



To: Mayor and Council

Agenda Item #: IV.C.

From: Jeff Brown, Community Health Administrator

Action

Date: 5/20/14

Discussion

Information

Subject: Local Health Priorities for City of Edina

Action Requested:

Motion to Adopt Edina Community Health Commission Local Public Health Priorities.

Information / Background:

Acting as the Community Health Board (CHB) for the City of Edina, the City Council must meet the requirements of Minnesota Statutes 145A.10, Subd. 5a. One of the requirements of the statute is to establish local public health priorities based on community needs. The Edina Community Health Commission, working with Public Health staff, has developed local public health priorities for Edina. The Community Health Commission reviewed local and statewide health assessment data before setting the priority list for the City. These priorities were approved by the Community Health Commission at the September 17, 2013 meeting. To meet the requirements of statute, these priorities must be adopted by the City Council. A summary sheet detailing the Local Public Health Priorities and the current Public Health programs operating in each area is attached.

Attachments:

Local Public Health Act - MN Statutes 145A.10, Subd. 5a.

Community Health Commission Meeting Minutes, September 17th, 2013.

Top Ten Health Issues Summary Sheet.

145A.10 POWERS AND DUTIES OF COMMUNITY HEALTH BOARDS.

Subdivision 1. **General.** A community health board has the powers and duties of a board of health prescribed in sections 145A.03, 145A.04, 145A.07, and 145A.08, as well as the general responsibility for development and maintenance of an integrated system of community health services as prescribed in sections 145A.09 to 145A.131.

Subd. 2. **Preemption.** (a) Not later than 365 days after the formation of a community health board, any other board of health within the community health service area for which the plan has been prepared must cease operation, except as authorized in a joint powers agreement under section 145A.03, subdivision 2, or delegation agreement under section 145A.07, subdivision 2, or as otherwise allowed by this subdivision.

(b) This subdivision does not preempt or otherwise change the powers and duties of any city or county eligible for a local public health grant under section 145A.09.

(c) This subdivision does not preempt the authority to operate a community health services program of any city of the first or second class operating an existing program of community health services located within a county with a population of 300,000 or more persons until the city council takes action to allow the county to preempt the city's powers and duties.

Subd. 3. **Medical consultant.** The community health board must appoint, employ, or contract with a medical consultant to ensure appropriate medical advice and direction for the board of health and assist the board and its staff in the coordination of community health services with local medical care and other health services.

Subd. 4. **Employees.** Persons employed by a county, city, or the state whose functions and duties are assumed by a community health board shall become employees of the board without loss in benefits, salaries, or rights. Failure to comply with this subdivision does not affect eligibility under section 145A.09.

Subd. 5. [Repealed, 1Sp2003 c 14 art 8 s 32]

Subd. 5a. **Duties.** (a) Consistent with the guidelines and standards established under section 145A.12, and with input from the community, the community health board shall:

(1) establish local public health priorities based on an assessment of community health needs and assets; and

(2) determine the mechanisms by which the community health board will address the local public health priorities established under clause (1) and achieve the statewide outcomes established under sections 145.8821 and 145A.12, subdivision 7, within the limits of available funding. In determining the mechanisms to address local public health priorities and achieve statewide outcomes, the community health board shall seek public input or consider the recommendations of the community health advisory committee and the following essential public health services:

- (i) monitor health status to identify community health problems;
- (ii) diagnose and investigate problems and health hazards in the community;
- (iii) inform, educate, and empower people about health issues;
- (iv) mobilize community partnerships to identify and solve health problems;
- (v) develop policies and plans that support individual and community health efforts;

- (vi) enforce laws and regulations that protect health and ensure safety;
- (vii) link people to needed personal health care services;
- (viii) ensure a competent public health and personal health care workforce;
- (ix) evaluate effectiveness, accessibility, and quality of personal and population-based health services; and
- (x) research for new insights and innovative solutions to health problems.

(b) By February 1, 2005, and every five years thereafter, each community health board that receives a local public health grant under section 145A.131 shall notify the commissioner in writing of the statewide outcomes established under sections 145.8821 and 145A.12, subdivision 7, that the board will address and the local priorities established under paragraph (a) that the board will address.

(c) Each community health board receiving a local public health grant under section 145A.131 must submit an annual report to the commissioner documenting progress toward the achievement of statewide outcomes established under sections 145.8821 and 145A.12, subdivision 7, and the local public health priorities established under paragraph (a), using reporting standards and procedures established by the commissioner and in compliance with all applicable federal requirements. If a community health board has identified additional local priorities for use of the local public health grant since the last notification of outcomes and priorities under paragraph (b), the community health board shall notify the commissioner of the additional local public health priorities in the annual report.

Subd. 6. [Repealed, 1Sp2003 c 14 art 8 s 32]

Subd. 7. **Equal access to services.** The community health board must ensure that community health services are accessible to all persons on the basis of need. No one shall be denied services because of race, color, sex, age, language, religion, nationality, inability to pay, political persuasion, or place of residence.

Subd. 8. [Repealed, 1Sp2003 c 14 art 8 s 32]

Subd. 9. **Recommended legislation.** The community health board may recommend local ordinances pertaining to community health services to any county board or city council within its jurisdiction and advise the commissioner on matters relating to public health that require assistance from the state, or that may be of more than local interest.

Subd. 10. **State and local advisory committees.** (a) A State Community Health Advisory Committee is established to advise, consult with, and make recommendations to the commissioner on the development, maintenance, funding, and evaluation of community health services. Each community health board may appoint a member to serve on the committee. The committee must meet at least quarterly, and special meetings may be called by the committee chair or a majority of the members. Members or their alternates may be reimbursed for travel and other necessary expenses while engaged in their official duties. Notwithstanding section 15.059, the State Community Health Advisory Committee does not expire.

(b) The city councils or county boards that have established or are members of a community health board may appoint a community health advisory committee to advise, consult with, and make recommendations to the community health board on the duties under subdivision 5a.

History: 1987 c 309 s 10; 2001 c 161 s 25; 1Sp2003 c 14 art 7 s 46; art 8 s 19-21,31

MINUTES
COMMUNITY HEALTH COMMITTEE
MAYOR'S CONFERENCE ROOM
SEPTEMBER 17, 2013 AT 6:30 P.M.

I. CALL TO ORDER

The meeting was called to order at 6:33 pm.

II. ROLL CALL

Answering roll call were members Matt Doscotch, Kumar Belani, Jan Johnson, Aditya Mittal (student), Tone Deinema (student), Alison Pence, Melinda Bothun-Hurley, Joel Stegner, Mary Jo Kingston and Staff Liaison Laurene Draper.

III. APPROVAL OF MEETING AGENDA

Member Stegner approved the motion. All voted aye.

IV. ADOPTION OF CONSENT AGENDA

Member Stegner motioned to approve the July 16 meeting minutes. The motion was seconded by Member Bothun-Hurley. All voted aye.

V. COMMUNITY COMMENT

No comments.

VI. REPORTS/RECOMMENDATIONS

A. Top Ten Health Focus Areas

Chair Doscotch introduced the finalized list of the top ten Health Focus Areas. Member Stegner moved and Member Johnson seconded the motion to approve the list.

1. Nutrition, Obesity and Physical Activity
2. Aging of the Population
3. Alcohol, Tobacco, Drug Use and Abuse
4. Social and Emotional Wellbeing²
5. Mental Illness
6. Unintentional Injury
7. Intentional Injury prevention
8. Maternal and Child Health
9. Immunization and Infectious Disease Prevention
10. Health Care Access

All voted aye.

B. Health Vision 20/20 Statement

The CHC discussed Mary Brindle's proposed Vision 20/20 - Public Health. The CHC discussed whether the Mission and Vision proposed updates met the need for increased City focus on health and health in all policies. The Council has not provided feedback on the proposed updates. The CHC will not start evaluating the need for a Vision 20/20 - Public Health until that feedback is provided. Member Pence said she discussed the Vision 20/20 – Public Health draft document with Brindle. Brindle communicated that the document would need updating if it were implemented.

C. Youth, Senior and General health Subgroups

1. Gap/Opportunity Analysis: Youth

Nothing additional to discuss at this time. Member Belani stated national data indicates students are watching less television, exercising more and making better nutritional choices. Member Johnson inquired about a dietician from the schools attending a CHC Meeting to discuss the school food program.

2. Gap/Opportunity Analysis: Senior

No update at this time.

3. Gap/Opportunity Analysis: General

Member Stegner completed a preliminary review of the 2013 Quality of Life Survey (QLS). A copy of the results will be distributed to the Committee. Member Stegner will provide a synopsis of the Survey.

Member Johnson said that Countryside Neighborhood Association has 800 members. They are required to have an annual meeting. Only 12 people attended that meeting last year. The CHC will evaluate the effectiveness of the Neighborhood Association effort and potential other methods for increasing social connectedness as a way to promote health. With regards to QLS and social connectedness, "Friendly" chosen by 4% of respondents to describe Edina, which is down from the previous Survey. Bring input to the group to promote connectedness. A preliminary suggestion was a modification of Night to Unite (separate event).

D. 2014 Work Plan

Chair Doscotch consolidated information from the Groups into a Gap-Recommendation Matrix. It will be distributed for review and additional input.

Member Stegner indicated that the Committee needs to input on the next QLF survey. This will be put into the 4th item - Edina health benchmarking. 2nd item -- Look at the job description to see if it fits the function of coordination. Youth page 3rd item - Gap on binge drinking and bullying needs information. Survey item - policy changes are sought

from this Committee. HIOs. Member Stegner said it was limited but specific. It is more interactive.

An inquiry was made if expansion could be made from the website to additional media (i.e. Channel 16) for people that don't access the internet. Member Stegner said use of website has increased but use of Channel 16 has been flat. YouTube can be utilized but people need to know the information is there. All media platforms need to be promoted and frequently changed.

Member Stegner inquired about the groups that traditionally speak with the Committee. Chair Doscotch shared that some of these groups are required. Other groups could be utilized when additional information is needed (i.e. District School Nurse).

Change nature of line item - Change "annual review" to other language -- that verbage seems passive. Collaboration, cooperation, evaluation and discussions are options. Add "as needed" in parenthesis.

Motion to approve what is a draft working plan to be presented to the City Council by Chair Doscotch at an October 1 Work Session with ongoing modifications. Approved by Kumar and seconded by Member Pence. All said Aye.

- E. Evaluate Creation of Healthy Eating Active Living Resolution and Evaluate Submission of Recommendation to Council.

Other communities have passed healthy eating living resolutions. The Committee was asked to evaluate this mechanism. It can be done, if chosen, by the Committee. This evaluation was tabled for further evaluation.

- F. Evaluate Development of Edina Health Council

This item is in work plan for this year. Beyond CHC, people from local community that have specific expertise would form a group. The intention of this group is not known at this time. The CHC believes that it meets the function of the Health Council. This group can analyze data and uses BPH and SHIP as resources. Unless there is a reason identified by the Council, that group would not be needed.

VII. CORRESPONDENCE AND PETITIONS

None.

VIII. CHAIR AND COMMITTEE MEMBER COMMENTS

Chair Doscotch said next meeting content will be finalizing spreadsheets incorporating input. (October 16, 6:30 p.m. - regular meeting filmed in the Chamber) Member Stegner said

October/November meetings should be used to work on website with the Communications Department for 2014 and working on 2014 work plan.

The Committee must consider a motion to recommend renewal of Bloomington Public Health's (BPH) contract at the October meeting. BPH will be making a presentation summarizing services provided in 2013. Chair Doscotch will review the existing BPH contract for reference, but it is not a gating item for recommending contract renewal.

Next Meeting:

BPH presentation - Emergency preparedness included.

A meeting is needed for November. The November meeting focus on completing 2013 Work Plan.

Member Johnson shared that the Edina Chamber is having a meeting on Thursday, October 10 from 7:30 – 9:00 a.m. at the York Gardens. Andi Egbert, Senior Demographer with Minnesota State Demographic will discuss Using Demographics to Market Your Business Locally. Member Johnson will report information back to the Committee.

SHIP Plan - \$850,000 asked for. They do not know how much they are being funded yet. Nine areas of funding include: worksites, childcare, community clinics, health food schools, and active school day. Member Pence will pass the plan on to the Committee.

Edina Chemical Health Coordinator contacted Member Pence. There is a meeting of the Edina Health Chemical Partners Group at 7:30 a.m. on Thursday, September 19 at Normandale Lutheran Church. They are looking for community input and policy change recommendations. The Drug Free (10 year) grant expires September 30. Student survey results will be released this fall (usually November).

Human Services Funding Taskforce – Member Stegner had volunteered. He has not yet been contacted by that group.

Health Department Job Description - The City is working on revision before Committee reviews the description.

IX. STAFF COMMENTS

None

X. ADJOURNMENT

Member Belani approved the motion and Member Kingston seconded the motion for the meeting to be adjourned at 8:26 p.m. All voted Aye.

Edina – Top 10 Health Issues

As the Community Health Board, every five years the City is required to submit a list of the top 10 community health issues to the Minnesota Department of Health. In 2012-13 the Edina Community Health Commission reviewed health assessment information and identified the issues listed below as the priority health issues. Included below are examples of the services Public Health and Environmental Health provides to address these issues.

1. Nutrition, Obesity and Physical Activity

SHIP and CTG funded activities which work on policy, systems and environmental changes (farmers markets, school food, child care centers), WIC (women, infants and children to age 5), family home visiting to low income families

2. Aging of the Population

Community clinics for seniors (blood pressure, hearing, medication review, safety issues) and hi-risk home assessment (referrals from police, families and community members and Environmental Health)

3. Alcohol, Tobacco, Drug Use and Abuse (ATOD)

CTG (tobacco), MN Student Survey data analysis, scheduled ATOD screens/assessments are done with long term home visiting clients

4. Social and Emotional Wellbeing

Community Health Improvement (CHIP) Action Team, intensive home visiting

5. Mental Illness*

Referrals for our clients, home visits to disabled and older adults, maternal depression

6. Unintentional Injury

High-risk home assessments for new parents and seniors

7. Intentional Injury prevention

Intensive home visiting, referrals from police (secondary prevention), working with Cornerstone, support and resources for suicides

8. Maternal and Child Health

Home visiting for high-risk parents, teen pregnancy, assessments and resources for families with children 0-3 with developmental concerns, asthma home assessments

9. Immunization and Infectious Disease Prevention

Low cost immunizations, follow up on reportable diseases, consultation with Edina school nurses, quality improvement visits to clinics to assess their vaccine storage and administration practices

10. Health Care Access

Referrals and follow up; breast and cervical cancer screenings for women 40+ who are underinsured or uninsured

*New Resource: MDH report: *Improving Mental Health and Wellbeing: A Vision for Minnesota's Public Health System*