



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?
<i>Policy & Planning: Lead committee discussion re: prioritizing activities / goals for 2016 agenda planning</i>	<i>Harrison Kelner / Sarah Jane Keaveny</i>	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**



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
<p>Introduction</p> <p>PHAC Logistics / Dept. Updates</p>	<p>Members and guests introduced themselves.</p> <p>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.</p>	
<p>Presentation: Update on Complete Streets <i>Sarah Stewart</i></p>	<p>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.</p> <p>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.</p> <p>The BAC (Pedestrian Advisory Committee) made a similar resolution.</p>	<p>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)</p>
<p>Presentation: Update on Workplace Partnership - discussion on Paid Sick Leave <i>Nuria Rivera-Vandermyde</i></p>	<p>Nuria presented to the committee on the City’s Workplace Partnership Group, its history and current situation.</p> <p>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.</p> <p>The Workplace Partnership Group began determining what a policy should look like (not if there should be a policy).</p>	<p>In December 2015, the PHAC submitted a letter of support.</p>

**Public Health Advisory Committee (PHAC)
Minutes**



Item	Discussion	Outcome
	<p>Current version includes:</p> <ul style="list-style-type: none"> • 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 <p>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.</p>	
<p>Policy & Planning: <i>Prioritizing Activities / Goals for 2016 Agenda Planning</i></p>	<p>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.</p>	<p>Discussion to continue at May meeting.</p>

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 Minneapolis¹, its Comprehensive Plan (*the Minneapolis Plan for Sustainable Growth*), and many other adopted policies.

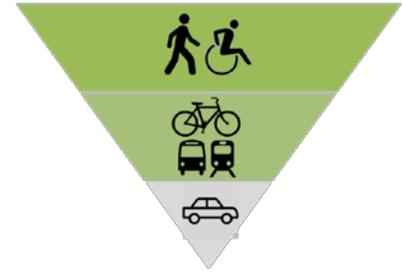
By implementing this Complete Streets policy:

- 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.

Draft - Complete Streets 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 types², 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