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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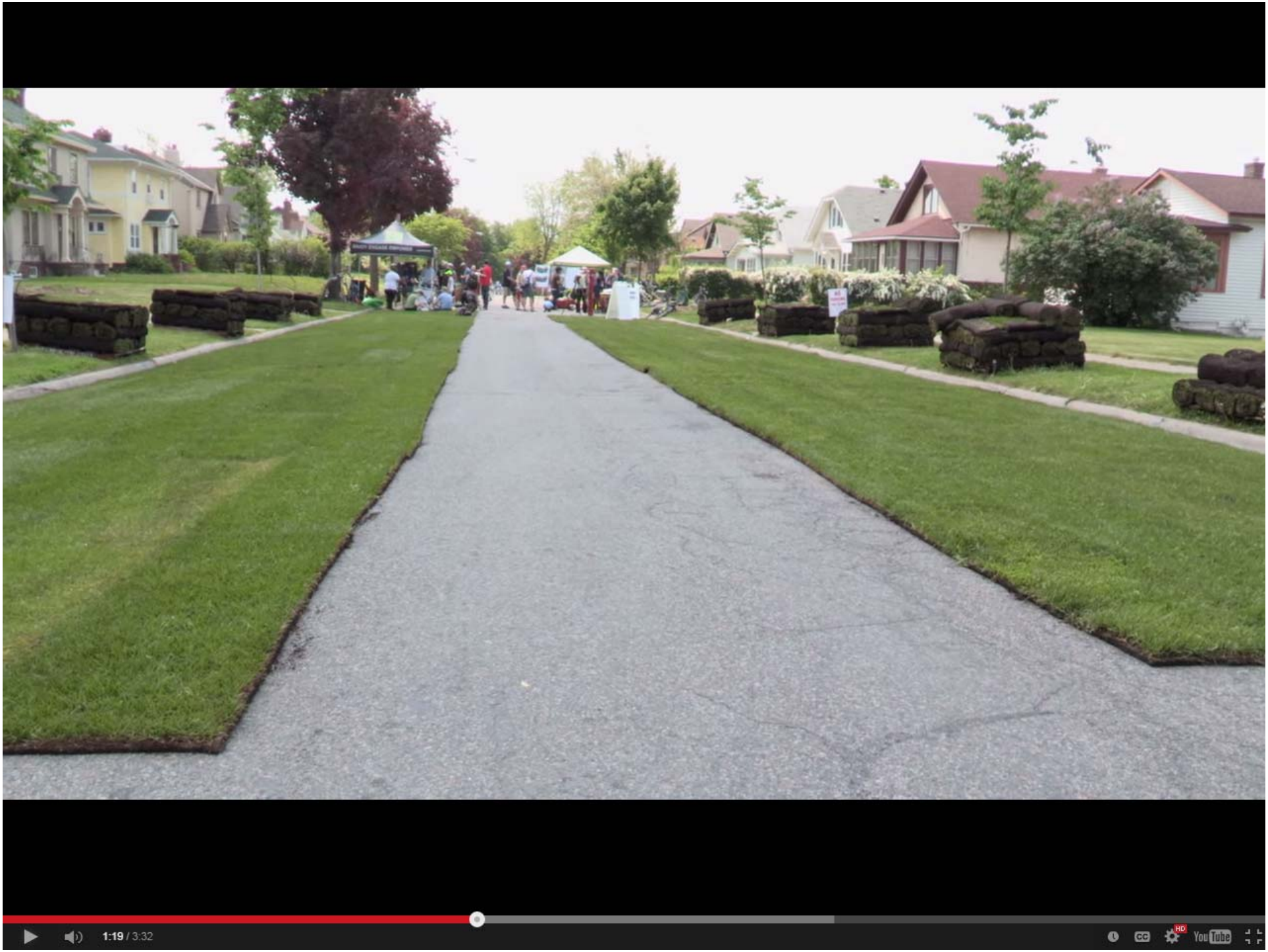
North Minneapolis Greenway

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

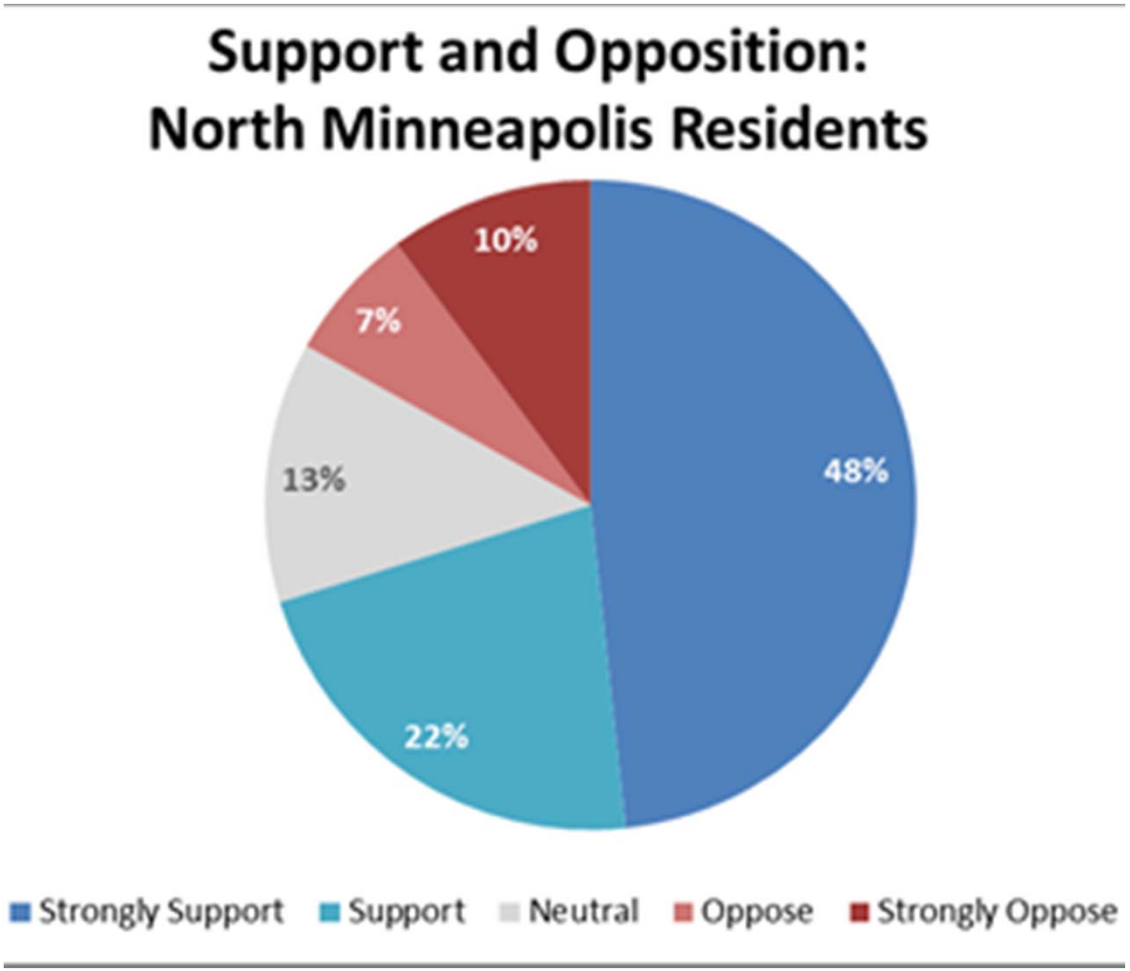
Camden Neighborhood Center
Jordan Area Community Council
City of Minneapolis
Major Taylor Bicycling Club of Minnesota
Redeemer Center for Life
Hispanic Advocacy and Community Empowerment through Research
Northside Residents Redevelopment Council
Minneapolis Highrise Representative Council
Project Sweetie Pie
Minneapolis Bicycle Coalition
Hmong American Mutual Assistance Association
Hmong American Partnership
Alliance for Metropolitan Stability
Peace Collaborative Partners
Lao Assistance Center of Minnesota

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



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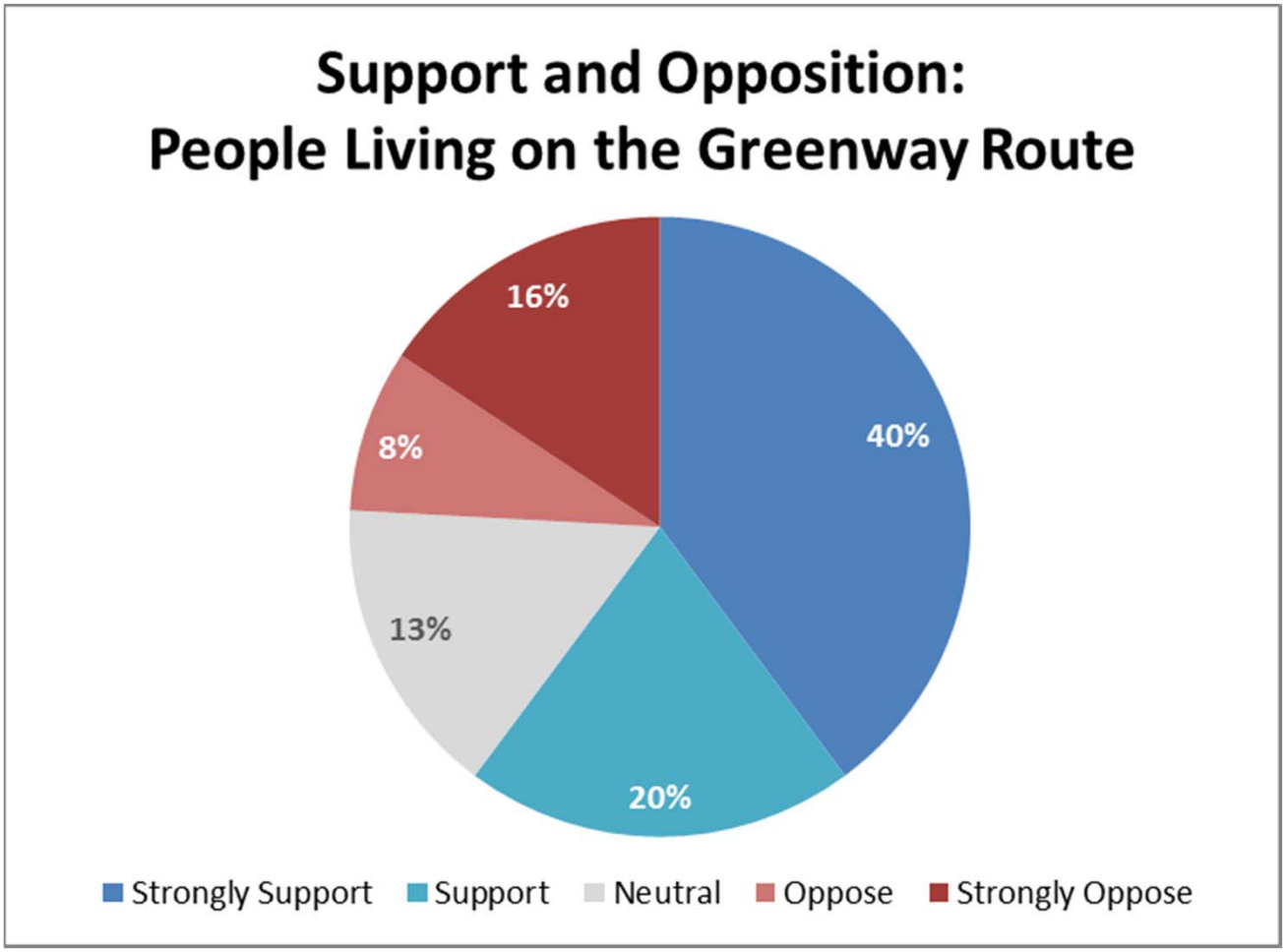
2014 Engagement Results



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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

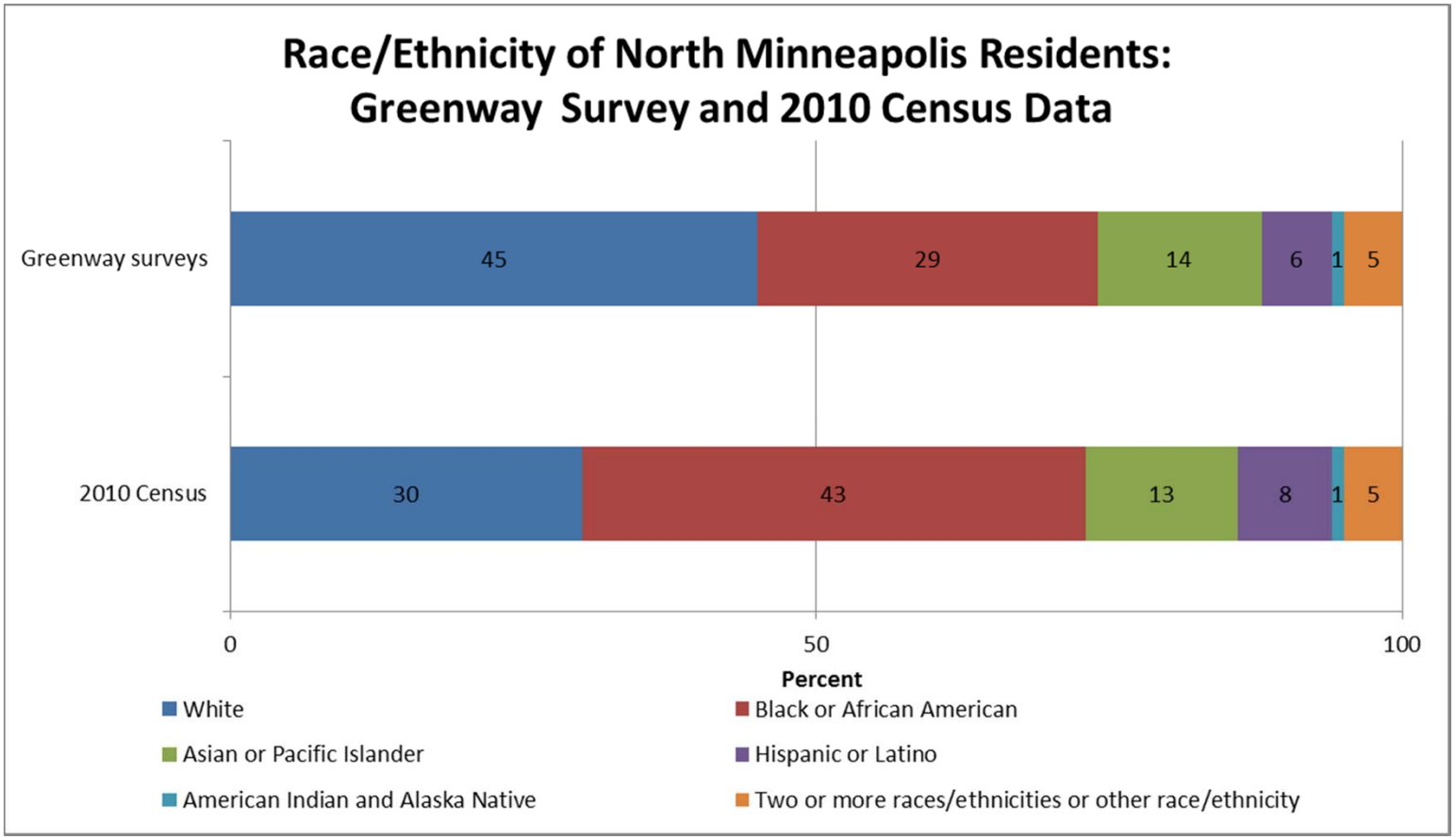
Concerns:

- 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.

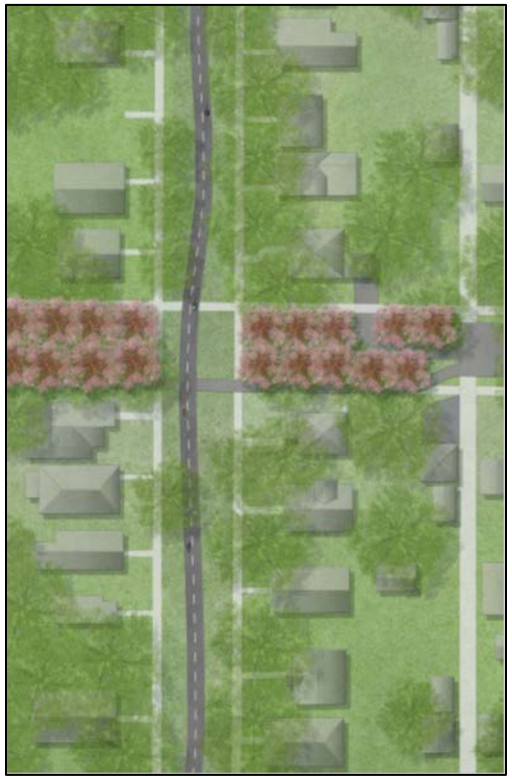
Funding for this project is provided in part by the Center for Prevention at Blue Cross and Blue Shield of Minnesota.

BlueCross BlueShield Minnesota
Center for Prevention

Minneapolis City of Lakes

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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Attention: If you have any questions regarding this material please call Minneapolis Health Department at 612-673-2301.
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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.

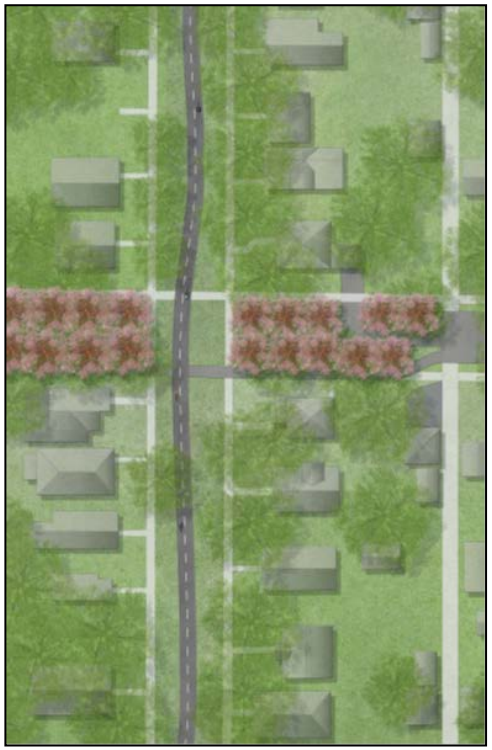
Los fondos para este proyecto los proporcionó, en parte, el Centro para la Prevención de Blue Cross and Blue Shield of Minnesota.

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

Minneapolis
City of Lakes

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.

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.

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

- Specify all Users and Modes
- All Projects and Phases
- Exceptions

Best Practice Elements

- Create a Network
- Jurisdiction
- 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

Minneapolis
City of Lakes

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

Minneapolis
City of Lakes

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

Comprehensive Plan
Small Area Plan
Planned Bikeway
Intersects Future Transitway
Site Visits

Issue Identification

On-street parking, Encroachments
Lacks Lighting, Sidewalk Gaps,
Connectivity to Schools, Aging
Pavement, Drainage, etc.

Documentation and Evaluation of Modal Needs

1. Pedestrians
2. Transit Users
3. Bicyclists
4. Automobiles

Develop 0% PRO

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

Core Team Assignment

TPP, Traffic, CPED, Streets, Water
Revisit objectives, Perform research,
Establish roles and responsibilities

PHASE 3 – PUBLIC INVOLVEMENT AND COUNCIL APPROVAL

Stakeholder Outreach

Elected Officials, Neighborhoods, Advisory Committees, Public and Private Utilities, Business Associations,
Consider local context,
Follow community engagement plan

Develop 30% PRO

Assess Objectives, Revisit documented needs, Document decision making process, Develop 30% Design, Follow design criteria, Balance modal needs

Council Approved Layout

Obtain feedback, Receive approval,
Proceed to detailed design

PHASE 4 – DETAILED DESIGN

Coordination with Other Projects

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

Develop 60% PRO

Address objectives, Document decision making process, Develop 60% Design, Follow adopted design criteria, Balance modal needs, Evaluate impacts

Develop 90% PRO

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