



To: **MAYOR AND COUNCIL**

Agenda Item #: IV.I.

From: Jeff Brown, Community Health Administrator

Action
Discussion
Information

Date: December 17, 2013

Subject: Renew Public Health Emergency Preparedness Services Agreement with Bloomington Public Health Division

Action Requested:

Renew Public Health Emergency Preparedness Services Agreement with Bloomington Public Health Division for \$35,777.

Information / Background:

The 2014 Agreement cost is \$35,777. The costs for these services are offset by the 2014 emergency preparedness grant funding of \$38,277 received from the Minnesota Department of Health as awarded by the Center for Disease Control.

Edina will retain portions of the grant money specifically for expenses generated by Edina staff employee training, ongoing emergency planning, public education and administrative duties. This is the twelfth year of the grant and the Agreement with Bloomington.

The grant money must be used for public health readiness and emergency preparedness planning and training. Currently the work focus is a metro-wide approach to coordinate planning efforts for business continuity of operations, public health preparedness, at-risk populations, extreme heat scenarios, and mass dispensing.

The Community Health Committee met with Bloomington Public Health on November 4th to review and evaluate these community health services and programs. Bloomington gave a thorough presentation of the services and programs they provide and had staff on hand to answer questions. The Committee determined that Bloomington provides a variety of valuable programs and excellent service to the residents of Edina and agreed unanimously to support continuing the contract services.

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The City Attorney has reviewed and approved the agreement.

ATTACHMENTS (pdf):

Public Health Emergency Preparedness Agreement

Community Health Committee Draft Minutes November 4, 2013

**AGREEMENT BETWEEN
THE CITIES OF BLOOMINGTON AND EDINA
FOR PUBLIC HEALTH PREPAREDNESS AND RESPONSE TO BIOTERRORISM**

THIS AGREEMENT, is made and entered into this _____ day of _____, 2013, by and between the City of Bloomington, a Minnesota municipal corporation, located at 1800 West Old Shakopee Road, Bloomington, Minnesota 55431 (hereinafter referred to as "Bloomington"), and the City of Edina, a Minnesota municipal corporation, located at 4801 West 50th Street, Edina, Minnesota 55424 (hereinafter referred to as "Edina").

WITNESSETH

WHEREAS, Bloomington warrants and represents that its Division of Public Health is a duly certified public health agency operating in accordance with all applicable federal and state requirements; and

WHEREAS, Bloomington's Division of Public Health provides Public Health Emergency Preparedness Services to respond to bioterrorism, infectious diseases, and other threats to public health including, but not limited to coordination, assessment, planning and exercise, response, surveillance, Health Alert Network (HAN), and training (hereinafter referred to as "PH Emergency Preparedness Services"); and provides services and activities to improve the mass dispensing of medicines and medical supplies through the Cities Readiness Initiative (hereinafter referred to as "CRI Duties"); and

WHEREAS, Edina wishes to promote, support, and maintain the health of its residents by providing public health emergency preparedness, and CRI planning activities, and to contract with Bloomington, through its Division of Public Health, to provide such services to residents of Edina;

NOW, THEREFORE, the parties hereto, and for consideration of the covenants hereinafter set forth, agree as follows:

I. TERM OF AGREEMENT

The term of this Agreement shall be from July 1, 2013 through June 30, 2014, subject to termination as provided in Subdivision VI.

II. DUTIES OF THE PARTIES

A. Bloomington, through its Division of Public Health, agrees to provide residents of Edina with the following PH Emergency Preparedness Services:

1. Develop a work plan for incorporating the grant duties listed in this document. Work plan guidance will be presented at the readiness summit in July 2013. Grantees shall work with their regional Public Health Preparedness consultants to gain approval for the work plan.
2. Complete and submit Capability Planning Guide (CPG).
3. Complete and submit Performance Measure data elements as required by Centers for Disease Control and Prevention.
4. Present a community presentation designed to increase the recognition of potential public health impacts in various disaster scenarios and highlight public health emergency preparedness efforts.
5. Plan and coordinate preparedness, response, and recovery efforts at the jurisdictional level with healthcare entities (hospitals, healthcare providers, mental/behavioral health systems), emergency medical services, emergency management, tribes, and other response partners, as applicable, and to share expertise, coordinate training and exercises, and evaluate response and recovery to incidents. Assure policies and procedures related to these activities are documented in written plans.
6. Identify community populations with access and functional communication needs; and engage with appropriate partners to develop communication strategies for these populations. Assure policies and procedures related to

these activities are documented in written plans.

7. In partnership with other disciplines, establish a process to regularly update jurisdictional risk assessments that specifically address public health, healthcare, and mental/behavioral health system risks. Assure policies and procedures related to these activities are documented in written plans.
8. Increase or strengthen engagement of a minimum of two (2) new community partners at the local level to address gaps in readiness. Assure policies and procedures related to these activities are documented in written plans.
9. Monitor recovery efforts in collaboration with jurisdictional and regional partners. Assure policies and procedures related to these activities are documented in written plans.
10. Based on the risk assessment completed, or a more recent hazard and vulnerability assessment, define at least five (5) incident objectives for each of the top three (3) threats, that would guide the first operational period of the response . Assure policies and procedures related to these activities are documented in written plans.
11. Reply to all STATE Health Alerts and Health Alert Updates, and transmit the STATE'S Health Alerts and Health Alert Updates to local Health Alert Network recipients as requested by the STATE within one hour of receipt, if relevant to their jurisdiction.
12. Reply to all STATE Health Advisories and Health Advisory Updates, and transmit the STATE Health Advisories and Health Advisory Updates within 24 hours of receipt, if relevant to their jurisdiction.
13. Conduct a minimum of two (2) Health Alert Network (HAN) exercises that

include but are not limited to hospitals, clinics, nursing homes, emergency managers, and those who according to agency discretion are apparent and necessary to ensure an efficient response to any public health emergency. Monitor the acknowledgement of response times for each exercise and work towards a target response rate of 80% or more from each of the partner organizations within two (2) hours.

14. Work with local and regional partners from multiple disciplines to define local public health's role in mass care.
15. Maintain Medical Countermeasure Dispensing, Material Management, and Distribution plans and agreements in order to assure countermeasures can be provided to 100% of their identified population within 48 hours after the federal decision to do so. Assure policies and procedures related to these activities are documented in written plans.
16. Submit Countermeasure Dispensing and Distribution plan to the Minnesota Department of Health.
17. Based on deficits identified and technical assistance requested, address at least one (1) dispensing medical countermeasures issue, and at least one (1) issue on managing inventory or distributing countermeasures.
18. Develop a strategy to formalize membership in the regional Health Coalition, including representation on the Regional Health Coalition Advisory Committee. Assure policies and procedures related to these activities are documented in written plans.
19. Maintain a designated MN Responds administrator to manage the Medical Reserve Corps volunteer database; and coordinate with jurisdictional health care agencies and Regional Health Coalition efforts to recruit, train, and deploy volunteers in accordance with state and federal law. Assure

policies and procedures related to these activities are documented in written plans.

20. Test the MN Responds database volunteer notification, by an exercise or as a part of a response.
21. Develop strategies to identify and address gaps in volunteer management plan to meet current components of the volunteer management capabilities listed in the Centers for Disease Control and Prevention Public Health Preparedness Capabilities planning guide.
22. Prepare, update, and maintain a Multi-year (5-year) Exercise and Training Plan, in conjunction with City/County/Tribal Emergency Management, designed to close gaps or maintain required preparedness competencies. Provide timely updates of the Exercise and Training Plan.
23. Submit Multi-year Exercise and Training Plan.
24. Conduct at least one (1) annual exercise to test preparedness and response capabilities. This annual requirement could include tabletop, functional, or full-scale exercises that test public health preparedness and response capabilities.
25. Submit Exercise and Training Reports in accordance with STATE guidance.
26. Develop exercises in accordance with Homeland Security Exercise Evaluation Program (HSEEP) standards.
 - a. Ensure community exercises are posted in the National Exercise Scheduler (NEXS).
 - b. Measure and report throughput data according to STATE guidance for any dispensing or vaccinating drills or exercises conducted locally or regionally.

- c. Submit an After Action Report and Improvement Plan (AAR/IP) for each exercise conducted at any level with federal funds.
 - d. Post select AAR/IPs as identified by the STATE to the Lessons Learned Information System (LLIS).
 - e. Monitor and implement corrective actions.
27. Participate in the planning of one (1) joint full-scale exercise that includes Medical Countermeasure distribution and dispensing elements within the five-year project period. This requirement applies to the health coalition(s) and all public health departments encompassed by the associated CRI metropolitan statistical areas (MSA).
28. Conduct a minimum of three (3) different Division of Strategic National Stockpile (DSNS) drills in accordance with the following:
- a. Each drill shall be a different type.
 - b. The three drills shall be chosen from the available drills, as indicated on the DSNS extranet website.
29. Submit after action reports/improvement plans and/or other requested documentation through the DSNS web-based data collection system. Submit required documents to OEP as directed.
30. Complete a self-assessment as directed by the STATE covering local technical assistance review (LTAR) elements and related public health capabilities.
31. Participate in an LTAR progress report visit to be conducted by MDH or CDC. Submit Countermeasure Dispensing and Distribution plan and any requested supporting documentation.

A. Payment. Edina agrees to pay to Bloomington the not-to-exceed amount of TWENTY SIX THOUSAND NINETY TWO AND NO/100 DOLLARS (\$26,092.00) for PH

Emergency Preparedness Services and the not-to-exceed amount of NINE THOUSAND SIX HUNDRED EIGHTY FIVE AND NO/100 DOLLARS (\$9,685.00) for CRI Duties, for a total not-to-exceed amount of THIRTY FIVE THOUSAND SEVEN HUNDRED SEVENTY SEVEN AND NO/100 DOLLARS (\$35,777.00) during the term of this Agreement, to be paid according to the following terms:

1. Bloomington shall bill Edina for PH Emergency Preparedness Services and CRI Duties as follows:

Invoice Date	Amount
Upon Contract Execution	\$17,889
February 1, 2014	\$8,944
May 1, 2014	\$8,944

Payment shall be made within fifteen (15) days of receipt by Edina of Bloomington's invoice.

2. In the event Edina desires to inspect the financial books and records of Bloomington related to the providing of PH Emergency Preparedness Services and CRI Duties by Bloomington, Bloomington shall make its financial books and records available at the Bloomington City Hall for inspection and copying by Edina, or any agent, employee, or representative of Edina, upon reasonable request during business hours.
3. In the event of termination pursuant hereto, the payment next due shall be prorated and paid for only the period ended on the date of termination, and Edina shall pay such reduced payment for the period ended on the date of termination, within fifteen (15) days after receipt of Bloomington's invoice.

B. It shall be the sole responsibility of Bloomington to determine the qualifications, functions, training, and performance standards for all health service personnel who render PH

Emergency Preparedness Services and CRI Duties under this Agreement.

C. Bloomington will communicate with Edina relative to PH Emergency Preparedness Services and CRI Duties to be performed hereunder by Bloomington, such communication to be in the form of reports, conferences, or consultations, as they request.

D. At Edina's request, and not more than two (2) times during the term of this Agreement, responsible administrative officers from Bloomington shall attend meetings of the Edina City Council or appropriate board or commission to answer questions and give further information relative to the activities performed and PH Emergency Preparedness Services and CRI Duties rendered under this Agreement.

E. It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing the relationship of copartners between the parties hereto or as constituting Edina's staff as the agents, representatives or employees of Bloomington for any purpose in any manner whatsoever. Edina and its staff are to be and shall remain an independent contractor with respect to all services performed under this Agreement. Edina represents that it has, or will secure at its own expense, all personnel required in performing services under this Agreement. Any and all personnel of Edina or other persons, while engaged in the performance of any work or services required by Edina under this Agreement, shall not be considered employees of Bloomington, and any and all claims that may or might arise under the Workers' Compensation Act of the State of Minnesota on behalf of said personnel or other persons while so engaged, and any and all claims whatsoever on behalf of any such person or personnel arising out of employment or alleged employment including, without limitation, claims of discrimination against Edina, its officers, agents, contractors or employees shall in no way be the responsibility of Bloomington; and Edina shall defend, indemnify and hold Bloomington, its officers, agents and employees harmless from any and all such claims regardless of any determination of any pertinent tribunal, agency, board, commission or court. Such personnel or other persons shall not require nor be entitled to any compensation, rights or benefits of any

kind whatsoever from Bloomington, including, without limitation, tenure rights, medical and hospital care, sick and vacation leave, Workers' Compensation, Unemployment Compensation, disability, severance pay and PERA.

F. The parties agree to comply with the Minnesota State Human Rights Act, Minnesota Statutes, Section 363.

G. Each of the parties shall maintain insurance in the amounts shown below during the entire term of this Agreement. Neither party shall not allow any subcontractor to commence work until all insurance has been obtained and copies have been filed and accepted by the other party. All respective insurance must be provided at each party's own expense and at no additional cost to the other party.

1. Commercial General Liability - Bodily injury in the amount of at least \$500,000 per individual and \$1,500,000 per occurrence for injuries or death arising out of each occurrence. In the alternative, each party may maintain a general aggregate of at least \$2,000,000.
2. Property Damage Liability - Property damage liability in the amount of \$1,500,000 for each occurrence.
3. Automotive Liability – Automotive liability in the amount of \$500,000 per individual and \$1,500,000 per occurrence for any injuries, including death, arising out of each occurrence and property damage coverage of \$1,500,000 for each occurrence.
4. Workers Compensation – Each party shall carry Workers Compensation Insurance as required by Minnesota Statutes, Section 176.181, subd. 2.
5. Professional Liability – Each party agrees to maintain professional liability insurance in the amount of at least \$1,000,000 during the term of this Agreement.
6. Additional Insured – Each party further agrees to name the other party as additional insured on its commercial general liability policy. A certificate of insurance shall be provided to the other party before any work on this project may commence.
7. Notification/Cancellation – Each party agrees to notify the other party thirty (30) days prior to cancellation or change in terms of the above insurance coverage.

H. Edina agrees that Bloomington will own and have the right to use, reproduce and

apply as it desires, any data, reports, analyses and materials which are collected or developed by Edina or anyone acting on behalf of Edina as a result of this Agreement.

III. MISCELLANEOUS

A. This Agreement represents the entire Agreement between Edina and Bloomington and supersedes and cancels any and all prior agreements or proposals, written or oral, between the parties relating to the subject matter hereof; any amendments, addenda, alterations, or modifications to the terms and conditions of this Agreement shall be in writing and signed by both parties.

B. Both Parties agree to comply with the Americans with Disabilities Act (ADA) including all applicable provisions of Title II – Public Services and in accordance with 28 C.F.R. Part 35 Subpart B – Section 35.130 of the US Department of Justice Regulations, Section 504 of the Rehabilitation Act of 1973, and not discriminate on the basis of disability in the admission or access to, or treatment of employment in its services, programs, or activities. Each Party agrees to hold harmless and indemnify the other from costs, including but not limited to damages, attorney's fees and staff time, in any action or proceeding brought alleging a violation of ADA and/or Section 504 caused by them. Upon request, accommodation will be provided to allow individuals with disabilities to participate in all services, programs and activities. Each Party agrees to utilize their own text telephone or the Minnesota TTY Relay Service in order to comply with accessibility requirements. Bloomington has designated coordinators to facilitate compliance with the Americans with Disabilities Act of 1990, as required by 28 C.F.R. Part 35 Subpart B - Section 35.107 of the U.S. Department of Justice regulations, and to coordinate compliance with Section 504 of the Rehabilitation Act of 1973, as mandated by Section 8.53 of the U.S. Department of Housing and Urban Development regulations

C. Data Practices. Each party will comply with all applicable provisions of the Minnesota Government Data Practices Act, Chapter 13 of the Minnesota Statutes.

D. Edina shall defend, indemnify and hold harmless Bloomington, its officials, employees, volunteers and agents, from any and all claims, causes of action, lawsuits, damages, losses, or expenses, including attorney fees, arising out of or resulting from the Edina's (including its officials, agents, employees or volunteers) performance of the duties required under this Agreement, provided that any such claim, damages, loss or expense is attributable to bodily injury, sickness, diseases or death or to injury to or destruction of property including the loss of use resulting therefrom and is caused in whole or in part by any negligent act or omission or willful misconduct of Edina.

E. Bloomington shall defend, indemnify and hold harmless Edina, its officials, employees, volunteers and agents, from any and all claims, causes of action, lawsuits, damages, losses, or expenses, including attorney fees, arising out of or resulting from the Bloomington's (including its officials, agents, employees or volunteers) performance of the duties required under this Agreement, provided that any such claim, damages, loss or expense is attributable to bodily injury, sickness, diseases or death or to injury to or destruction of property including the loss of use resulting therefrom and is caused in whole or in part by any negligent act or omission or willful misconduct of Bloomington.

F. Edina agrees to comply with all applicable local, state and federal laws, rules and regulations in the performance of the duties of this contract. This Agreement shall be governed, interpreted, constructed and regulated by the laws of the State of Minnesota. Minnesota shall also be the venue for any dispute over this Agreement.

G. This Agreement shall not be assignable except at the written consent of Bloomington.

H. The books, records, documents, and accounting procedures of Edina, relevant to this Agreement, are subject to examination by Bloomington, and either the legislative or state auditor as appropriate, pursuant to Minnesota Statutes, Section 16C.05, Subdivision 5.

I. Bloomington and Edina agree to submit all claims, disputes and other matters in

question between the parties arising out of or relating to this Agreement to mediation. The mediation shall be conducted through the Conflict Resolution Center, 2101 Hennepin Avenue, Suite 100, Minneapolis, MN 55405. The parties hereto shall decide whether mediation shall be binding or non-binding. If the parties cannot reach agreement, mediation shall be non-binding. In the event mediation is unsuccessful, either party may exercise its legal or equitable remedies and may commence such action prior to the expiration of the applicable statute of limitations.

J. Edina agrees that it must pay any subcontractor within ten (10) days of the prime contractor's receipt of payment from the municipality for undisputed services provided by the subcontractor. Edina agrees that it must pay interest of 1-1/2 percent per month or any part of a month to the subcontractor on any undisputed amount not paid on time to the subcontractor. The minimum monthly interest penalty payment for an unpaid balance of \$100 or more is \$10. For an unpaid balance of less than \$100, the prime contractor shall pay the actual penalty due to the subcontractor. A subcontractor who prevails in a civil action to collect interest penalties from a prime contractor must be awarded its costs and disbursements, including attorneys fees, incurred in bringing the action.

K. Edina agrees, as a condition of being awarded this Contract, to require each of its agents, officers and employees to abide by the City of Bloomington's policies prohibiting sexual harassment, firearms and smoking, as well as all other reasonable work rules, safety rules or policies regulating the conduct of persons on City property at all times while performing duties pursuant to this Contract. Edina agrees and understands that a violation of any of these policies or rules constitutes a breach of the Contract and sufficient grounds for immediate termination of the Contract by Bloomington.

L. Each Party acknowledges that the person signing this Agreement (hereafter "Signatory") is authorized to execute this Agreement on its behalf and agrees to be bound by its terms and conditions, including the agreement of the Parties to indemnify and hold the other party harmless. In the event either Party did not authorize the Signatory to sign on its behalf, the

Signatory agrees to assume responsibility for the duties and liabilities as set forth herein, personally.

VI. TERMINATION

Either party may terminate this Agreement for any reason upon giving thirty (30) days advanced written notice to the other party.

Bloomington reserves the right to cancel this Agreement at any time in event of default or violation by Edina of any provision of this Agreement. Bloomington may take whatever action at law or in equity that may appear necessary or desirable to collect damages arising from a default or violation or to enforce performance of this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed the day and year first above written.

CITY OF BLOOMINGTON:

Dated: _____

By: _____
Its City Manager

Reviewed and approved by the City Attorney.

City Attorney

CITY OF EDINA:

Dated: _____

By: _____
Its Mayor

Dated: _____

By: _____
Its City Manager

MINUTES
EDINA COMMUNITY HEALTH COMMITTEE SPECIAL MEETING
CITY OF EDINA, MINNESOTA
MAYOR'S CONFERENCE ROOM, EDINA CITY HALL
November 4, 2013
6:30 P.M.

I. CALL TO ORDER

The meeting was called to order at 6:35 p.m.

II. ROLL CALL

Answering roll call members were Kumar Belani, Melinda Bothom-Hurley, Kristen Connor, Tone Deinema, Matt Doscotch, Alison Pence and Staff Liaisons Jeff Brown and Laurene Draper.

III. APPROVAL OF MEETING AGENDA

Member Belani approved the motion. The motion was seconded by Member Bothom-Hurley. All voted aye.

IV. ADOPTION OF CONSENT AGENDA

Member Belani motioned to approve the September minutes. The motion seconded by Member Bothom-Hurley. All voted aye.

V. REPORTS AND RECOMMENDATIONS

A. Bloomington Public Health (BPH) Presentation/Report

Introductions and power point presentation.

Overview of duties

- Elected officials – MN statute 145A
- Local Public Health Act – must report yearly on progress.

Requirements:

- Establish local public health priorities based on an assessment of community health needs and assets. Assessment is done every 5 years. Last assessment was in May, 2013.
- Determine the mechanisms by which the community health board will address the local public health priorities and achieve statewide outcomes within the limits of available funding (MN statute 145A.10, Sub 5a)

State dollars must be used to support public health responsibility:

- Assure an adequate public health infrastructure
- Prevent the spread of infectious disease
- Promote healthy communities and healthy behaviors
- Prepare for and respond to disasters and assist

To fulfill state requirements, BPH delivers a wide variety of:

- Service to individuals
- Consultation with Edina school nurses, clinics and child care providers on childhood infectious diseases, safety and health resources
- Work with partners to create policy, system and environmental changes

Reporting and Planning

- Write grants to expand public health services in Edina (includes SHIP funding)
- Implement community health assessment activities, identify and prioritize local health issues, develop action plans
- Complete reports to MN Department of Health and other grant reporting as required.

It was noted that 5th, 8th and 10th graders are the best age to gather data on youth behaviors. Early next year, data will be analyzed from Bloomington, Richfield, and Edina.

15% of Hennepin County is served by BPH.

Eligible for Free/Reduced Lunch K-12 – Edina 6.7% in 2006 to 8.3% for 2013.

In 2013, 94.3% of students graduated high school in 4 years. In 2006 it was 90%.

Maps showed that the southwest corner of Edina is at or below 200% of the Poverty Level.

Factors that impact health - Did you graduate from high school? How much money do you earn? Where do you live? The more education you have, the more likely you are to have health coverage. There is projected to still be a group of people that will not have health insurance. Hennepin County is opening a southern hub to assist people who need to apply for MNsure.

Mothers receiving prenatal care in the first trimester – Objective met. 90.2% in 2011. Healthy People objective is 77.70%

Birth resulting in low birth weight – Meeting objective – 8.2%. Healthy People objective -7.8%

Overweight or obese students – those receiving free/reduced lunch are more likely to be obese.

Services Provided:

- High Risk Home Assessments for Edina Vulnerable Adults/Seniors – 112 visits in 2011.
- WIC – increase in caseload during the last three months. SNAP benefits have been cut – families received \$36 less per month. This may cause an increase in WIC program usage. There are a larger amount of pregnant women coming in. WIC offers counseling and nutritional information which provides healthier pregnancies. Breast feeding initiation rates are higher than the state rates.
- Early intervention services for Children 0-3 – 175 visits with 77 children.
- Health screening – Women 40+ – housed in the Edina Medical building and provides breast and cervical cancer screening. 10 to 15% of clients are from Edina/Richfield. Younger women with symptoms or risk factors can be seen. The screening reveals 12 – 25 cancers per year. Approximately 200 women require follow-up.
- Flu shots – over 600 given in Edina at school district, city employees and community.

Activities for 2013

- Feedback on quarterly and annual reports – asking advisory boards for feedback.
- Community Health Improvement Implementation Plan
- Develop of action teams
- Maternal and Child health
- Nutrition, Obesity and Physical Activity
- Social & Emotional Well-being

BPH Newsletter was distributed.

CHIP Event – November 13 – annual celebration 8:30 – 11:30 a.m. Heritage Park Senior Center, Minneapolis. Members are invited to attend. Let Jeff know if you would like to attend.

Health Promotion:

- More food changes in concession stands
- Safe route to school partnership
- TCP Coaches and athlete training

- Statewide Health Improvement Program (SHIP 3) is funded
- Community Food Partnership Report
- Federal chemical health grant program ends.
- Tri-City partners – focus more on SHIP

Family health:

New funding for intensive home visits. This program is voluntary for new moms dealing with drug usage, physical, mental or emotional abuse. Can be prenatally – weekly visits or more often if needed. Move mothers into safe situations from their high risk situations. Mothers are referred from clinics and schools. Post-partum check can start screening process. This results in a closer working relationship with FVSD hospital. FVSD can refer to this program as a resource when their services end for a patient.

Emergency preparedness –

- Family assistance center exercise (January)
- Heat response and plan development (where air conditioning is)
- Started heart safe communities
- Recruited more community partners to distribute medications
- Implementation of SHIP3 – just starting
- Tobacco issues – community transformation grant
- Continued implement of community health improvement plan
- 2013 MN student survey results
- Health Safe community activities
- Plan development (Sheltering, Reunification)

Federal assessment of Cities Readiness Initiative:

Planning for the full scale exercise in 2015 (emergency preparedness) planned for in 2014. Will be for entire metro area.

“Meet with the Nurse” at Park Lawn in Edina – best way to reach people is to go to them. Nurse went out to Park Lawn apartments to be present as a resource with an ECFE teacher. Shared by word of mouth. Has not started yet this fall but there is hope to get it ramped up – also add another apartment complex. Change of staff has caused delay.

B. Top Ten Focus Area Recommendations

Edina’s need is outreach and getting the word out about public health. Website will be utilized next year. BPH can help with outreach. How much can BPH take on? The amount needs to be determined. Revenue can increase to provide services.

Can there be more collaboration on public health survey? Last one was only the second time it was done. Feedback was sought at that time. Feedback is valued.

Member Pence asked if there are issues from MN Student Survey. BPH has not heard anything so far. E-Cigarettes are a possible issue. They hope to hear something from the FDA. There is not much data out there to tell what the harm may be. Health impact is not known.

Member Connor asked if BPH gets involved in the lobbying efforts of legalizing marijuana. Tri-City partners wrote some letters – they cannot lobby. Their position is to get it on the city’s platform.

Chair Doscotch expressed that BPH provides a valuable service to our community. It is meeting the health needs of our community. Does Community health Committee recommend that City Council renew the contract with BPH? Member Pence approved the motion. Member Belani seconded the motion. All voted aye.

MN Department of Health – will be making mental health information recommendations. A comprehensive state framework is recommended to improve data collection, promote positive mental health, early identification, and facilitate access to help.

SHIP is working with Edina Schools – evaluation pieces – matrix looking at healthy eating and physical activity. They will pick one to look at and see how SHIP can make a difference.

Member Connor expressed concern about screen time and physical activity. CHIP is planning on doing a media campaign in the spring. Age 8 to preteen is harder group to control. It translates into adult behavior.

C. Youth, Senior and General health Subgroups Reports

Consolidation of the charts is not yet complete.

Senior Group – BPH’s priorities do not match those of this group. Edina has a disproportionate number of seniors.

VI. CORRESPONDENCE

Founders’ Day – Thursday, December 12, 7-8 pm at Edina City Hall. Members are encouraged to attend.

VII. CHAIR AND COMMITTEE MEMBER COMMENTS

Chair Doscotch announced that the City Council has the proposal for mission/vision statement, name change, 3 questions and work plan.

It was pulled off the Council agenda. The ordinance change needs to go to the lawyer. The ordinance change needs to be separated from other changes to make a cleaner

A work session is needed. A person from each subgroup could attend. More on this at a future time.

Committee work will be part of updates in 2014. The comprehensive report needs to be consolidated and completed. The completed documentation will be passed out to each Committee member for review. Feedback should then be submitted to Chair Doscotch.

This group has been directed to have a televised meeting. That would not be conducive for the comprehensive report meeting.

Finding a date may prove to be difficult. Laurene will come up with a list of dates and send them out to the group.

Member Pence met with Mary Brindle about Vision 2020. Objective 10 is not part of Vision 2020. Vision 10 will be reviewed by this committee and incorporate it into Vision 2020.

Member Pence inquired if there was a Living Streets update. Nothing to update at this time.

VIII. STAFF COMMENTS

City Council approved resolution appointing Jeff Brown as Community Health Coordinator.

Laurene and Jeff will attend meetings until Jeff is acclimated.

The process to fill Jeff's previous position is beginning.

January 2014 – This Committee will be meeting on a monthly basis. The meetings will be on Tuesdays unless Laurene hears otherwise.

IX. Adjournment

Member Belani approved the motion to adjourn. Member Pence seconded the motion. All voted aye. The meeting was adjourned at 8:15 p.m.