April. Cindy Hillyer seconded. Motion passed.

Public Health Advisory Committee (PHAC) Minutes

Minneapolis Health Department

Item	Discussion	Outcome
Department Updates- Gretchen Musicant	Gretchen presented on the Results Minneapolis report. She discussed the Equity Lens, how the department's business lines strive to move the dial (how our initiatives are having a measurable effect) and the challenges faced (e.g., the Health Department is not always invited to participate in the earliest stages of the City's planning or response activities, which makes it harder to integrate the health equity perspective into City activities). Gretchen reviewed the department's program areas: • Health start to Life and learning - • Thriving youth and young adults - • Healthy weight and smoke-free living - • A healthy place to live - • Safe places to eat, swim, and stay - • A healthy environment – • Strong public health infrastructure -	
Information Sharing – Margaret Schuster	April 21 and 22 is the Health department's accreditation site visit. Yolonda Adams-Lee will be the representative on the Green Zone Work Group. Former PHAC member Jennifer Pelletier will be on the Health Comprehensive Planning committee. Dan Brady will be an alternate. There will be a series of hearings and meetings about the paid sick leave ordinance in Minneapolis. The City Council is expected to vote on the issue in May. We will keep you posted as dates are known. In December 2015, the PHAC sent a letter in support of paid sick and safe time.	

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

Next Sub-Committee Meeting: April 26, 2016, Minneapolis City Hall, Room 132 & 333, 6:00-8:00 p.m.
Next Full Committee Meeting: May 24, 2016, Minneapolis City Hall, Room 132, 6:00-8:00 p.m.

Minneapolis School Based Clinic Program

SCHOOL BASED CLINICS –

one of the programs in the Adolescent Health & Youth Development division of the Minneapolis Health Department


ALL STUDENTS WELCOME
MINNEAPOLIS
program
SCHOOL BASED CLINICS
FACEBOOK.COM/MPLSSBC
MINNEAPOLISMN.GOV/SBC
@MPLSSCHLCLINICS
YOUTUBE.COM/MPLSSCHLCLINICS
Minneapolis School
Based Clinics

Minneapolis School Based Clinics

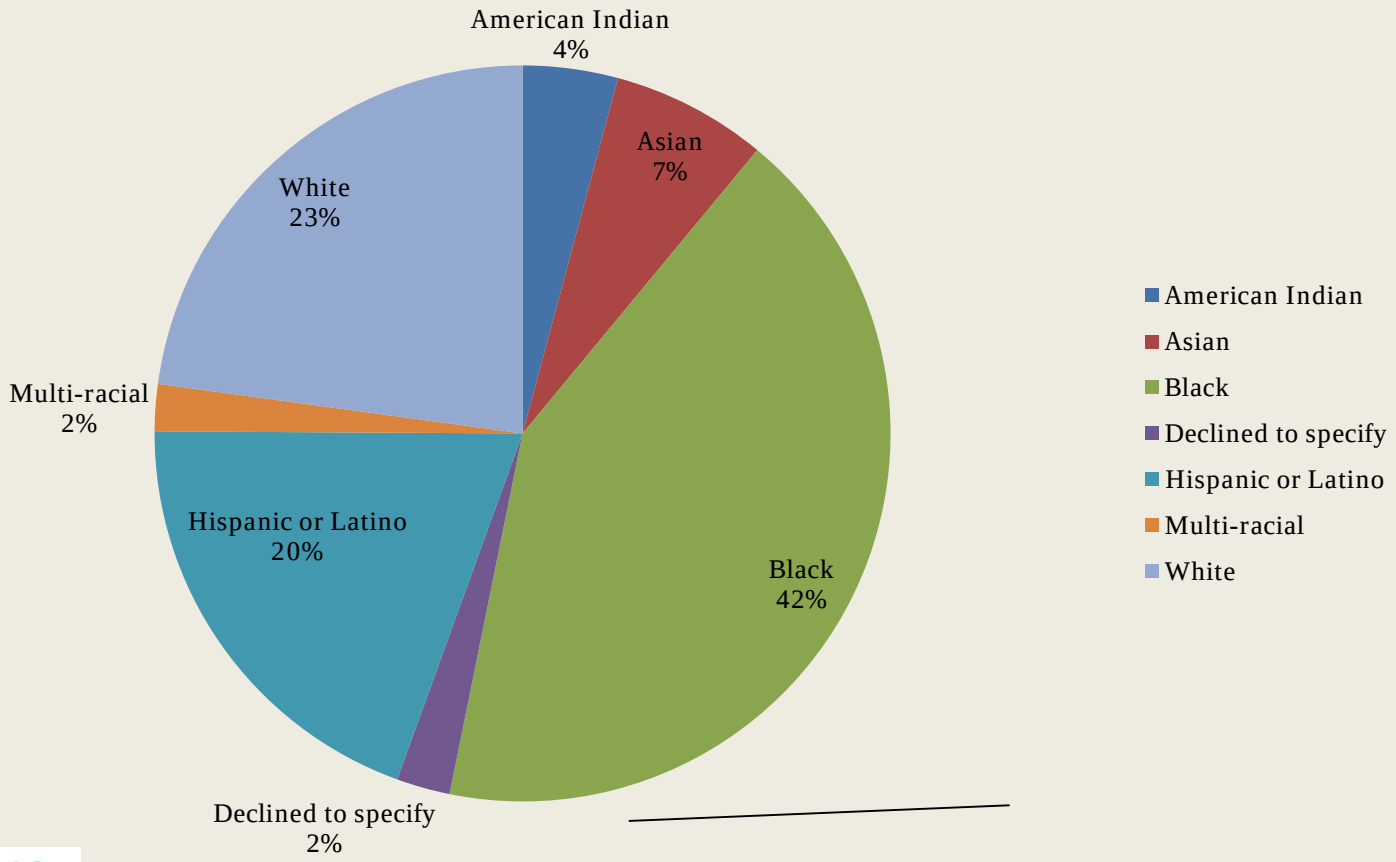
Established in 1980

2014-2015 School Year Data Report

- SBCs provided care to 2,537 students
  - 12,109 individual visits
  - 11,000 outreach participants
- Seven MPS locations
  - Edison, Henry, Longfellow, Roosevelt, South, Southwest, Washburn
- Provides medical, health education and mental health services

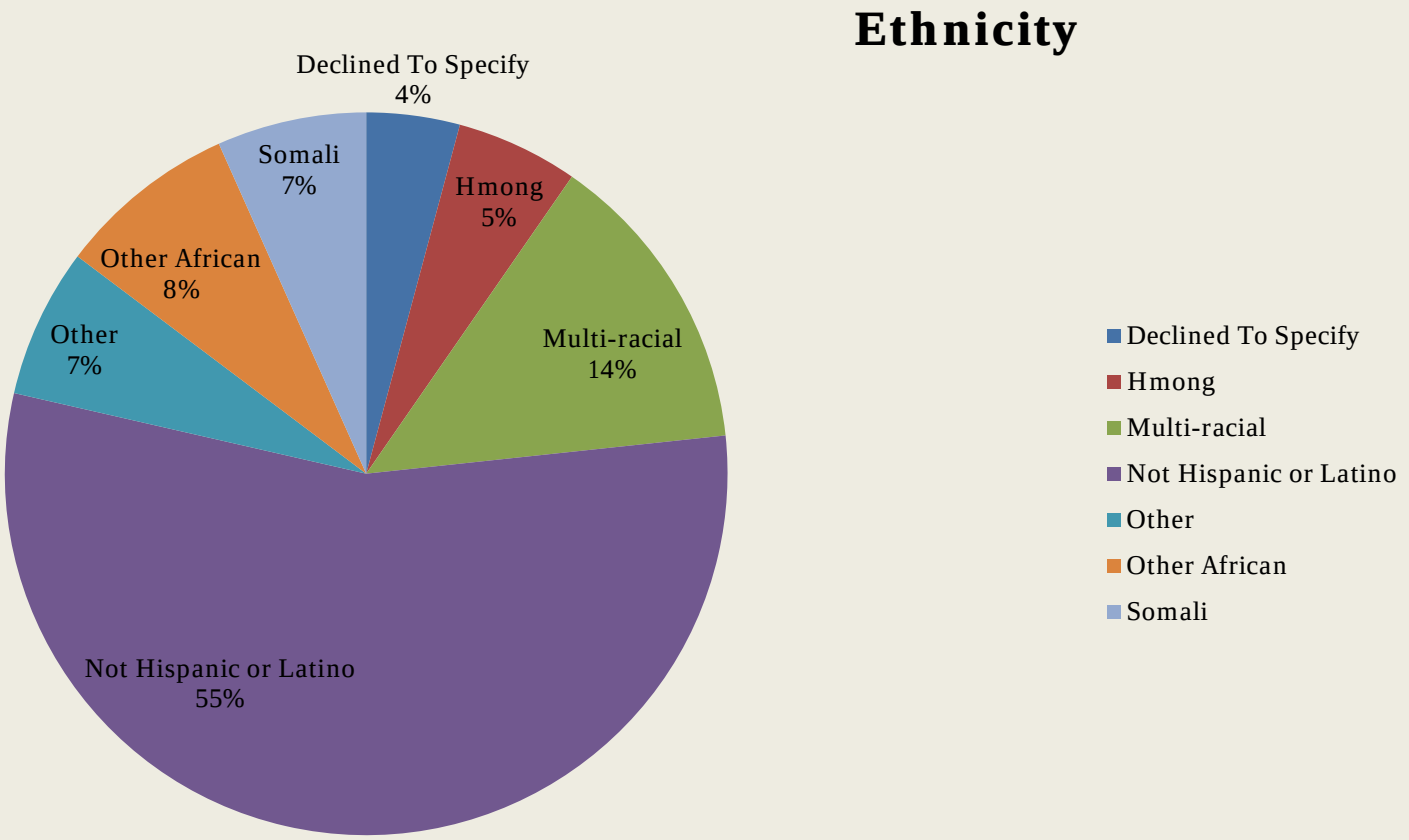
MINNEAPOLIS SCHOOL BASED CLINICS program

Demographics – Race
2015-16 SY



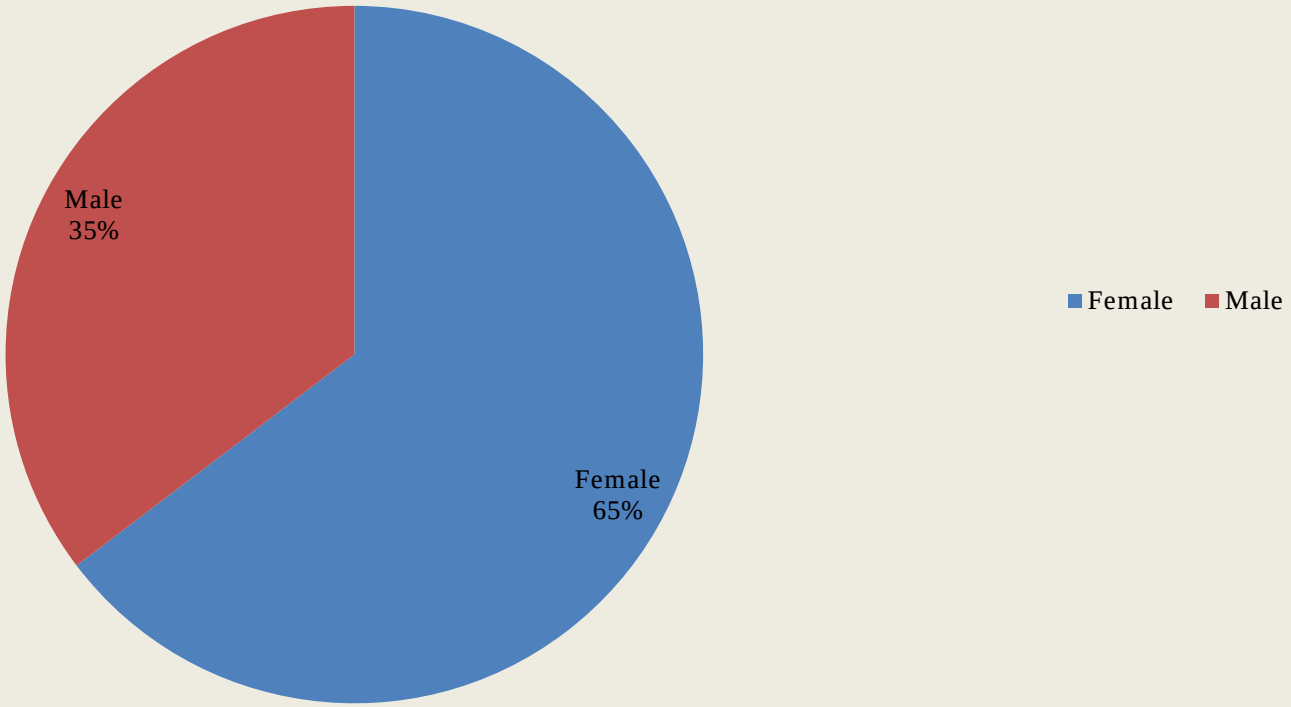
MINNEAPOLIS SCHOOL BASED CLINICS program

Demographics – Ethnicity
2015-16 SY

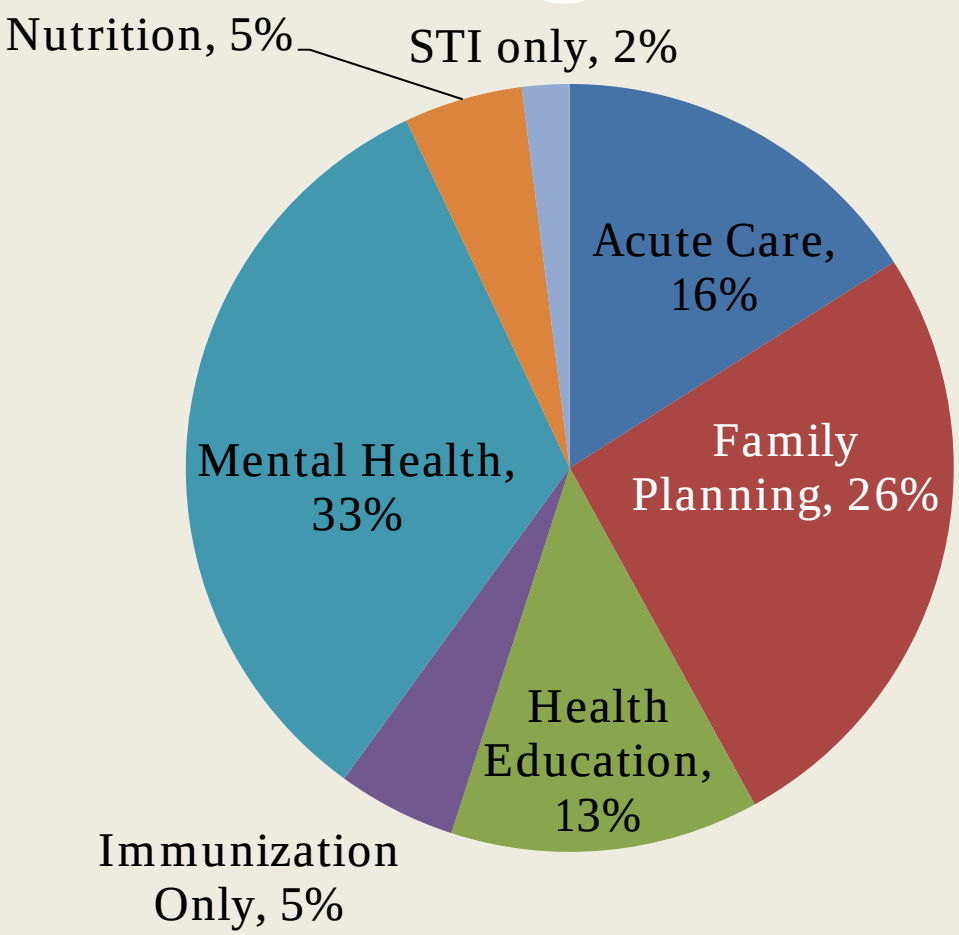


MINNEAPOLIS SCHOOL BASED CLINICS program

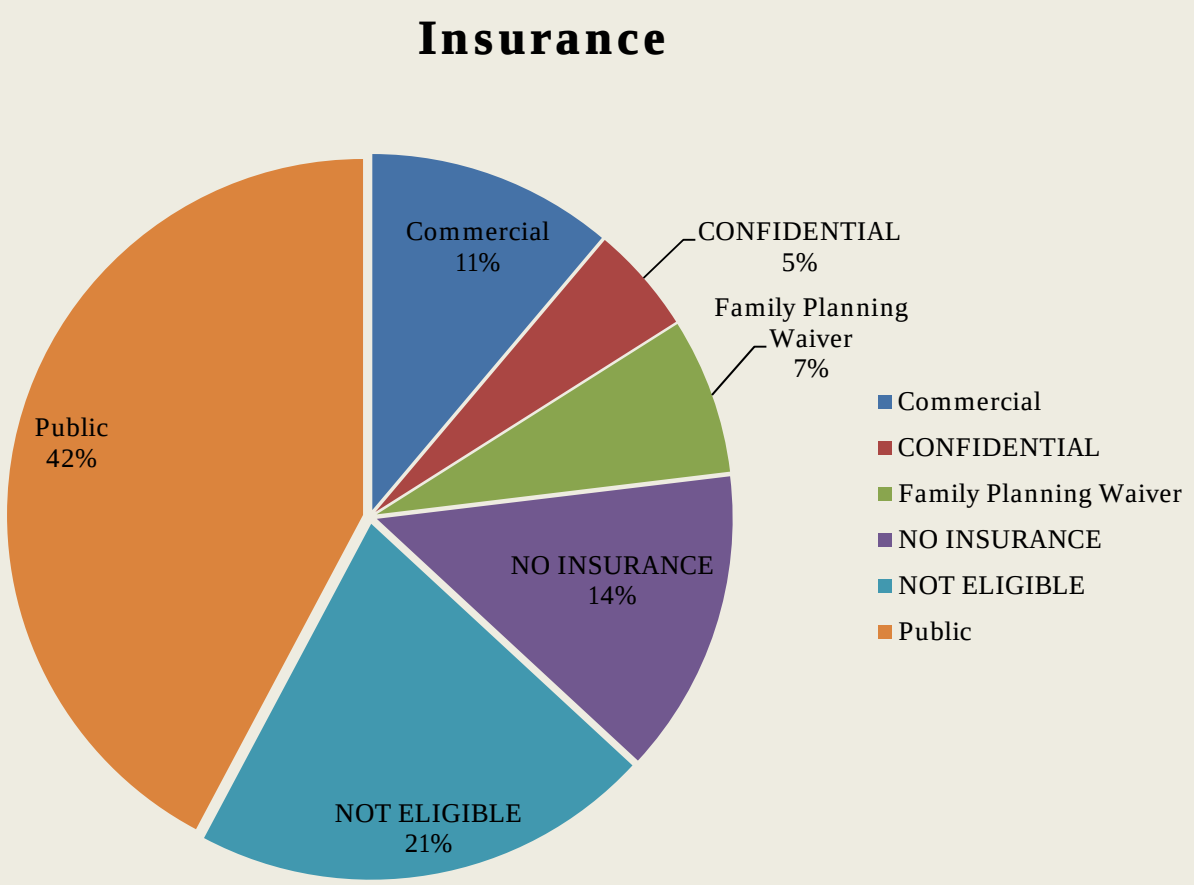
Demographics – Gender
2015-16 SY



SBC Visit Types



SBC Insurance by Visit
2015-16 SY



MINNEAPOLIS SCHOOL BASED CLINICS program

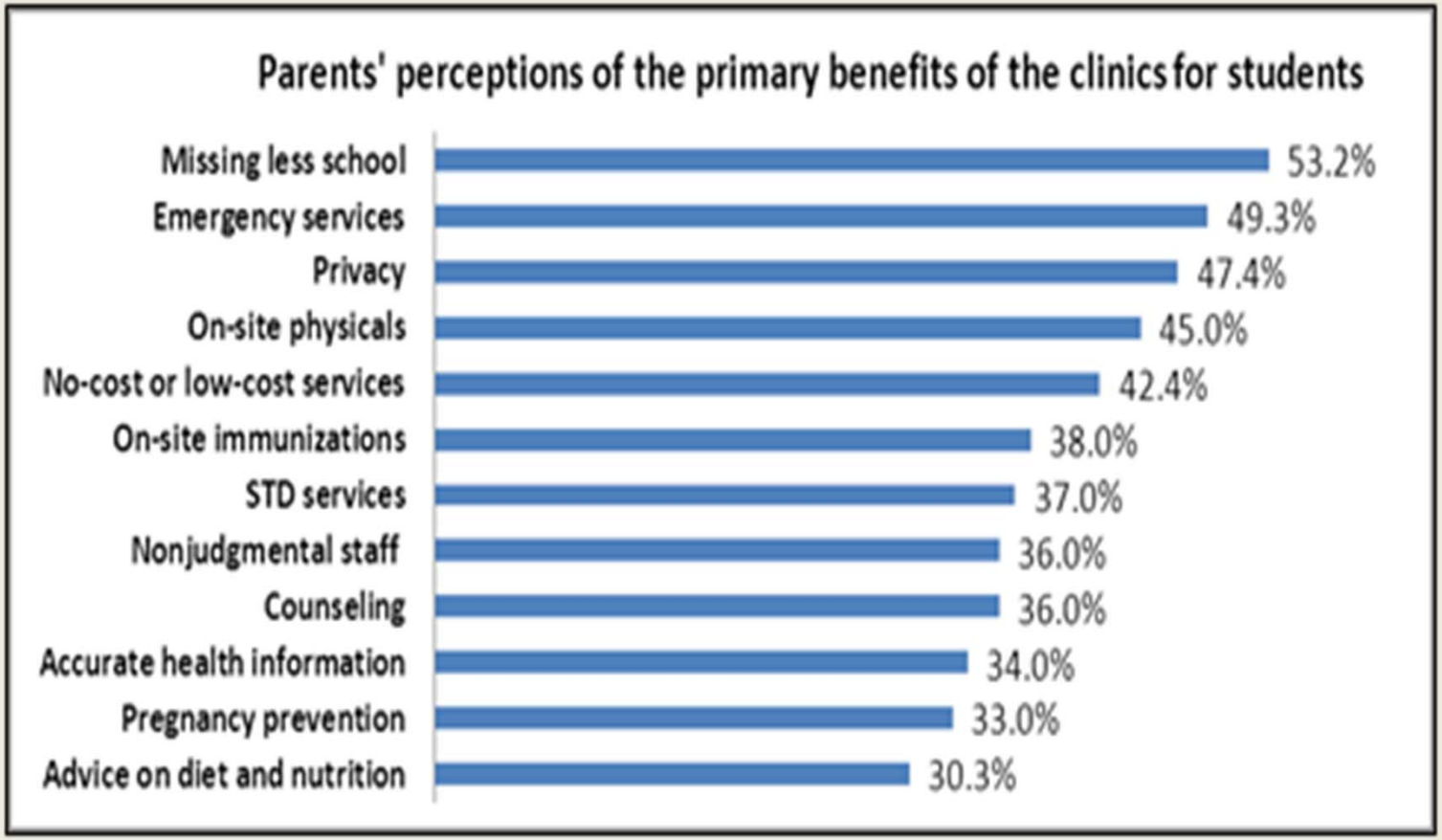
Parents' Perceptions of Minneapolis School Based Clinics
Research Brief, September 2013

2013-2014 (1,759 parents completed survey)

- Parents strongly supported and value services provided by the SBCs
  - Parental support has remained strong since 2004, when the survey was 1st administered
- Parents' discussions with students about SBCs
  - 2/3 discussed SBC services with their teens (62.9%)
  - 2/3 encouraged their teen to use SBC services (63.2%)

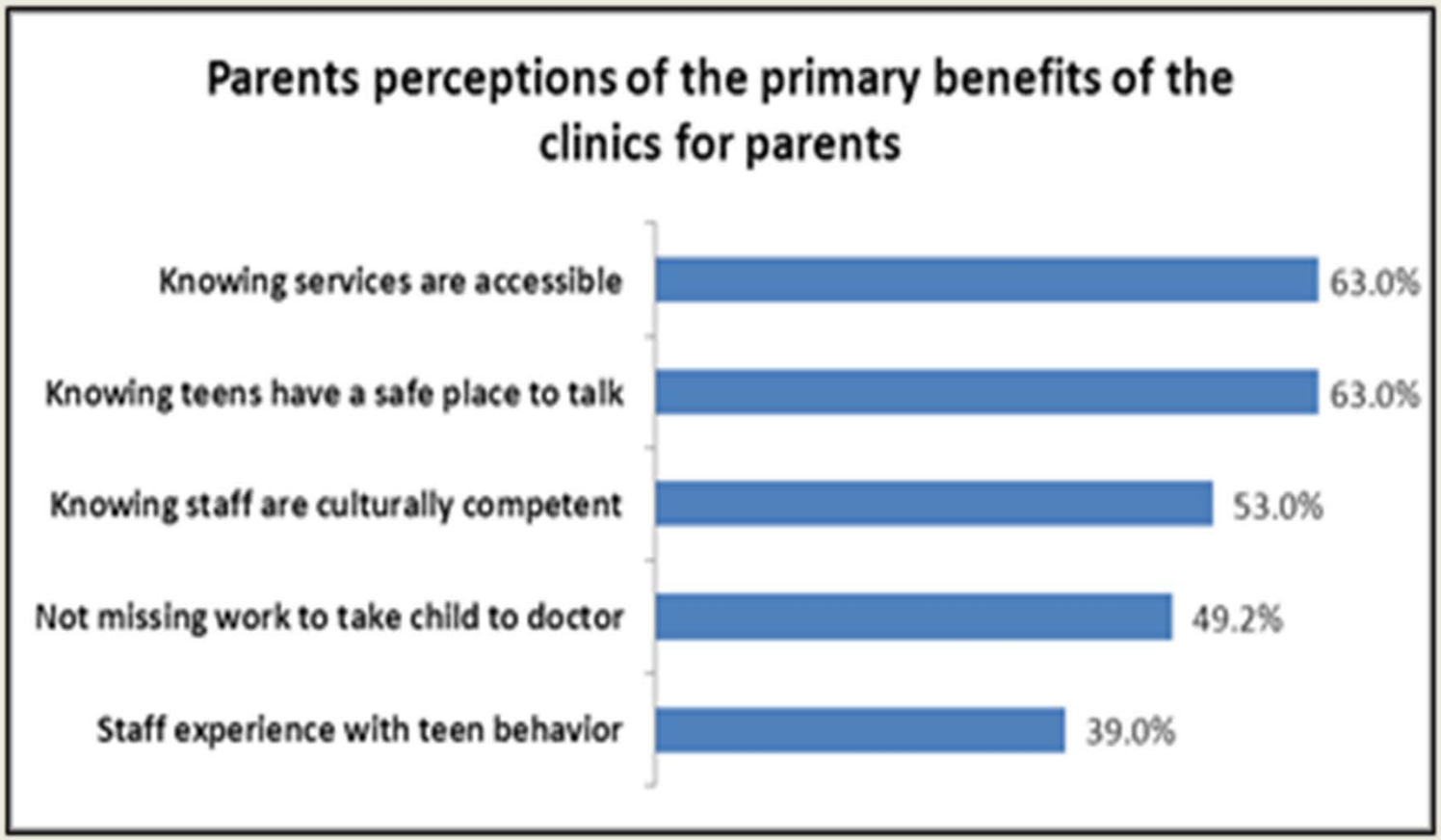
MINNEAPOLIS SCHOOL BASED CLINICS program

Parents' Perceptions of Benefit



MINNEAPOLIS SCHOOL BASED CLINICS program

Parents' Perceptions of Benefit



MINNEAPOLIS SCHOOL BASED CLINICS program

SBC Patient Satisfaction (2015)

Over 98% of clients reported

- It was quick and easy to schedule appointments
- Services were available at convenient times
- Clinic staff were respectful/ Privacy respected
- Felt comfortable asking questions
- 99% would recommend to a friend
- 99.6 % would visit clinic again

MINNEAPOLIS SCHOOL BASED CLINICS program

How do students hear about clinic ?

- Friend – 49%
- School staff / Teacher – 42%
- School Nurse – 33%
- Classroom Presentations – 32%
- Websites / Facebook – 17%
- Parent – 11%
- Coach – 10%

MINNEAPOLIS SCHOOL BASED CLINICS program

Special Projects - SBCs

- Student Engagement
  - Citywide Teen Council, Peer Education groups
- Outreach
  - Classroom presentations, school events, parent and student groups (Silver Ribbon, Above the Influence)
- Project Connect
  - Teen Relationship Abuse, universal screening
- Safer Sex Intervention
  - Countywide, federally-funded grant to evaluate promising motivational interviewing intervention to prevent teen pregnancies & STIs
- School Health Services National Quality Initiative
  - School Based Health Alliance COIIN

MINNEAPOLIS SCHOOL BASED CLINICS program

SBC Mental Health Services

- 1 in 5 children may have a diagnosable Mental Health Disorder (U.S. Dept. of Health and Human Services)
- 70-80% children and adolescents with mental health disorders receive little or no help (Congressional Office of Technology Assessment)

SBC Mental Health Services

- School Based Mental Health Model

- Services provided:
  - Individual, group and family psychotherapy
  - Care coordination
  - Consultation
  - 504/IEP
  - School wide crisis response
  - School staff training
  - Classroom presentations

Questions?

Barbara Kyle School Based Clinics Manager Minneapolis Health Department

MINNEAPOLIS SCHOOL BASED CLINICS program

Minneapolis
City of Lakes

250 South 4th Street, Room 510 | Minneapolis, MN 55415
Desk: 612-673-5305 | Fax: 612-673-3866 | Cell: 612-919-3807
New Email: barbara.kyle@minneapolismn.gov | www.minneapolismn.gov/sbc
www.facebook.com/mplssbc @MplsSchlClinics

Marie Capra M.A. LMFT
Director of Mental Health Services
City of Minneapolis School Based Clinics
612-709-6338

Public Health Advisory Committee

Agenda for the Sub-Committees

April 26, 2016 6:00 – 8:00 pm

Minneapolis City Hall, Room 132

AGENDA

Agenda Item	Presenter	Time	Sub-Committee Action
Supper is served!	La Loma Tamales	5:45 – 6:00	
PHAC Logistics / Dept. Updates Accreditation Site Visit	Margaret	6:00 – 6:10	
Update on Complete Streets	Sarah Stewart	6:10 – 6:40	Is there an actionable item for PHAC?
Update on Workplace Partnership - discussion on Paid Sick Leave	Ben Somogyi OR Nuria Vandermyde	6:45 – 7:15	Is there an actionable item for PHAC?
Policy & Planning: *Lead committee discussion re: prioritizing activities / goals for 2016 agenda planning*	*Harrison Kelner / Sarah Jane Keaveny*	7:15 – 7:45	Discussion will impact 2016 agenda planning
Announcements / Updates	Open to all	7:50-8:00	

Next Meeting of the Full Committee: May 24, 2016, Minneapolis City Hall, Room 132

Next Sub-committee meeting: June 28, 2016, Minneapolis City Hall, Room 132

For more information on this committee, visit: Public Health Advisory Committee - City of Minneapolis

If any problems or issues arise on the night of the meeting, please call the cell phone of Gretchen Musicant, Health Commissioner: 612-919-3855.

Public Health Advisory Committee (PHAC)
Minutes

Minneapolis Health Department

April 26, 2016

Members Present: Harrison Kelner, Jahana Berry, Karen Soderberg, Laurel Nightingale, Sarah Jane Keaveny, Margaret (Peggy) Reinhardt, Kathy Tuzinski, Silvia Perez, Cindy Hillyer, Jane Auger, Dr. Craig Hedberg, Yolonda Adams-Lee, Joseph Colianni

Members Excused: Birdie Cunningham, Autumn Chmielewski

Members Unexcused: Stepheny Ross, Sahra Noor, Akisha Everett, Dr. Happy Reynolds-Cook

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

Guests: Joseph Desenclos, Nuria Rivera-Vandermyde (City Coordinator's Office), Sarah Stewart (MHD)

Margaret Schuster called the meeting to order at 6:07 p.m. at City Hall.

Item	Discussion	Outcome
Introduction **PHAC Logistics / Dept. Updates**	Members and guests introduced themselves. The department's Accreditation Site Visit was last Thursday and Friday (April 21 & 22). The next steps are the site visit report (due in 3-4 weeks). An official decision will be received in August. Karen Soderberg attended the Community Partners session and noted that the community expressed appreciation for the relationship with our department. The reviewers noted that coordination and outreach to the community was a strength of our department.	
Presentation: Update on Complete Streets *Sarah Stewart*	Sarah gave an update on the City's Complete Streets Policy. The City of Minneapolis drafted a Complete Streets policy for "building a complete and integrated public right-of-way to ensure that everyone – pedestrians, bicyclists, transit users, and motorists – can travel safely and comfortably along and across a street." The policy will influence all phases of transportation projects and initiatives, including which projects get funded and how projects are implemented. The PAC (Pedestrian Advisory Committee) voted on a resolution largely supporting the Complete Streets Policy and recommending stronger language for community engagement and requiring any exemptions require City Council approval. The BAC (Pedestrian Advisory Committee) made a similar resolution.	PHAC will draft a letter of support PHAC members are encouraged to directly reach out to their Council Members and others involved (like the transportation committee)
Presentation: Update on Workplace Partnership - discussion on Paid Sick Leave *Nuria Rivera-Vandermyde*	Nuria presented to the committee on the City's Workplace Partnership Group, its history and current situation. In May 2015 Mayor Hodges put forward a Working Families Agenda, e.g., paid leave, scheduling fairness, minimum wage. After discussions among the Council members, community and business owners showed confusion on what was being proposed, the City "stepped back" a bit. CPED did a minimum wage study. The Health department provided a research brief on paid sick leave. The Council established a Workplace Partnership Group which then conducted 14 listening sessions, 2 of which were attended by PHAC members. The Workplace Partnership Group began determining what a policy should look like (not if there should be a policy).	In December 2015, the PHAC submitted a letter of support.

Item	Discussion	Outcome
	Current version includes: • Sick Time should be available to all employees • uses a broad definition of family • includes safe time (as per MN statute) • accrual rate of 1 hour earned per 30 hours worked; accrual starts immediately and may be used after 90 days • accommodation made for micro-businesses (5 or fewer employees) • small businesses will have an additional 6 months to implement • businesses currently having a paid leave policy (such as PTO or other paid leave accruals) will be considered as compliant with this policy • enforcement will likely be complaint based Discussions continue on how best to protect employees from retaliation, monitor/prevent abuse, and how the policy will mesh with current collective bargaining agreements. There will be more public hearings before the policy will go before the City Council.	
Policy & Planning: *Prioritizing Activities / Goals for 2016 Agenda Planning*	Margaret gave a summary of the PHAC's previous prioritizing activities. Most PHAC activities and interests align with Health department goals. Some options do not fit a single goal or cut across multiple goals such as disparities and equity. Members began discussing and assigned homework for next meeting: Read through topics and prioritize; be ready to discuss.	Discussion to continue at May meeting.

Meeting adjourned at 8:01 p.m.
Minutes submitted by Minutes submitted by Don Moody and Margaret Schuster.

Next Full Committee Meeting: May 24, 2016, Minneapolis City Hall, Room 132, 6:00-8:00 p.m.
Next Sub-Committee Meeting: June 28, 2016, Minneapolis City Hall, Room 132 & 333, 6:00-8:00 p.m.

COMPLETE STREETS POLICY

The City of Minneapolis is committed to building a complete and integrated public right-of-way to ensure that everyone – pedestrians, bicyclists, transit users, and motorists – can travel safely and comfortably along and across a street. This Complete Streets policy will inform decision-making throughout all phases of transportation projects and initiatives. The overarching policy purpose is the establishment of a modal priority framework that prioritizes public right-of-way users in the following order: people who walk, people who bike or take transit, and people who drive motor vehicles.

1. Purpose and Vision

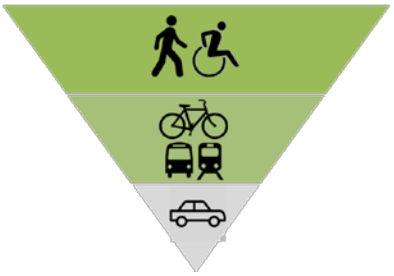
In the 20th Century, transportation planning and infrastructure investments in Minneapolis – like most US cities – became skewed towards providing more efficient movement for motorized travel. Minneapolis is committed to rebalancing its transportation network by clearly prioritizing walking, transit, and biking over motorized vehicles, in a manner that provides for acceptable levels of service for all modes. This approach is consistent with – and builds on – guidance that Minneapolis has already established in its transportation policy plan, Access Minneapolis[1], its Comprehensive Plan (*the Minneapolis Plan for Sustainable Growth),* and many other adopted policies.

By implementing this Complete Streets policy:

- Transportation in Minneapolis will occur via complete, integrated, efficient, safe, comfortable and well-maintained networks for all modes; and,
- Transportation-related decisions will align with the *Minneapolis Comprehensive Plan for Sustainable Growth*, which states: "Minneapolis will build, maintain, and enhance access to multi-modal transportation options for residents and businesses through a balanced system of transportation modes that supports the City's land use vision, reduces adverse transportation impacts, decreases the overall dependency on automobiles, and reflects the City's pivotal role as the center of the regional transportation network"; and,
- The health of Minneapolis residents, workers, and visitors will be improved through walking and biking; and,
- The environment, both in terms of local air and water quality and in terms of global impacts like climate change, will be positively impacted by the City's transportation-related decision-making; and,
- The local economy will be supported and strengthened through the provision of safe, efficient transportation options and vibrant public spaces; and,
- City streets and sidewalks – our largest public space – will foster livable, walkable, bicycle-friendly, green neighborhoods by including healthy trees, plants, permeable surfaces, and design features that help define the character of a street while providing added benefits of shade, cooling, reduced energy consumption, and water quality; and,
- Minneapolis will create an integrated transportation network that provides all residents access to employment, education, and other needs for daily living, regardless of their age, access to, or ability to operate a motorized vehicle.

[1] Access Minneapolis encompasses the City's Bicycle Master Plan and Pedestrian Master Plan, amongst others.

2. Policy Framework



The City establishes a modal priority framework that prioritizes people who walk, bike, and take transit over motor vehicles. The modal priority framework will inform City transportation related decision-making. Minneapolis offers modal options through networks of interconnected routes, but there will be City streets that do not have specific accommodations for all modes, for example: residential streets without freight vehicles, car-free streets, trails, interstate routes that prohibiting bicycling, or streets without transit routes.

City right-of-way, in addition to serving a transportation role, is the largest and most important public space in the City. To truly serve the highest-priority modes, streets must be vital, healthy *places*, which include healthy trees, plants, permeable surfaces, and other design features. These elements help define the character of a street, provide shade and cooling, reduce energy consumption, absorb and cleanse stormwater, support car and bicycle sharing, and provide data to facilitate trip planning, parking, and transfers between modes of transportation.

Although not identified specifically, emergency service providers are unique users of the transportation system and require special consideration to allow for reasonable and efficient access to destinations in all parts of the City. Similarly, the movement of commercial goods and services will continue to be a high priority for the City, with an understanding that larger vehicles may present challenges within constrained urban environments.

This modal priority framework is established for the following reasons:

- All trips begin or end on with walking (with or without a mobility device), regardless of the primary mode of travel.
- Transit extends the range of travel for pedestrians and bicyclists alike and provides greater efficiencies and operational benefits than motor vehicles.
- Bicycling extends the range of higher-speed non-motorized travel, while serving commuting, delivery, social, and other purposes.
- Safety of the most vulnerable street users must be the highest priority, because they are the most at risk.
- The priority modes have an important set of benefits that motor vehicle travel lacks, including health, the environment, land use patterns, economic development, and congestion reduction.
- The City's highest-priority modes have historically encountered underinvestment and rebalancing our transportation networks necessitates addressing the needs of those users.
- Transportation investments influence travel choices, such that greater investment in high-quality pedestrian, bicycle, and transit facilities facilitate less reliance upon motor vehicles.
- Motor-centric priorities and investments incentivize greater motorized vehicle usage, accelerate congestion, elevate parking demand, and increase pollution.
- Enhance the safety, convenience, comfort, and efficiency of travel for users of all ages and abilities.

3. Implementation

City transportation-related decisions will follow the Complete Streets policy. This includes all types and phases of projects, including programming, planning, design, construction, operation and maintenance. Implementation of Complete Streets will encompass all elements within the public right-of-way, including landscaping, transit shelters, lighting, signs, traffic lights, parking meters, bicycle parking, and furniture. The process by which the Complete Streets policy is applied for individual projects or initiatives will be scaled appropriately for individual projects or initiatives. This process will coincide with completion of the Complete Streets project delivery checklist, which is intended to document the implementation of the policy.

Changes to individual routine maintenance activities (including but not limited to sweeping, mowing, pothole repair, sign replacement, etc.) that continue to reflect the Complete Streets policy's modal priority framework will not be required to go through a Complete Streets policy process. However, the overall planning for such activities will reflect the City's modal priority framework that prioritizes people who walk, bike, and take transit.

The City will continue to engage partner agencies, schools, businesses, neighborhood associations, and developers in a cooperative manner throughout implementation of the Complete Streets policy process. Application of the policy shall apply to all public and private projects and initiatives that interact with and impact the public right-of-way. Multimodal performance metrics will be established to track the progress towards achieving the City's vision of Complete Streets. Periodic evaluations will be necessary to assess each metric's effectiveness, establish benchmarks, and determine if new or refined metrics are needed.

Programming

The City's long-range capital improvement program will be informed by the modal priority framework that prioritizes people who, walk, take transit, and bike. This includes prioritizing projects that will significantly improve the pedestrian, bicycle, and transit networks.

Planning

The planning phase consists primarily of coordination amongst City staff and external agencies, as well as the completion of a Complete Streets checklist. The Complete Streets checklist is part of a Project Rationale and Overview, which provides City staff with a tool to document activities and decision-making from planning through final design.

The City incorporates a context-based approach that will be informed by the modal priority framework. Designs will be based upon project-specific objectives and context sensitive design solutions supported by the modal priority, street typology and place types[2], documented modal needs, multimodal metrics, issues, opportunities, functionality, environmental or social factors, right-of-way impacts, and input from stakeholders and the community.

This approach will include review of relevant adopted City plans (i.e., *Minneapolis Comprehensive Plan for Sustainable growth*, Access Minneapolis, and the Pedestrian and Bicycle Master Plans, etc.) and seek to provide a transportation system that offers travelers numerous modal options through networks of interconnected routes within and through the City and continue to seek opportunities to address and/or eliminate gaps, barriers, or connectivity in the non-motorized transportation networks.

During the planning phase City staff will work with other City departments, external agencies, City advisory committees, and elected officials as necessary to identify an engagement and outreach approach in a manner that is scaled appropriately. The City will continue to explore new and innovative public engagement approaches that promote greater engagement from stakeholders, when appropriate and accessible.

Design

The design of the public right-of-way will follow recognized design standards, best practices and guidelines to achieve the vision of Complete Streets, including *Design Guidelines for Streets and Sidewalks (Access Minneapolis), NACTO Urban Street Design Guide*, *AASHTO, ITE,* and, *MnDOT Local State-Aid Route Standards*. The

[2] Access Minneapolis provides context-based geometric designs and treatments that reflect adjoining land uses and functionality to reinforce modal priorities, activation of the public realm, stormwater management, and corridor greening.

City will continue to explore flexible and innovative designs, and continue to evaluate the latest design standards and innovative concepts, seeking guidance from established best practices. Where standards established by other units of government, such as the *MnDOT Local State-Aid Route Standards*, conflict with the City's Complete Streets vision, the City will seek design exceptions and variances.

Design of the public right-of-way will be informed and guided by the City's street typologies and place types. The City supports opportunities to incorporate sustainable alternatives and placemaking elements within the public right-of-way, which may include landscaping, green spaces, or stormwater management elements. When designing a street, the City will consider and evaluate metrics for all modes within the right-of-way. The City will work to identify context-based multimodal metrics that prioritize the safety, convenience, and comfort of the prioritized users groups.

Construction

Impacts to pedestrians, bicyclists and transit users will be limited to the extent possible during construction. Safe, convenient, and connected detours will be established when networks for people who walk, take transit, and bike are temporarily interrupted by construction work. Construction will impact trees and green space as little as possible, to preserve and protect this important green infrastructure. The City will continue to explore innovative construction methods to increase the safety, convenience, and utility of pedestrian, bicycle and transit facilities.

Operation

The operation of the public right-of-way is a significant opportunity to implement the City's modal priority framework that prioritizes people who walk, bike, and take transit. The timing of traffic signals will reflect this modal priority framework, such that signal timing plans will incorporate multimodal metrics. Ongoing monitoring and evaluation of the operation of the public right-of-way should support safe, comfortable, and convenient travel for people that choose to walk, bike, take transit, or drive a vehicle.

From time to time a street may be to be closed temporarily to automotive traffic, to accommodate community events or activities, such as Open Streets, which support the implementation the City's Complete Streets vision. The City will work with residents to accommodate events that build community and improve the pedestrian and bicycle user-experience (e.g., National Night Out, paint the pavement projects, etc.).

Maintenance

The modal priorities of the Complete Streets policy shall be used when planning, prioritizing, and budgeting maintenance activities. These activities would include, but are not limited to, snow and ice control, street cleaning, pavement repair, pavement marking, etc.

4. Exemptions

All transportation projects and initiatives are subject to the Complete Streets policy and related process. Exemptions may be requested when the process results in decisions that eliminate a desired project element based upon:

- Cost of a new facility for a particular mode is excessively disproportionate to need or probable future use.
- Documented lack of current or future need (i.e., higher-quality parallel routes in close proximity).
- Constraints related to physical space, emergency vehicle clearance, or right-of-way acquisition.
- Mode is prohibited by law from using the street.

On March 29, 2016, the PAC voted on the following resolution by e-mail (moved by Shaina and seconded by Don):

Re: **Complete Streets Policy**
Date: March 29, 2016

The Minneapolis Pedestrian Advisory Committee (PAC) largely supports the Complete Streets Policy as presented on 3/15/16. This document represents an extraordinary amount of work on behalf of DPW and great progress forward for the city of Minneapolis in providing a framework that allows walking, bicycling, and taking transit to be the priorities they must be in a vibrant, thriving twenty-first century city.

The PAC recommends to the policymaker work group that a few areas need to be worked on before final presentation and passage.

1. Under Planning (last paragraph)
    - Community engagement language must be stronger than "when appropriate and accessible". It also must include language around transparency and equitable engagement.

2. Under Exemptions
    - The exact language is critical in this section and needs work to uphold the principles outlined in the policy. The PAC recommends:

"When adopted city plans and goals call for facilities following the modal priority framework, and a proposed project does not include those facilities for the modal priority framework- an exemption will be required from the City Council based upon the following list:"
Approved.

Minneapolis Health Department

OUR VISION

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

OUR MISSION

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

OUR VALUES

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

Invest in a healthier community

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

Exercise leadership in public health

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

Quality inspires our work

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

Engage with communities

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

Protect from harm

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

OUR GOALS

A Healthy Start to Life and Learning

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

Thriving Youth and Young Adults

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

Healthy Weight and Smoke-Free Living

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

A Healthy Place to Live

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

Safe places to eat, swim, and stay

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

A Healthy Environment

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

A Strong Urban Public Health Infrastructure

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

PHAC: Policy/Planning recap – 2/23/16

Topics that came from sub-committee brainstorming and /or
Topics the committee prioritized in 2015 (which may not have been addressed):

Homelessness

- PHAC proposal to Council re: Housing Advisory Committee Proposal:
    - What more to do with this? Perhaps action-able items with zoning/proposed ordinance changes around shelters/housing

Substance Abuse/Mental Health

- ACES: What follow up do we want to see?
    - Raising of America, Episode 4: – impact of trauma
- Healthy Sleep: Any other follow up?
- ~~Health Department division called School Based Clinics – have mental health counselors and other services – can we learn more about what they do? (March presentation)~~
- Other ways to break down this huge topic area which has many different avenues to explore

Health Department Response to Water crisis in Flint, MI – what's going on here for water testing?

Disparities – really haven't unpacked this one directly. Perhaps this is the lens with which we are viewing other action-able items. FOR EXAMPLE, some of our discussions & actions have mentioned how disparity affects MPLS in regards to: air quality, school ready children, access to healthy foods, substance abuse/mental health, homelessness-housing

- **Recommendation to committee:** Consider "disparity" a year-long commitment for the committee. What does this mean? Does everyone have the same understanding? Unpacking this may influence other priorities or actions based on understanding what disparity is, how it affects different areas-people, and actions/policies/health priorities that could emerge from this learning. (such as our long-term learning and actions on breastfeeding)

    - **Possibilities include:**
        - Survey committee for their definitions/understanding of disparity – what would those questions be?
        - View & discuss together: Raising of America episodes, documentary called *Cracking the Codes*
        - Bridges out of Poverty (Jodi Pharr)
        - Ask someone from City's office of Equity & Inclusion to present to committee – they have committed to a year of engagement opportunity for City employees on race & equity.

Follow up discussions -

- **on Paid Sick Leave** (maybe March or April depending on report to City Council)
- **Accreditation – Site visit scheduled April 21-22 right before next meeting :)**
- **Breastfeeding recommendations** from Jennie Meinz study – actionable items?
- **Healthy Sleep / ACES** – follow up – actionable items?
- **Access to Healthy Foods**
    - Update on Staple Food Ordinance changes & Corner Store report
- **Youth Violence Prevention**

Other:

Let's hear some good news: What health things are we doing right?

Sex Trafficking (Super Bowl 2018): Last presentation a few years ago -- Start in last half of year?

Building Safety: Links between police dept. and public health, including neighborhood "neglect" – response times; tracking injuries caused by police response – homicides / brutality

(added by Margaret from last year's list)

Noise pollution – specifically a complain about Leaf blower noise

Update on Minneapolis Swims and Phillips Pool renovation/expansion

Public Health Advisory Committee

May 24, 2016, 6:00 – 8:00 pm
Minneapolis City Hall, Room 132

AGENDA

Agenda Item	Presenter	Time	Committee Action
Welcome and Introductions –	Karen Soderberg	6:00 – 6:10	Approve agenda
Presentation: *Minneapolis Climate Change Vulnerability Assessment*	 Karina Martin Laurelyn Sandkamp Cameran Bailey	6:10 – 6:45 6:45 – 6:55	Presentation Q&A
PHAC Logistics and Updates *Review Minutes* *Review Annual Report* *Accreditation Site Visit Report (update only if report received)* ***Policy & Planning:*** ***PHAC prioritizing activity***	Karen Soderberg Harrison Kelner Sarah Jane Keaveny	7:00 – 7:35 7:00 - 7:05 7:05 - 7:10 7:15 – 7:40	 Approve Minutes Approve Annual Report Discussion re: committee priorities
Commissioner Update *Comprehensive Plan* *Department Budget*	Gretchen Musicant	7:40 – 7:55	Discussion
Information Sharing *Announcements, news to share, upcoming events*		7:55 – 8:00	Announcements

Next Sub-committee meeting: June 28, 2016, Minneapolis City Hall, Room 132

Next Meeting of the Full Committee: July 26, 2016, Minneapolis City Hall, Room 132

For more information on this committee, visit: Public Health Advisory Committee - City of Minneapolis

If any problems or issues arise on the night of the meeting, please call the cell phone of Gretchen Musicant, Health Commissioner: 612-919-3855.

CITY OF MINNEAPOLIS

Places at Risk: Minneapolis Climate Change Vulnerability Assessment

Prepared for Minneapolis Sustainability Office & Health Department

By Laurelyn Sandkamp, Karina Martin, Cameran J. Bailey

Humphrey School of Public Affairs, University of Minnesota

Minneapolis
City of Lakes

May 12, 2016

What is this project?

October 2015:
City of Minneapolis received grant from Public Health Institute Center for Climate Change and Health

Phase I:
Climate Change Vulnerability Assessment
(Spring 2016)

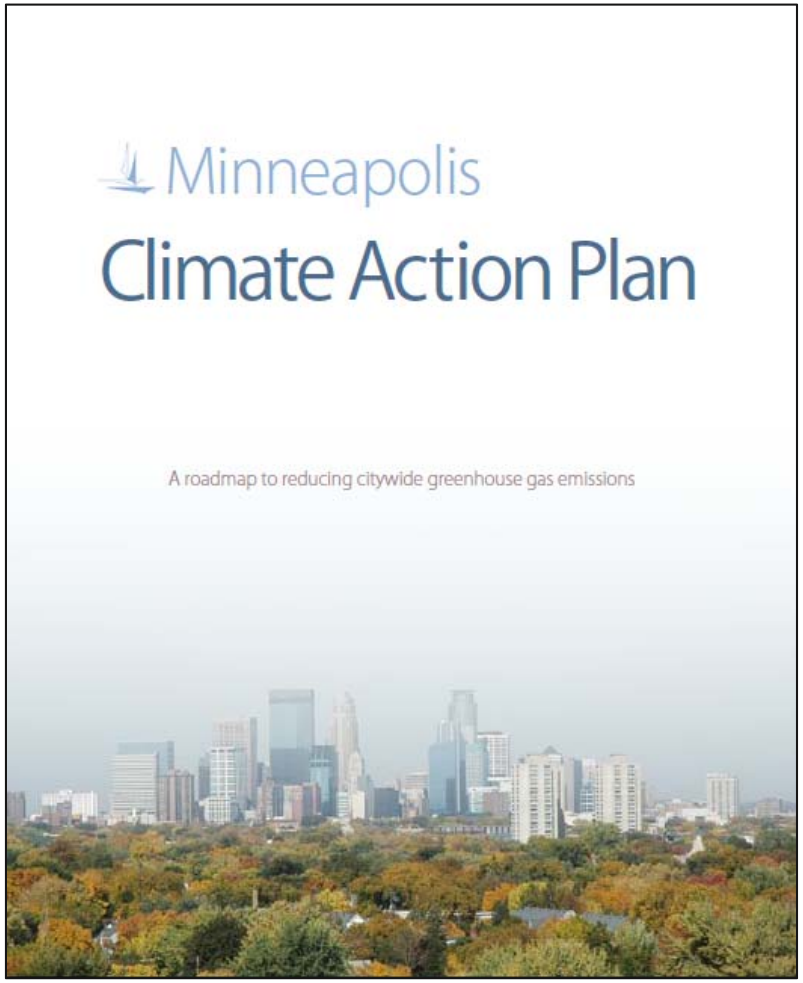
Phase II:
Community Engagement
(2016-2017)

Phase III:
Identify next steps for implementation

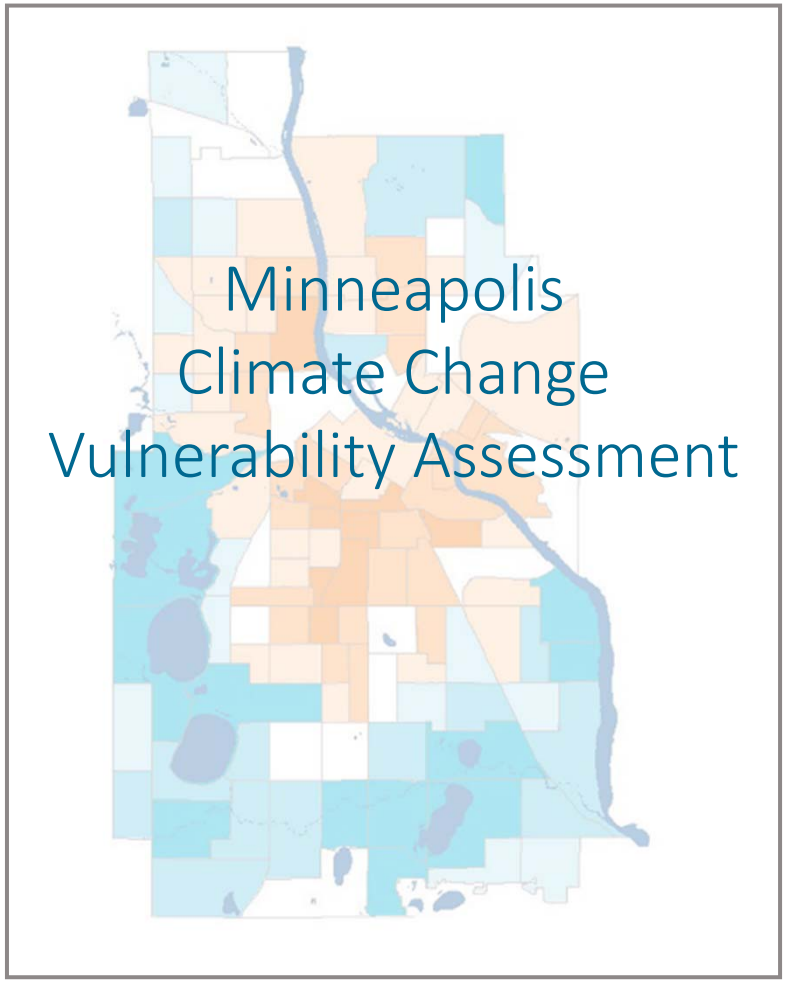
What is climate change vulnerability?

- The degree to which people and places are likely to experience harm due to exposure to disturbance or stress

The first step in adapting for climate change is understanding which places are *most at risk* to climate change vulnerability.

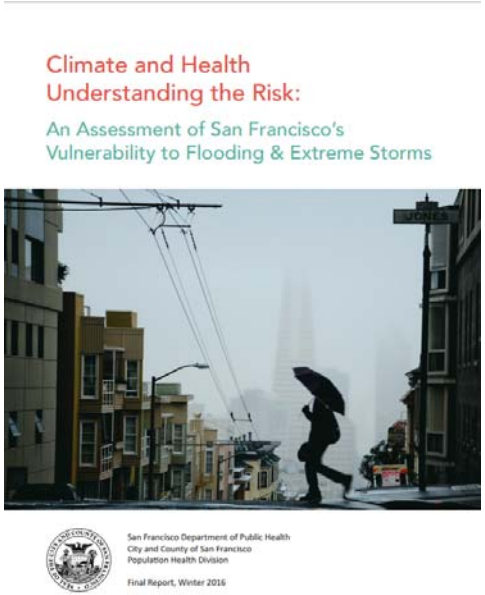


Identifies strategies for mitigation



Identifies places at risk

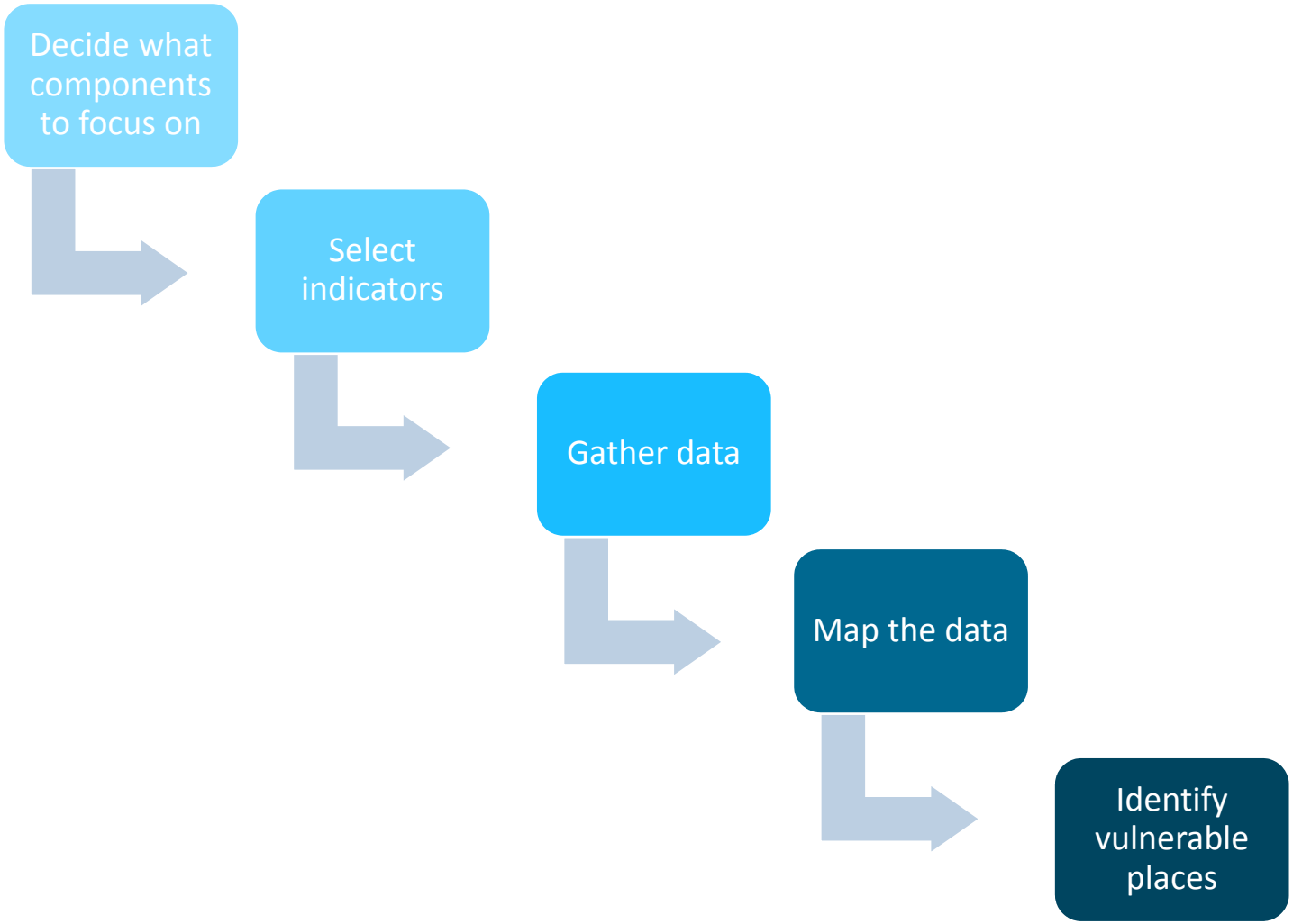
Climate change vulnerability assessments have been done in other places.



MINNESOTA CLIMATE CHANGE VULNERABILITY ASSESSMENT **2014**

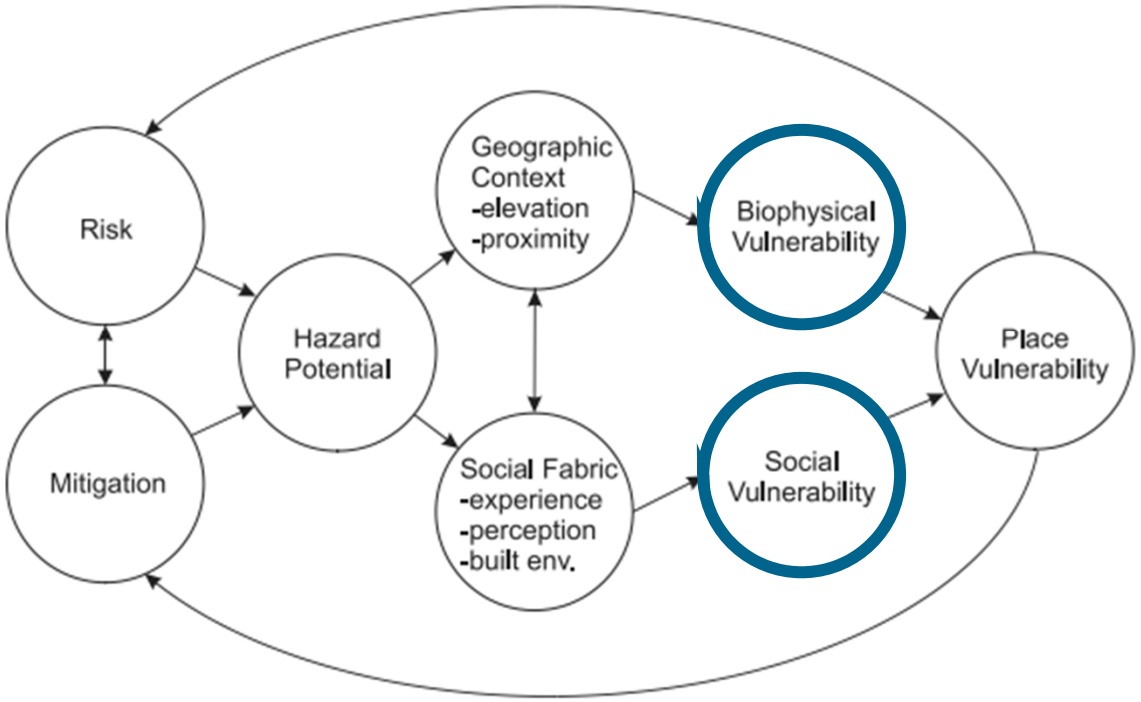
Minnesota Department of Health
MINNESOTA CLIMATE & HEALTH PROGRAM, ENVIRONMENTAL IMPACTS ANALYSIS UNIT

General process of a place-based vulnerability assessment



Our assessment centers around "place vulnerability"

The Hazards-of-Place Model of Vulnerability (Modified from Cutter, 1996)



What did Phase I accomplish?

1

Social vulnerability

- Mapped populations that are inherently more vulnerable
- Mapped cumulative social vulnerability

2

Landscape vulnerability to heat

- Mapped urban heat island effect
- Identified opportunity areas: high impervious surface and low vegetation

3

Landscape vulnerability to flooding

- Mapped factors that contribute to flooding
- Mapped low-elevation areas prone to flooding

Social vulnerability to climate change

Key messages:

→ Certain populations are more vulnerable to climate change than others.

→ Mapping allows us to visualize where highly vulnerable populations live in Minneapolis.

Some people are more vulnerable to climate change than others.

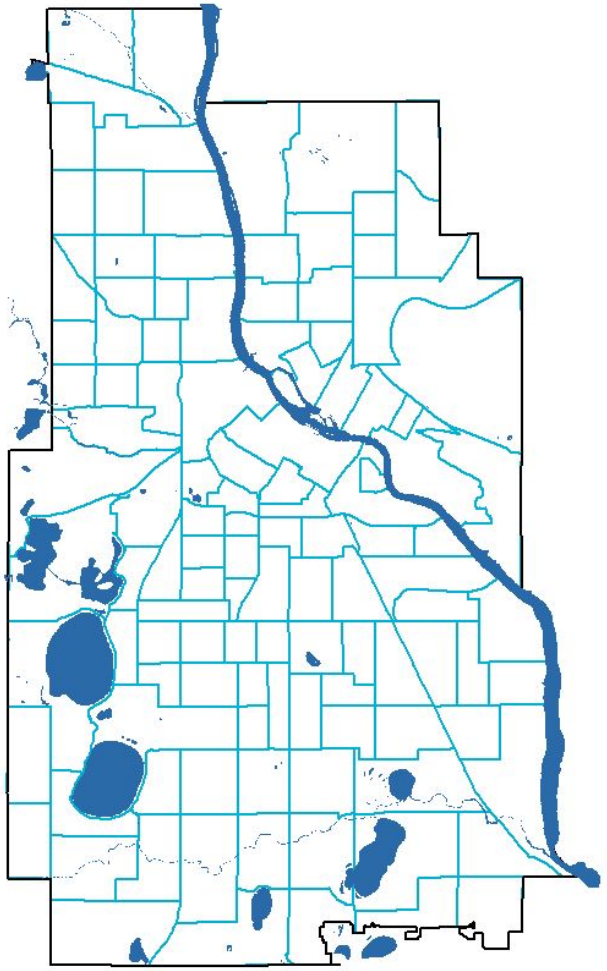
social vulnerability:

the social characteristics that influence a community's ability to respond to, cope with, recover from, and adapt to environmental hazards

Multiple factors contribute to overall social vulnerability.

Social Vulnerability Index
No access to a vehicle
Lack of central air
Renters
Households in poverty
Limited English proficiency
Elderly (over 65)
Young children (under 5)
People of color
Persons with a disability

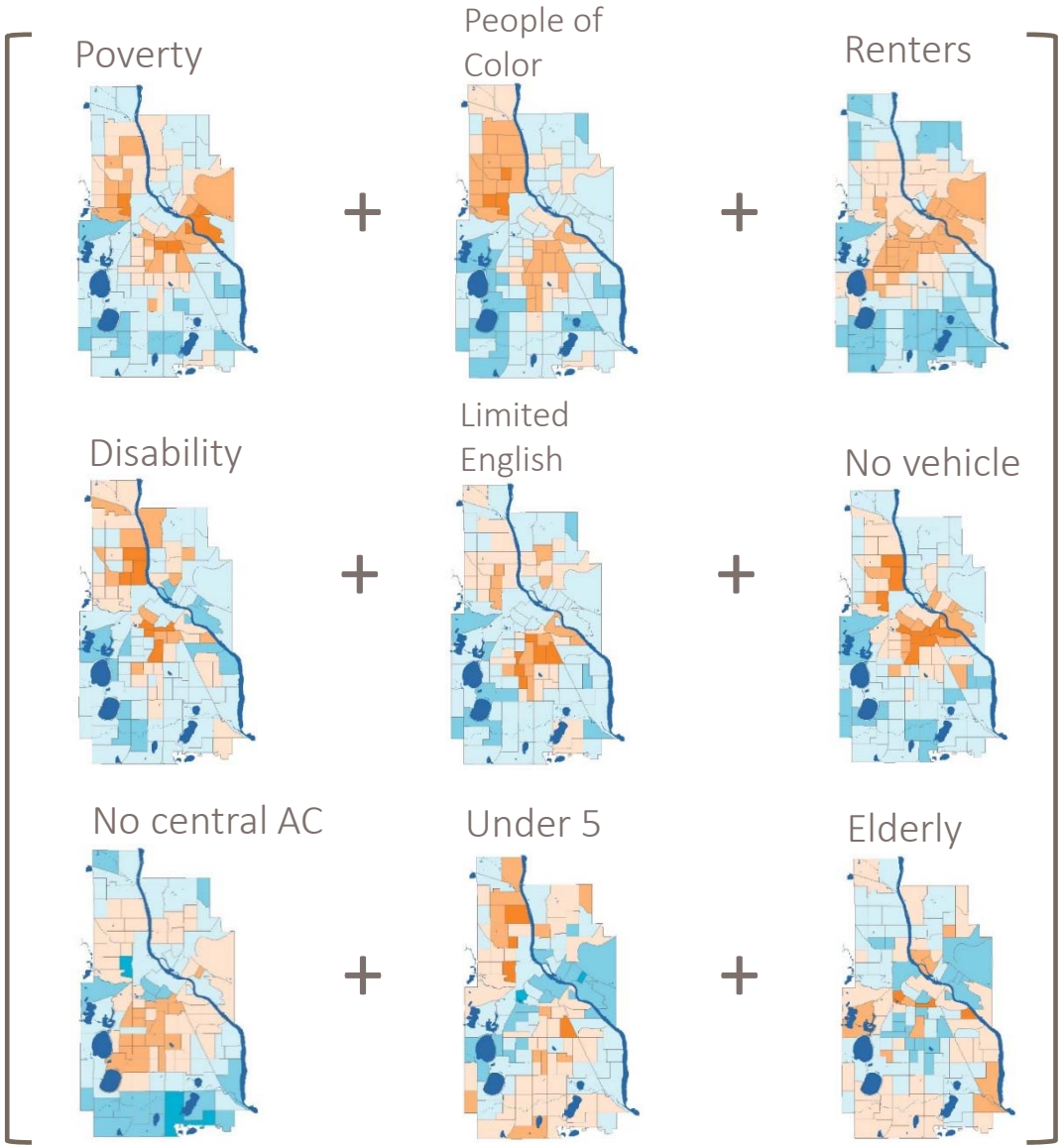
Census tracts (total: 116)



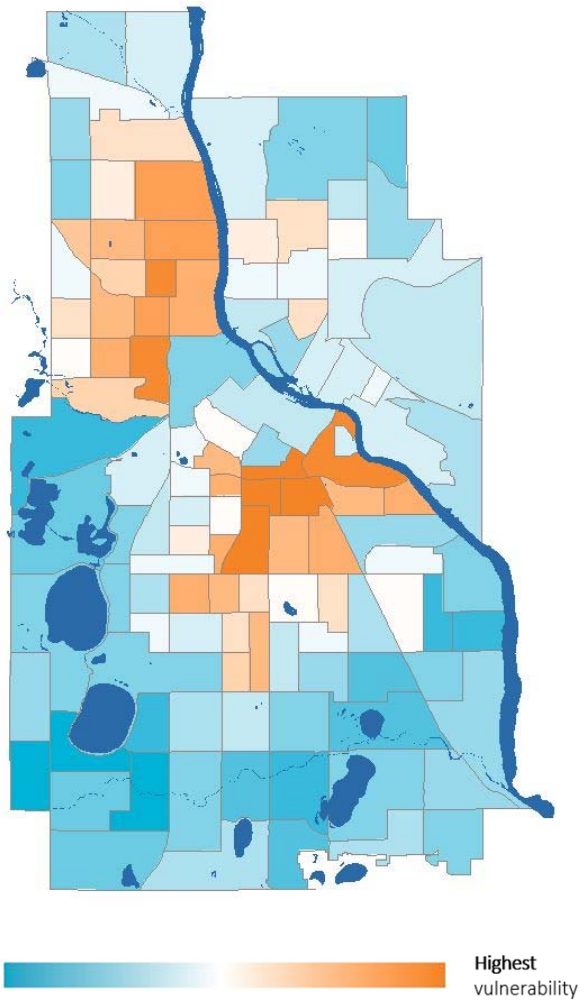
Every indicator can be linked to increased susceptibility to natural hazards.

	Measure →	Rationale
Flexible	No access to a vehicle	Lack of mobility certainty
	Lack of central air	Differential access to cooling
	Renters	No control over building environment/condition
	Households in poverty	Limited access to resources
	Limited English proficiency	Limited access to information, communication challenges
Fixed	Elderly (over 65)	Inherent health risks, limited mobility
	Young children (under 5)	Inherent health risks, dependence upon adults
	People of color	Structural & historical racism, discrimination
	Persons with a disability	Environment not conducive to physical/mental constraints

The overall social vulnerability map combines all nine factors together.



Overall social vulnerability scores



When thinking about next steps for action, indicator rationales can be informative.

Measure →	Rationale
No access to a vehicle	Lack of mobility certainty
Lack of central air	Differential access to cooling
Renters	No control over building environment/condition
Households in poverty	Limited access to resources
Limited English proficiency	Limited access to information, communication challenges
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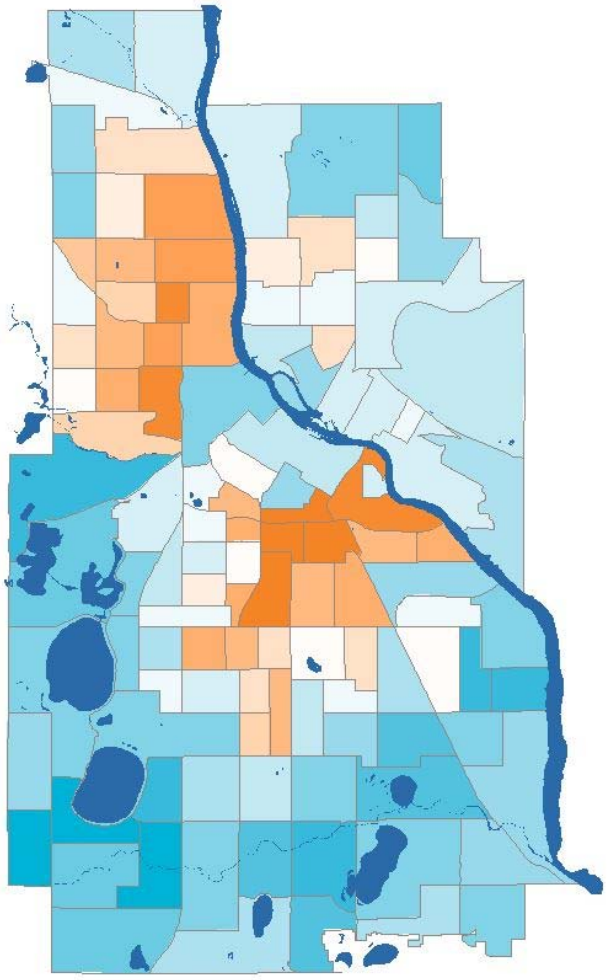


Overall social vulnerability scores

Landscape vulnerability to heat

Key messages:

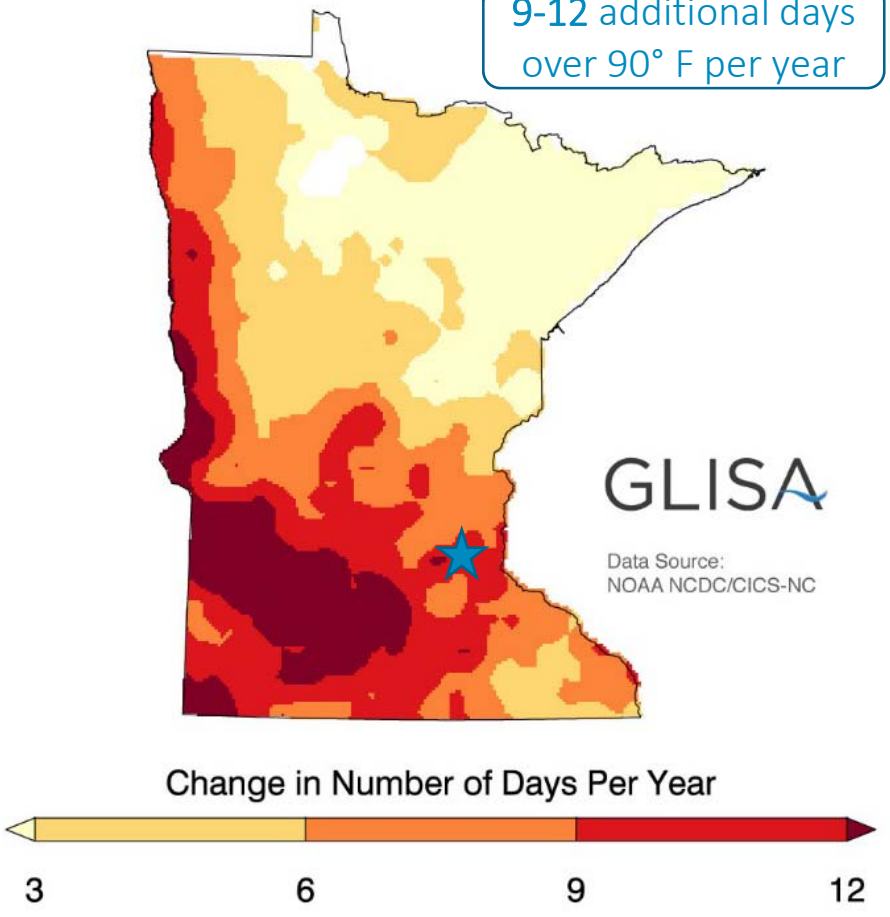
→ Minneapolis tends to be hotter than the surrounding metropolitan region.

→ Key places for the City to adapt to increasing temperatures can be identified using spatial analysis methods.

The number of days over 90° F is projected to increase over time throughout Minnesota.

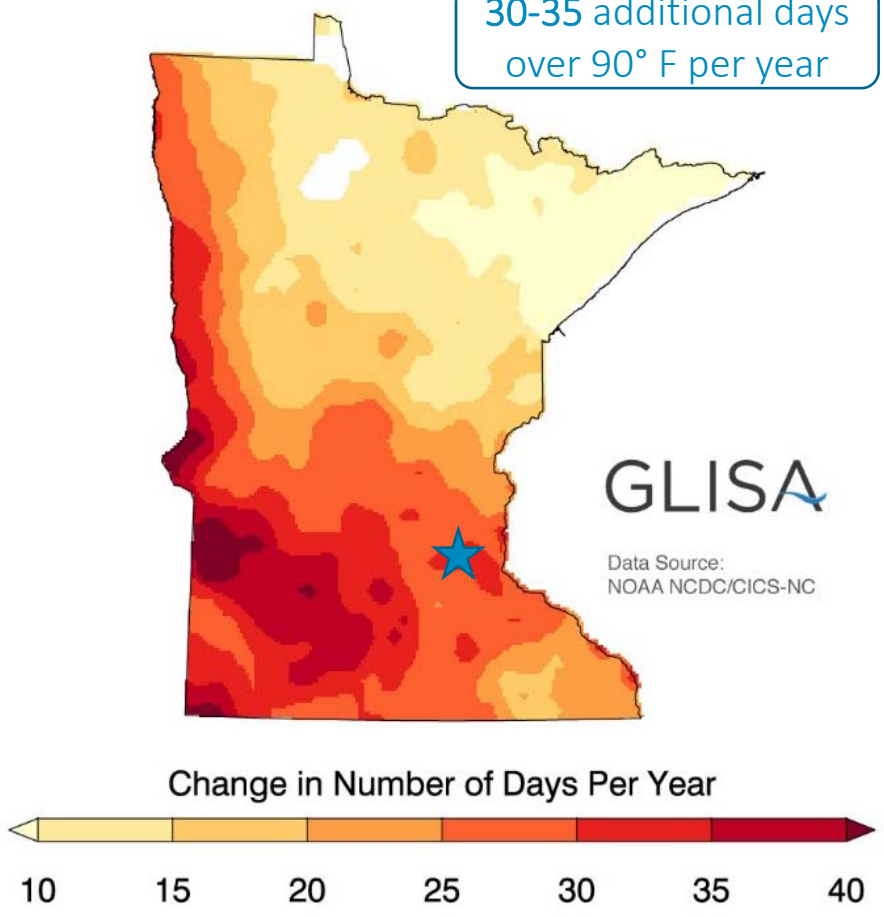
Historical (1971-2000)

9-12 additional days over 90° F per year



Projected (2041-2070)

30-35 additional days over 90° F per year



Data Source: Great Lakes Integrated Sciences + Assessments Center (GLISA)

The **urban heat island effect** magnifies these temperature increases in Minneapolis.

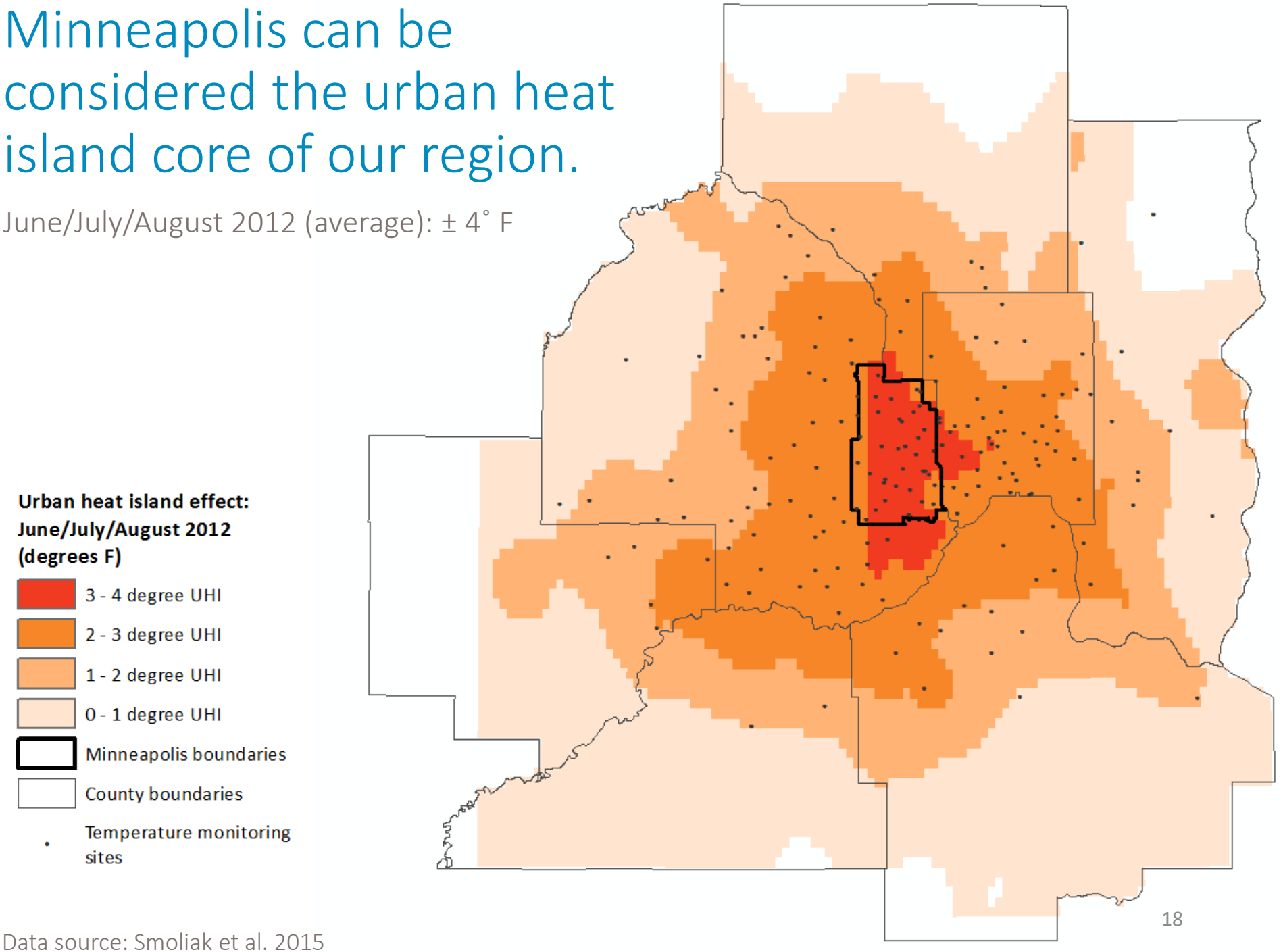
Consequences of UHI:

- Increased energy consumption *(Santamouris et al. 2001)*
- Urban ecosystem stresses *(Baker et al. 2002)*
- Decreased air quality *(Stone 2005)*
- Increased heat stress *(Kovats and Hajat 2008)*

Source: Smoliak et al. 2015

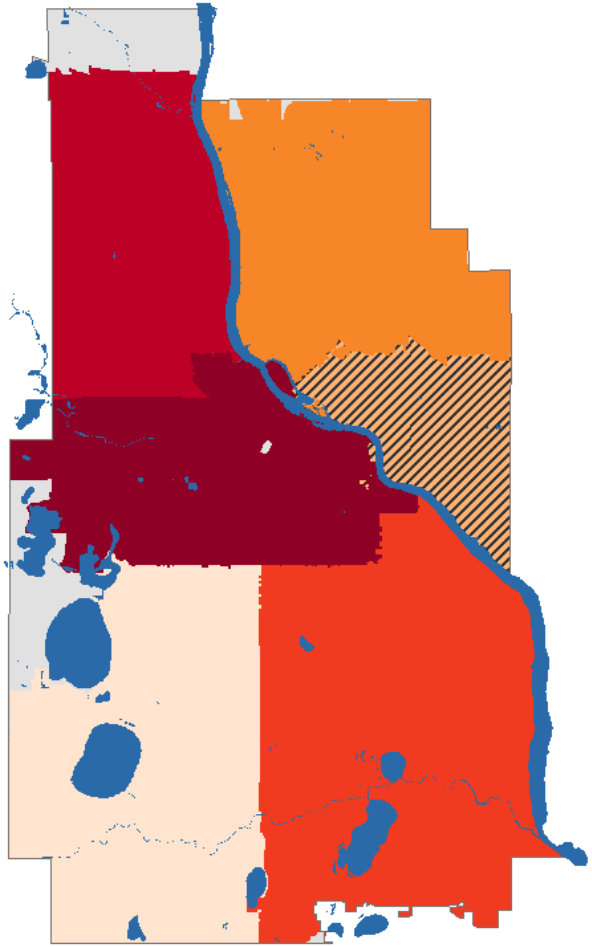
Minneapolis can be considered the urban heat island core of our region.

June/July/August 2012 (average): ± 4˚ F

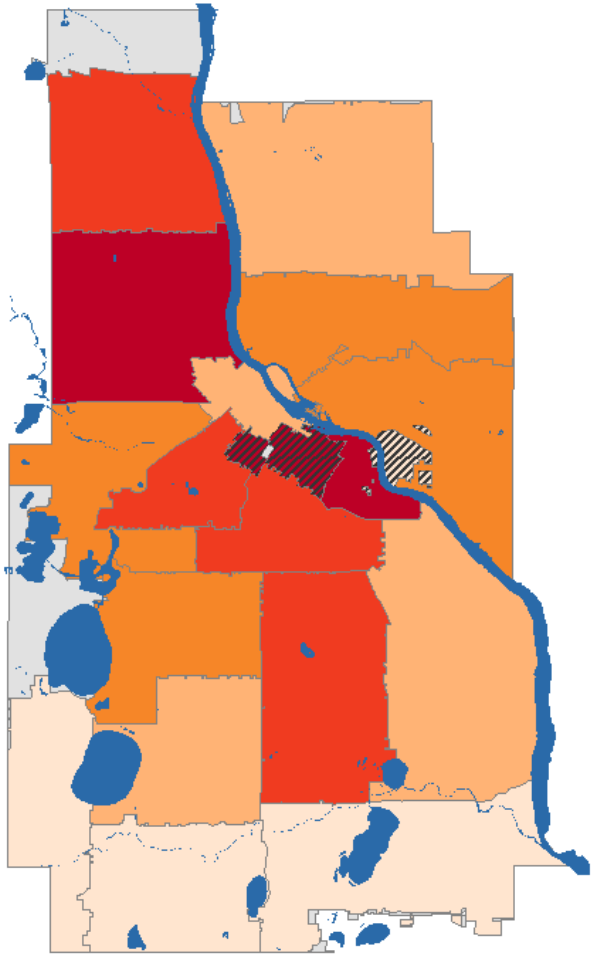


Data source: Smoliak et al. 2015

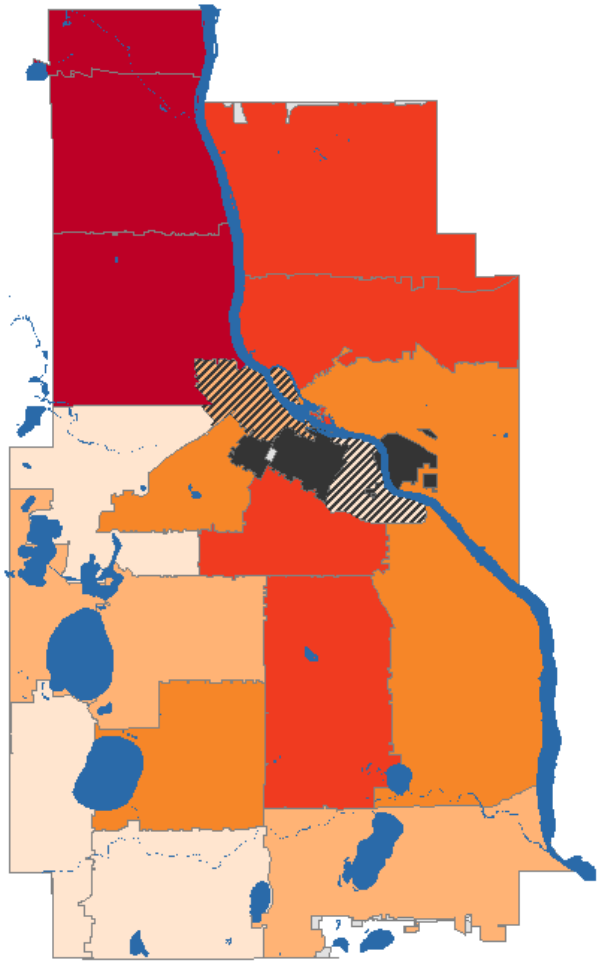
Increases in temperature influence health outcomes, and these outcomes vary by place.



Heat-related emergency room visits
(age-adjusted rate per 100,000 people)



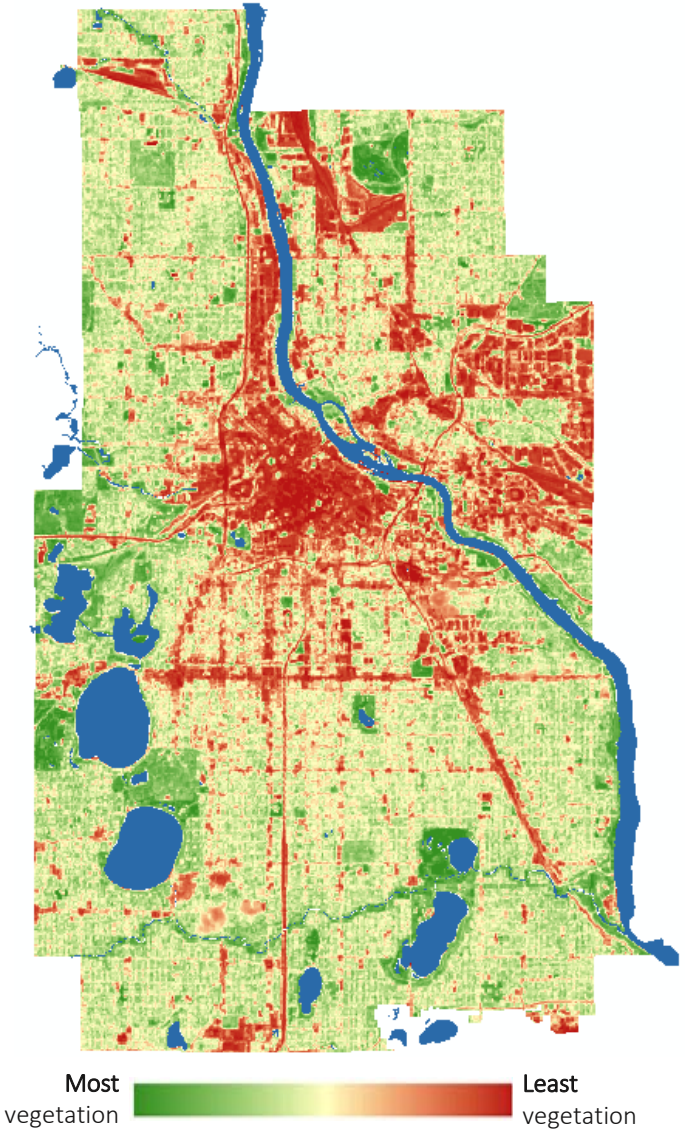
Asthma emergency room visits
(age-adjusted rate per 10,000 people)

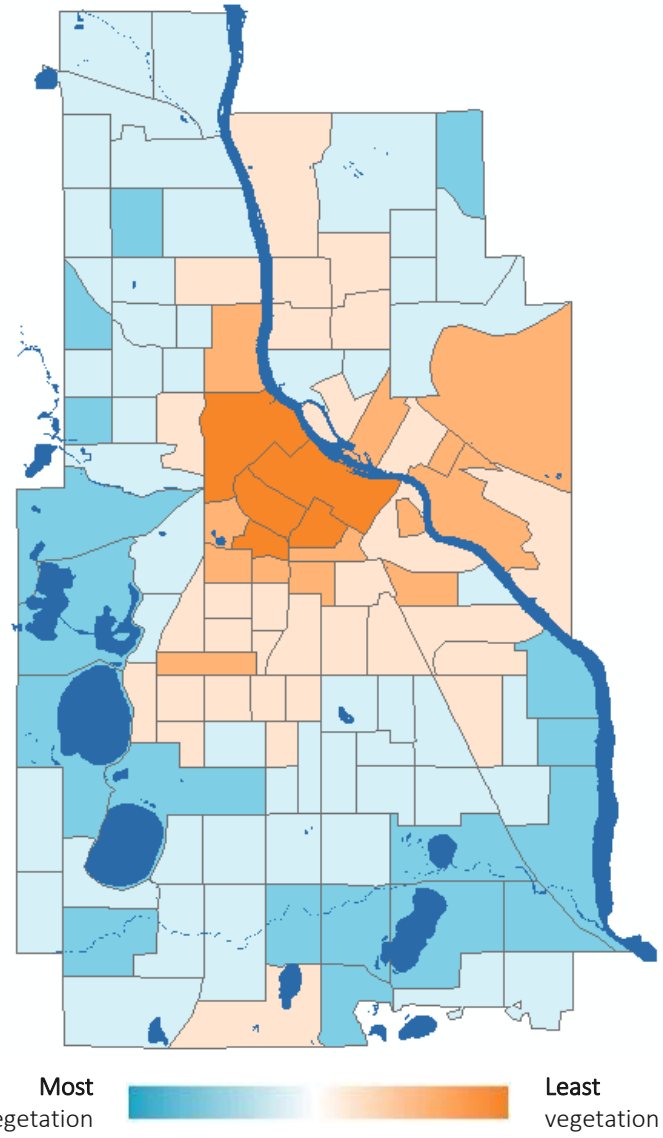


Heart attack hospitalizations
(age-adjusted rate per 10,000 people)

Lowest rate — Highest rate | Unstable rate | Data suppressed | No data available

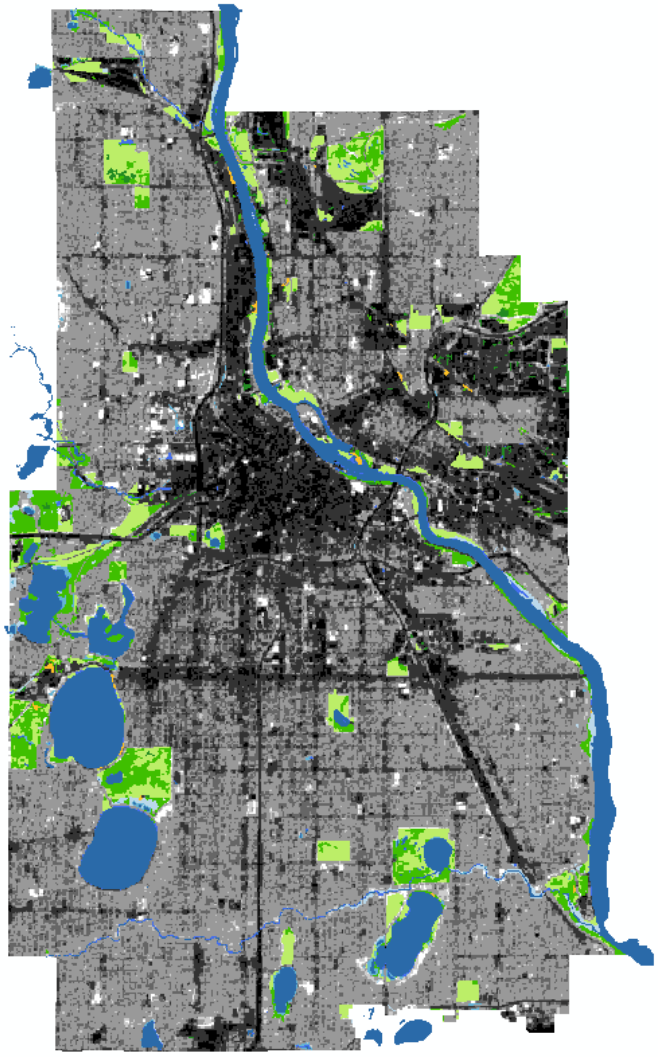
Healthy vegetation reduces the urban heat island effect by providing shade and cooling through evapotranspiration.



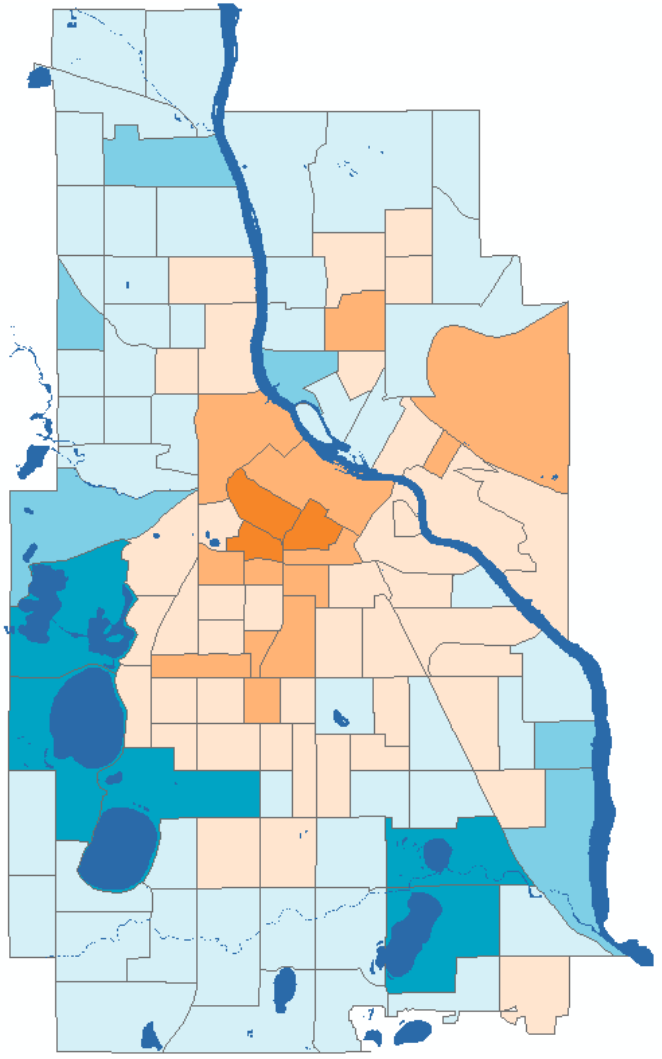


Measure: Normalized Difference Vegetation Index. Data source: United States Geological Survey (2015)

Impervious surfaces absorb heat during the day and release heat at night.



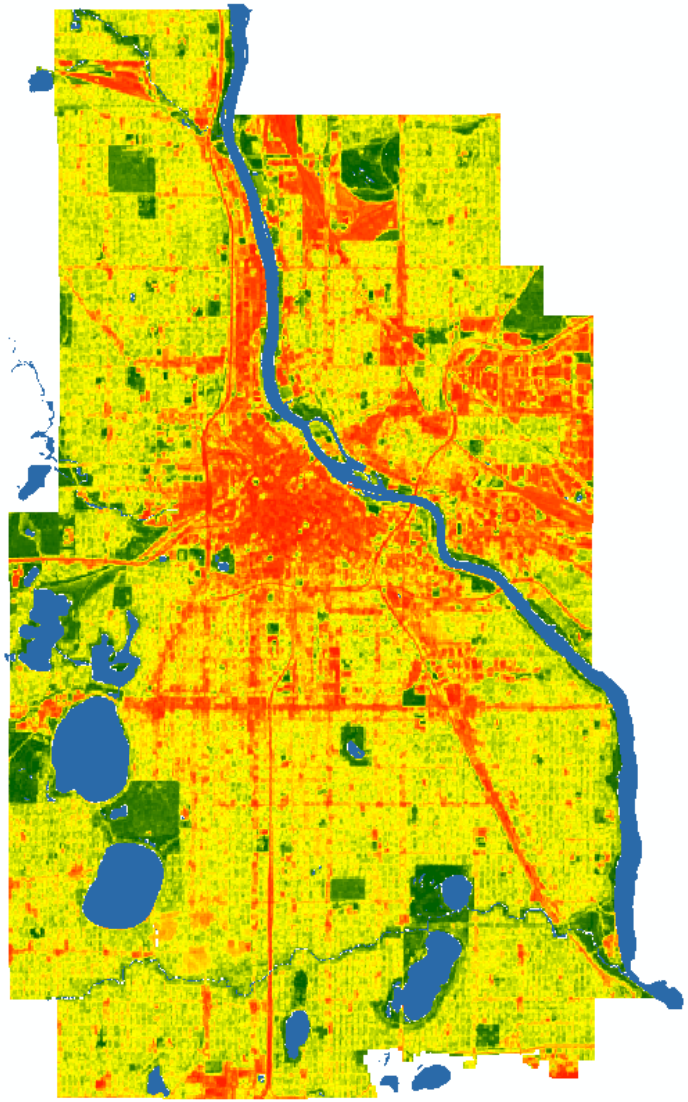
Least Impervious surface — Most Impervious surface



Least impervious surface — Most impervious surface

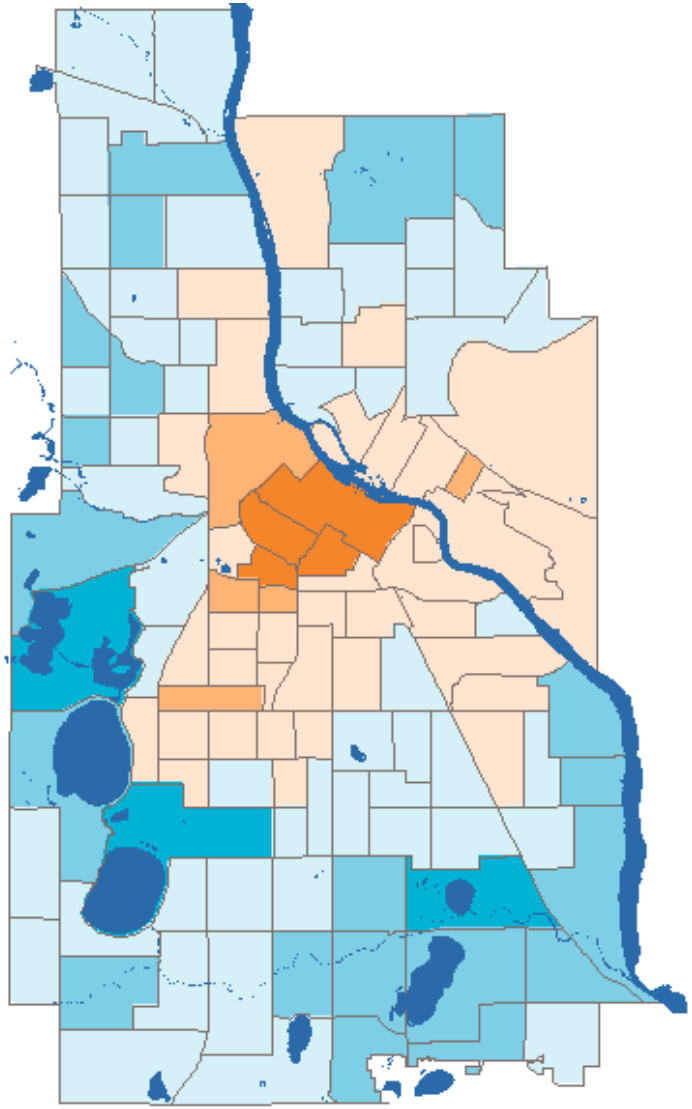
Measure: Percent impervious surface cover. Data source: University of Minnesota (2013)

Locations with **low vegetation** and **high impervious surface** are key places to focus urban heat island adaptation efforts.



Lowest landscape vulnerability to heat

Highest landscape vulnerability to heat



Lowest landscape vulnerability to heat

Highest landscape vulnerability to heat

Flooding vulnerability

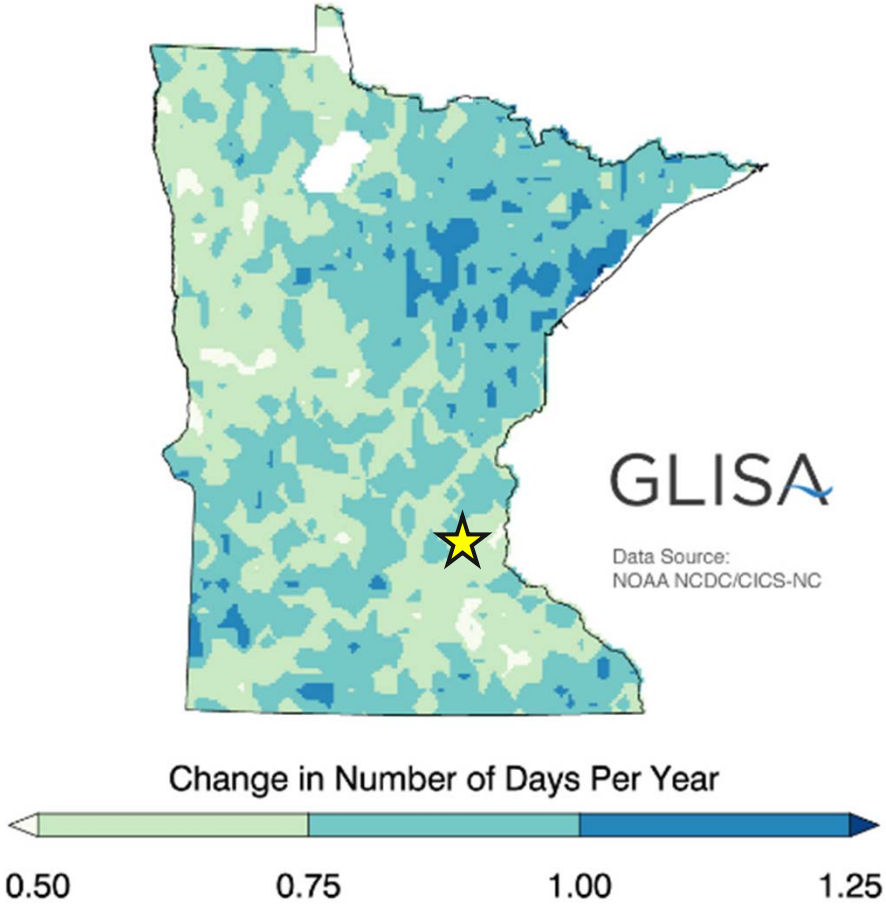
Key messages:

→ Climate Change Projections suggest more intensive and more frequent heavy precipitation events.

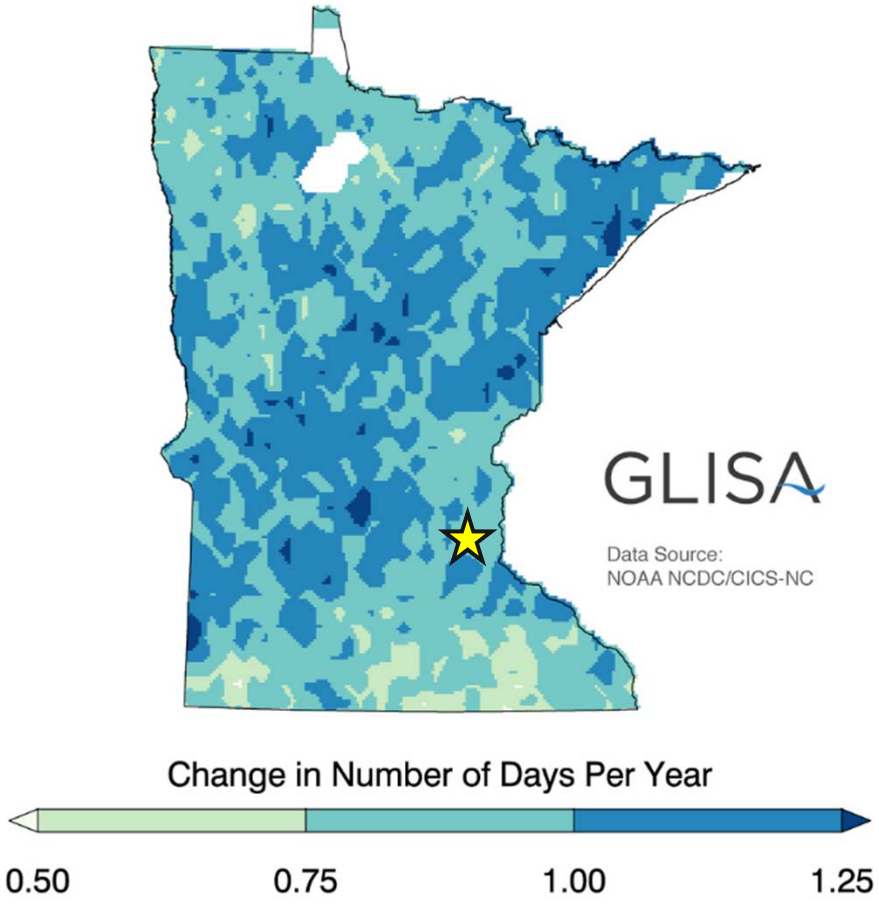
→ We need a better understanding of our stormwater system as a whole.

The number of the 2% heaviest precipitation events has increased over time and is expected to continue to in Minnesota.

Lower emissions scenario (2041-2070)

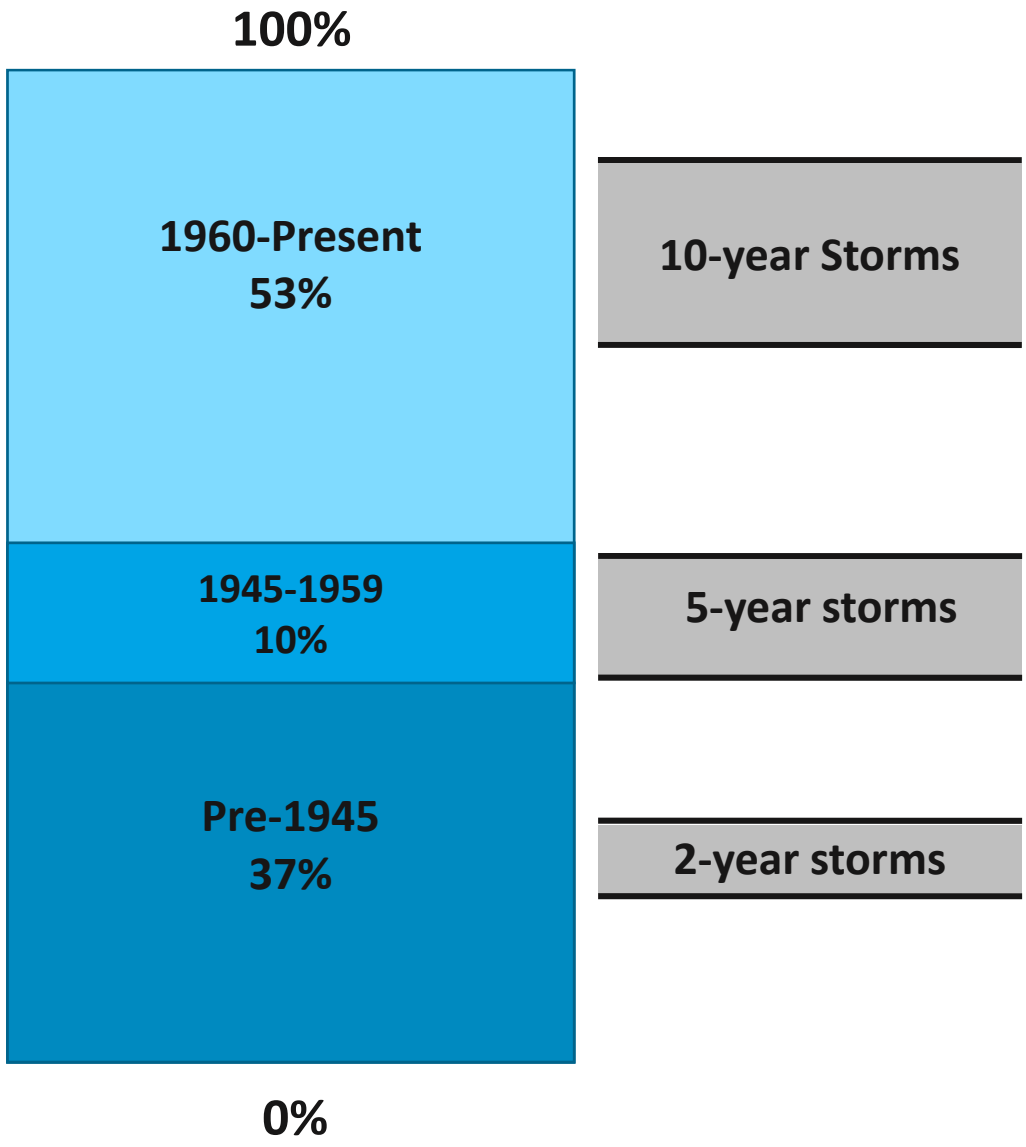


Higher emissions scenario (2041-2070)



Data Source: Great Lakes Integrated Sciences + Assessments (GLISA)

The City has built larger stormwater pipes to control for more water over time.

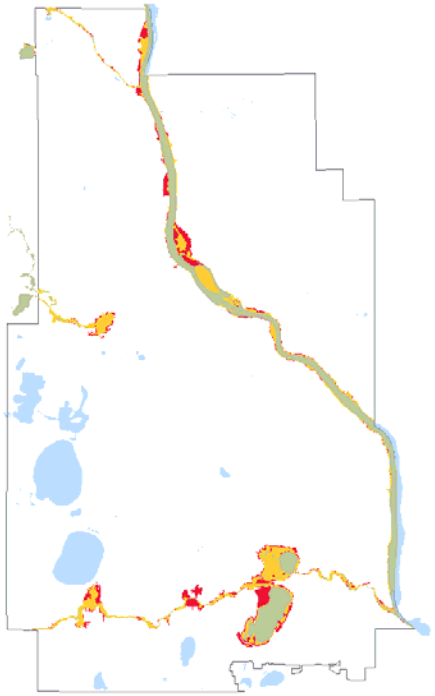


More frequent and intense heavy rain events increases the risk of the stormwater infrastructure being overwhelmed.

Stormwater infrastructure design guideline (pipes)	10 year storm event			
Probability in any year	10%			
	Without Climate Change		With Climate Change Projections	
Scenario	Past (1960-1982)	Current (1982-)	Best Case (optimistic)	Worst Case (pessimistic)
Rainfall amount	2.1 inches / hour	2.3 inches / hour	> 2.3 inches / hour	**>>> 2.3 inches / hour**

These are the main factors that contribute to overloading the stormwater drainage system.

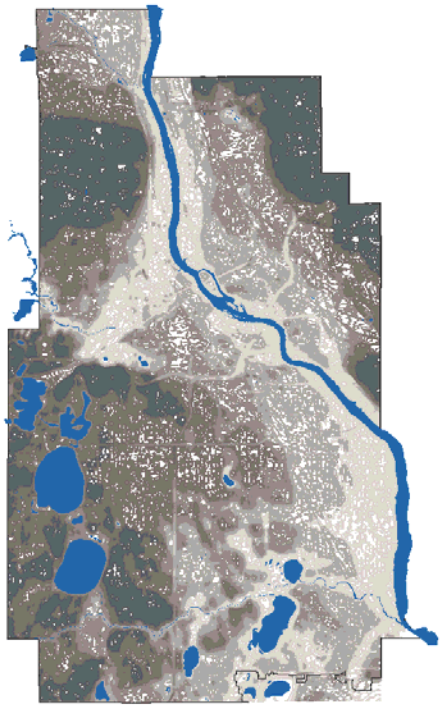
Floodplains



100-year floodplains

500-year floodplains

Elevation



Highest: 881 - 978 feet

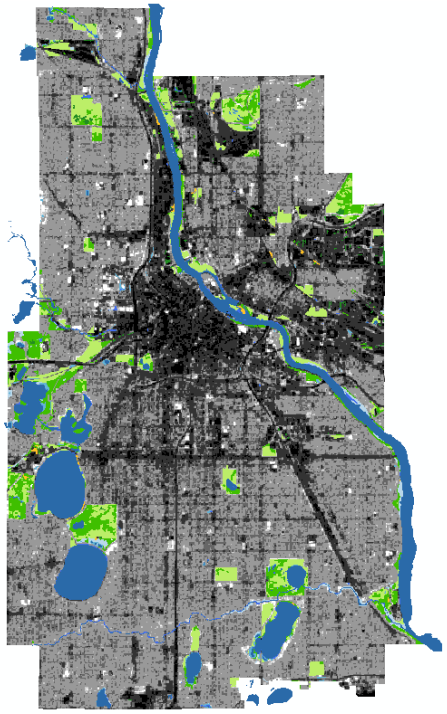
859 - 880 feet

845 - 858 feet

831 - 844 feet

Lowest: 704 - 830 feet

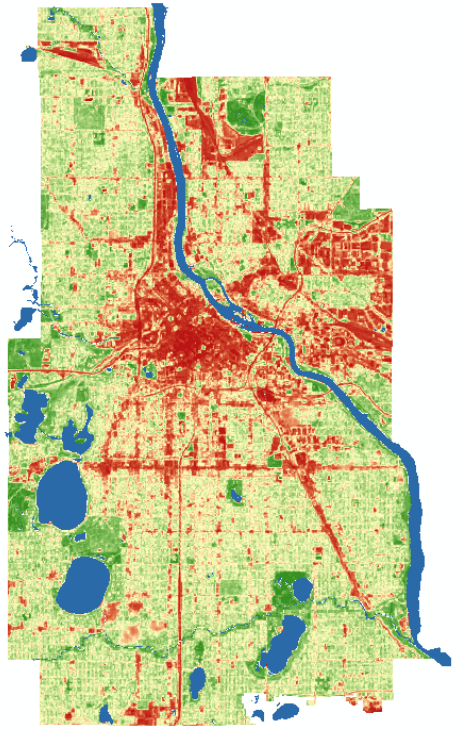
Impervious Surface



Least Impervious surface

Most Impervious surface

Vegetation Coverage



Most vegetation

Least vegetation

Measure: Land area within 100-year or 500-year floodplains. Data Source: Federal Emergency Management Agency (2006)

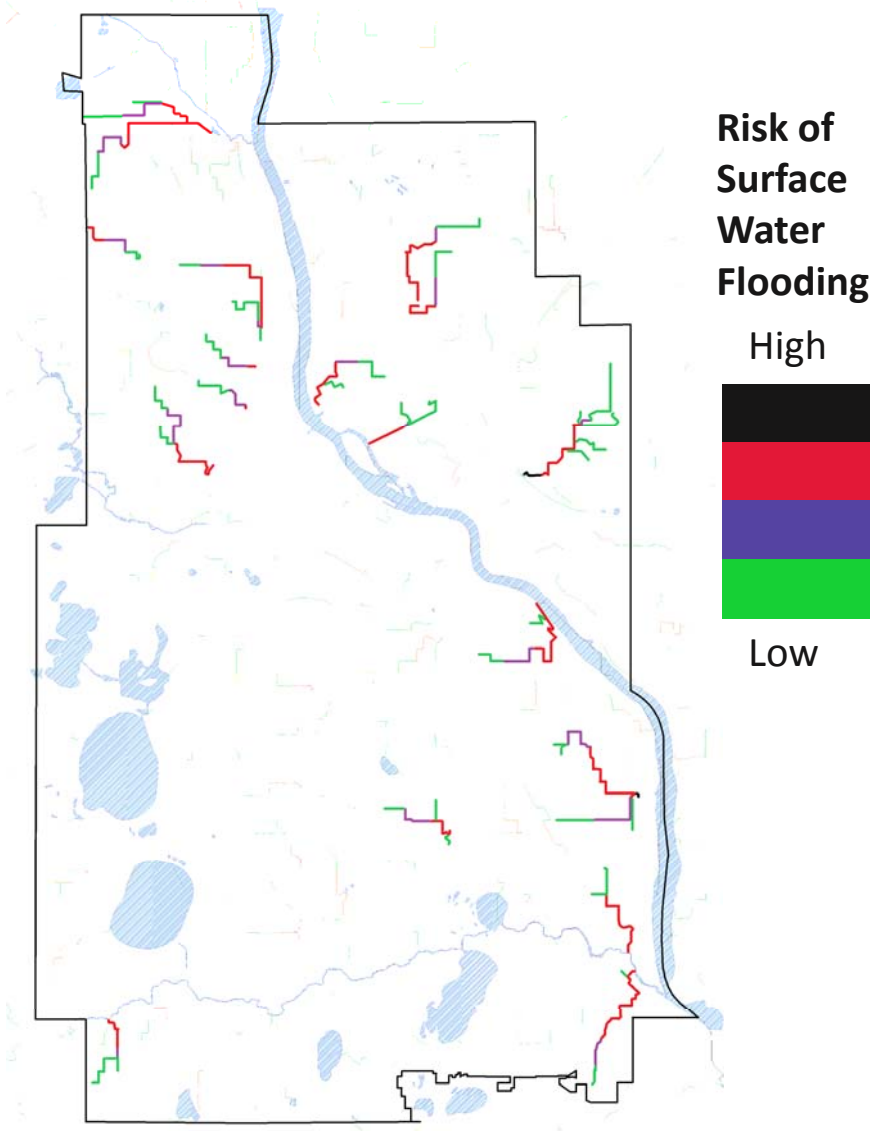
Measure: Normalized Difference Vegetation Index. Data source: United States Geological Survey (2015)

Measure: Percent impervious surface cover. Data source: University of Minnesota (2013)

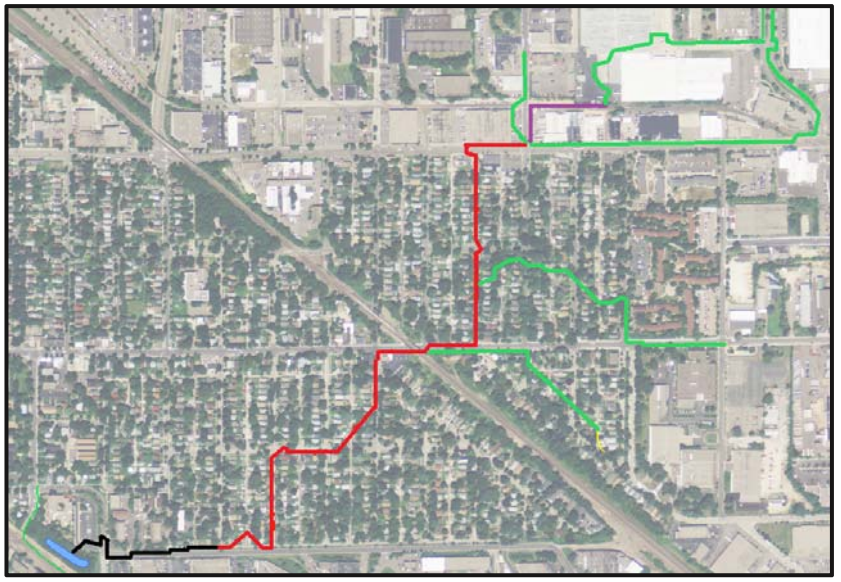
Measure: Elevation above sea level. Data Source: City of Minneapolis Open Data (Date N/A)

Extremely large storms can cause stormwater infrastructure to fail. Locally low-lying areas would be more vulnerable to flooding than others.

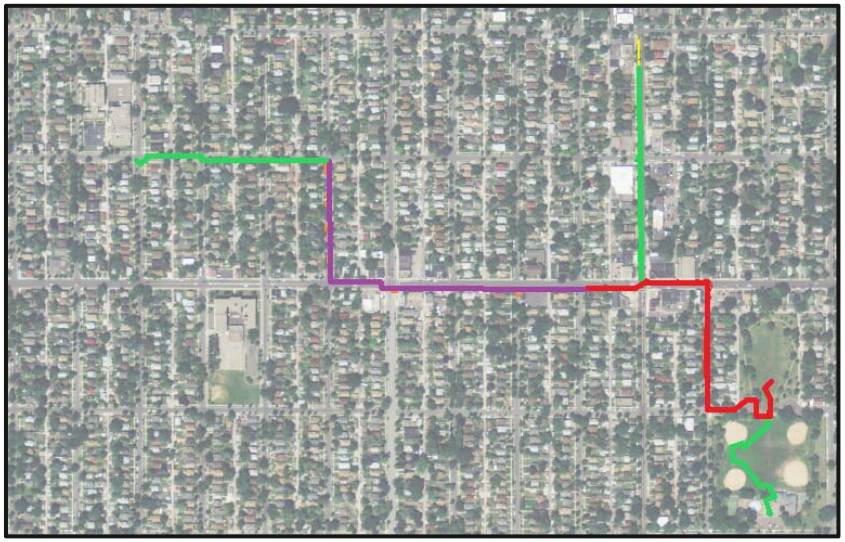
Surface Water Accumulation



Source: Digital Elevation Model provided by City of Minneapolis

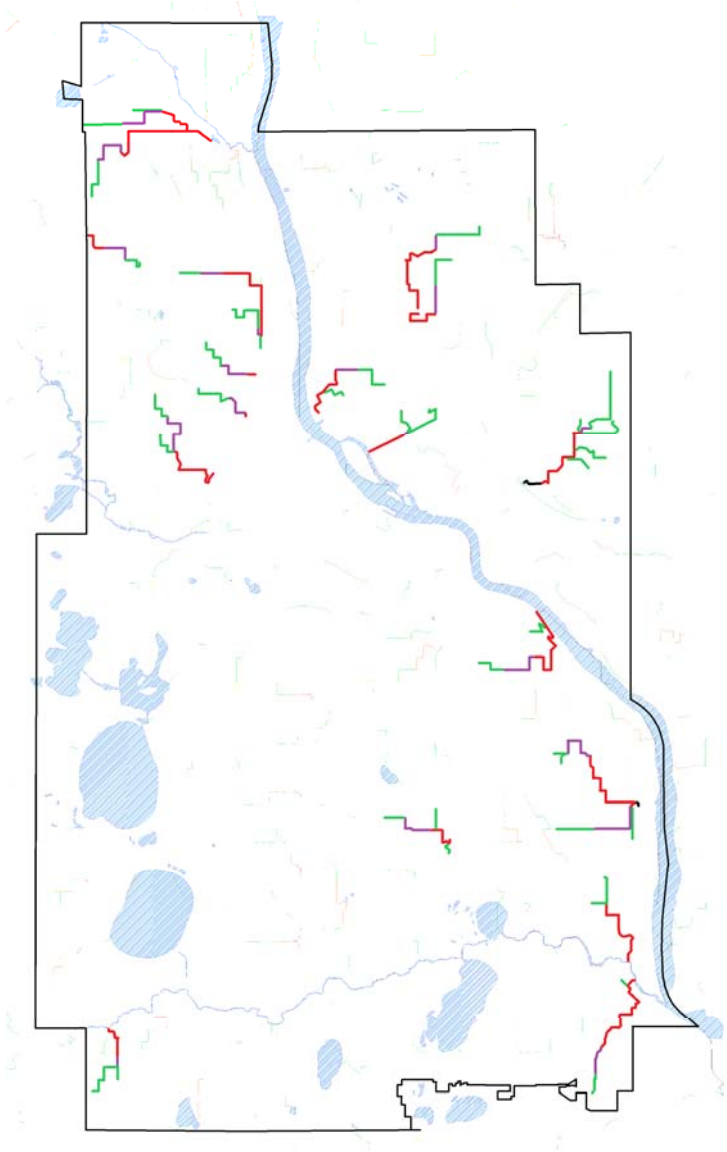


Como Neighborhood



Powderhorn Neighborhood

Mapping accurate flooding vulnerability is not currently possible due to limited understanding of the stormwater drainage system as a whole.



- A baseline comprehensive analysis of all primary flooding factors is necessary
- Heavy rain event intensity is very likely to continue trending upward
- Increased risk of flooding in areas that currently see flooding
- Increased risk of flooding in areas that don’t see flooding

Data Source: Digital Elevation Model provided by City of Minneapolis

What did Phase I accomplish?

1

Social vulnerability

2

Landscape vulnerability to heat

3

Landscape vulnerability to flooding

→Technical report

→Maps and data

Next steps for climate adaptation planning

October 2015:
City of Minneapolis received grant from Public Health Institute Center for Climate Change and Health

Phase I:
Climate Change Vulnerability Assessment
(Spring 2016)

Phase II:
Community Engagement
(2016-2017)

Phase III:
Identify next steps for implementation

Discussion

Minneapolis
City of Lakes

Public Health Advisory Committee

2015 Annual Report

May 2016

Health Department

Executive Summary

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

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

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

In 2015, the PHAC made recommendations regarding the following:

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

The PHAC endeavors to examine health concerns brought forward by residents, staff, and council members. Committee members continue to review potential action/recommendations regarding housing, Adverse Childhood Experiences, insufficient sleep, supports and barriers for breastfeeding, and school-ready children. Future topics will incorporate issues of health disparities and health equity, mental health, substance abuse (particularly prescription opioids), sex trafficking and its link to major sports events, and building community trust and safety.

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

2015 Annual Report of the Public Health Advisory Committee

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

Priority #1: A Healthy Start to Life & Learning

Breastfeeding rates, supports and challenges within Minneapolis Cultural Communities

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

Learning:

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

Actions:

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

Recommendations:

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

Cradle to K report

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

Actions:

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

Adverse Childhood Experiences

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

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

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

Learning:

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

Actions:

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

Priority #2: A Healthy Place to Live

Healthy Neighborhoods, Housing, Homelessness

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

Learning:

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

- **Heading Home Hennepin – Homelessness in Hennepin County** - Mikkel Beckman, Director Mpls/Hennepin County Office to End Homelessness
  Key messages from this presentation include:
    Housing is ***the*** essential platform by which we accomplish everything else in our lives
    Housing impacts every outcome we can measure
    Nothing positive comes from NOT having a home
    Occupancy in homeless shelters is tight
    Homelessness affects families, singles, youth (especially LGBTQ youth)
  Solutions include:
    Increase available units of truly affordable housing
    Increase personal income and wages for those below the median income
    Change the discussion to 'stable housing' because that is the goal for both consumer *and* developer

Actions:

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

Priority #3: Healthy Weight and Smoke-Free Living

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

Learning:

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

Actions:

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

Priority #4: Healthy Environment(s)

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

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

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

Priority #5: Other areas of interest & action

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

Healthy sleep

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

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

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

Paid Sick Leave

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

Learning:

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

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

Priority #6: Committee Operations

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

Actions:

- PHAC members helped review nominations for the Local Public Health Heroes awards, the Health Department's public ceremony which honors community partners whose service to public health activities transforms and strengthens the lives of Minneapolis residents and visitors.

- The Communications & Operations (Comm/Ops) sub-committee conducted new member orientation and provided PHAC manuals to each member. As vacancies occurred, Comm/Ops members reviewed new applications, provided feedback on applicants regarding their strengths and the committee's needs, and endeavor to recruit members who represent various cultural communities.

- The Collaboration & Engagement (C&E) sub-committee members participated in two community conversations on the documentary *The Raising of America*. *The Raising of America* is a documentary series that explores how a strong start for all our kids can lead to a healthier, safer, better educated, more prosperous, and equitable America.

2016 Priorities…

- Follow ongoing topics for potential action/recommendations: homelessness and housing, air quality at the neighborhood level, ACES, insufficient sleep, breastfeeding, and the Mayor's Cradle to K plan
- Engage new topics: mental health, health disparities and health equity, substance abuse, sex trafficking and its link to major sports events, building community trust & safety
- Review PHAC priorities alongside Health Department goals; examine committee understanding of health disparities and health equity
- Plan additional viewings and community discussions of the documentary *The Raising of America*
- Discuss health concerns and priorities brought forward by Minneapolis residents, Health Department staff, and City Council members

PHAC -- Policy/Planning update from 3/22/2016; revised 5/22/2016

Moving Forward: 2016 Agenda Setting

Homelessness

- Housing Advisory Committee Proposal:
    - What more to do with this? Perhaps action-able items with zoning/proposed ordinance changes around shelters/housing

Substance Abuse/Mental Health

- ACES / Sleep: What follow up do we want to see around these topics?
    - Raising of America, Episode 4: – impact of trauma
- Center for Community Health – presentation on their work: May Mental Health month, Make it OK campaign, The Zone for Collective Action model, etc.
- Other ways to break down this topic area?

Health Equity and Health Disparities

As a committee, we really haven't unpacked this one directly; it has been touched upon in several presentations. For example how disparity affects MPLS in regards to: air quality, school ready children, access to healthy foods, substance abuse/mental health, homelessness-housing, etc.

- **Recommendation to committee:** Consider "disparity" as a year-long commitment for the committee (like we did for breastfeeding).
- **Ask ourselves:** What does this mean? Does everyone have the same understanding? Unpacking this may influence other priorities and actions based on understanding what disparity is, how it affects different areas and people,
    - **Possibilities include:**
        - Survey committee for their definitions/understanding of disparity – what would those questions be?
        - View & discuss together: Raising of America episodes, documentary called *Cracking the Codes*
        - Bridges out of Poverty (Jodi Pharr)
        - Ask someone from City's office of Equity & Inclusion to present to committee – they have committed to a year of engagement opportunity for City employees on race & equity.

Follow up discussions – What do we want to do with…

- **Breastfeeding recommendations** from Jennie Meinz study – actionable items?
- **Healthy Sleep / ACES** – follow up – actionable items?
- **Access to Healthy Foods**
    - Update on Staple Food Ordinance changes & Corner Store report
- **Youth Violence Prevention**

Other Topics discussed last month:

Let's hear some good news: What health things are we doing right?

Sex Trafficking (Super Bowl 2018): Last presentation a few years ago -- Start in last half of year?

Building Safety: Links between police dept. and public health, including neighborhood "neglect" – response times; tracking injuries caused by police response – homicides / brutality

Water crisis in Flint, MI – what's happening here around water testing?

Other: Topics from last year:

Noise pollution – specifically commercial leaf blowers complaint

Update on Minneapolis Swims – Phillips pool renovation & expansion

Other: Recent topics

- **Paid Sick Leave** (Peggy provided testimony at public hearing in May 2016l)
- **Accreditation –** Site visit report due May 2016

Minneapolis Health Department
250 South 4th Street, Room 510
Minneapolis, MN 55415
TEL 612.673.2301
www.minneapolismn/gov/health

Public Health Advisory Committee

May 11, 2016

Dear Council Members Reich (chair), Palmisano (vice-chair), Gordon, Yang, Glidden, and Bender:

The members of the Public Health Advisory Committee (PHAC) believe the initiatives in the Complete Streets Policy represent a common sense strategy and are critical to upholding our City's Values of equity, health, vitality, and safety. Furthermore, research and experiences in other cities demonstrate that such a policy actively contributes to the health and well-being of the city. In February and again in April, committee members were briefed on the Complete Streets policy. We submit this letter in support of the proposed policy and the resolutions presented by the Pedestrian and Bicycle Advisory Committees.

The PHAC is a citizen advisory committee for the City of Minneapolis and the Minneapolis Health Department. As an advisory committee on policy matters affecting the health of Minneapolis residents, we serve as liaisons between the City and our community in addressing health concerns. Twenty members represent each ward, the Mayor's office, Minneapolis Public Schools, the University of Minnesota-School of Public Health, Hennepin County Human Services and Public Health, with three members at large.

The Complete Streets policy reflects an extraordinary amount of work by the Department of Public Works that prioritizes the safety and accessibility of pedestrians, bicyclists, and transit users. In addition, the policy is likely to improve health and well-being, and lastly has the potential to impact social determinants of health. In support of a policy that re-prioritizes the function and flow of our roads and transit, the PHAC supports the need for more concrete policy language to address the structural determinants of health in designing Minneapolis streets.

Regarding equity

The PHAC strongly supports the resolutions from the Bicycle Advisory Committee and the Pedestrian Advisory Committee which both address language around community involvement. The Complete Streets Policy must include language that ensures transparent and equitable community engagement and that community involvement is a given—a must-do—not 'an option' to consider.

Additionally, the PHAC feels strongly that city communities affected by divestment need to be identified and prioritized using the framework of a Complete Streets Policy. This will ensure accountability to invest in those communities, now identified as top priorities, and reverse the structural policies that led to decreased access to walkable, bikeable, and mass transit options in those communities.

Regarding health and vitality

In Minneapolis, 8% of residents are 65 or older, 20% are 17 or younger, 17.5% of households don't have a vehicle, and 21.5% of households are at or below the poverty line. Nationally, the cost of transportation is 42% of income for the poorest 1/5 of Americans. This puts a strain on family budgets—especially families of

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lower socioeconomic status. Investing in a transportation policy that prioritizes the needs of its residents in transit planning allows better access to healthcare, healthy foods and healthy choices. It also impacts health outcomes. People who use public transportation, bike, or walk to places are more likely to get adequate physical activity. Active transportation is associated with better fitness, reduced risk for cardiovascular disease, and lower rates of obesity and diabetes. Many Minneapolis communities with a history of divestment also have poorer health outcomes. This disparity doesn't fit with the City's values of health and vitality, and should be rectified; a Complete Streets Policy adopts such planning practices.

Regarding safety

Nationally, we see high rates of morbidity and mortality due to traffic accidents, rates of injury and fatality are higher among pedestrians and bicyclists. Compared to other cities nationally, Minneapolis is a very safe place to bike and walk, but pedestrians are especially overrepresented in traffic accident injuries and deaths. Efforts to incorporate more way-finding and pedestrian safety in particular areas of risk within the city's current transit system would enhance the proposed policy. The PHAC sees the need to re-prioritize the role of transit in our city which identifies pedestrians and bicyclists as a priority for transit and safety, and supports the Complete Streets Policy as a measure to engage city values of health, equity and safety for all of its residents.

We look forward to working together on efforts and policies which improve the quality of life for all people in Minneapolis now and into the future.

The City of Minneapolis - Public Health Advisory Committee

Sahra Noor	Ward 2
Harrison Kelner	Ward 3
Akisha Everett	Ward 4
Jahana Berry	Ward 5
Dr. Happy Reynolds	Ward 6
Karen Soderberg, co-chair	Ward 7
Laurel Nightingale	Ward 8
Sarah Jane Keaveny	Ward 9
Margaret Reinhardt	Ward 10
Birdie Cunningham	Ward 11
Autumn Chmielewski	Ward 12
Kathy Tuzinski	Ward 13
Silvia Perez	Mayor's Representative
Cindy Hillyer	Minneapolis Public Schools
Jane Auger	Hennepin County Human Services and Public Health
Dr. Craig Hedberg	University of MN – School of Public Health
Joesph Desenclos	Member At-Large
Joey Colianni	Member At-Large
Yolonda Adams-Lee	Member At-Large

**Ward 1 currently vacant*

Public Health Advisory Committee

Agenda for the Sub-Committees

June 28, 2016, 6:00 – 8:00 p.m.

Minneapolis City Hall, Room 132

AGENDA

Agenda Item	Presenter	Time	Sub-Committee Action
Supper is served!	La Loma Tamales	5:45 – 6:00	
Introductions / PHAC Logistics and Department Updates *PHAC Annual Report to HC&EC* *Paid Sick Leave & Complete Streets* Notes for Sub-committees: ***Communications/Operations:*** *Orientation with Conrad Zbikowski* *Discussion re: recruitment for a co-chair & sub-committee leaders* ***Policy & Planning:*** *Agenda planning and prioritizing* ***Collaboration & Engagement:*** *Join in the agenda planning and prioritizing*	 *Karen Soderberg and Peggy Reinhardt* *Margaret Schuster and Sarah Jane Keaveny*	6:00 – 6:10	

Next Meeting of the Full Committee: July 26, 2016, Minneapolis City Hall, Room 132

Next Sub-committee meeting: August 23, 2016, Minneapolis City Hall, Room 132

For more information on this committee, visit: Public Health Advisory Committee - City of Minneapolis

If any problems or issues arise on the night of the meeting, please call the cell phone of Gretchen Musicant, Health Commissioner: 612-919-3855.

Public Health Advisory Committee

July 26, 2016, 6:00 – 8:00 pm

Minneapolis City Hall, Room 132

AGENDA

Agenda Item	Presenter	Time	Committee Action
Welcome and Introductions –	*Karen Soderberg*	6:00 – 6:10	Approve agenda
PHAC Logistics and Updates *Review May Minutes* *Accreditation Site Visit report* *Nominations for leadership positions* ***Continued discussion re: PHAC priorities*** *Review: PHAC charge & responsibilities*	 *Karen Soderberg* *Margaret Schuster* *Karen Soderberg & Peggy Reinhardt (comm/ops)* *Group discussion*	6:10 – 6:20 6:20 – 7:20	 Approve Minutes Informational Committee vote to approve Discussion
Commissioner Update	Gretchen Musicant	7:20 – 7:45	Discussion
Information Sharing *Announcements, news to share, upcoming events*	***Optional - if time allows***	7:45 – 8:00	Informational

Next Sub-committee meeting: August 23, 2016, Minneapolis City Hall, Room 132

Next Meeting of the Full Committee: September 27, 2016, Minneapolis City Hall, Room 132

For more information on this committee, visit: Public Health Advisory Committee - City of Minneapolis

If any problems or issues arise on the night of the meeting, please call the cell phone of Gretchen Musicant, Health Commissioner: 612-919-3855

RESOLUTION OF THE CITY OF MINNEAPOLIS

Reestablishing the role and composition of the Public Health Advisory Committee
Approved by Council on May 14, 2010 (*updates noted Feb. 19, 2014*)

Whereas, the Public Health Advisory Committee, a standing advisory committee to the *Minneapolis Health Department* and the Minneapolis City Council, has been in existence through resolution since 1976 in accordance with the provisions of the Community Health Services Act (Minn. Laws 1976, Ch. 9); and

Whereas, changes to the public health system at the state and local levels necessitate that the responsibilities and composition of the Public Health Advisory Committee be updated to allow the committee to most effectively serve the City of Minneapolis;

Whereas, the City Council values the efforts of the Public Health Advisory Committee to provide public health related advice which is representative of and takes into account the viewpoints, concerns and interests of the diverse Minneapolis community;

Whereas, the City of Minneapolis finds the continued existence of the Public Health Advisory Committee benefits the citizens of the City;

Now, Therefore, Be It Resolved by the City Council of the City of Minneapolis:

That the Public Health Advisory Committee (PHAC) for the *Minneapolis Health Department* has the following responsibilities and composition:

A. **Role of the PHAC**

The role of the PHAC is to advise the City Council and the Department on policy matters affecting the health of Minneapolis residents, and to serve as liaisons between the City and the community in addressing health concerns. In this role PHAC shall make every effort to ensure that the concerns represented reflect the diverse viewpoints and interests of the Minneapolis community.

B. ***Committee* Functions**

The PHAC has responsibility for the following functions:

1. To advise the City Council regarding: a) policy matters affecting health of Minneapolis residents, and b) general roles and functions of the *Minneapolis Health Department*;

2. To review the proposed priorities of the *Minneapolis Health Department* and make recommendations to the City Council;

3. To consider complaints and views expressed by residents affecting delivery of public health services in Minneapolis, forward those concerns, and make recommendations as necessary to the City Council and/or the *Minneapolis Health Department*.

2016 Prioritizing Activity Summary for PHAC May 2016

Top priorities earning 5 or more votes: Homelessness and affordable housing; Health disparities and health equity
Priorities earning 4 votes: Mental health
Priorities earning 3 votes: Youth violence prevention; Sex trafficking; Climate change assessment (engagement phase)
Priorities earning 2 votes: Staple foods-corner stores; Urban agriculture; Walkability; ACEs

Health Department GOAL: Healthy Places to Live

Homelessness and affordable housing **(8)**
Healthy housing policies (for example: building with low-impact carpets to reduce asthma) (0)

Health Dept. GOAL: Thriving Youth & Young Adults

Youth violence prevention **(3)**
Sex trafficking **(3)** – especially connected to new stadium and large sporting events

Health Dept. GOAL: Healthy Weight & Smoke-Free Living

Staple foods – corner stores **(2)** *gets at access to healthy food (food disparities & food equity)*
Urban agriculture **(2)**
Walkability: access and safety **(2)**

Health Dept. GOAL: Healthy Start to Life and Learning

Adverse Childhood Experiences (ACEs) **(2)**
Breastfeeding recommendations from PHAC-commissioned report (0)

Health Dept. GOAL: Healthy Environment(s)

Air Quality at the neighborhood level (0)
Noise Pollution (0)
Water testing – water quality (0)

Health Dept. GOAL: A Strong Public Infrastructure

Climate change assessment community engagement phase **(3)**
Emergency Preparedness (1)

Additional PHAC Priorities:

Health disparities and health equity **(6)**
Mental Health **(4)**
Building Safety & Public Trust
Substance Abuse

Other ideas:

Health in all policies: very local actions on what works or is needed for that neighborhood
Zoning – create a framework of decision-making / policy formation and process

Discussion notes from 6/28/16 meeting

Guiding questions for each presenter

1. Have each speaker address health disparities / health equity as part of their presentation AND,
2. How we, as an advisory committee, can push/pull policies/recommendations to make a difference?

HOUSING / HOMELESSNESS

Guiding discussion questions for this topic area

1. What about housing is within the grasp/charge of the health dept. and this advisory committee?
2. What systemic & institutional policies are impacting homelessness?

Possible agenda suggestions

- **Mikkel Beckmen** – Heading Home Hennepin Annual report out recently, plus he serves on the Cradle to K cabinet and chairs the Housing committee for C2K) ***Scheduled August 23***
- **Alex Vollmer, MHD staff**, sits on the City's Comprehensive plan housing chapter. Question from group: who else sits on this committee? *(Margaret to ask Gretchen re: more info)*
- **Someone from NACA (Neighborhood Assistance Corporation of America) –** non-profit**,** community advocacy and homeownership organization, started in 1998. Has a successful track record of advocacy against predatory and discriminatory lenders; sub-prime borrowers also effected by health disparities / health equity
    - **Northside Home Fund Board –** Gretchen sits on as does CPED's director Andrea Brennan—these topics are discussed there
- **Senta Leff** – MN Coalition of Homeless; worked previously with Wilder Foundation Family Supportive Housing Services division. MCH started 30 years ago; leads state advocacy efforts and includes service providers, civic leaders, faith community members, and people experiencing homelessness.
- **Richard Amos** – Project Homeless Connect; he was with St. Stephen's; practiced looking at the whole picture of a person who is experiencing homelessness. Project Homeless Connect is a "one stop shop" model of delivering services to persons experiencing homelessness, and includes housing referrals/placement, employment services, education, medical care, benefits advice, haircuts, food & clothing, veterans services, legal advice, and more.
- **Community Hub Pathway Model (developed in OHIO)** – could be replicated here in Minneapolis; work is done using culturally connected community health workers and evidence-based community care coordination approach. Comprehensive assessment connects persons to interventions needed; the housing pathway is complete when the homeless individual is confirmed to reside in safe housing. HUB model used from infancy to adulthood pathways shown to diminish disparities.

HEALTH DISPARITIES/HEALTH EQUITY

Guiding questions for each presenter

1. Have each speaker address health disparities / health equity as part of their presentation AND,
2. How we, as an advisory committee, can push/pull policies/recommendations to make a difference?

Possible agenda suggestions

- **$15/Hour minimum wage** – How does this impact health/equity/disparities? ***Who's driving this issue on City Council?***
    - MDH published a white paper on Income & Health (March 3, 2014)
    - Minimum wage presentation given to Minneapolis City Council on September 22, 2015; City Council approved a contract to study minimum wage increase (February 2016); and results of study presented
- **Yolonda Adams-Lee**, PHAC member, sits on the City's Green Zone workgroup. Have her report out on their work, which includes these topic areas.
- **Dr. Crutchfield –** Board certified dermatologist and Clinical Professor of Dermatology at the Univ. of MN Medical School; active member of MN Assoc. of Black Physicians **(suggested by Yolonda)**
- **Huda Ahmed –** Community Program Manager at the University of MN Center for Cancer Collaboration re: Clipper clinics that are offered to offset / address fear of medical care. Each clinic is conducted in partnership with a local barbershop / beauty salon and provides free preventive health care services for anyone in the community.
- **Community – capacity building:** Often there is an injection of $ which may help the community in the short run, but the momentum is NOT sustained and community is NOT accompanied in actually building community capacity to sustain.
    - **The Result?** Community slides back and any positive changes are lost
        - **Follow up question:** What would the community tell us?

Public Health Advisory Committee

Agenda for the Sub-Committees

August 23, 2016, 6:00 – 8:00 pm

Minneapolis City Hall, Room 132

AGENDA

Agenda Item	Presenter	Time	Sub-Committee Action
Supper is served!	La Loma Tamales	5:45 – 6:00	
Call to order + Introductions	*Laurel Nightingale*	6:00 – 6:05	
PHAC Logistics and /or Department Updates *Accreditation decision, if any*	*Margaret Schuster*	6:05 – 6:10	
Presentation 1: Room 132 *Analysis of Single Chronic Adult Homelessness – Humphrey School of Public Affairs Capstone Project*	*James Kiny and Adam Wahlberg*	6:10 – 6:50; 6:50 – 7:00	Informational / discussion Q & A
Prioritizing discussion, continued		7:05 – 8:00	Additional PHAC committee discussion time
Presentation 2: Room 333 *Play It Safe –* *Crumb Rubber / Tire Mulch in Minneapolis*	*Nancy Brown and Dianna Kennedy*	6:10 – 6:35 6:35 – 6:45 6:45 – 7:15	Informational / discussion Q & A Additional joint sub-committee discussion

Next Meeting of the Full Committee: September 27, 2016, Minneapolis City Hall, Room 132

Next Sub-committee meeting: October 25, 2016, Minneapolis City Hall, Room 132

For more information on this committee, visit: Public Health Advisory Committee - City of Minneapolis

If any problems or issues arise on the night of the meeting, please call the cell phone of Gretchen Musicant, Health Commissioner: 612-919-3855.

Humphrey School of Public Affairs
Capstone Project Spring 2016
Analyzing chronic homelessness in Hennepin County

By James Chege, Adam Wahlberg, Tian Qiu, Candice Cheng
Capstone Advisor: Dr. Maria Hanratty
In partnership with Hennepin County Office to End Homelessness

Why Study Chronic Homelessness in Hennepin County?

- **Hennepin County's single adult shelter population has doubled from 2004-6 to 2012-14.**
- **Studies show that the chronic homeless population uses the largest share of resources.**
- **Improving services would have a big impact in lowering the overall homeless rate.**
- **It's the right thing to do.**

How is Chronic Homelessness Defined?

- HUD changed the federal definition in December 2015.
- **Chronic Homelessness:**
  - **Continuous Homelessness**: A person has spent at least one night in shelter for each of the past 12 months.
  - **Episodic Homelessness**: A person had four episodes of homelessness in the past three years, with months leading up to 12. (There used to be no restrictions.)
- **Transitional Homelessness**: People with shelter stays under these thresholds.
- **Also**:
  - People who exit institutional settings after fewer than 90 days now have that time counted toward homelessness.
  - The time between periods of homelessness is now defined as seven days in order for the period to be a homelessness episode. We used 30 days, while also doing sensitivity analysis on seven-day periods.

Methodology

A Quantitative Analysis Approach

Data : **Administrative**

- Contained dates, shelter entry /exit- months, number of persons
- Data sets: Shelter use/stays, Demographics, and Medical claims, Prison and detentions Incidences

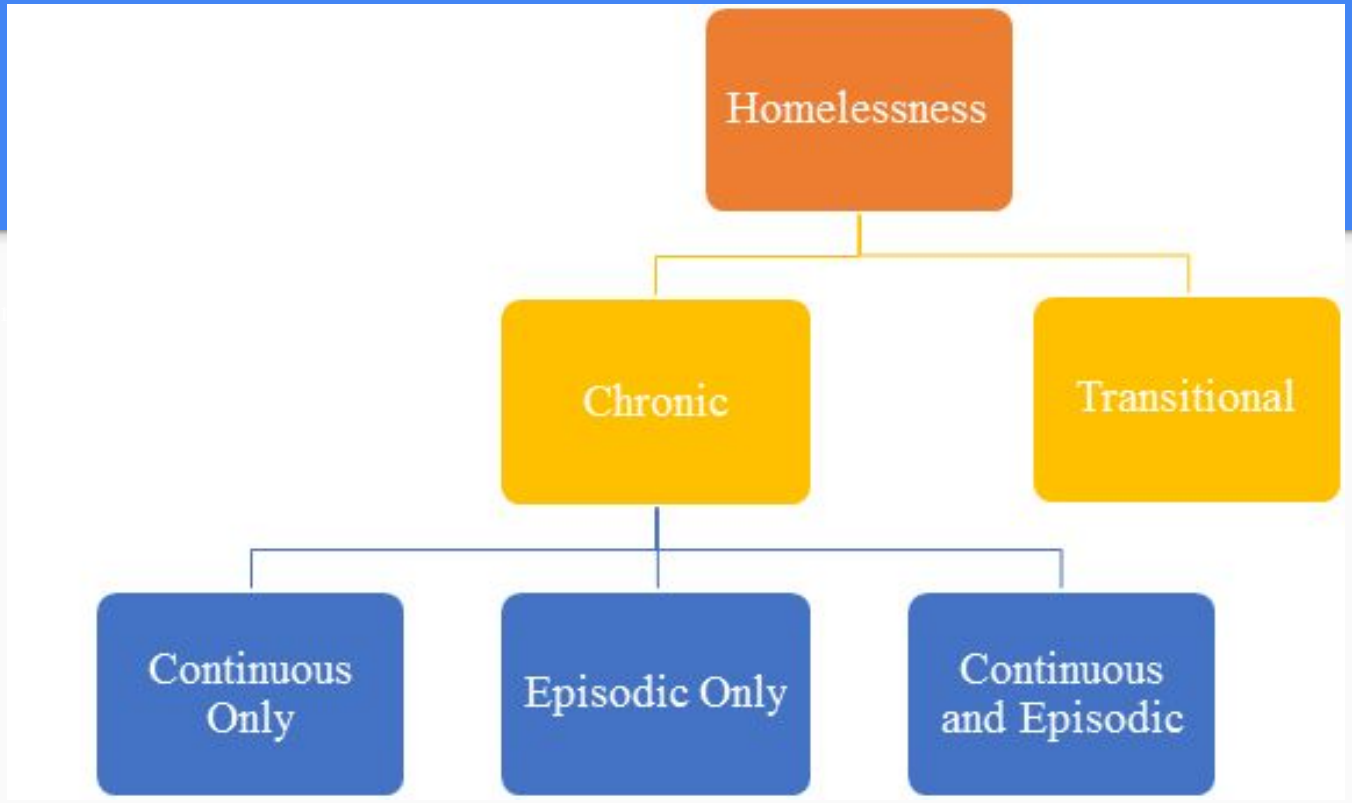
Sample : All individuals (single adults) in the Hennepin county shelters within three year windows 2004 to 2014

Analysis:

Formed groups of shelter populations based on New definition and shelter and service use within three year periods:

-Transitional and Chronic (Episodic & Continuous)

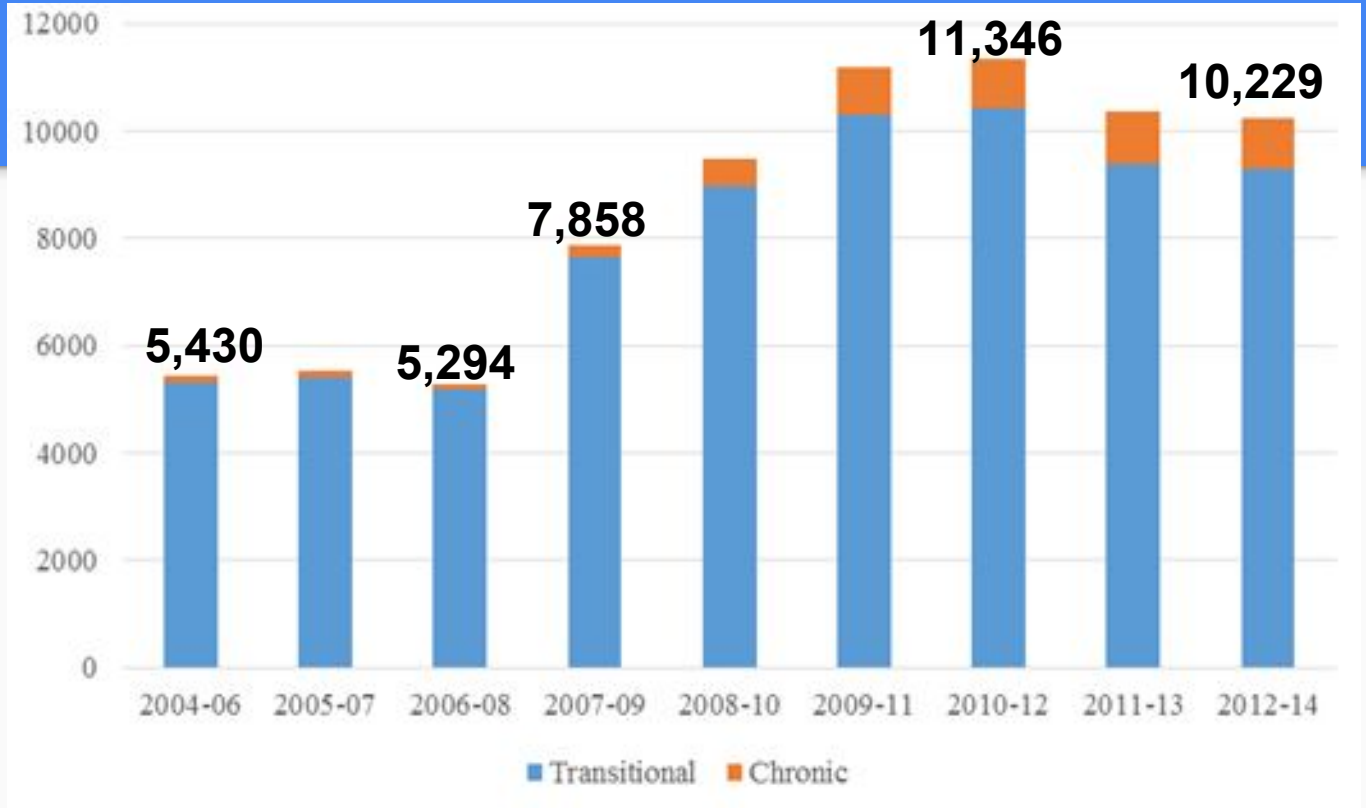
New Definition



Counts, Episodes & Spells

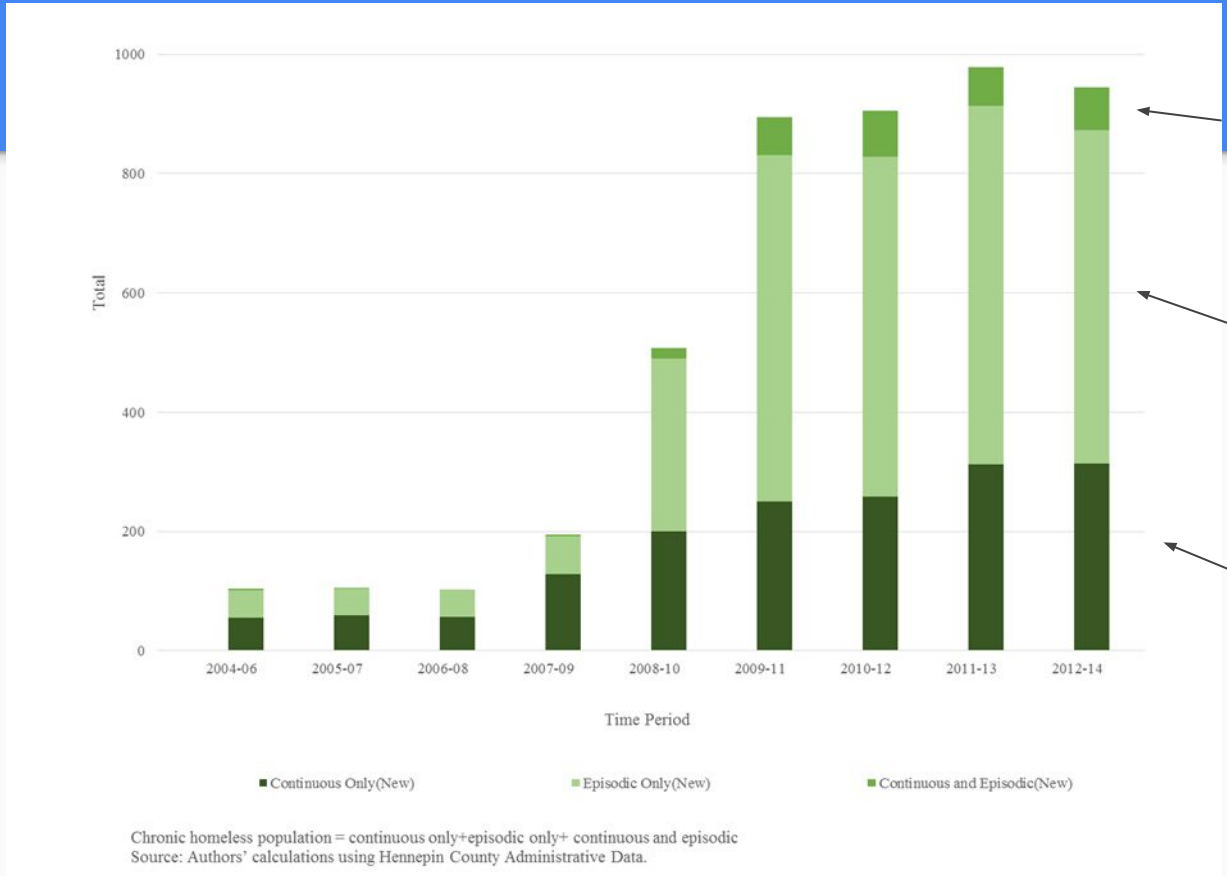
Homeless Population, Hennepin County, 2004-14

(New federal definition of chronic homelessness, 30 days episode gap)



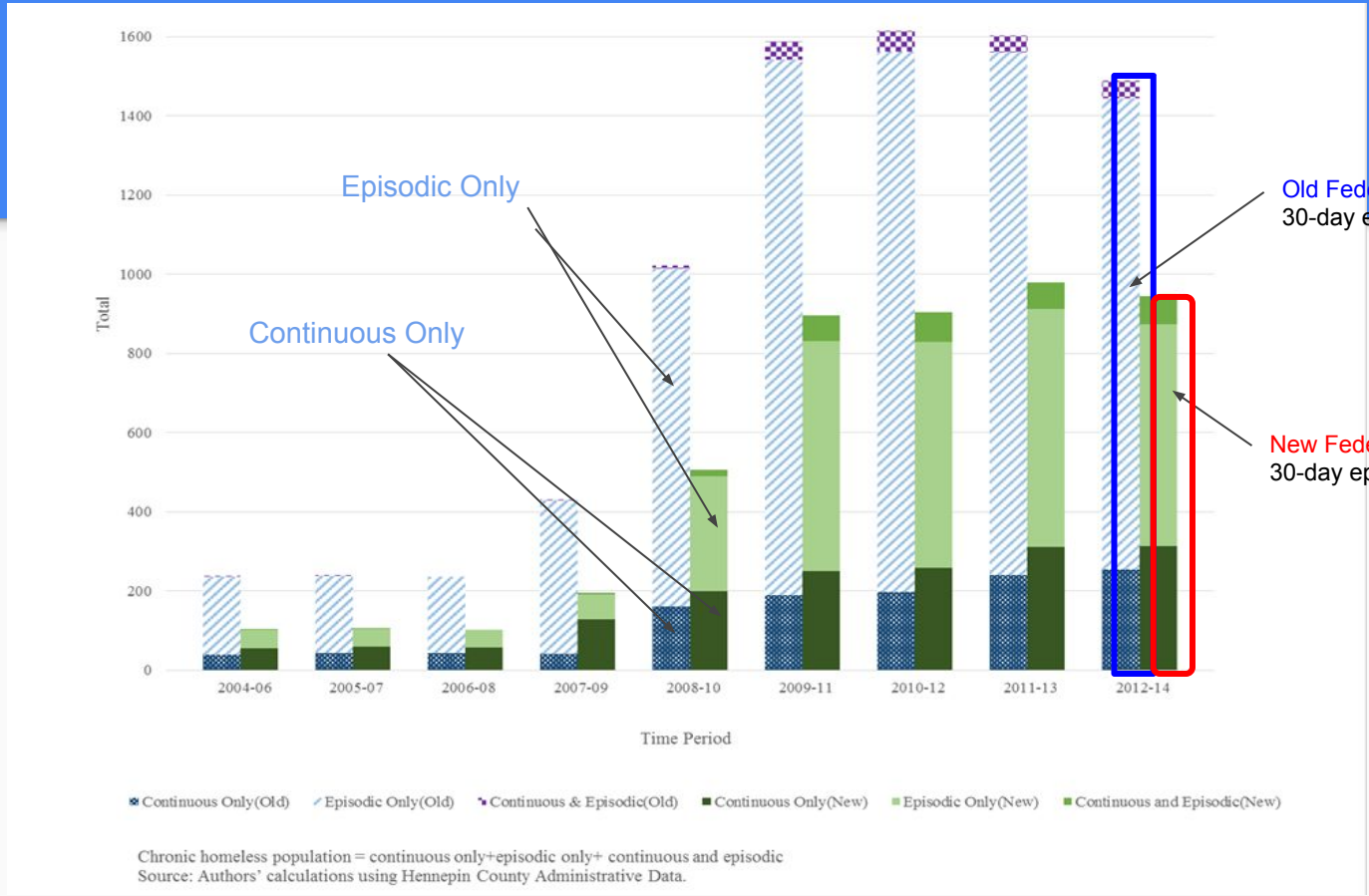
Chronic Homeless Population, Hennepin County, 2004-14

(New federal definition of chronic homelessness, 30 days episode gap)



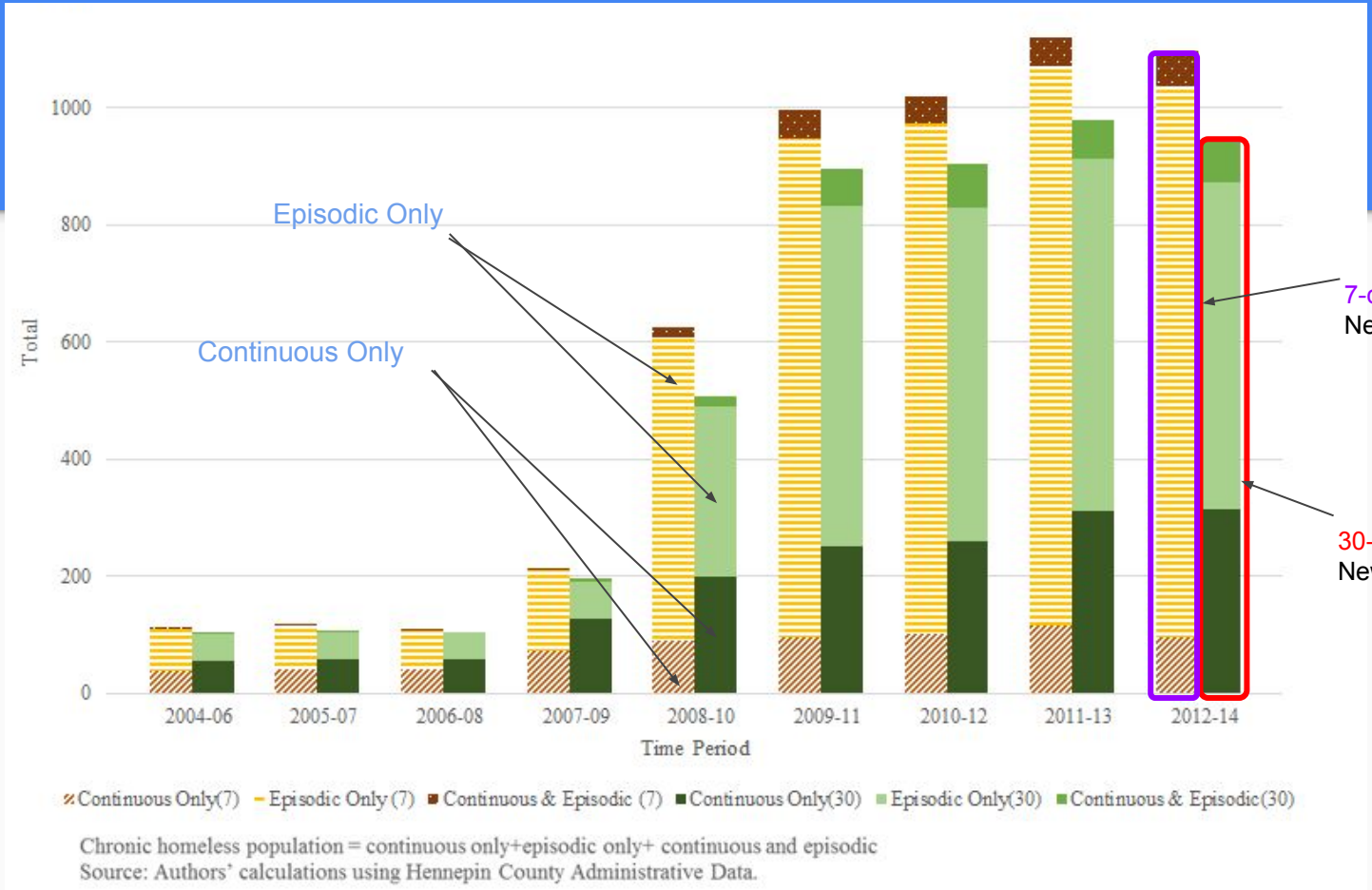
Chronic homeless population = continuous only+episodic only+ continuous and episodic
Source: Authors' calculations using Hennepin County Administrative Data.

We Applied The Old Federal Definition



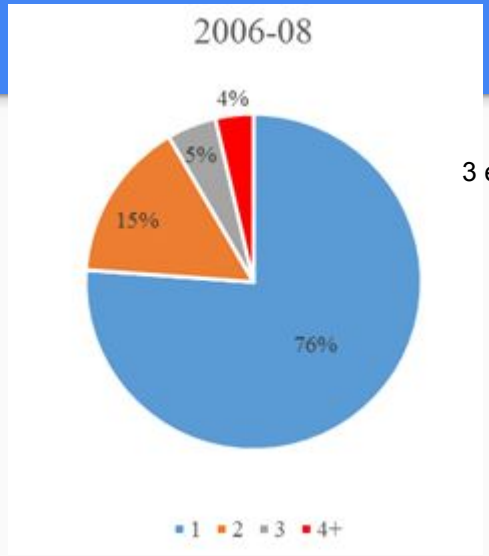
Chronic homeless population = continuous only+episodic only+ continuous and episodic
Source: Authors' calculations using Hennepin County Administrative Data.

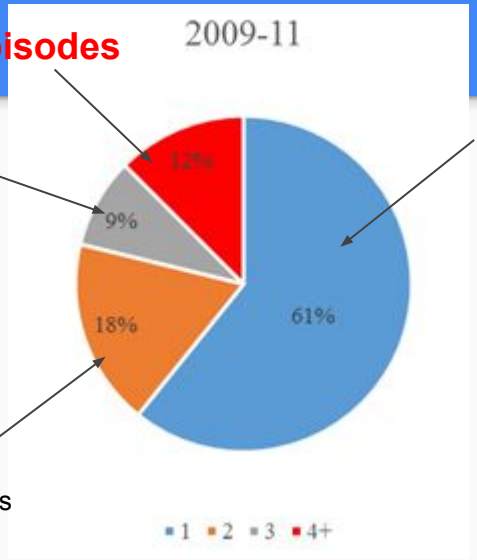
We Applied the Seven-Day Episode Gap

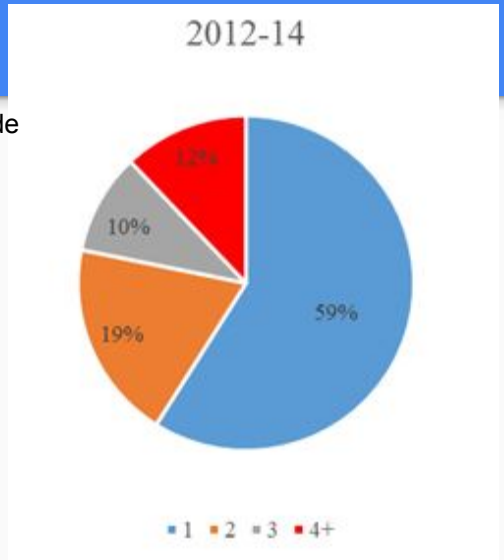


Number of Homeless Episodes in Three-Year Time Interval

(30 day episode gap)







Length of Longest Spell (days)

(30 day episode gap)

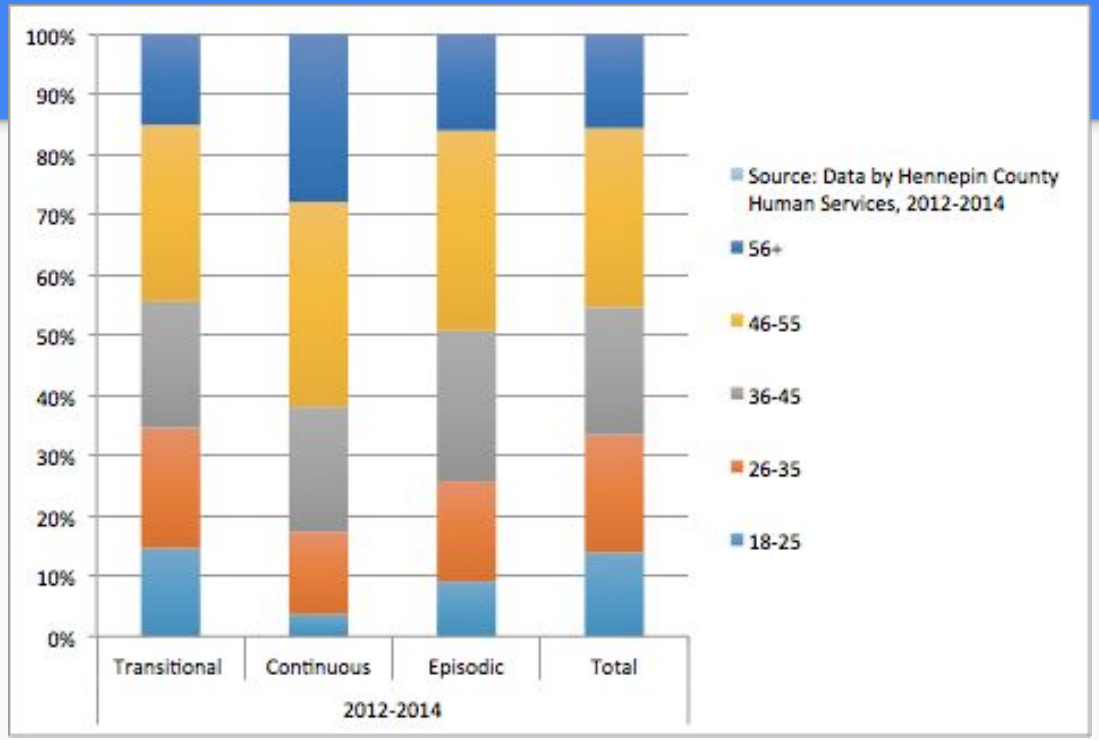
Length of Longest Spell (Days), Hennepin County, 2004-14				
Time period	Percentile			
	25	Median	75	90
2004-06	3	13	38	92.5
2005-07	3	14	40	94
2006-08	3	13	40	96
2007-09	2	17	56	127
2008-10	2	18	63	144
2009-11	2	20	70	162
2010-12	2	23	76	165
2011-13	3	27	84	185
2012-14	4	30	88	191

Demographics

Demographics: By Age

Majority: Age 36+

Largest bracket: Age 46-55

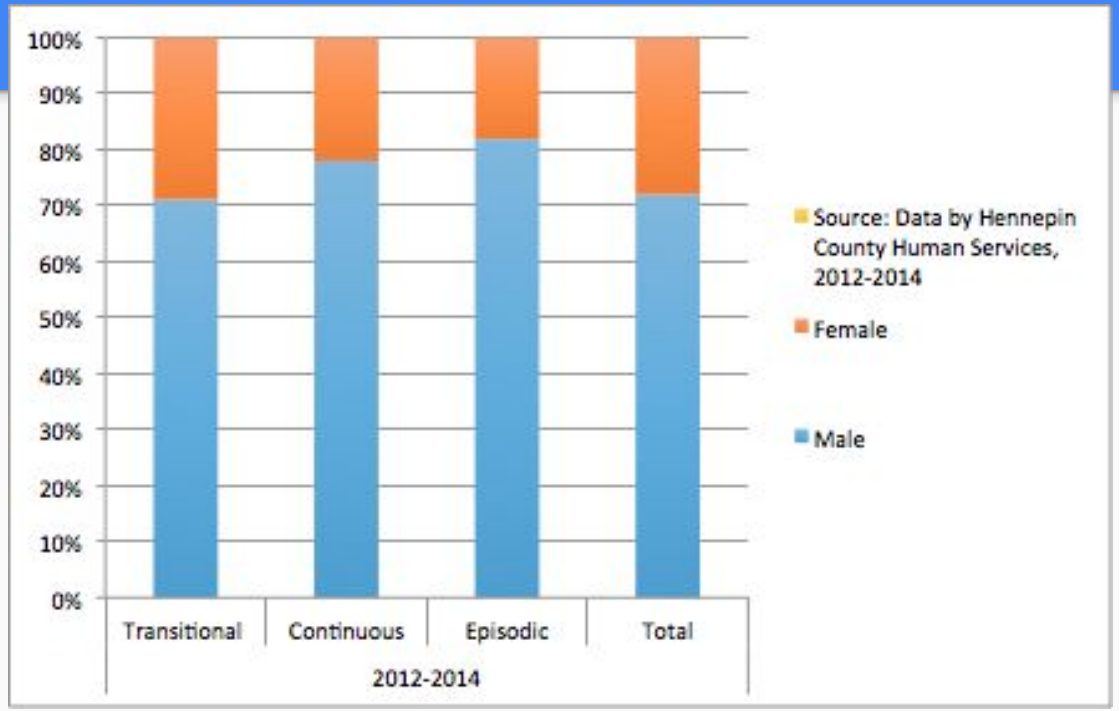


New definition with 30 days episode gap 2012 to 2014

Demographics: By Gender

Majority: Male

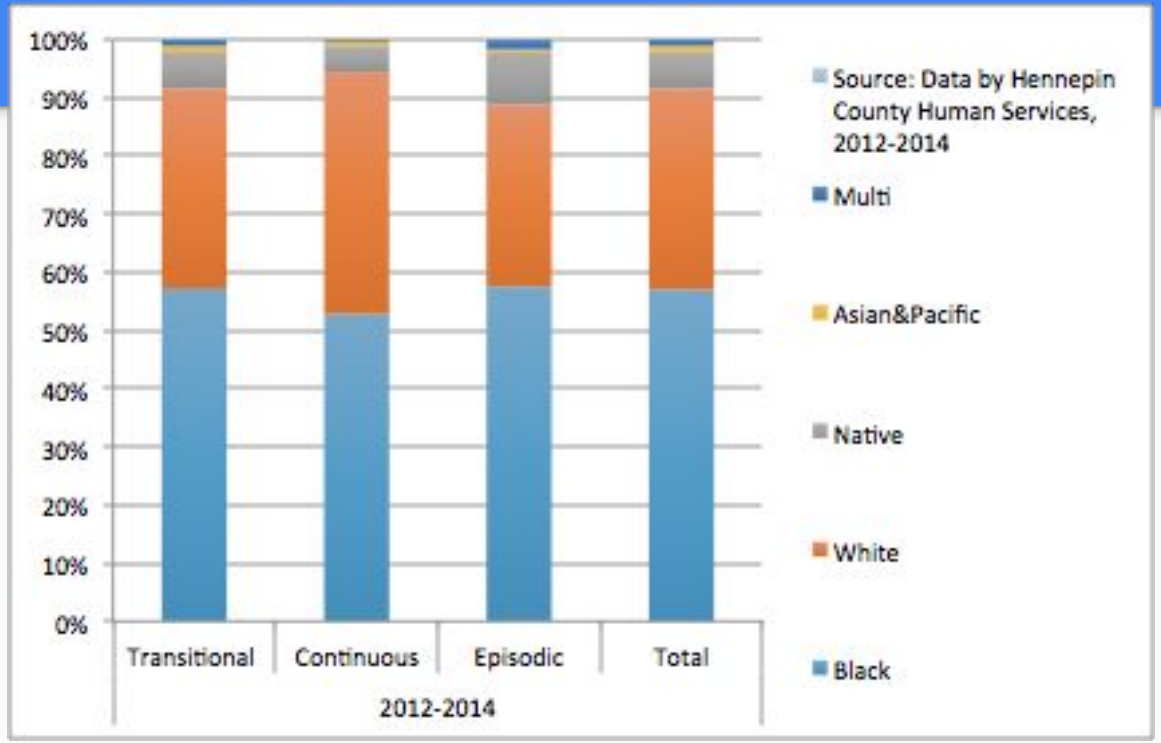
Male: Larger percentage of episodic



New definition with 30 days episode gap 2012 to 2014

Demographics: by Race

Majority: Black



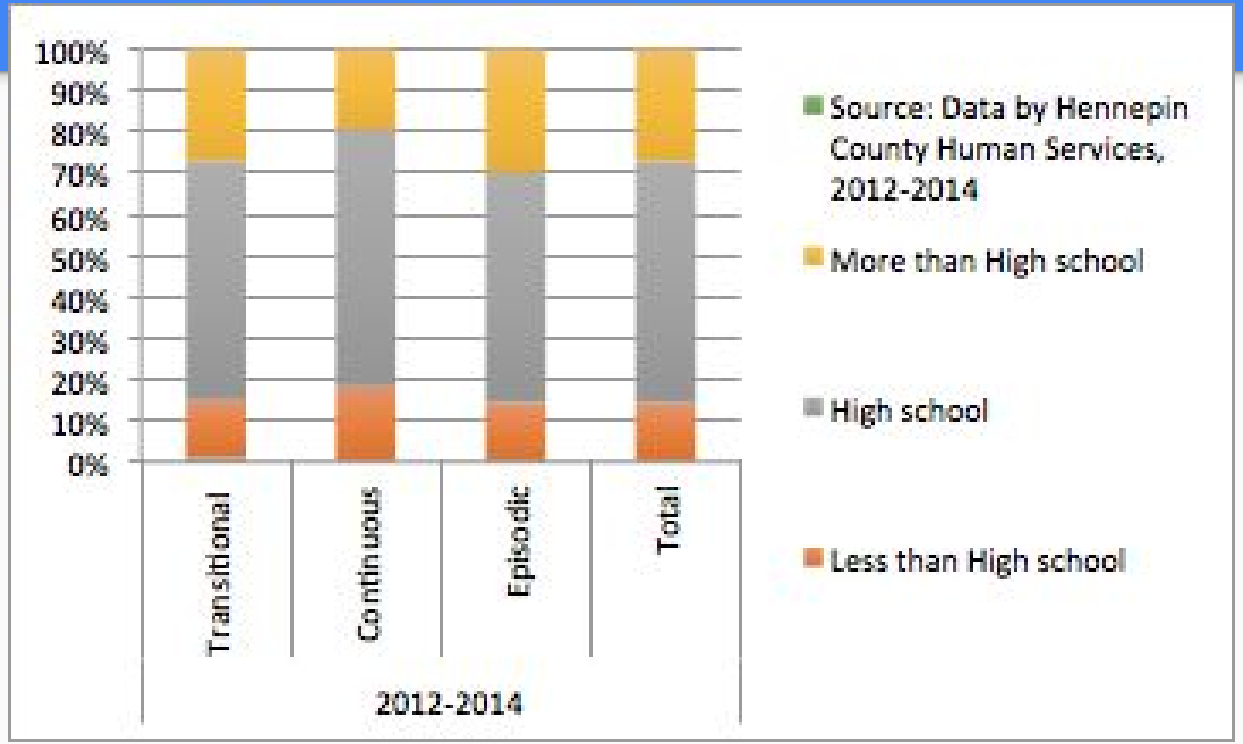
New definition with 30 days episode gap 2012 to 2014

Demographics: Education Level

Majority: high school degree

Not a large difference

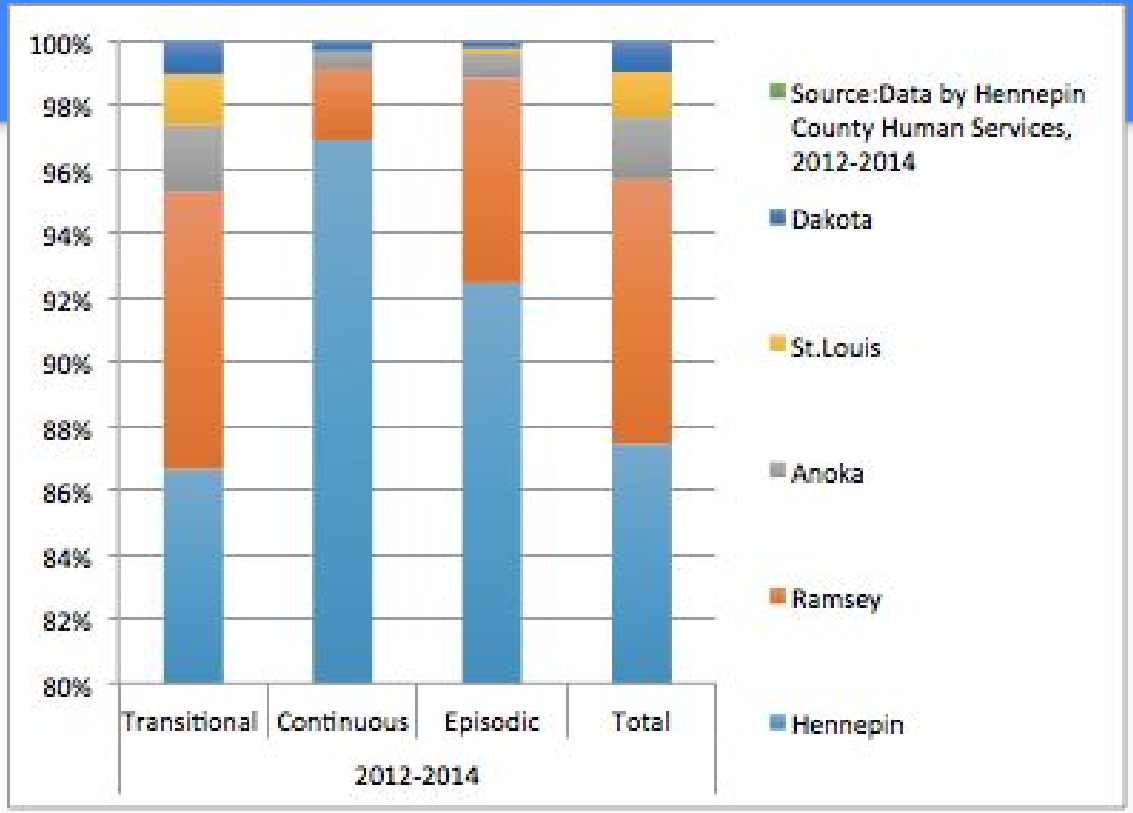
New definition with 30 days episode gap 2012 to 2014



Demographics: Residence County

Hennepin: 86%

Larger share: episodic and continuous



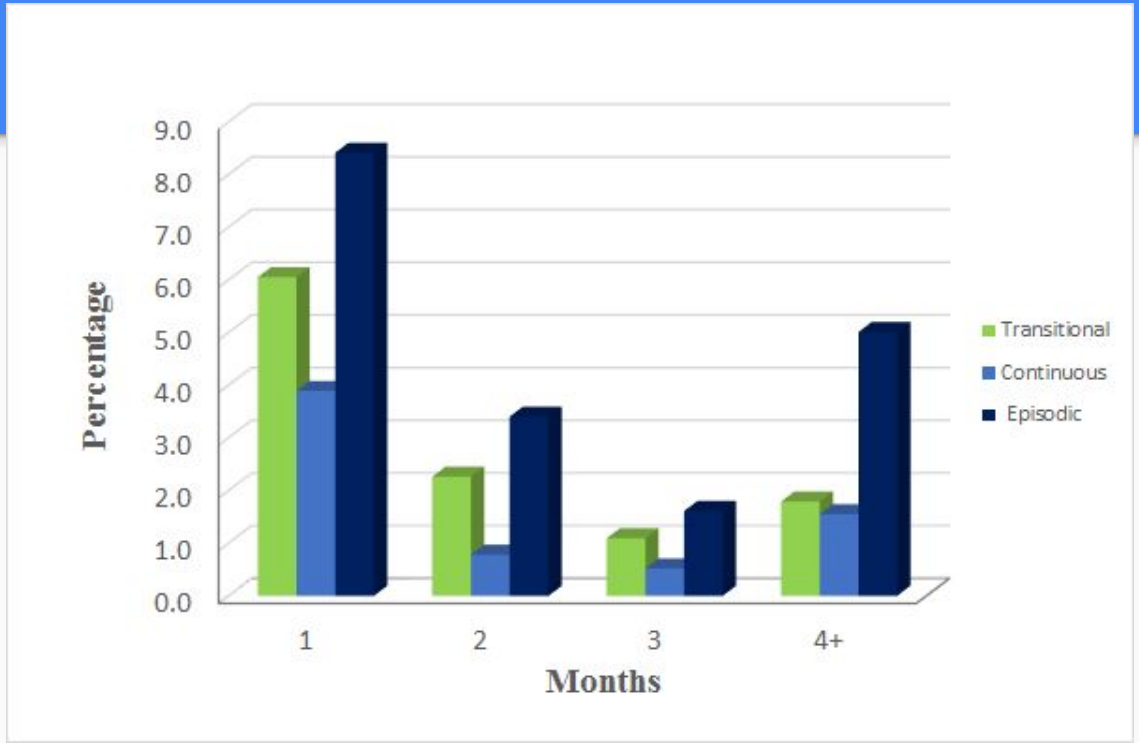
New definition with 30 days episode gap 2012 to 2014

Health Service Use

Mental Health Inpatient

Mental Health Services:

Heavy users Episodic group
Episodic -18% Continous-7%
Transitional-11%



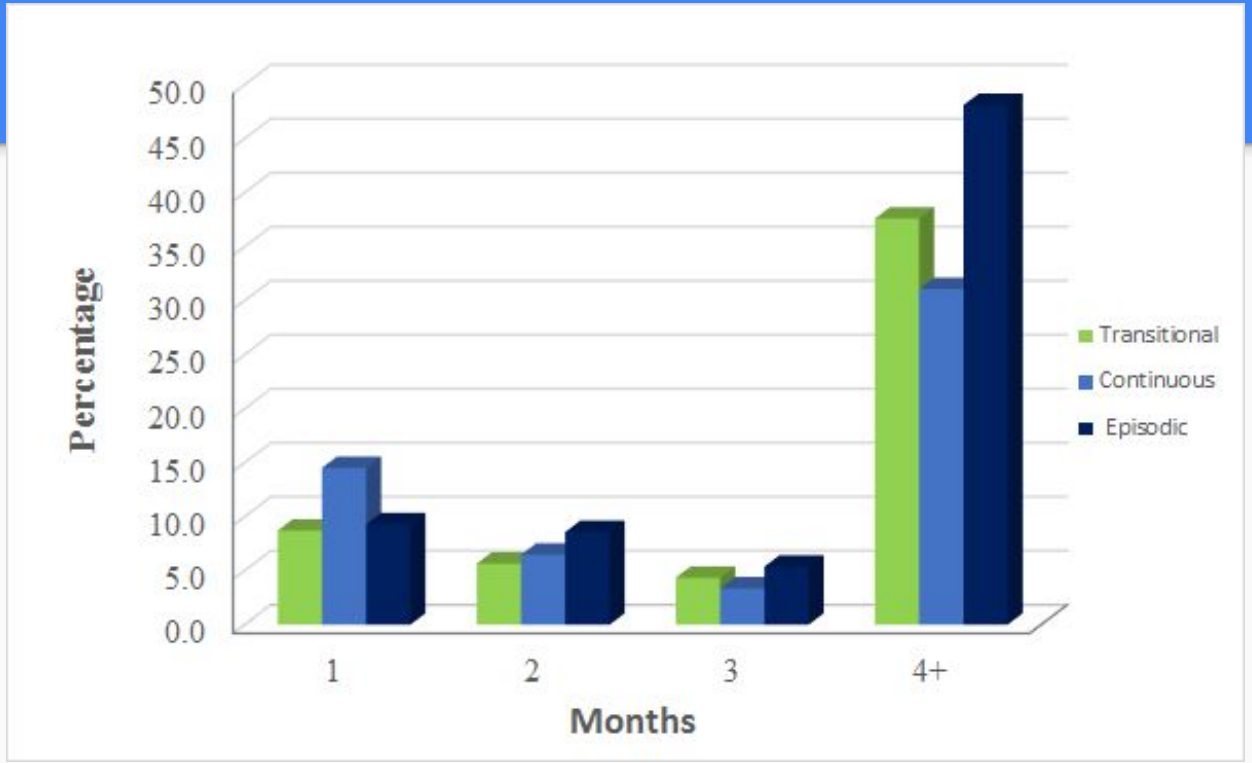
New definition with 30 days episode gap 2012 to 2014

Mental Health Outpatient

Heavy Usage Compared to Mental Health inpatient.

At least one Month : Episodic-71% Continous-55% Transitional-56%

Use +4 months , by Episodic group



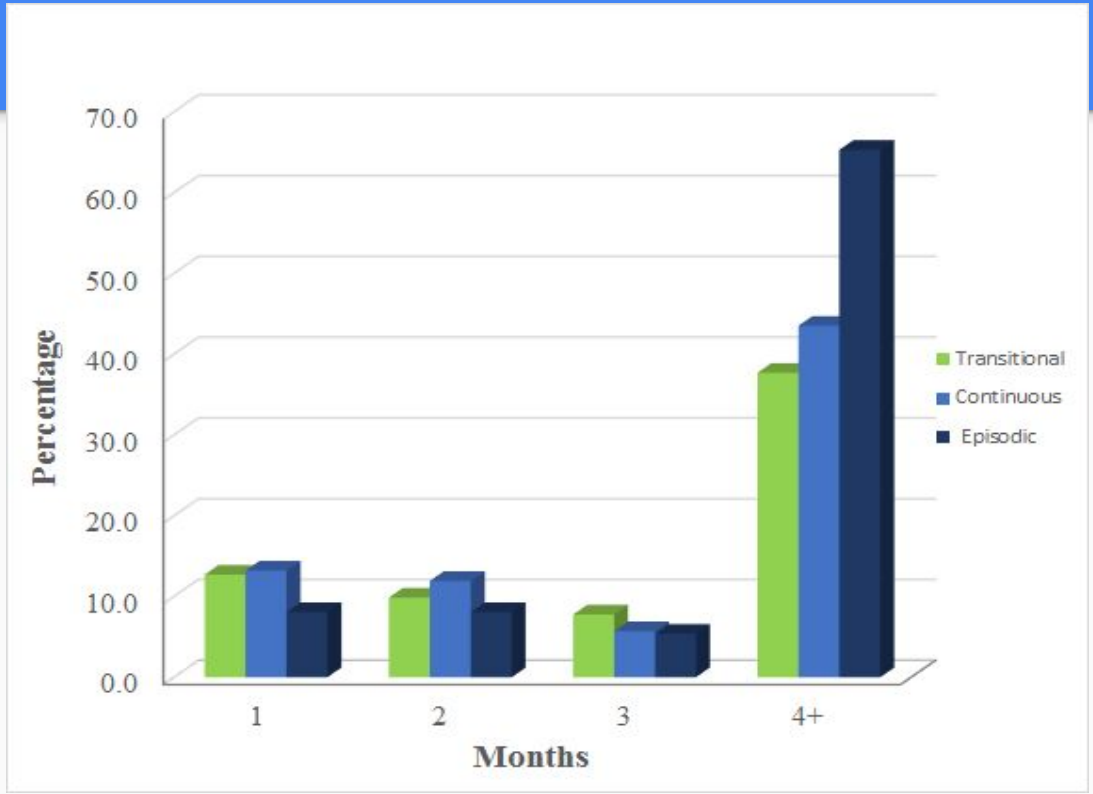
New definition with 30 days episode gap 2012 to 2014

Emergency Room

Heavy use by the Episodic group

Episodic-87% Continous- 74%
Transitional -68%

Use 4+ months, led by the Episodic group



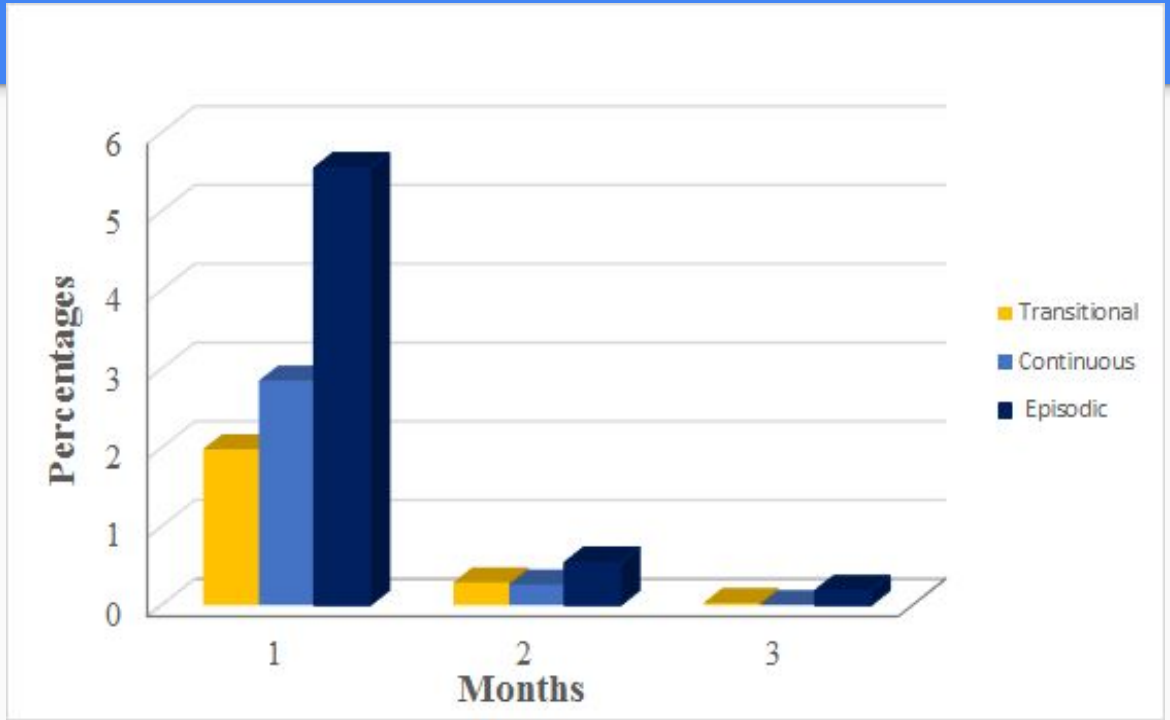
New definition with 30 days episode gap 2012 to 2014

Chemical Dependency Inpatient

Low Usage: 6% Episodic, 3%

Continuous and 2% Transitional

(Represents only 2.5 % of all homeless individuals had a CD inpatient claim)

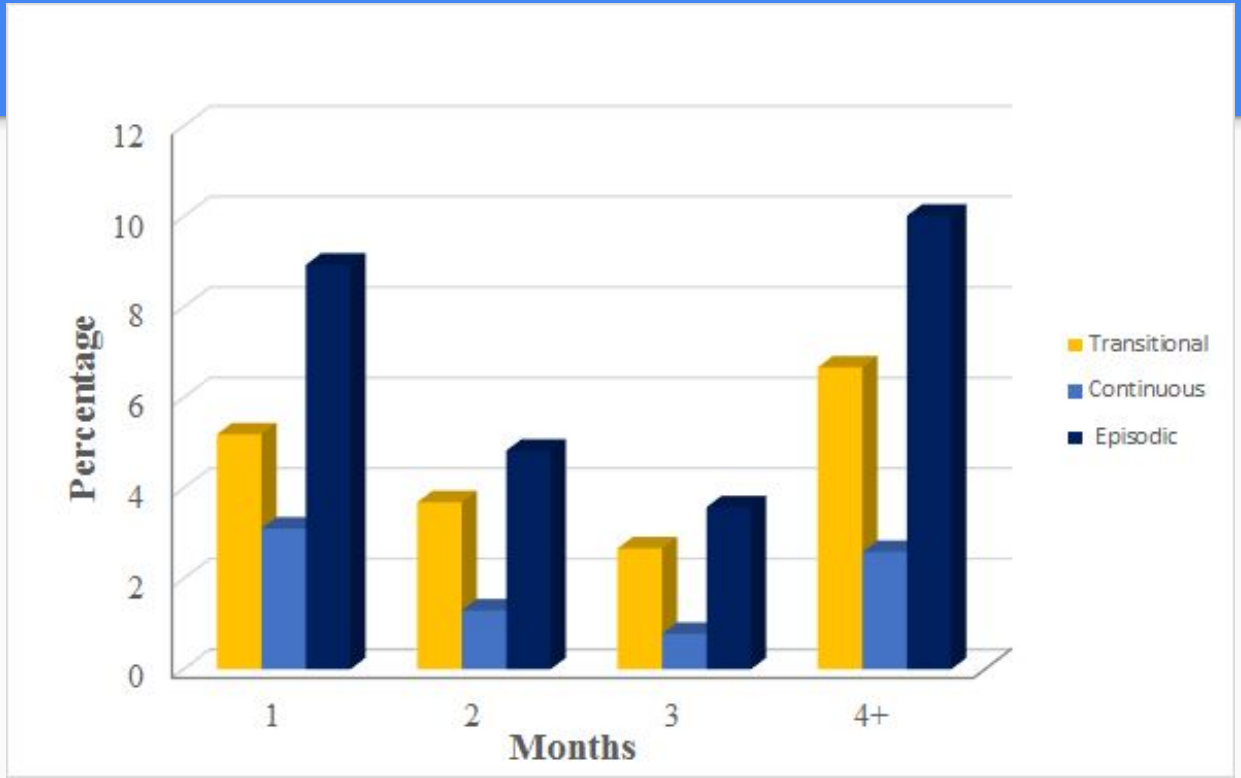


New definition with 30 days episode gap 2012 to 2014

Chemical Dependency Outpatient

Use: Episodic 27% Continous 8%

Transitional 18%



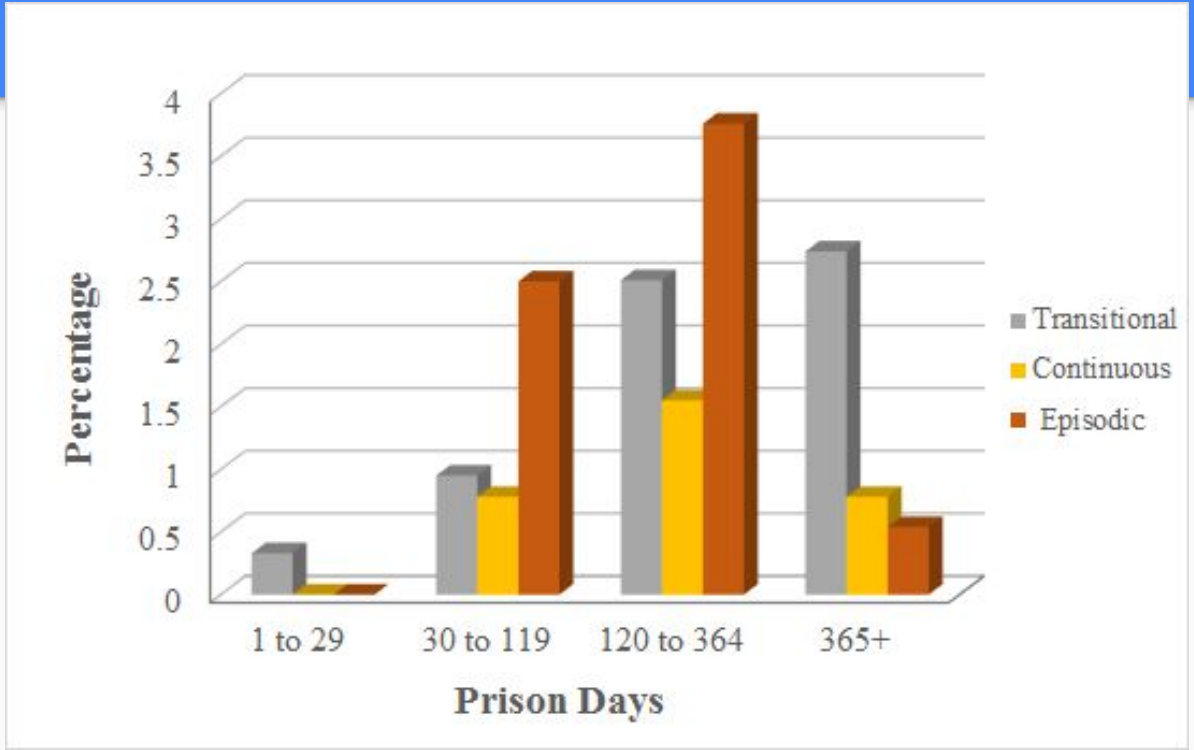
New definition with 30 days episode gap 2012 to 2014

Prison & Detentions

Prison Incidence

Incidence: Averaged 6% per group

Note the Transitional group has more 1 year+ incidences



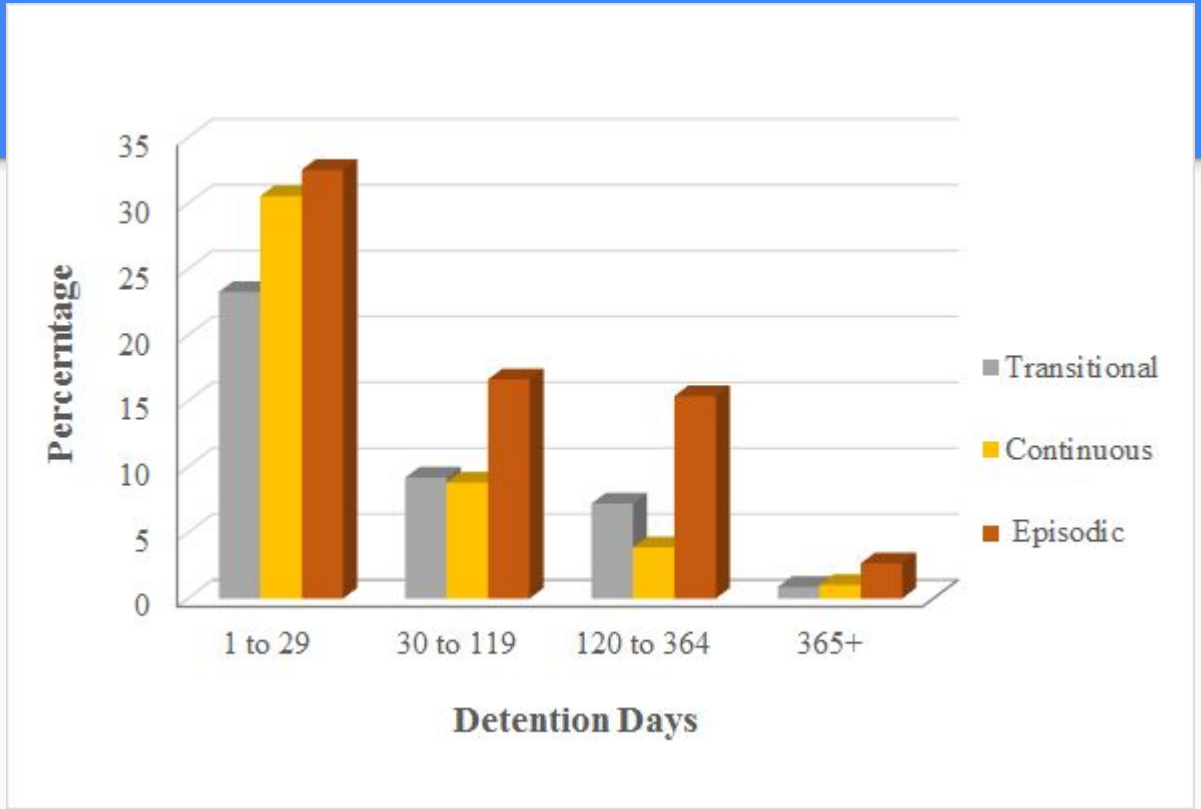
New definition with 30 days episode gap 2012 to 2014

Detention Incidence

High Usage, with the episodic leading

Episodic-67% Continous-44% Transitional-41%

Note the Episodic group has more 1 year and 1 year+ incidences



New definition with 30 days episode gap 2012 to 2014

Limitations

- Data is restricted to public shelters and doesn't include private shelters.
- Analysis doesn't indicate what clients do with time not in shelter.
- We didn't adjust for institutional stays of less than 90 days. We could have included that in the definition of a homeless spell, which would have meant more qualify as chronic homelessness.
- No information on the use of public assistance, medical services or incarceration for time spent out of state. This may have provided a bias in the Transitional Homeless group.
- We did not include disability as a variable and thus, we might be overestimating our count of Chronic Homelessness since HUD only includes if a person is considered disabled.

Policy Recommendations

- Target the needs of episodic and continuous homelessness sub-populations.
- Target shelter users who consume highest percentage of services:
  - Those who use detention.
  - Those who use mental health services in the episodic sub-population.
- Emphasize broad stakeholder collaboration between Hennepin County and incarceration and mental health systems.
- Follow up research on pattern of service use based on different definitions.
- Continued exploration of data using sensitivity analysis.

Thanks

Public Health Advisory Committee

September 27, 2016, 6:00 – 8:00 pm

Minneapolis City Hall, Room 132

AGENDA

Agenda Item	Presenter	Time	Committee Action
Welcome and Introductions –		6:00 – 6:05	Approve agenda
PHAC Logistics and Updates *Review July and August minutes* *Proposed 2017 Meeting schedule* *Proposed HE&CE October gathering; NCR Boards & Commission member survey* **Presentation:** ***The Blueprint for Action – Preventing Youth Violence in Minneapolis***	*Karen Soderberg, co-chair* *Peggy Reinhardt* *Margaret Schuster* *Sasha Cotton, Sr. Public Health Specialist - MHD*	6:05 – 6:15 6:15 – 7:00 7:00 – 7:10	Approve Minutes Approve 2017 schedule Information / discussion Q & A
Commissioner Update *Mayor's Budget proposal* *Health Comp plan updates*	*Gretchen Musicant*	7:15 – 7:30	Discussion
Committee Updates *PHAC – CEAC study of crumb rubber-tire mulch* *Update on Green Zone workgroup*	*Karen Soderberg, Joey Colianni, Dr. Hedberg* *Yolonda Adams-Lee (Verify with Yolonda)*	7:30 – 7:45 7:45 – 8:00	Informational Informational
General Information Sharing	***Optional - if time allows***		

Next Sub-committee meeting: October 25, 2016, Minneapolis City Hall, Room 132

Next Meeting of the Full Committee: November 29, 2016*, Minneapolis City Hall, Room 132

*There is **NO meeting in December**. November 29 is the last meeting of the year. The PHAC voted to combine November and December meetings and meet only once in those two months.

For more information on this committee, visit: Public Health Advisory Committee - City of Minneapolis

If any problems or issues arise on the night of the meeting, please call the cell phone of Gretchen Musicant, Health Commissioner: 612-919-3855.

Public Health Advisory Committee (PHAC) Minutes

Minneapolis Health Department

August 23, 2016

Members Present: Laurel Nightingale, Conrad Zbikowski, Jahana Berry, Sarah Jane Keaveny, Peggy Reinhardt, Birdie Cunningham, Kathy Tuzinski, Dr. Craig Hedberg, Joseph Colianni, Silvia Perez

Members Excused: Karen Soderberg, Autumn Chmielewski, Cindy Hillyer,

Members Unexcused: Akisha Everett, Dr. Happy Reynolds-Cook, Jane Auger, Yolanda Lee, Joseph Desenclos

MHD Staff Present: Margaret Schuster, Hattie Wiysel

Guests: James Kiny and Adam Wahlberg, Marj Evans de Carpio

Margaret Schuster called the meeting to order at 6:05 p.m. at City Hall.

Item	Discussion	Outcome
Introduction	Members and guests introduced themselves. The joint sub-committee studying Crumb rubber-tire mulch relocated to Room 333 for a presentation from Play It Safe.	Next meeting of this sub-committee is Sept. 8, 4:30-5:30 p.m. in Room 132
Presentation: Analysis of Single Chronic Adult Homelessness – Humphrey School of Public Affairs Capstone Project *James Kiny and Adam Wahlberg*	Presentation demonstrated a breakdown of Hennepin County's single adult shelter population from 2004-2006 and 2012-2014. This analysis represents about one third of the homeless population; it does not count the unsheltered. Studies show that the chronic homeless population uses the largest share of resources; and, improving services would have an impact on lowering the overall homeless rate. Link to capstone presentation – see page 29 for policy recommendations	
Group Activity: PHAC prioritizing	Continued discussion on committee priorities. Discussion centered on: **Stress at the neighborhood level** • Instead of asking what's wrong or what isn't working, ask organizations to focus on: What strengths exist in the community? What programs are working well and could possibly be replicated in other neighborhoods? What are some of the pathways to success in your neighborhood and in your approach to problem solving? • Invite neighborhood groups to learn more: **NRRC** (Northside Residents Redevelopment Council); **NOC** (Neighborhoods Organizing for Change); **Linda Frezell** of the Univ. of MN; **Little Earth** of the United Tribes; **Josh Peterson** – MHD YVP division • What is the role of psychological first aid when community trauma is experienced?	It was decided to invite several neighborhood advocacy groups for a panel discussion in September. PHAC members will forward contact information to Margaret who will contact for future meetings.

Item	Discussion	Outcome
	Additional subjects discussed: **CIT** (Crisis Intervention Training) officer training – what's covered in the training and where are the gaps? **Sleep & Mental Health** (Birdie Cunningham would be happy to invite Dr. Pritchard back for an update on the Sleep Center at St. Thomas) **More park programs** to reduce isolation, increase activity to reduce community stress. As a committee, we could **survey resident associations** as related to community stress. How are resources distributed? What questions (on a survey) could be asked to get at the reduction of stress?	CIT contacts – Sarah Jane Keaveny Sleep & Mental Health – Birdie Cunningham Silvia Perez voiced this idea.

Meeting adjourned at 8:00 p.m.
Minutes submitted by Hattie Wiysel and Margaret Schuster

Next Full Committee Meeting: September 26, 2016, Minneapolis City Hall, Room 132, 6:00-8:00 p.m.

Public Health Advisory Committee (PHAC)
Minutes

Minneapolis Health Department

August 23, 2016

Members Present: Laurel Nightingale, Conrad Zbikowski, Jahana Berry, Sarah Jane Keaveny, Peggy Reinhardt, Birdie Cunningham, Kathy Tuzinski, Dr. Craig Hedberg, Joseph Colianni, Silvia Perez

Members Excused: Karen Soderberg, Autumn Chmielewski, Cindy Hillyer,

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MHD Staff Present: Margaret Schuster, Hattie Wiysel

Guests: James Kiny and Adam Wahlberg, Marj Evans de Carpio

Margaret Schuster abrió la reunión a las 6:05 p.m. en el Ayuntamiento.

Asunto	Discusión	Resultado
Presentaciones	Miembros e invitados se presentaron. El sub-comité conjunto que está estudiando el mantillo de neumáticos de goma se reubicó a la Sala 333 para una presentación de Play It Safe. (Juega Seguro)	La próxima reunión de este sub-comité es el 8 de sept, 4:30-5:30 p.m. en la Sala 132
Presentación: Análisis de Desamparo Crónico de Adultos Solteros– Facultad Humphrey de Asuntos Públicos, Proyecto Piedra Angular *James Kiny y Adam Wahlberg*	La presentación mostró un análisis de la población en refugios para adultos solteros del Condado Hennepin de 2004-2006 y 2012-2014. Este análisis representa aproximadamente un tercio de la población desamparada; no cuenta a los que no están en refugio. Los estudios muestran que la población crónicamente desamparada utiliza la porción más grande de recursos; y, mejoramiento en los servicios tendría un impacto para la reducción del índice total de desamparo. Enlace a la presentación piedra angular – ver página 29 para recomendaciones de políticas	
Actividad en Grupo: Determinación de prioridades del PHAC	Discusión continuó sobre prioridades de comités. Discusión centró en: **Estrés a nivel de la vecindad** • En vez de preguntar qué está mal o que es lo que no funciona, pedir a las organizaciones que enfoquen en: ¿Cuáles fuerzas existen en la comunidad? ¿Cuáles programas trabajan bien y posiblemente se podrían replicar en otras vecindades? ¿Cuáles son algunas de las vías al éxito en su vecindad y en su abordaje a la resolución de problemas? • Invitar grupos de las vecindades a aprender más: **NRRC** (Northside Residents Redevelopment Council; Consejo de Vecinos para la Reurbanización de la Zona Norte); **NOC** (Neighborhoods Organizing for Change; Vecindades Organizando para Cambio); **Linda Frezell** de la Univ. de MN; **Little Earth** de las Tribus Unidas;	Se decidió invitar a varios grupos defensores de vecindades a una discusión en panel en septiembre. Miembros del PHAC pasarán información de contacto a Margaret quien se comunicará con ellos para reuniones futuras.

Public Health Advisory Committee (PHAC) Minutes

Minneapolis Health Department

Asunto	Discusión	Resultado
	Josh Peterson – Minnesota Departamento de Salud, Dirección de Prevención de Violencia entre Jóvenes • ¿Qué es el papel de primeros auxilios sicológicos cuando se experimenta un trauma en la comunidad? Temas adicionales que se discutieron: **CIT** (Capacitación para Intervención en Crisis) capacitación para policías – ¿Qué es lo que cubre y cuáles son las brechas? **Sueño y Salud Mental** (Birdie Cunningham con gusto invitaría al Dr. Pritchard a regresar para una actualización sobre el Centro de Sueño en St. Thomas) **Más programas en los parque** para reducir aislamiento, aumentar actividad y reducir estrés en la comunidad. Como comité, podríamos **hacer una encuesta a las asociaciones de vecindades** con respecto al estrés en la comunidad. ¿Cómo se distribuyen los recursos? ¿Qué se podría preguntar (en una encuesta) para llegar a como reducir el estrés?	Contactos para CIT– Sarah Jane Keaveny Sueño y Salud Mental– Birdie Cunningham Silvia Pérez expresó esta idea.

Meeting adjourned at 8:00 p.m.
Minutes submitted by Hattie Wiysel and Margaret Schuster

Next Full Committee Meeting: September 26, 2016, Minneapolis City Hall, Room 132, 6:00-8:00 p.m.

Minneapolis Youth Violence Prevention A Public Health Approach

Presented by Sasha Cotton

Minneapolis Youth Violence Prevention Coordinator

The Blueprint for Action to Prevent Youth Violence

The Minneapolis Blueprint for Action to Prevent Youth Violence was commissioned by the City Council in 2008.

The Health Department leads and coordinates citywide efforts to implement the Blueprint using a public health approach to reduce and prevent youth violence.

Activities focus on:

- planning and service coordination with jurisdictional partners
- technical assistance to community-based agencies
- data analysis and new program development to address service gaps

Our Public Health Approach

A public health approach

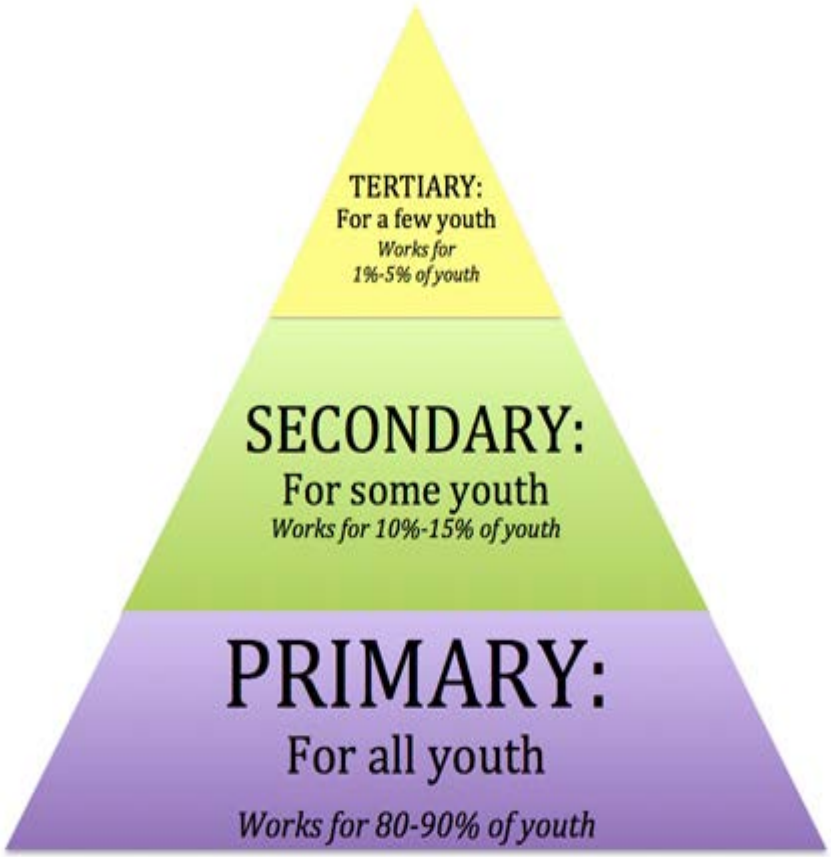
- identifies the issue using epidemiologic methods
- defines risk factors and protective factors
- develops interventions
- implements intervention
- evaluates those interventions
- interventions are multi-tiered but ultimately have a population or community base

Five Blueprint Goal Areas

The Blueprint for Action to Prevent Youth Violence operates with five goal areas:

- Foster violence-free social environments
- Promote positive opportunities and connections to trusted adults for all youth
- Intervene with youth & families at the first sign of risk
- Restore youth who have gone down the wrong path
- Protect children and youth from violence in the community

Prevention Pyramid



Public Health and National Forum Alignment

National Forum-Prevention

Public Health-Primary Prevention

Goal-Foster violence-free social environments

Goal 1 Example-Pop up Parks

Public Health and National Forum Alignment

National Forum- Prevention

Public Health- Primary Prevention

Goal Two- Promote positive opportunities and connections to trusted adults for all youth

Example of Goal Two
Police and Youth Dialogues

Public Health and National Forum Alignment

National Forum- Intervention

Public Health - Secondary Prevention

Goal 3- Intervene with youth and families at the first sign of risk

Goal 3 Example

- Inspiring Youth Case Management Services
- Juvenile Supervision Center

Public Health and National Forum Alignment

National Forum- Re-entry

Public Health – Tertiary Prevention

Goal- Restore youth who have gone down the wrong path

Example of Goal 4 - BUILD Leaders

Public Health and National Forum Alignment

National Forum- Enforcement

Public Health – Tertiary Prevention

Goal- Protect children and youth from violence in the community

Example of Goal 5

Promote positive contacts between youth/the community and police

Ensure a timely coordinated response to youth crime

Decrease youth access to guns

Minneapolis 2040 Health Research Team Update

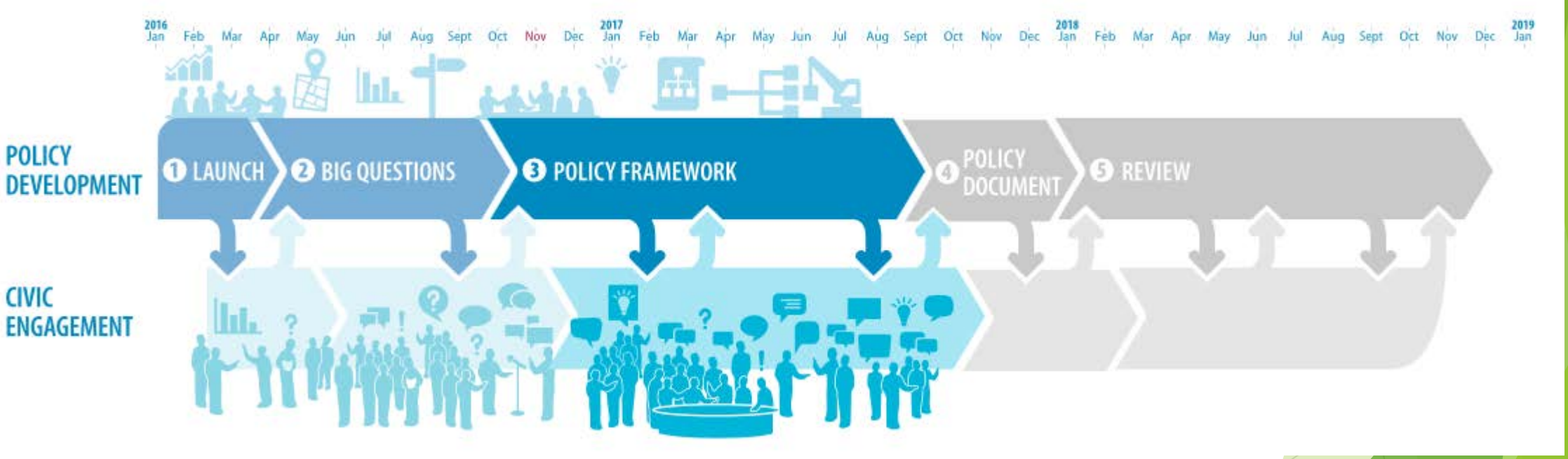
Jennifer Pelletier, PhD, MPH

Presentation to the Minneapolis Public Health Advisory Committee

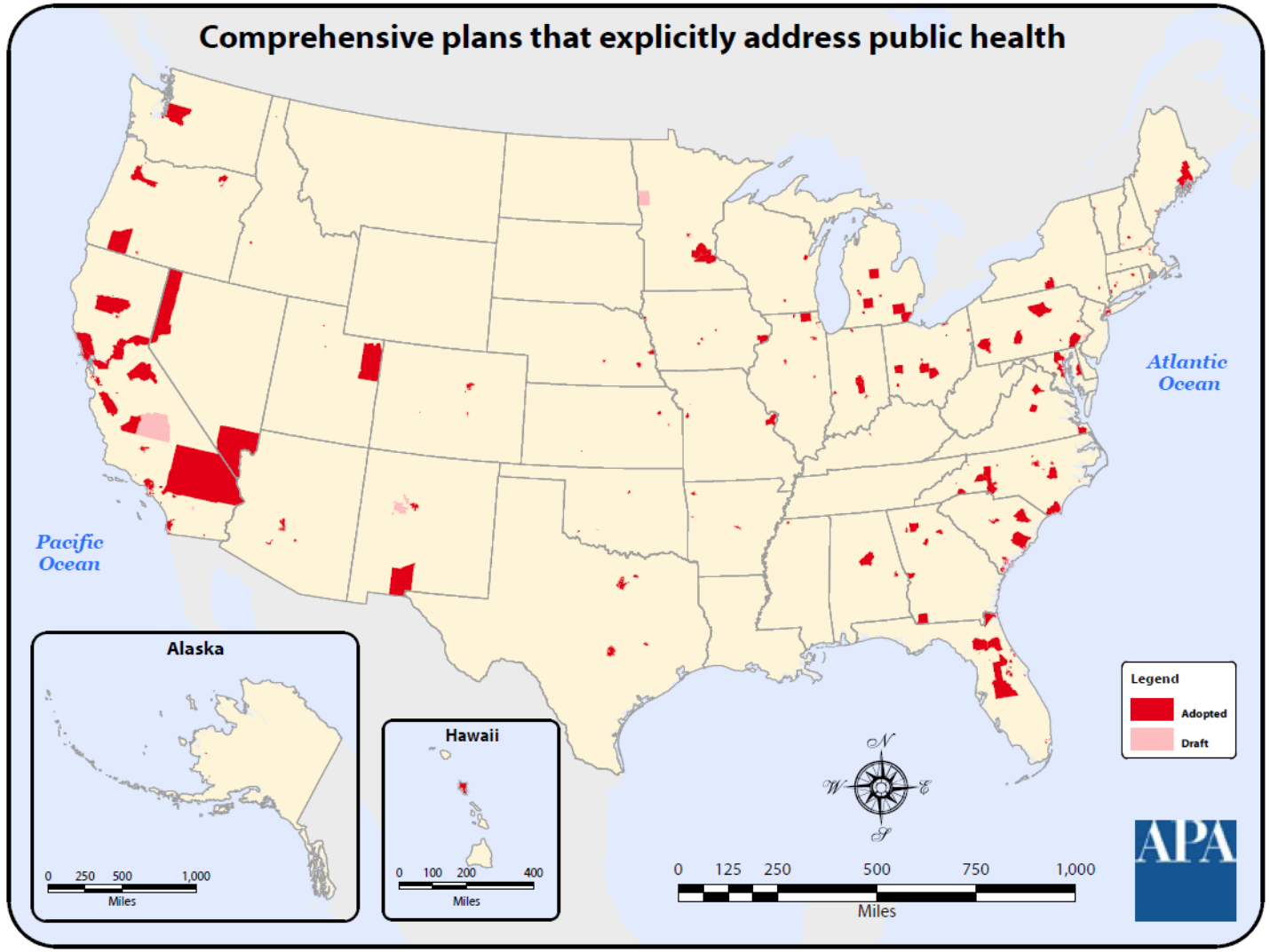
November 29, 2016

Comprehensive Plan Values

Comprehensive Plan Process



Health and Comprehensive Planning



27 adopted or draft plans have a stand-alone health element

- St. Louis Park, MN
- Scott County, MN

https://planning-org-uploaded-media.s3.amazonaws.com/legacy_resources/research/publichealth/pdf/surveyreport.pdf (2011)

Big Questions Phase: Health Research Team

- Developed list of health topics to be considered in plan
- Drafted 1-2 page descriptions of each topic
- Examined overlap with other research teams
- Two buckets:
  - Topics that Health Team will lead
  - Topics that will be led by other research teams, with input from Health Team

Topics with Health Lead

- Healthy food
  - Equitable access to safe, healthy, and affordable food
  - Urban agriculture
- Equity, safety, and social connectedness
  - Health inequities
  - Community resilience and preparedness
  - Public safety
- Healthy development and aging
  - Early childhood development
  - Healthy youth development
  - Older adults and persons with disabilities
- Environmental health and environmental justice
  - Climate change
  - Environmental justice

Topics sent to other teams

- Economic Competitiveness
  - Job access
  - Healthy, safe, and equitable workplaces
  - Stability and wealth
  - Training and skill building
- Environmental Systems
  - Natural environment
  - Clean water
- Housing
  - Healthy housing

Topics sent to other teams, cont.

- Land Use
  - Complete neighborhoods
  - Building communities for physical activity
- Parks and Open Space
  - Equitable access to active living opportunities
- Transportation
  - Active transportation

Civic Engagement

- General impressions?
- Are any topics missing or misplaced?
- Any questions or suggestions about the content of each topic area?
- Any suggestions to improve our process?

Thank you!

Jennifer.Pelletier@state.mn.us

Tel. 651-201-3667