



## Public Health Advisory Committee

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

### AGENDA

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

# What is this project?

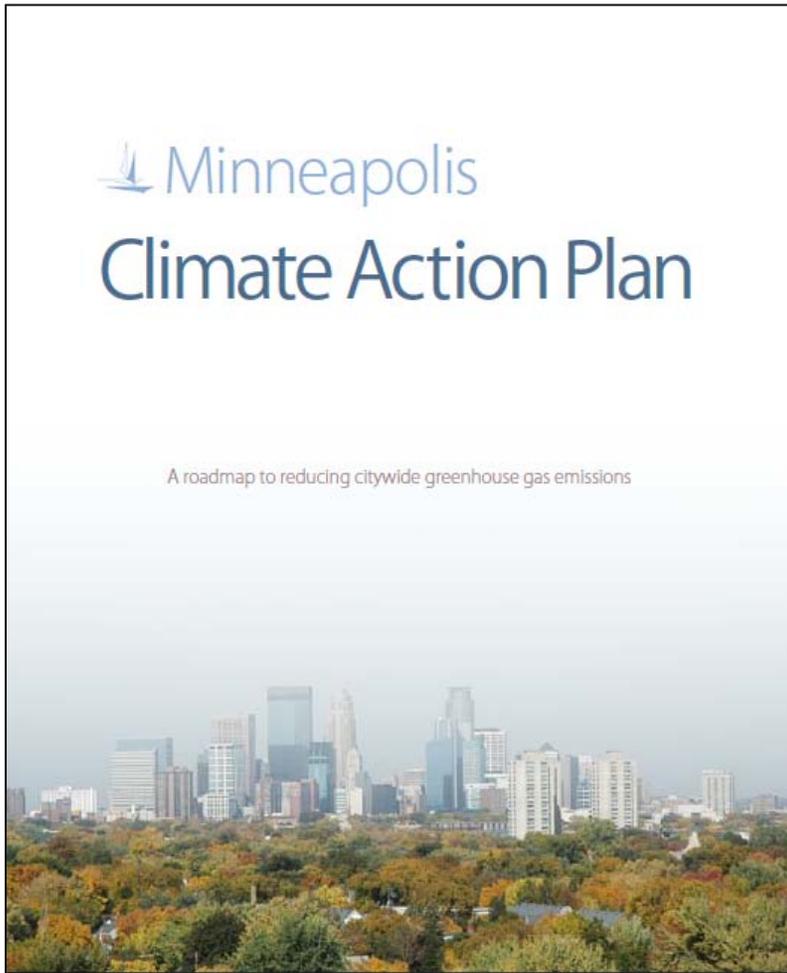
October 2015:  
City of Minneapolis  
received grant from  
Public Health Institute  
Center for Climate  
Change and Health



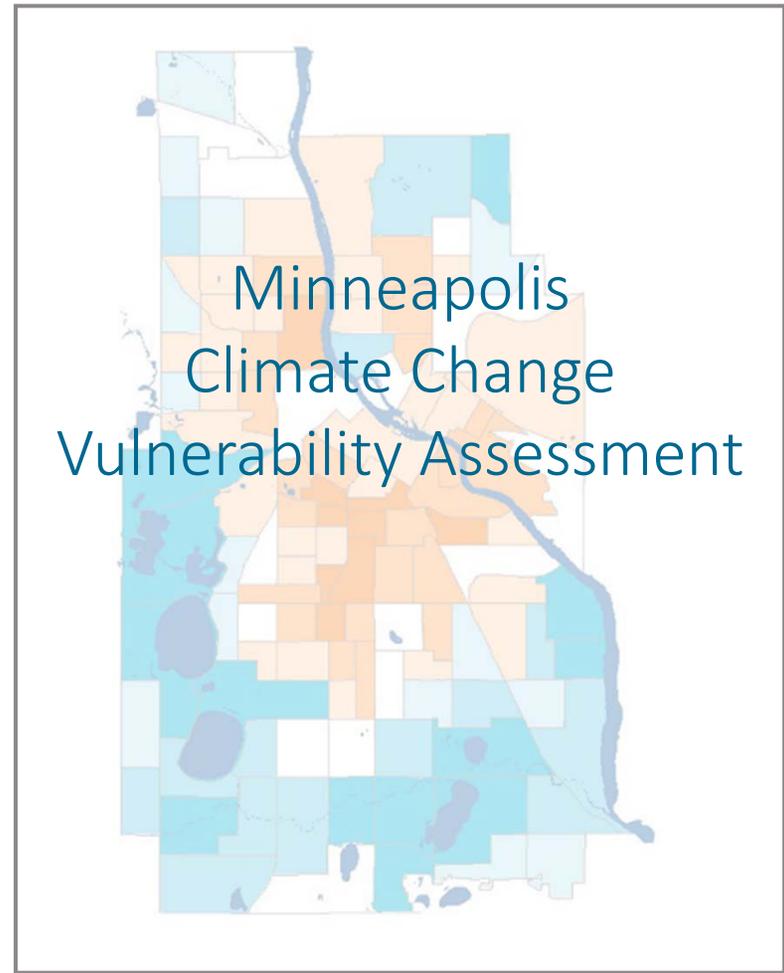
# What is climate change vulnerability?

- 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**



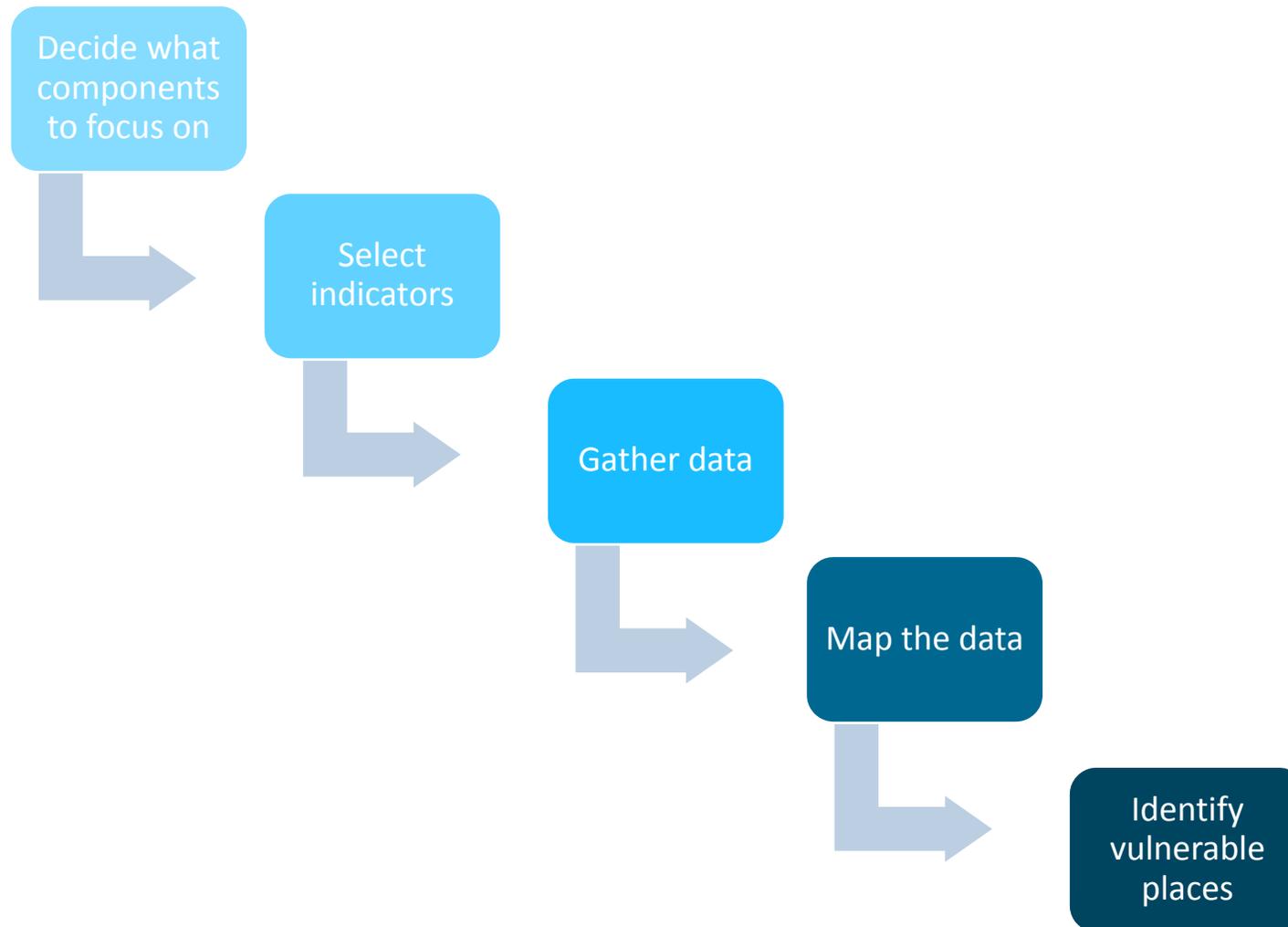
Climate and Health  
Understanding the Risk:  
An Assessment of San Francisco's  
Vulnerability to Flooding & Extreme Storms



 San Francisco Department of Public Health  
City and County of San Francisco  
Population Health Division  
Final Report, Winter 2015

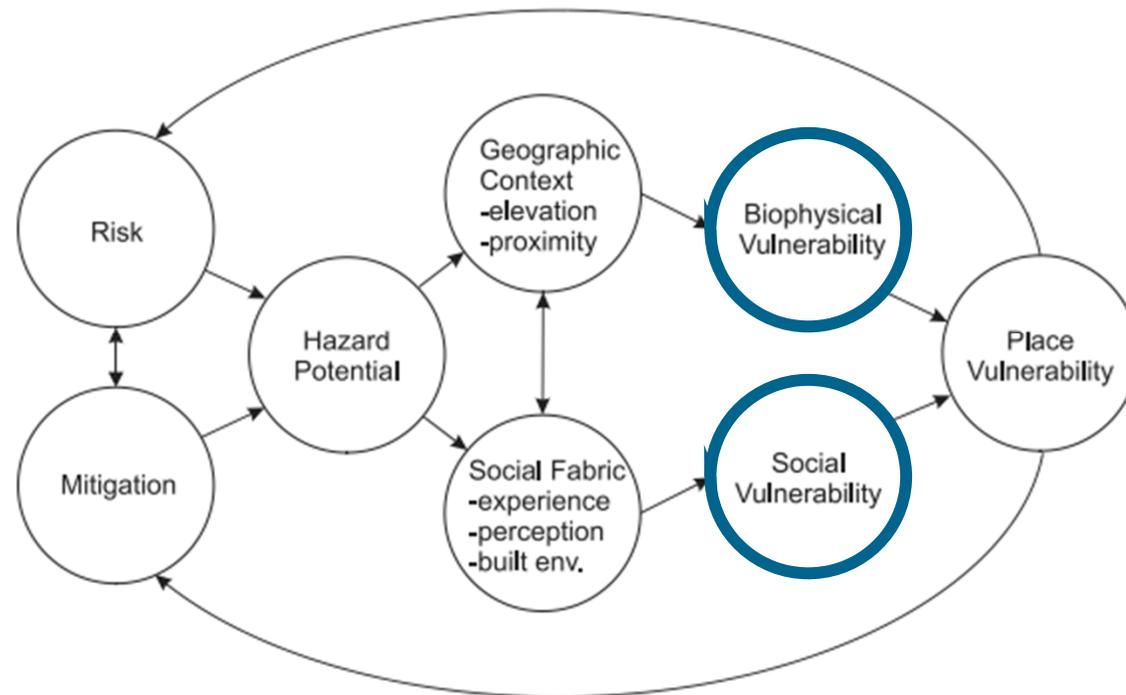


# General process of a place-based vulnerability assessment



# 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

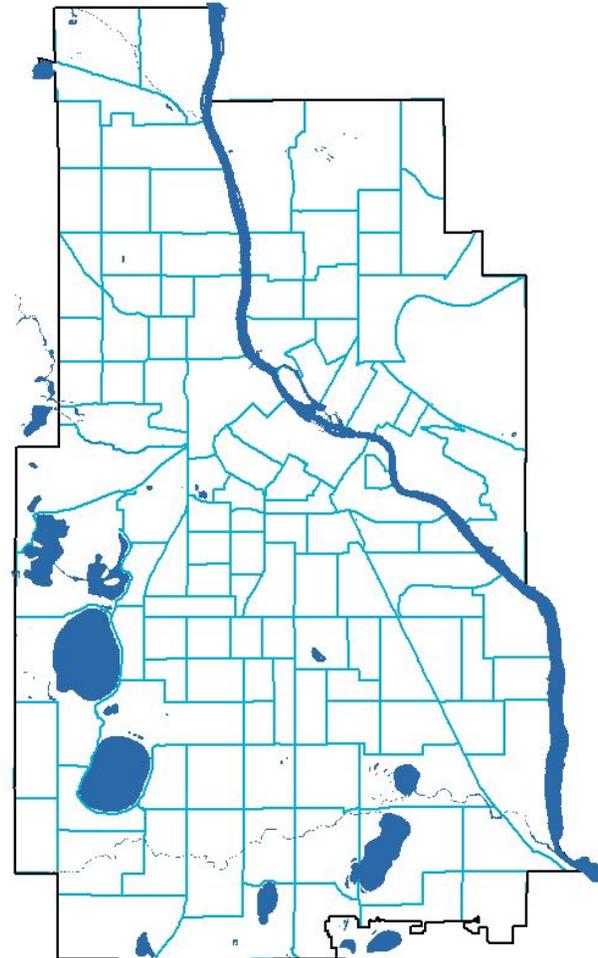
Elderly (over 65)

Young children (under 5)

People of color

Persons with a disability

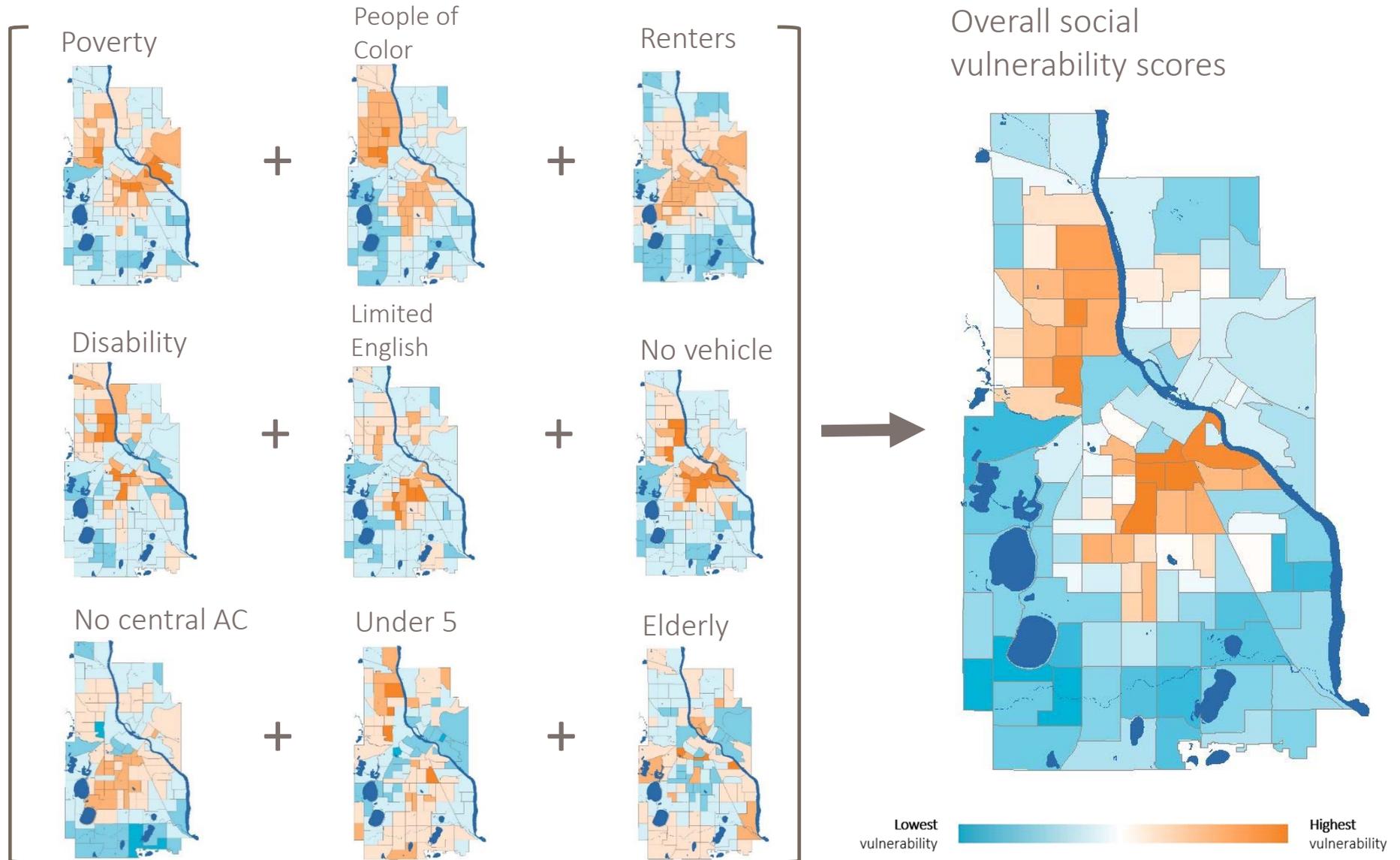
Census tracts (total: 116)



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

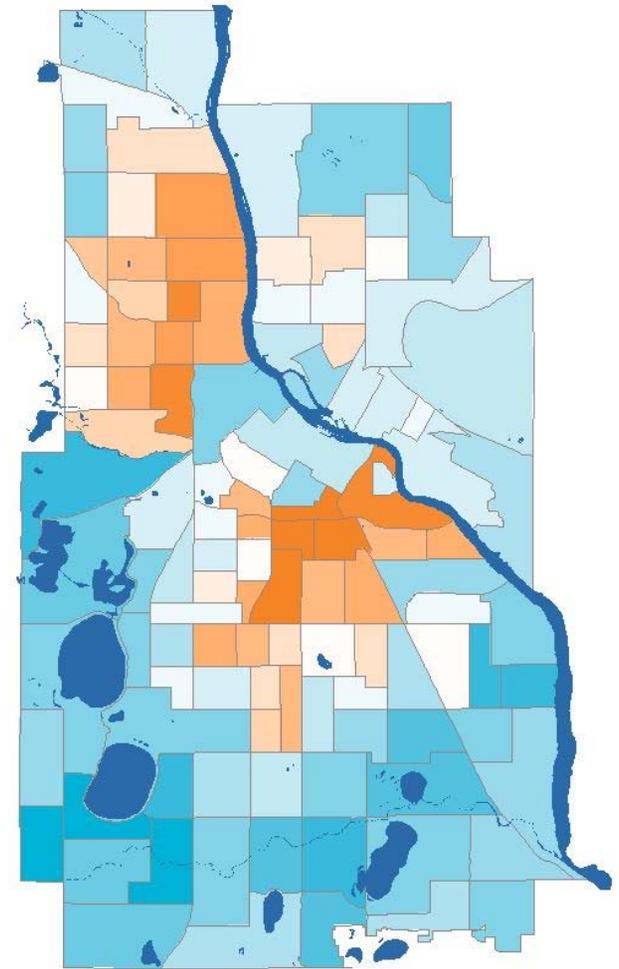
	Measure →	Rationale
Flexible	No access to a vehicle	Lack of mobility certainty
	Lack of central air	Differential access to cooling
	Renters	No control over building environment/condition
	Households in poverty	Limited access to resources
	Limited English proficiency	Limited access to information, communication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



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
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



Overall social vulnerability scores

# Landscape vulnerability to heat

1  
Social  
vulnerability

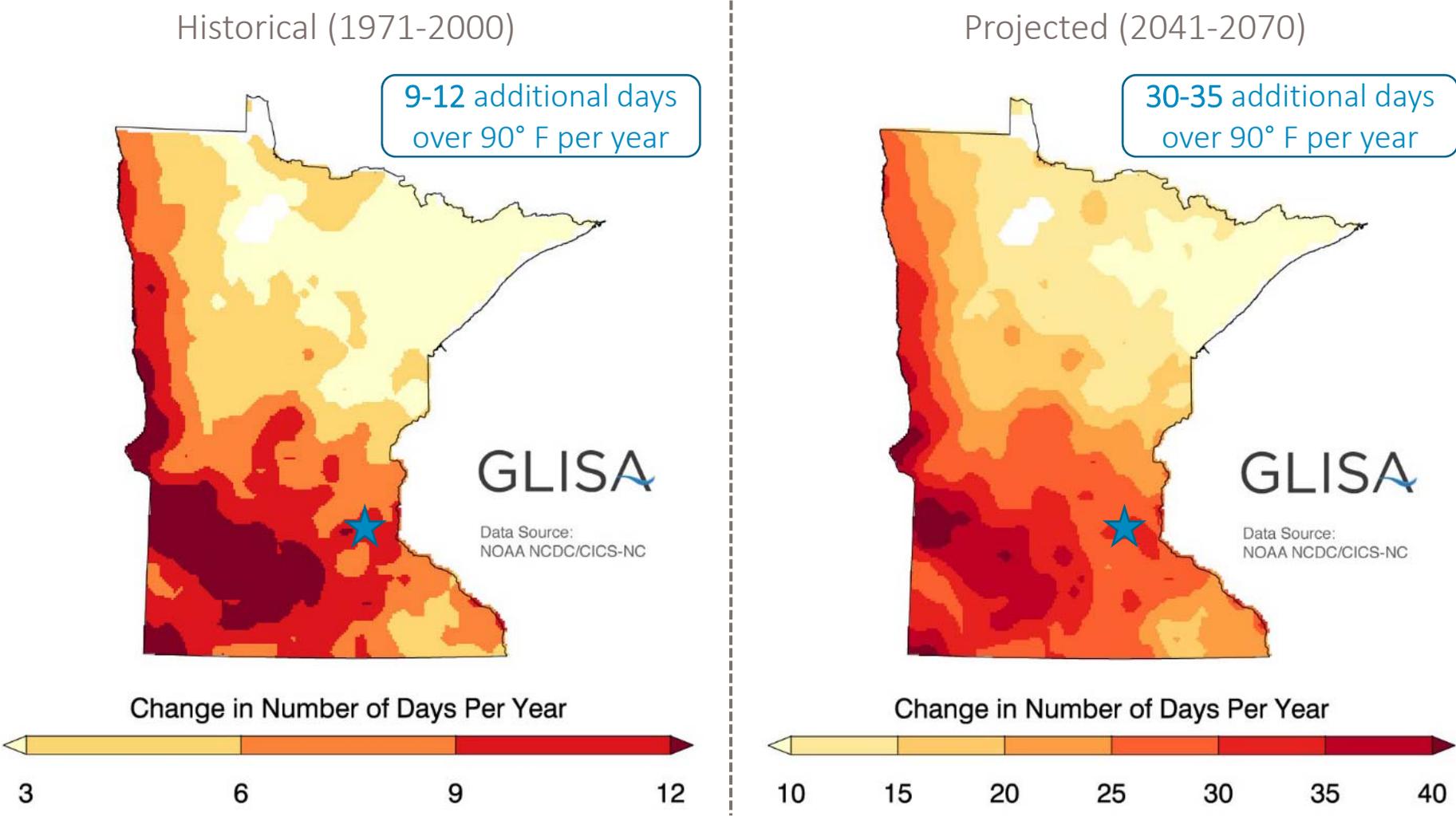
2  
Landscape  
vulnerability to  
heat

3  
Landscape  
vulnerability to  
flooding

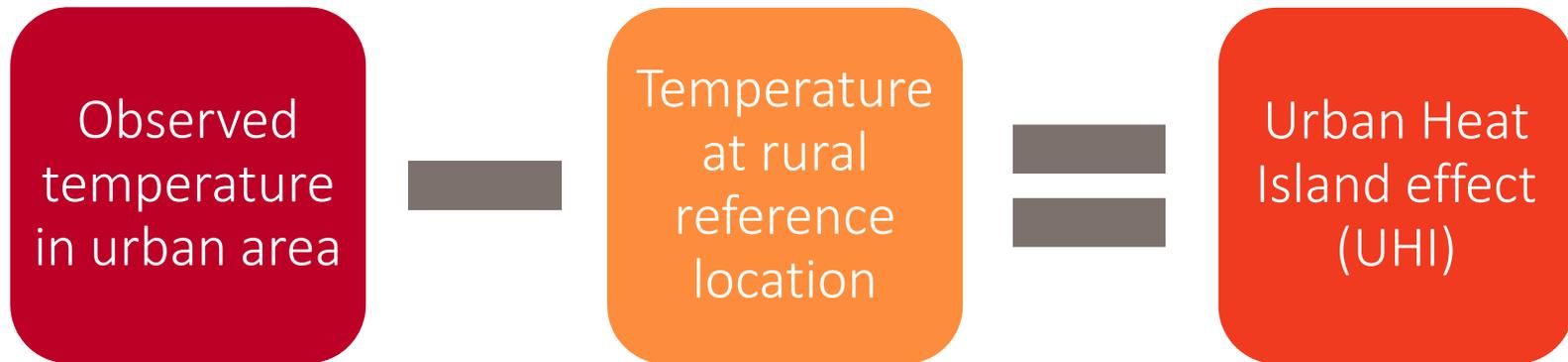
## Key messages:

- 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.



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



### Consequences of UHI:

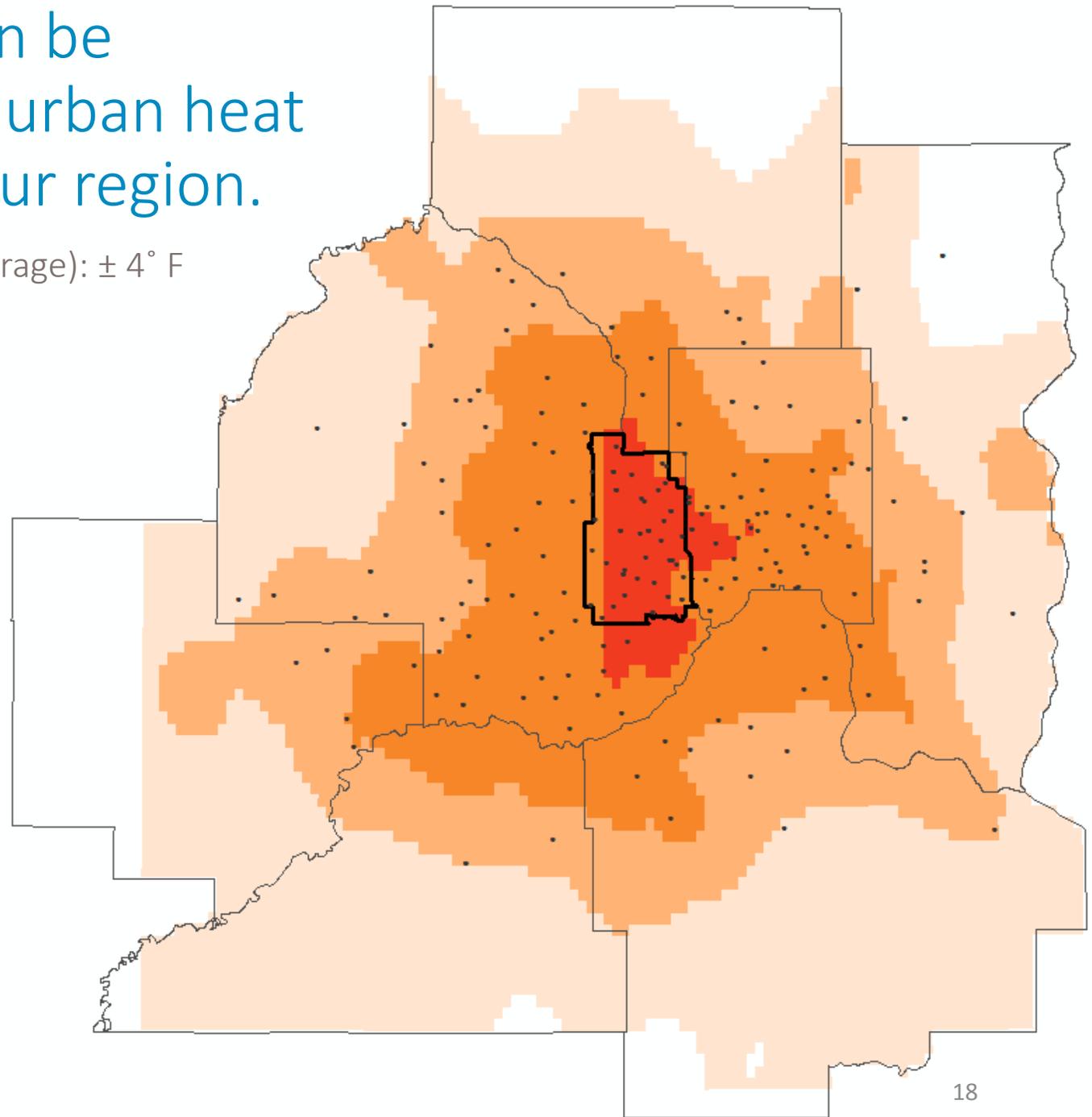
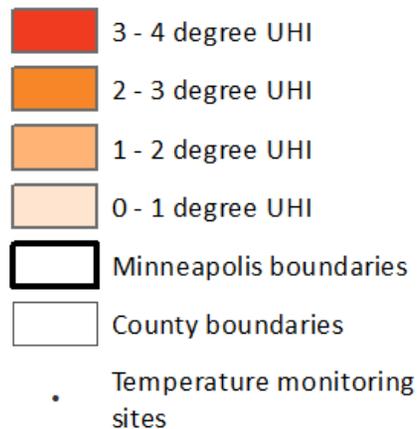
- Increased energy consumption (*Santamouris et al. 2001*)
- Urban ecosystem stresses (*Baker et al. 2002*)
- Decreased air quality (*Stone 2005*)
- Increased heat stress (*Kovats and Hajat 2008*)

Source: Smoliak et al. 2015

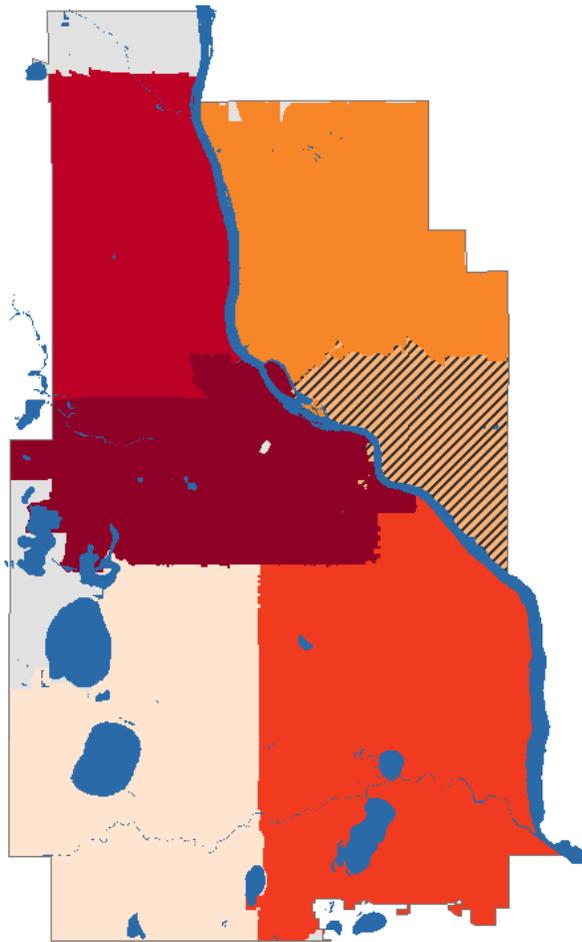
# Minneapolis can be considered the urban heat island core of our region.

June/July/August 2012 (average):  $\pm 4^\circ$  F

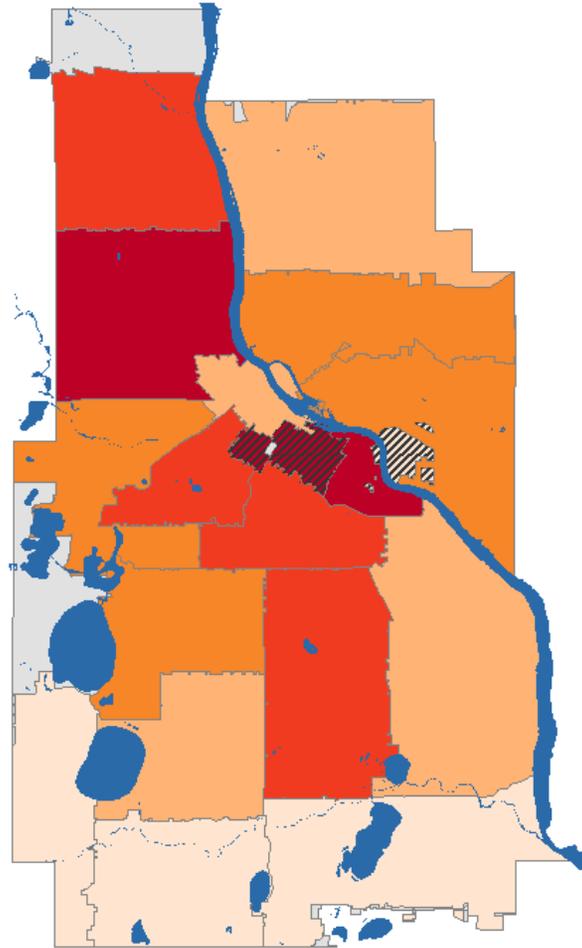
**Urban heat island effect:  
June/July/August 2012  
(degrees F)**



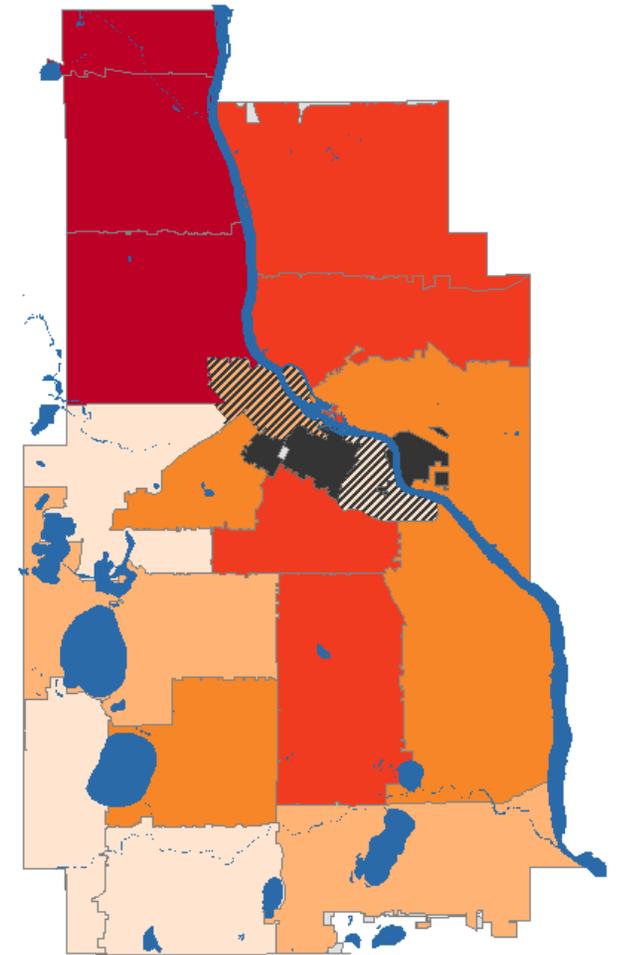
# Increases in temperature influence health outcomes, and these outcomes vary by place.



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



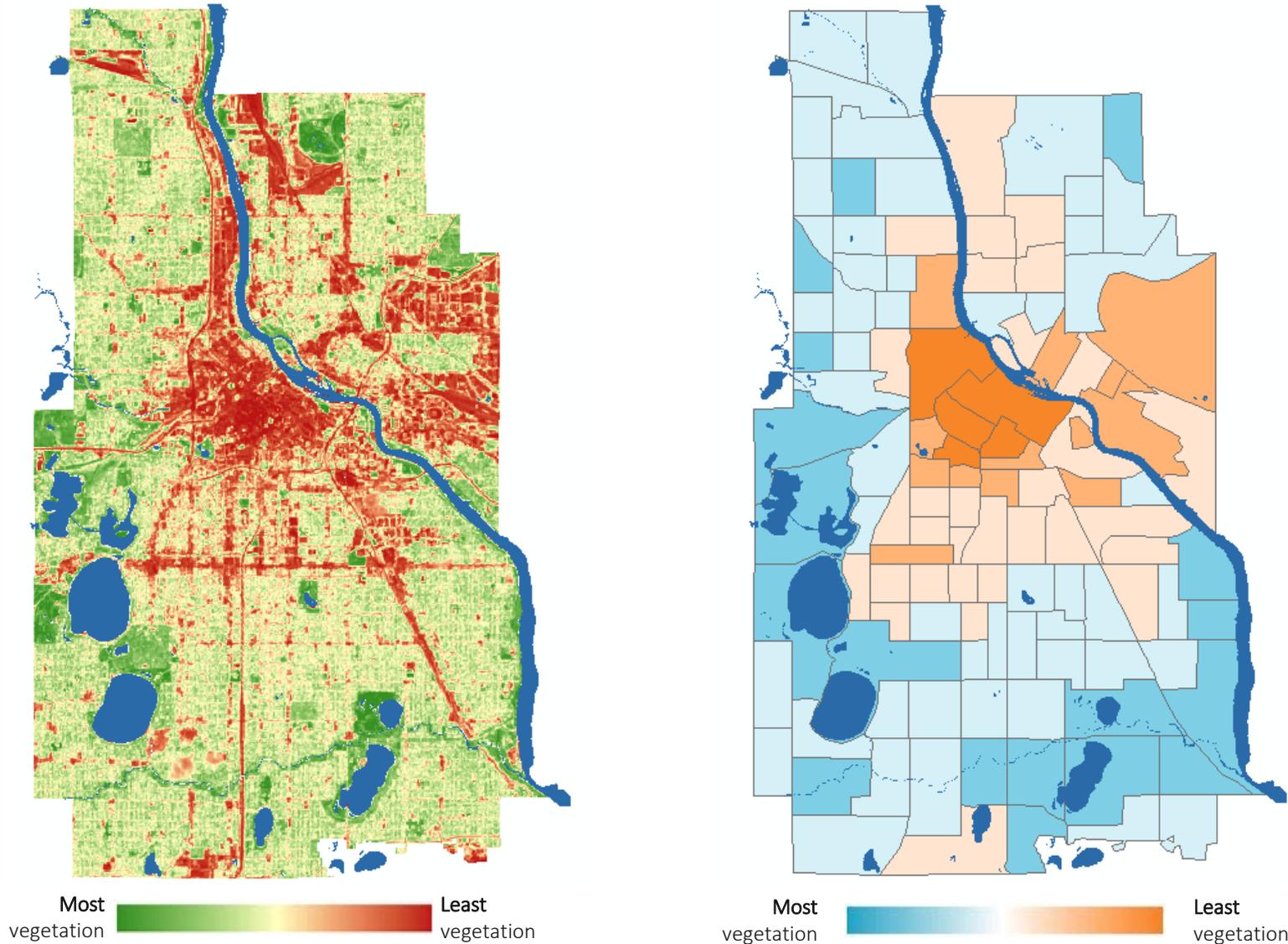
Asthma emergency room visits  
(age-adjusted rate per 10,000 people)



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

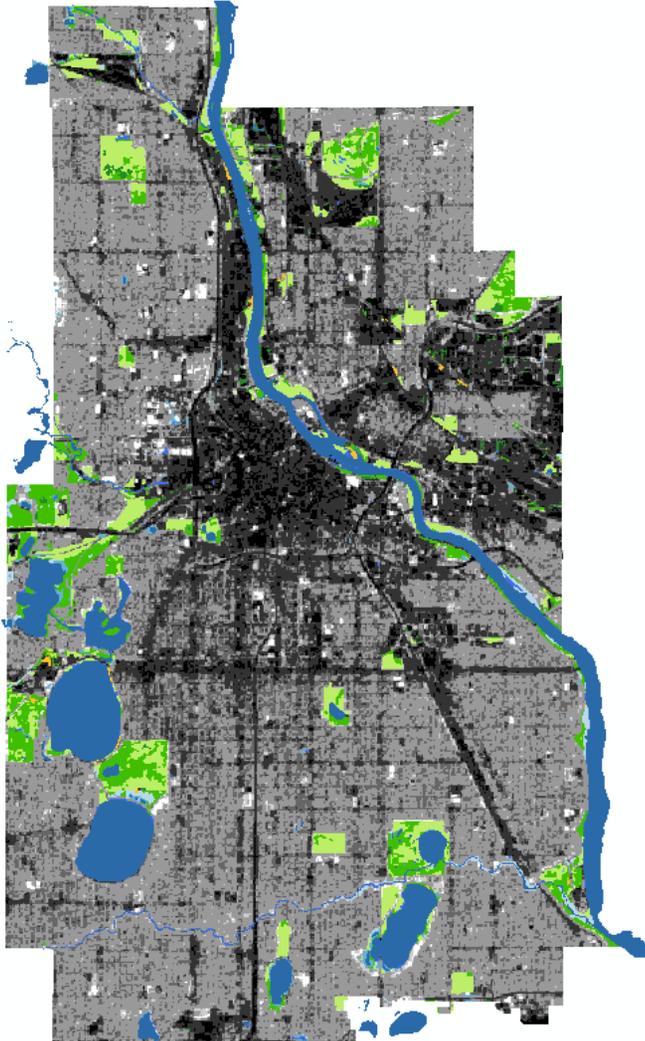
Lowest rate  Highest rate  Unstable rate  Data suppressed  No data available

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

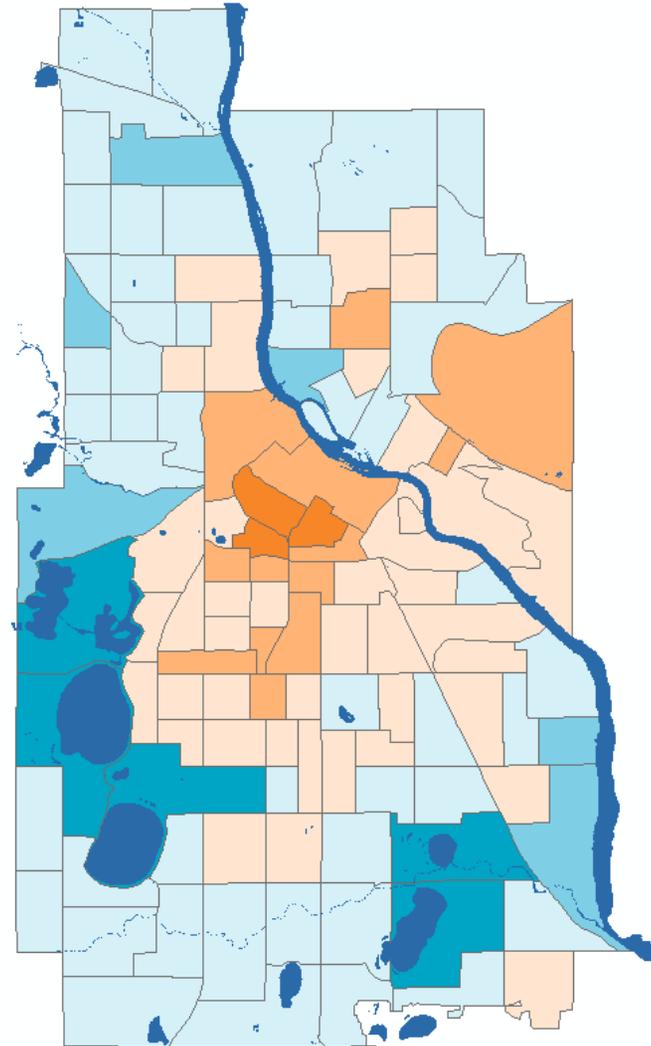


Measure: Normalized Difference Vegetation Index. Data source: United States Geological Survey (2015)

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



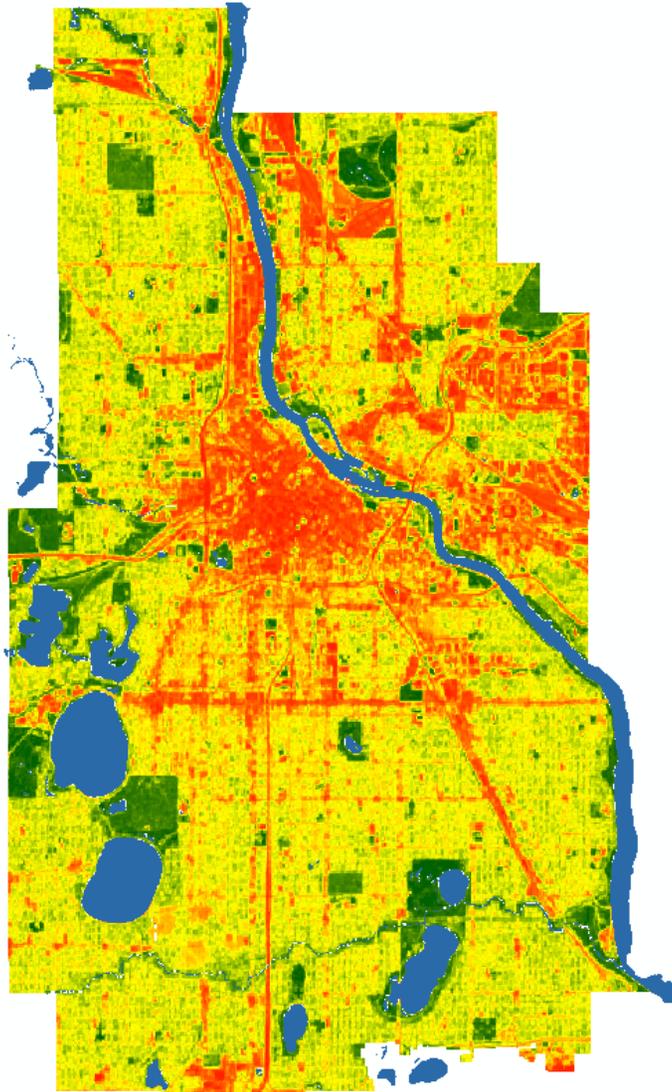
Least Impervious surface  Most Impervious surface



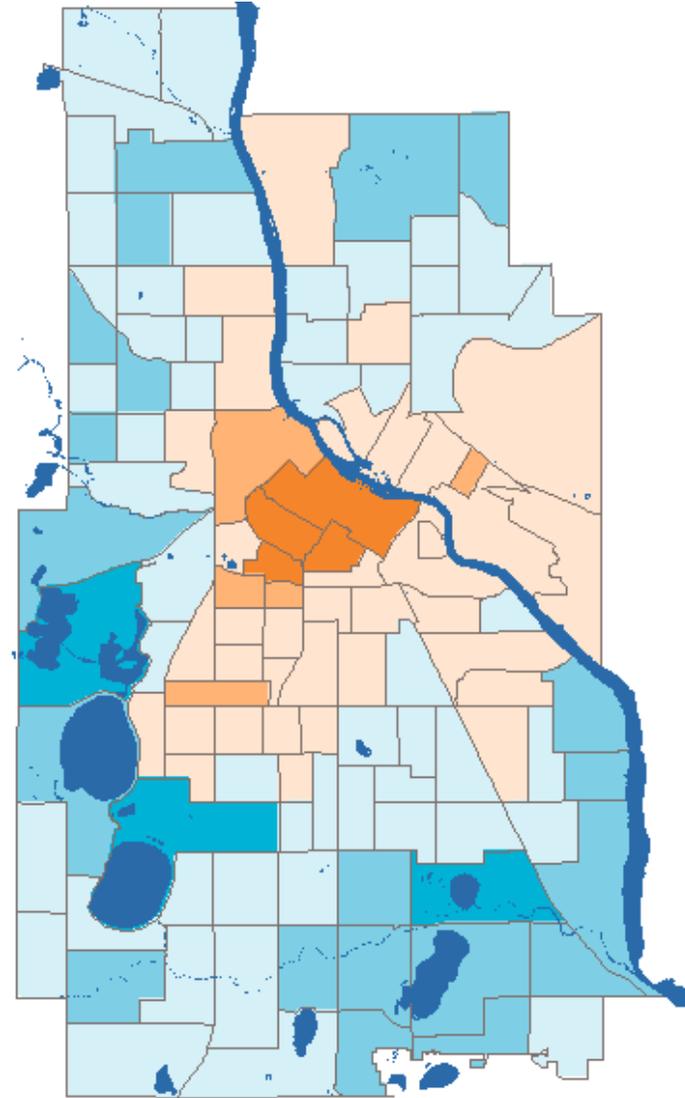
Least impervious surface  Most impervious surface

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 22

# Flooding vulnerability

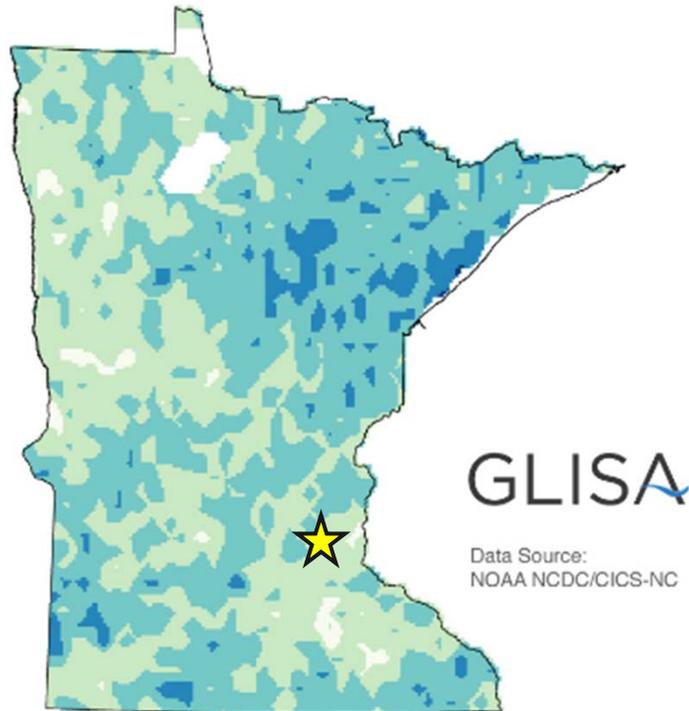


Key messages:

- 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.

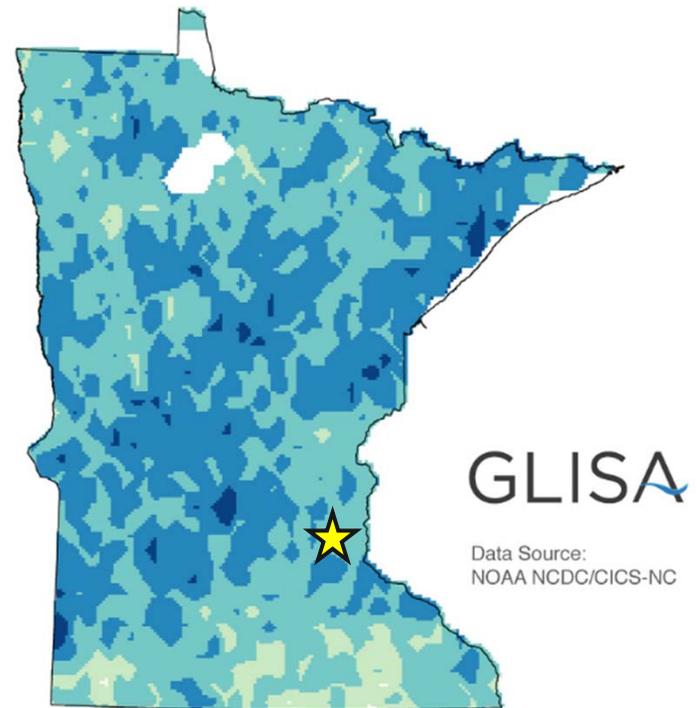
Lower emissions scenario (2041-2070)



Change in Number of Days Per Year



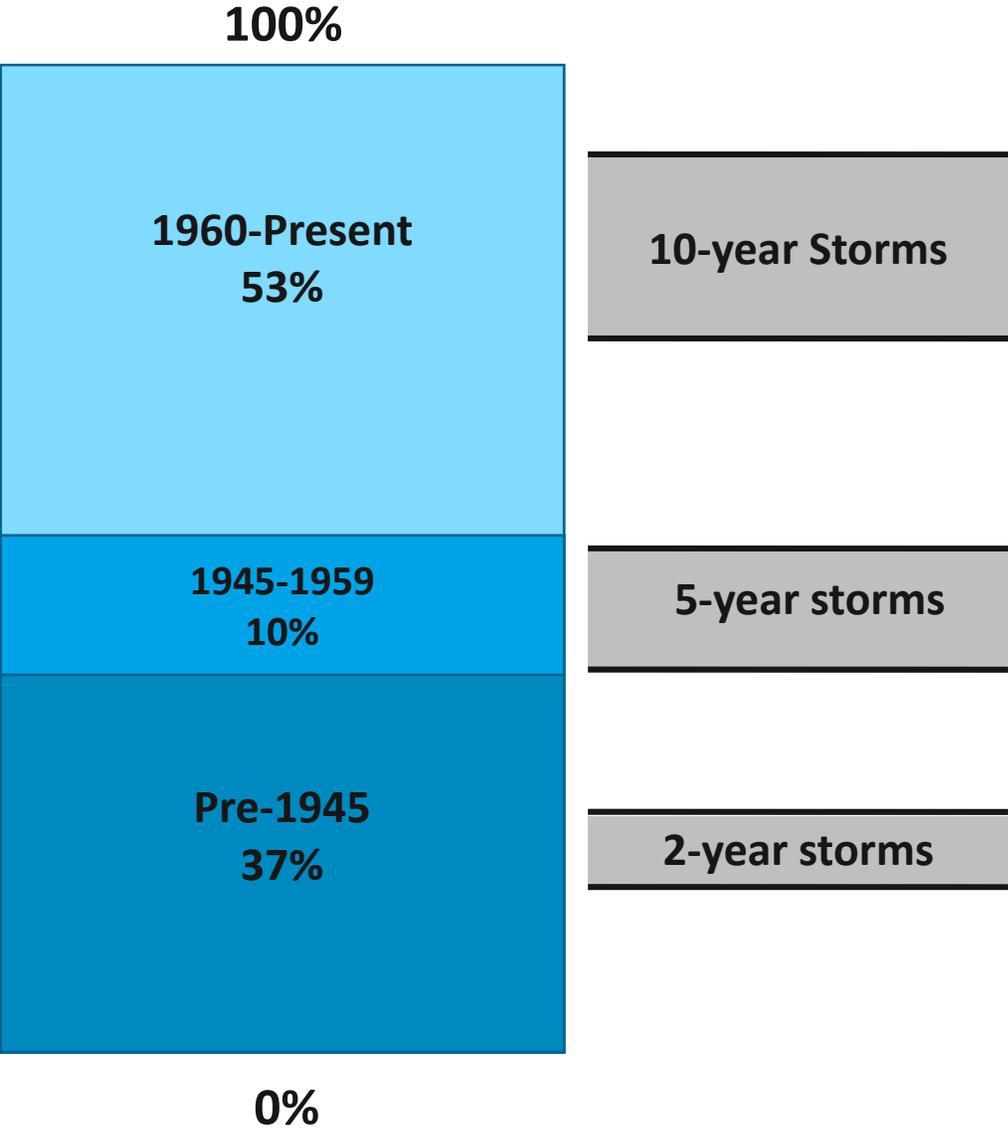
Higher emissions scenario (2041-2070)



Change in Number of Days Per Year



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

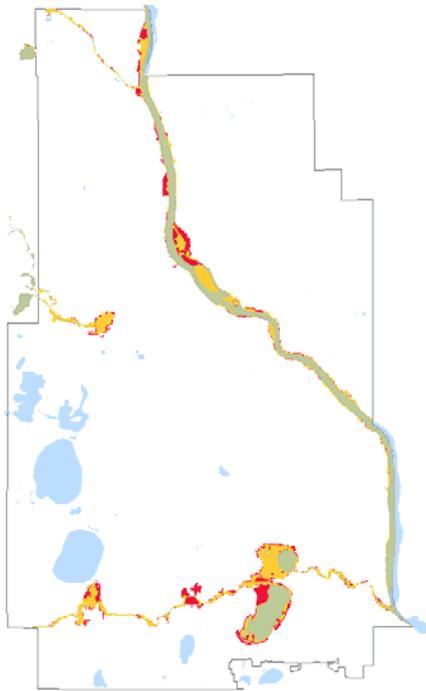


More frequent and intense heavy rain events increases the risk of the stormwater infrastructure being overwhelmed.

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	<b>&gt;&gt;&gt; 2.3 inches / hour</b>

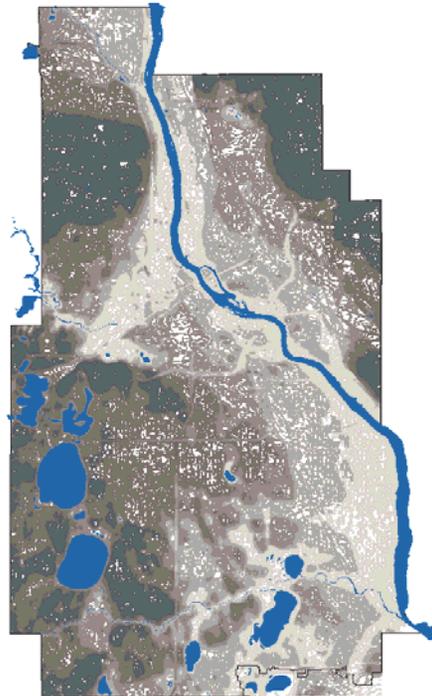
These are the main factors that contribute to overloading the stormwater drainage system.

Floodplains



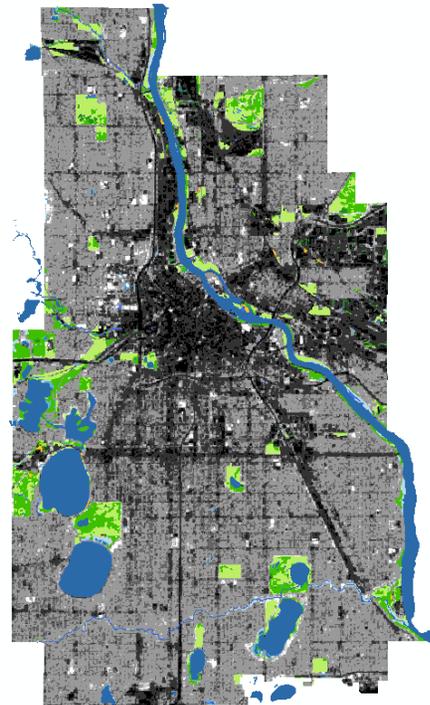
100-year floodplains  
 500-year floodplains

Elevation



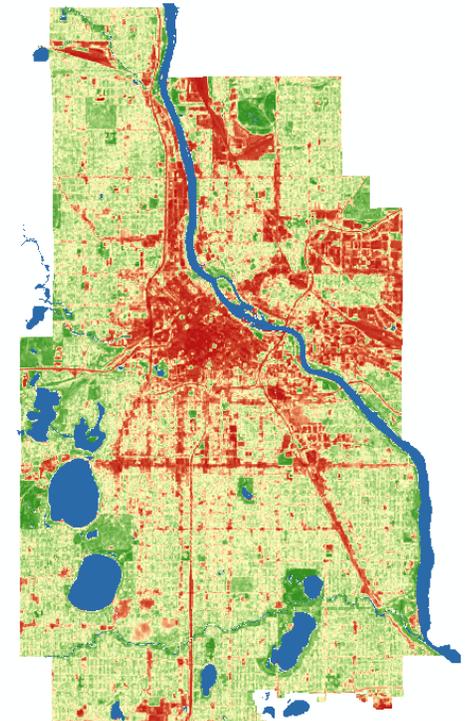
Highest: 881 - 978 feet  
 859 - 880 feet  
 845 - 858 feet  
 831 - 844 feet  
 Lowest: 704 - 830 feet

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)

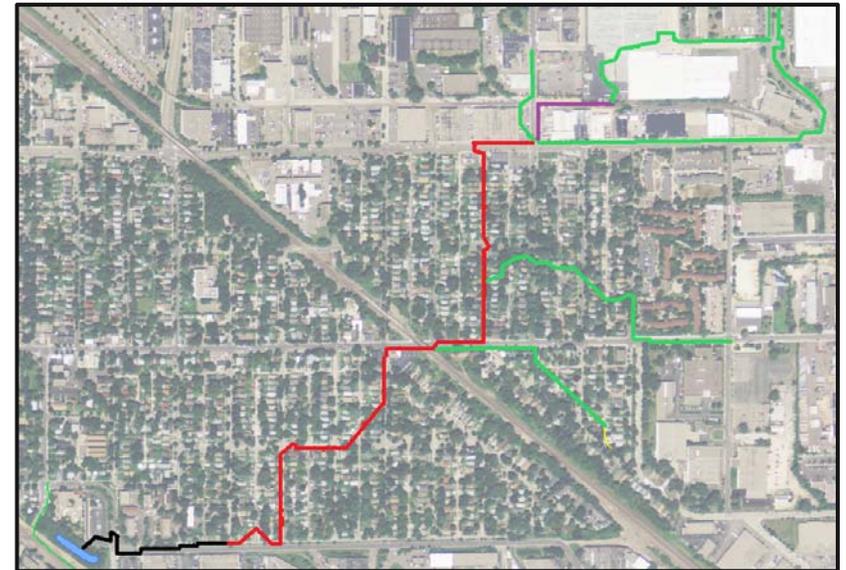
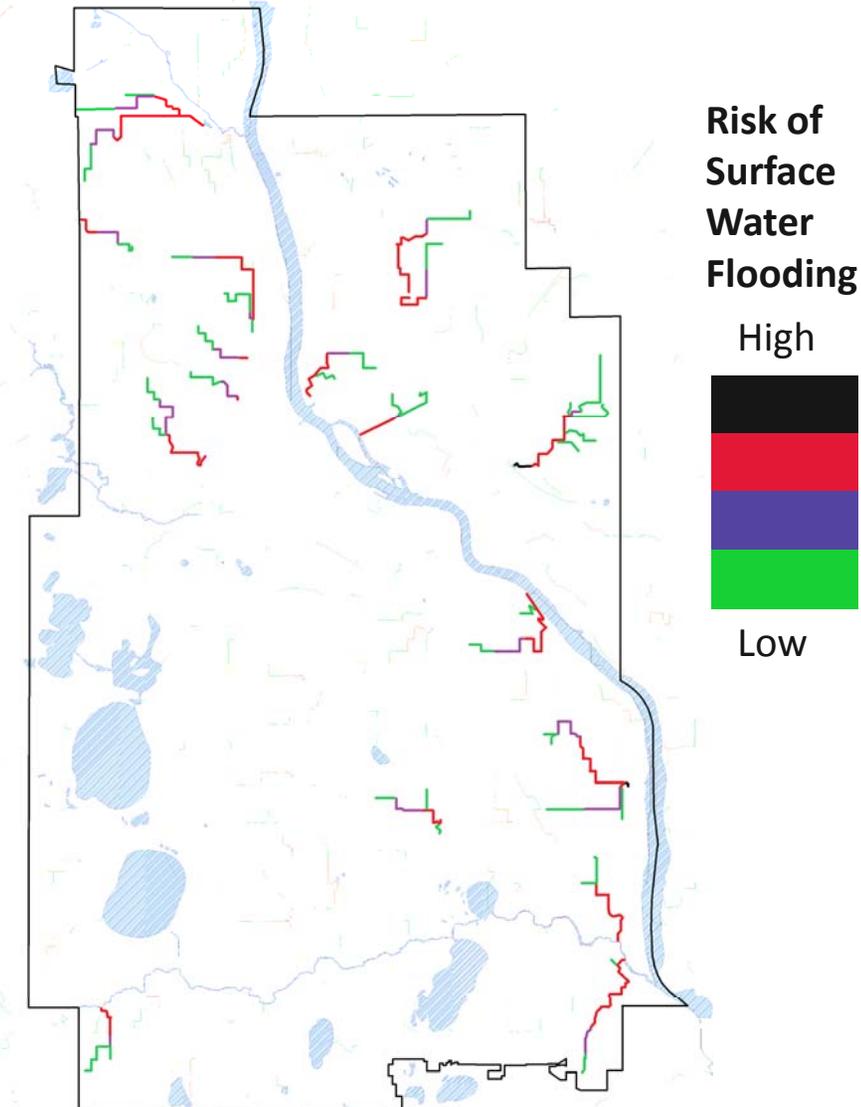
Measure: Normalized Difference Vegetation Index. Data source: United States Geological Survey (2015)

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



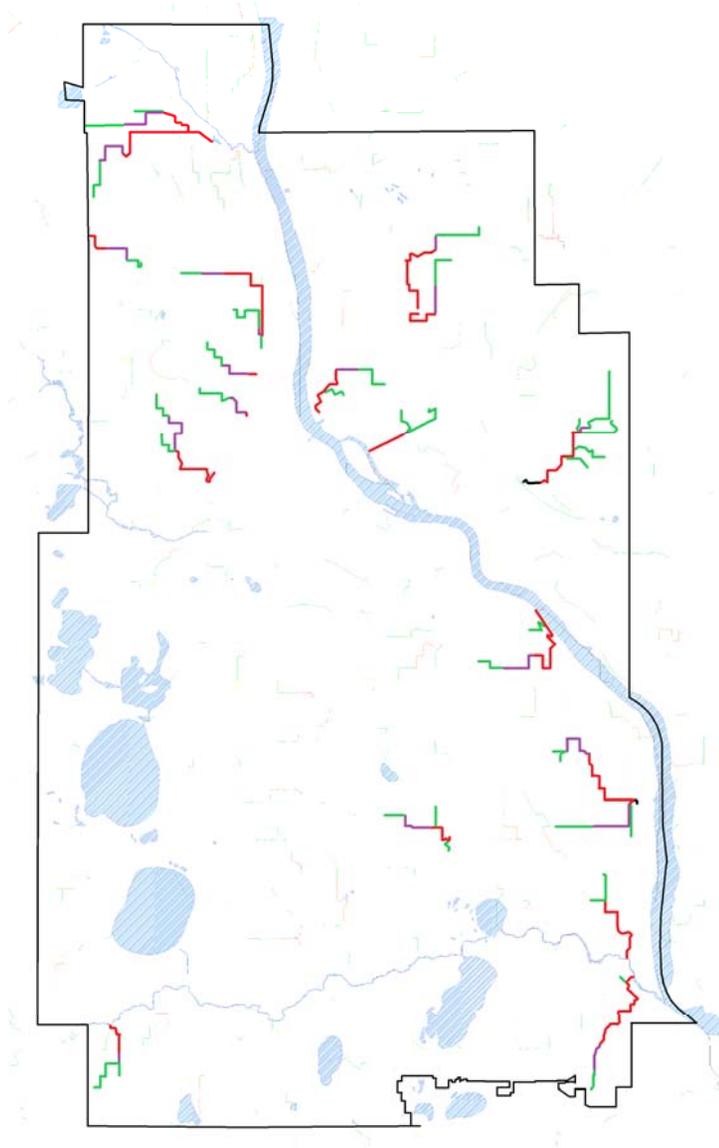
Como Neighborhood



Powderhorn Neighborhood

Source: Digital Elevation Model provided by City of Minneapolis

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

# 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



# Discussion



Public Health Advisory  
Committee

2015  
Annual Report

May 2016

Health Department

## Executive Summary

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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

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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

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### 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

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### 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

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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)

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In 2013, the PHAC was introduced to the Air Quality Study which was designed to provide additional air quality information at the neighborhood level. Several committee members volunteered to 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

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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

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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...

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- 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 Mainz 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 2016)
- **Accreditation** – Site visit report due May 2016

## **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

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*