



City of Minneapolis
Public Health Advisory Committee

Tuesday, March 23, 2009, 6:00 – 8:00 pm
Minneapolis City Hall
350 S 4th Street, Room 132

AGENDA

Welcome & Introductions Approve Feb 23, 2010 Minutes	John Schrom Co-Chair	Vote	6:00 – 6:10
Minneapolis Demographics	Dave Johnson	Presentation	6:10 – 6:30
MDHFS Goals (2011-2015) • April community forums	Gretchen Musicant	Report & invitation	6:30 – 6:45
Urban Health Professional Advisory Committee Update • 2010 Work plan	Dave Durenberger	Report	6:45 – 6:50
Unnatural Causes – Introduction (Part 1)	Noya Woodrich/ Emily Wang?	<ul style="list-style-type: none">• Quick write (5 min)• View DVD (1 hr)• Brief discussion (5 min)	6:50 – 8:00

Next Meeting: April 27, Minneapolis City Hall, Room 132

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

**Minneapolis Department of Health & Family Support (MDHFS)
Public Health Advisory Committee (PHAC)
March 23, 2010**

Members Present: Robin Schow, Sean Cahill, John Schrom, David Therkelsen, Julie Young-Burns, Renee Gust, Samira Dini, Noya Woodrich, Gavin Watt, Jim Hart, UHPAC's Representative; Dave Durenberger

Members Excused: Debra Jacoway, Clarence Jones

Members Unexcused: Mitchell Davis Jr, Doug Lemon

Staff Present: Gretchen Musicant, Emily Wang, Hattie Wiysel, David Johnson

Guests: None

John Schrom opened the meeting at 6:10 pm at City Hall, members introduced themselves.

Item	Discussion	Outcome
Minneapolis Demographics	David Johnson from the Department's Research Division presented a <u>PowerPoint presentation</u> to show projected census information for Minneapolis. Emily reported that you can get more <u>2000 Census information</u> on the City's website.	
Department Goals	Gretchen shared the draft of City Goals and Values with the members and a <u>PowerPoint presentation</u> of department information that included an overview of what kind of work we do and the department's budget, and national health goals. Gretchen invited members to attend one of the Community Meetings that the Department will be convening to get input on goal setting. Meetings will be held April 6, 6-8pm, Sabathani Community Center and April 7 th from 10:30 – 12:30 at Minneapolis Urban League.	Members will be asked to consider this framework when giving their input on department goals at the next meeting.
Urban Health Professional Advisory Committee (UHPAC) Update	Dave Durenberger, a member of UHPAC, reported the committee recently approved their 2010 action plan. The plan builds upon preliminary work Hennepin County Medical Center (HCMC) and Minnesota Visiting Nurse Association (MVNA) conducted to establish a baseline for clear and culturally competent communication between providers and their diabetic patients. It involves an evaluation tool to measure the patients' overall experience, inclusive of how they access health information and interpreter services. The outcomes will be used to create best practices. This year they will be partnering with community clinics and Sustainable Resources Center to do similar work. Next steps will be to develop policy recommendations based upon outcomes.	
Approve February 23, 2010 Minutes	Noya Woodrich moved to accept the minutes with the addition, David Therkelsen seconded the motion, all approved.	Motion to approve February 23, 2010 minutes was carried.
Community Development Block Grant (CDBG) Subcommittee	CDBG Subcommittee was formed to begin work to develop funding principles and priorities for the next round of CDBG grant process.	Noya, Sean, Renee, John, Robin and Samira volunteered for the subcommittee. First meeting will be first week of April.
Unnatural Causes – Introduction Part I	Members viewed Part I of Unnatural Causes.	
Announcements	The Mayor reappointed Gretchen as Health Commissioner for the next two years. Emily brought Census marketing materials for members to take back to their communities. Senator Franken will be at the U of M on April 9 th – Jim will forward meeting info.	

Meeting adjourned at 8:10 pm

Minutes submitted by Hattie Wiysel

**City of Minneapolis
2000 US Decennial Census Results**

General Characteristics	Number	Percent	U.S.
Total population	382,618		
Male	192,232	50.2	49.1%
Female	190,386	49.8	50.9%
Median age (years)	31.2	(X)	35.3
Under 5 years	25,187	6.6	6.8%
18 years and over	298,449	78.0	74.3%
65 years and over	34,878	9.1	12.4%
One race	365,924	95.6	97.6%
White	249,186	65.1	75.1%
Black or African American	68,818	18.0	12.3%
American Indian and Alaska Native	8,378	2.2	0.9%
Asian	23,455	6.1	3.6%
Native Hawaiian and Other Pacific Islander	289	0.1	0.1%
Some other race	15,798	4.1	5.5%
Two or more races	16,694	4.4	2.4%
Hispanic or Latino (of any race)	29,175	7.6	12.5%
Household population	364,554	95.3	97.2%
Group quarters population	18,064	4.7	2.8%
Average household size	2.25	(X)	2.59
Average family size	3.15	(X)	3.14
Total housing units	168,606		
Occupied housing units	162,352	96.3	91.0%
Owner-occupied housing units	83,408	51.4	66.2%
Renter-occupied housing units	78,944	48.6	33.8%
Vacant housing units	6,254	3.7	9.0%
Social Characteristics	Number	Percent	U.S.
Population 25 years and over	243,409		
High school graduate or higher	206,788	85.0	80.4%
Bachelor's degree or higher	91,027	37.4	24.4%
Civilian veterans (civilian population 18 years and over)	27,186	9.1	12.7%
Disability status (population 5 years and over)	60,662	17.2	19.3%

Source: U.S. Census Bureau, 2006-2008 American Community Survey

175,434	90.3	88.0%	+/-1,768	9.7	12.0%	+/-1,570	192,400	(X)	233,600	84,182	17,045	74,207	84,182	158,389	84,182	74,207	17,045	84,182	175,434
175,434	90.3	88.0%	+/-1,768	9.7	12.0%	+/-1,570	192,400	(X)	233,600	84,182	17,045	74,207	84,182	158,389	84,182	74,207	17,045	84,182	175,434
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City of Minneapolis
2006-08 American Community Survey 3-year Estimates

ACS Demographic Estimates	Estimate	Percent	U.S.	Margin of Error
Total population	358,896			+/-4,873
Male	182,062	50.7	49.3%	+/-3,243
Female	176,834	49.3	50.7%	+/-2,909
Median age (years)	34.2	(X)	36.7	+/-0.3
Under 5 years	25,994	7.2	6.9%	+/-1,389
18 years and over	285,518	79.6	75.5%	+/-3,647
65 years and over	30,558	8.5	12.6%	+/-1,195
One race	348,185	97.0	97.8%	+/-4,721
White	251,842	70.2	74.3%	+/-4,322
Black or African American	62,520	17.4	12.3%	+/-2,610
American Indian and Alaska Native	5,983	1.7	0.8%	+/-977
Asian	17,686	4.9	4.4%	+/-1,362
Native Hawaiian and Other Pacific Islander	43	0.0	0.1%	+/-53
Some other race	10,111	2.8	5.8%	+/-1,738
Two or more races	10,711	3.0	2.2%	+/-1,217
Hispanic or Latino (of any race)	33,174	9.2	15.1%	+/-2,250
Social Characteristics	Estimate	Percent	U.S.	Margin of Error
Average household size	2.15	(X)	2.61	+/-0.02
Average family size	3.01	(X)	3.20	+/-0.04
Population 25 years and over	237,866			+/-2,917
High school graduate or higher	(X)	87.5	84.5%	(X)
Bachelor's degree or higher	(X)	42.5	27.4%	(X)
Civilian veterans (civilian population 18 years and over)	20,320	7.1	10.1%	+/-1,221
With a Disability	(X)	(X)	(X)	(X)
Foreign born	51,576	14.4	12.5%	+/-2,557
Male, Now married, except separated (population 15 years and over)	53,031	35.2	52.2%	+/-1,761
Female, Now married, except separated (population 15 years and over)	48,778	33.4	48.2%	+/-1,325
Speak a language other than English at home (population 5 years and over)	62,893	18.9	19.6%	+/-2,887
Household population	340,499			+/-4,303
Economic Characteristics	Estimate	Percent	U.S.	Margin of Error
In labor force (population 16 years and over)	213,313	72.8	65.2%	+/-2,935
Mean travel time to work in minutes (workers 16 years and over)	21.9	(X)	25.3	+/-0.3
Median household income (in 2008 inflation-adjusted dollars)	47,097	(X)	52,175	+/-1,298
Median family income (in 2008 inflation-adjusted dollars)	62,405	(X)	63,211	+/-2,061
Per capita income (in 2008 inflation-adjusted dollars)	30,668	(X)	27,466	+/-822
Families below poverty level	(X)	15.4	9.6%	(X)
Individuals below poverty level	(X)	21.4	13.2%	(X)
Housing Characteristics	Estimate	Percent	U.S.	Margin of Error

MINNEAPOLIS PUBLIC HEALTH ADVISORY COMMITTEE

1. The Public Health Advisory Committee (PHAC) for the Minneapolis Department of Health and Family Support has the following responsibilities and composition:

A. Role of the PHAC

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

B. PHAC Functions

The Public Health Advisory Committee has responsibility for the following functions:

1. To advise the City Council regarding: a) policy matters affecting health of Minneapolis residents, and b) general roles and functions of the Department of Health and Family Support.
2. To review the proposed priorities of the Department of Health and Family Support and make recommendations to the City Council;
3. To consider complaints and views expressed by residents affecting delivery of public health services in Minneapolis, forward those concerns, and make recommendations as necessary to the City Council and/or the Department of Health and Family Support;

C. Size and Composition

It is the clear intent that the composition of the Public Health Advisory reflects the diverse interests and perspectives of the Minneapolis community. It is the expectation that all parties responsible for the recruitment, recommendations to and approval of members shall make every effort to ensure the realization of this intent.

The PHAC will have up to 22 members composed of 14 residents and up to 8 other representatives. The 14 residents will be selected by having each of the 13 City Council Members appoint one member who lives or works in their respective wards, and one resident representative shall be appointed by the Mayor.

The 8 other representatives will be appointed by the City Council by requesting the following organizations to submit a nominee representing their interests;

- 1 - The Minneapolis Public Schools, Student Support and Related Services;

- 1 - Hennepin County Human Services and Public Health
- 1 - The University of Minnesota School of Public Health
- 3 (up to) - At Large appointees to be recommended by the PHAC to ensure that the membership reflects the diversity of the Minneapolis community.
- 1 - The Minneapolis Health and Human Services Leadership Group (Urban Health Professional Advisory Committee); ex-officio member
- 1 - The Minneapolis Health and Human Services Leadership Group (Urban Health Agenda Community Advisory Committee); ex-officio member
- 1 - Environmental Services of City's Regulatory Services Department; ex-officio member

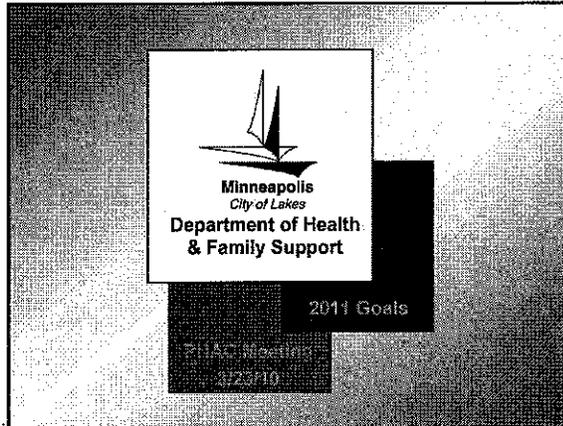
D. Organization, Term, Meeting Frequency

- 1. Continuity of membership will be assured by having an approximately equal number of terms expire each year.
- 2. All terms will be two years and no member will serve more than three consecutive terms.
- 3. The PHAC will elect a chairperson and vice-chairperson or co-chairs,
- 4. The PHAC shall establish its own operating rules and procedures and meeting schedule, provided that it meets at least six times each year to conduct its business.
- 5. A quorum shall be the majority of members appointed by Mayor and City Council Members.

E. Relationships between the PHAC, City Council and the Department of Health and Family Support

- (1) The City Council is the Board of Health and makes final decisions regarding policy and programs of the Department of Health and Family Support. The City Council's health-related Committee shall review and decide upon Department of Health and Family Support matters prior to final action by the City Council.
- (2) PHAC members are expected to communicate regularly with their respective appointing authority.
- (3) The PHAC is an advisory committee to the City Council and the Department of Health and Family Support.

- (4) The Department of Health and Family Support is responsible for providing staff assistance to the PHAC to carry out its advisory functions.
- (5) It is expected that the Department of Health and Family Support will give significant weight to the recommendations of PHAC. On those occasions when the Department cannot incorporate these recommendations into its policy and program operations, the Commissioner will provide explanation.
- (6) The Department of Health and Family Support staff will present department business to the Health and Human Services Committee. Such staff presentations shall include an explanation of how such activities fit within the framework of the priorities as approved by the PHAC.
- (7) While prime responsibility for presenting PHAC views rests with the Department of Health and Family Support staff, the PHAC may elect to designate its members to directly explain PHAC views to the Health and Human Services Committee.



2010 DHFS Budget (\$2.9 million)

- \$3.2 million in City General Funds (after supplemental 2010 reduction)
- \$2.9 million in State Community Health Service/Local Public Health grants
- \$1.8 million in Federal Maternal Child Health and TANF grants
- \$2 million in non-competitive Federal, including CDBG, regular EP, PHER 1 & 3, and ARRA vaccine
- \$6 million in non-competitive State/local/patient revenue including Family Fund, JSC, SSC, and patient revenue
- \$2.4 Million in discretionary/competitive grants, including gang, lead, HRSA Pro, TCHS, SHIP, SBC renovation (Does not include the new ARRA funding just announced)

New City Goals (draft 3/11/10)

- A Safe Place to Call Home**
People and businesses thrive in a safe and secure city
- Economic Vitality**
A world-class city and 21st century economic powerhouse
- Many People, One Minneapolis**
Inclusiveness is a treasured asset; everyone's potential is tapped
- Livable Communities, Healthy Lives**
Our built and natural environment adds character to our city, enhances our health and enriches our lives
- Eco-Focused**
Minneapolis is an internationally recognized leader for a healthy environment and sustainable future
- A City that Works**
Minneapolis is a model of fiscal responsibility, technological innovation and values-based, results-driven municipal government

Healthy People 2020

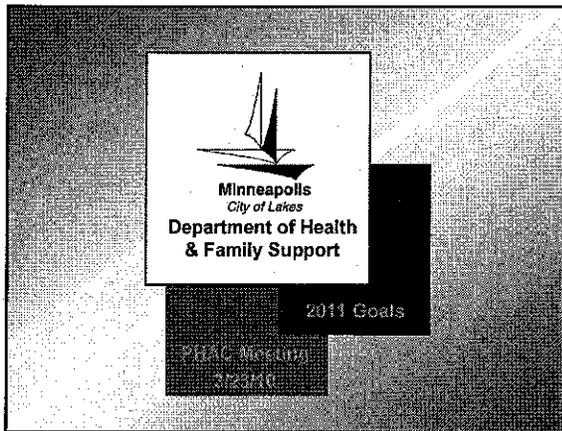
- A set of national health objectives set every 10 years
- Based on comprehensive assessment of major risks to health & wellness, changing priorities and emerging issues
- New objectives include:
 - Adolescent Health
 - Early and Middle Childhood
 - Older Adults
 - Quality of Life and Well-being
 - Social Determinant of Health

How We Operate

- Assessment & Planning
- Assurance
- Policy & Advocacy
- Research & Evaluation

Summarize Process and Invitation

- Community Forums
 - Sabathani Community Center
Tuesday, April 6, 2010
6:00 p.m. – 8:00 p.m.
 - Minneapolis Urban League
Wednesday, April 7, 2010
11:30 a.m. – 1:30 p.m.





Request for Committee of the Whole Action from the Department of City Coordinator

Date: March 11, 2010

To: Council Member Robert Lilligren, Chair, Committee of the Whole

Subject: City of Minneapolis Goals and Strategic Directions

Recommendation: Approve City of Minneapolis five-year goals, strategic directions and values.

Prepared by:
Steven Bosacker, City Coordinator, and Jay Stroebel, Director, Planning & Management

Approved by: Steven Bosacker

Presenters in Committee: Steven Bosacker

Supporting Information

The current set of City of Minneapolis goals and strategic directions was developed in a series of strategic sessions in the early months of 2006. In July 2006, the City Council passed and the Mayor approved these six goals and 31 strategic directions.

As a prelude to the new strategic work in 2010, a review session of the City's progress was held on December 11, 2009 at the Minneapolis Central Library. This day-long event provided grounding for the City's elected officials (returning and new), along with 200 managers and supervisors, of "Where We Are" in achieving progress on the goals.

Beginning in January 2010, a number of discussions and preparations for revisiting the goals have occurred, including:

- Individual conversations with all elected officials to explore the five most important accomplishments for the City in the next five years and other immediate concerns;
- An opportunity to express opinions about furthering or changing the current six goals and 31 strategic directions by the electeds and the City's department heads;
- Half-day dialogue with the 14 elected officials to determine a framework for the future development of new goals and directions held on February 10, 2010;
- Full-day strategic planning session at the Walker Art Center for the electeds and 100 City employees to further define the draft goals, as well as reconsider and refine a set of working values for the City; and,

- Review and comment around various written drafts of the goal and strategic direction statements.

The departments of the City will now go forward to begin development of their five-year business plans, drafting departmental goals and objectives that support the achievement of this new set of goals in March, April and May 2010. Once this new set of five-year goals is approved and signed they should be shared broadly with all community partners throughout the City – public, private, non-profit, educational, foundations and more.

Today's recommendation is to forward the following draft of goals and strategic directions for approval by the City Council at its April 2, 2010 meeting.

Recommended Draft City Goals & Strategic Directions

A Safe Place to Call Home

People and businesses thrive in a safe and secure city

- Collaborative and caring communities help prevent crime
- Kids ... In school, involved, inspired and connected to an adult
- Sustain gains against violent crime
- Healthy homes, welcoming neighborhoods
- Burglaries and domestic violence, focused on and fought

Economic Vitality

A world-class city and 21st century economic powerhouse

- Supportive business climate enables companies — big and small — to start here, stay here and thrive here
- Talent Mecca: connect people to training and jobs
- Strong commercial corridors and thriving business corners
- Planes, trains and streetcars move goods and workers smartly
- Teens gain career experiences and life skills
- Epicenter for the new green jobs economy
- Proactive business development: reopen Nicollet at Lake, revitalize Upper Mississippi riverfront, and realize U of M research park
- Arts & artists are economic drivers in and of themselves ~ creating jobs, spending locally and enriching our urban experience

Many People, One Minneapolis

Inclusiveness is a treasured asset; everyone's potential is tapped

- Family-friendly opportunities and amenities abound
- New arrivals welcomed, diversity embraced
- Race and class gaps closed in employment and housing
- Teen pregnancy a thing of the past
- Homelessness eliminated through prevention, outreach and housing
- Tots school-ready, teens on course
- Seniors stay and talents are tapped

Recommended Draft Working Values

City of Minneapolis

Values we work by –

Strong, strategic relationships

Our strong, strategic relationships with the private sector and governmental entities – local, regional, national and international – deliver results.

Engagement and empowerment

Our efforts ensure that residents are engaged, empowered and able to make a difference.

Results-driven

Our outcome-driven and performance-based focus delivers services that Minneapolis residents, businesses and visitors value.

Informed decision-making

Our drive to learn the facts, seek alternatives, consider the 'big picture' and analyze future implications leads to smart, confident decisions.

Transparency and accountability

Our commitment to openness and responsible action generates trust between residents and their government.

Ethical and respectful behavior

Our respect for all people means we do the right things for the right reasons.

Inclusive and diverse

Our appreciation of diversity and commitment to inclusion ensures open, meaningful dialogue that creates a welcoming community for all.

Sustainability and stewardship

Our commitment to long-term fiscal responsibility and environmental stewardship ensures that today's decisions are right for tomorrow.

March 11, 2010

Livable Communities, Healthy Lives

Our built and natural environment adds character to our city, enhances our health and enriches our lives

- Equitable, integrated transit system
- Thoughtful neighborhood design with density done right and in the right places
- Arts, culture and recreational opportunities are plentiful
- High-quality, affordable housing for all ages and stages in every neighborhood
- Active lifestyles: walkable, bikeable, swimmable
- Healthy choices are easy and economical choices

Eco-Focused

Minneapolis is an internationally recognized leader for a healthy environment and sustainable future

- Fully utilize clean, renewable energy sources
- Trees: a solid green investment
- Lakes and streams pristine
- Use less energy, produce less waste
- World class parks re-envisioned, fully used
- Homegrown food: locally produced, available and chosen

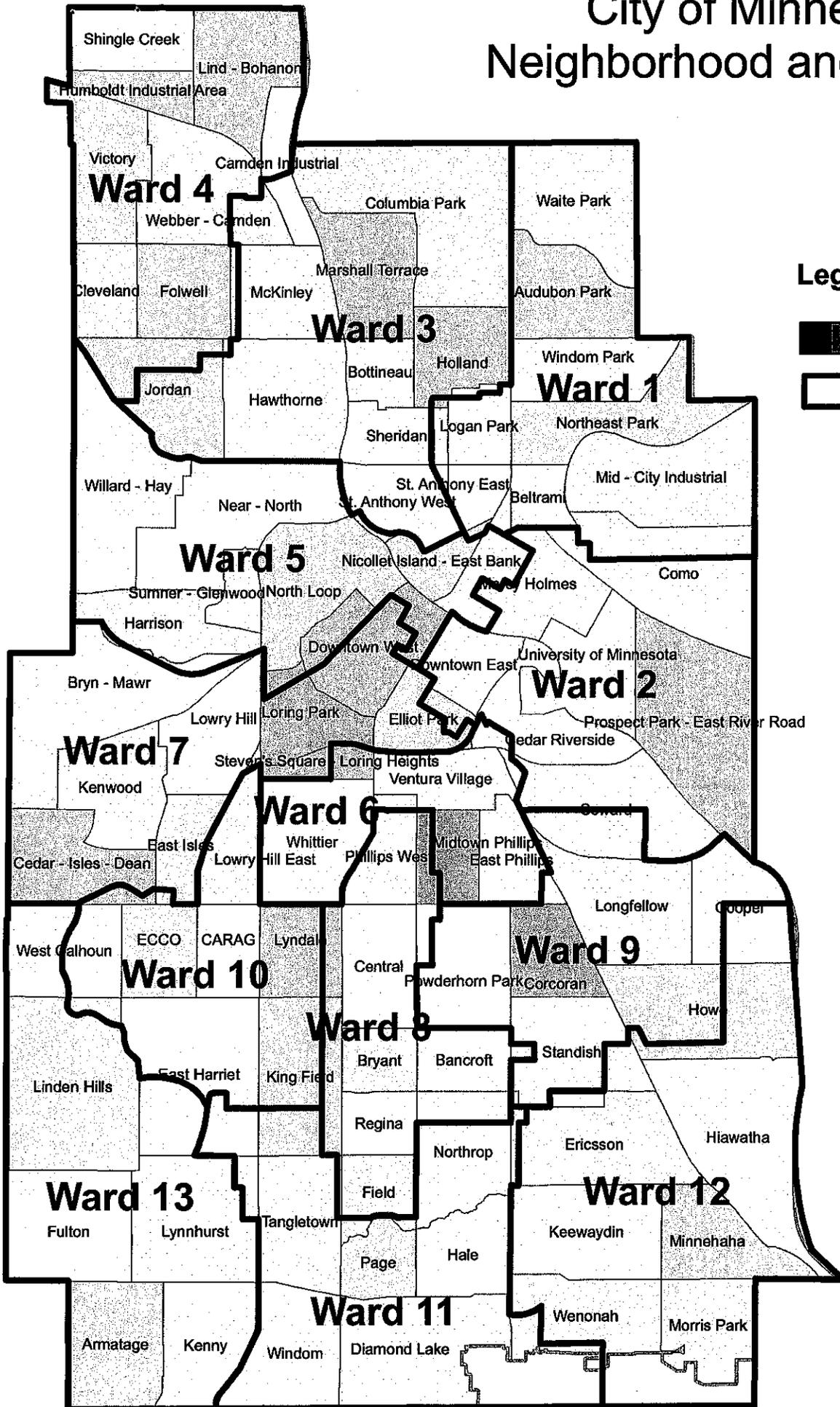
A City that Works

Minneapolis is a model of fiscal responsibility, technological innovation and values-based, results-driven municipal government

- Shared democracy empowers residents as valued partners
- 21st century government: collaborative, efficient and reform-minded
- Tax burden managed through sustainable, diversified revenue streams
- Infrastructure — streets, bridges, bike lanes & paths, sidewalks, sewers — well-managed and maintained
- City employees high-performing and engaged
- Transparency, accountability and fairness ensure citizens' confidence in their government
- A shared vision is the foundation for public-private partnerships and involved, empowered residents
- Strong partnerships with parks, schools and other governmental entities
- Optimum use of technology including unique wireless capacity

March 11, 2010

City of Minneapolis Neighborhood and Ward Map



Legend

-  Neighborhood
-  Ward



**City of Minneapolis
Public Health Advisory Committee Members
2010**

Ward	Council Member	Committee Member	RSVP	Attend
1	Reich	Gavin Watt	✓	✓
2	Gordon	Robin Kay Schow	✓	✓
3	Hofstede	Vacant	—	—
4	Johnson	Vacant	—	—
5	Samuels	Mitchell Davis Jr	ll	
6	Lilligren	Vacant	—	—
7	Goodman	Sean Cahill	✓	✓
8	Glidden	Debra Jacoway	✓	—
9	Schiff	John Schrom	✓	✓
10	Tuthill	Vacant	—	—
11	Quincy	Vacant	—	—
12	Roy Colvin	David J. Therkelsen	✓	✓
13	Hodges	Vacant	—	—
	Mayor's Representative	Clarence Jones	6:45ish ✓	
	Minneapolis Public Schools	Julie Young-Burns	✓	✓
	Hennepin County Human Services	Renee Gust	✓	✓
	U of M School of Public Health	Dr. James Hart	✓	✓
	Member at Large	Samira Dini	✓	✓
	Member at Large	Noya Woodrich	✓	✓
	Member at Large	Douglas Lemon	ll	
	Professional Advisory Committee			
	Professional Advisory Committee			
	Exofficio Environmental Health	Lori Olson		

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LHPAC*

*Emily
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Aedra DAVE*