

**Agenda**  
**Community Health Commission**  
**City Of Edina, Minnesota**  
**Community Room - Edina City Hall**

**Monday, April 8, 2024**  
**6:30 PM**

- I. Call To Order
- II. Roll Call
- III. Approval Of Meeting Agenda
- IV. Approval Of Meeting Minutes
  - A. Minutes: Community Health Commission: March 11, 2024
- V. Community Comment

*During "Community Comment," the Board/Commission will invite residents to share relevant issues or concerns. Individuals must limit their comments to three minutes. The Chair may limit the number of speakers on the same issue in the interest of time and topic. Generally speaking, items that are elsewhere on tonight's agenda may not be addressed during Community Comment. Individuals should not expect the Chair or Board/Commission Members to respond to their comments tonight. Instead, the Board/Commission might refer the matter to staff for consideration at a future meeting.*

- VI. Reports/Recommendations
  - A. Genconnect Update
  - B. Recommendation: Racism as a Public Health Emergency
  - C. Workplan Item Updates
  - D. Rescue in Color
- VII. Chair And Member Comments
- VIII. Staff Comments
  - A. Meeting Calendar Review
  - B. Bloomington, Edina, Richfield Commission Meeting
- IX. Adjournment

The City of Edina wants all residents to be comfortable being part of the public process. If you need assistance in the way of hearing amplification, an interpreter, large-print documents or something else, please call 952-927-8861

72 hours in advance of the meeting.



## CITY OF EDINA

4801 West 50th Street

Edina, MN 55424

[www.edinamn.gov](http://www.edinamn.gov)

**Date:** April 8, 2024

**Agenda Item #:** IV.A.

**To:** Community Health Commission

**Item Type:**

**From:**

**Item Activity:**

**Subject:** Minutes: Community Health Commission: March 11, 2024

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**ACTION REQUESTED:**

**INTRODUCTION:**

**ATTACHMENTS:**

Minutes: CHC: March 11, 2024



**MINUTES**  
**Community Health Commission**  
**March 11, 2024 at 6:30 PM**  
**City Hall, Community Room**

I. Call To Order

II. Roll Call

Present: Mary Absolon, Megan D'Orazio, Nick Mattison, Andrea Leszko, Brenna Smithson, Andrea Sullivan.

A. New Member Introduction

Introduction of new member: Megan D'Orazio

III. Approval Of Meeting Agenda

**Motion by Nick Mattison to approve meeting agenda. Seconded by Andrea Leszko. Motion Carried.**

IV. Approval Of Meeting Minutes

A. Minutes: Community Health Commission: February 12, 2024

**Motion by Andrea Patineau to approve February 12, 2024 CHC meeting minutes. Seconded by Andrea Leszko. Motion Carried.**

V. Community Comment

VI. Reports/Recommendations

A. SCHSAC Update

Much discussion around Foundational Public Health Responsibilities and associated grant funding for local public health jurisdictions around Minnesota.

B. Social Connectedness Initiative Update

Flyer for event in April is ready and will be sent out by Marnita's Table staff for distribution.

C. Racism as a Public Health Emergency Initiative Update

Report will be completed and ready for review by entire Commission shortly.

D. Committee Assignments Review

Megan will join opioid stakeholder workgroup.

E. 2025 Workplan Development Timeline

## VII. Chair And Member Comments

## VIII. Staff Comments

### A. Opioid Staff Update

Transition in staff at Bloomington Public Health that is managing three city group working on use of opioid settlement funds.

### B. Bloomington/Edina/Richfield Joint Meeting

Meeting is proposed for Monday, May 28th. Discussion regarding timing of meeting around holiday weekend. Jeff Brown will bring to three City group to discuss.

## IX. Adjournment

**Motion by Nick Mattison to adjourn. Seconded by Mary Absolon. Motion Carried.**



## CITY OF EDINA

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**Date:** April 8, 2024

**Agenda Item #:** VI.A.

**To:** Community Health Commission

**Item Type:**

**From:** Social Isolation Subcommittee

**Item Activity:**

**Subject:** Genconnect Update

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### ACTION REQUESTED:

### INTRODUCTION:

Update on progress and reminder for Genconnect event on Saturday, April 13th.



## CITY OF EDINA

4801 West 50th Street

Edina, MN 55424

[www.edinamn.gov](http://www.edinamn.gov)

**Date:** April 8, 2024

**Agenda Item #:** VI.B.

**To:** Community Health Commission

**Item Type:**

Report and Recommendation

**From:** Workplan Subcommittee

**Item Activity:**

**Subject:** Recommendation: Racism as a Public Health  
Emergency

Action

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### ACTION REQUESTED:

Approve recommendation for submission to City Council

### INTRODUCTION:

Attached recommendation would complete 'review and recommend' charge for this work plan item for 2024.

### ATTACHMENTS:

Recommendation: Racism as a Public Health Emergency

# ADVISORY COMMUNICATION



**Date:** Wednesday, March 27, 2024

**To:** City of Edina Mayor and City Council

**From:** Nick Mattison  
Tracy Nelson  
Andrea Sullivan, MD  
Edina Community Health Commission

**Subject:** Study and report on the process for declaring racism as a Public Health Crisis in the City of Edina.

**Attachments:** 1. Draft Resolution  
2. Hennepin County Commissioners Resolution  
3. Minneapolis City Council and Mayor Resolution  
4. Bloomington City Council - Resolution No. 2021-6

## **Situation:**

Minnesota is touted nationwide as a beacon of health.<sup>1</sup> The state is commonly ranked as one of the healthiest in the United States, on multiple metrics.<sup>1,2,3</sup> Unfortunately, Minnesota also has the distinction of having the highest rates of health outcome disparities among minorities, specifically those from communities of color and American Indian communities.<sup>4</sup> Minnesota currently ranks as the least healthy state in premature deaths related to racial disparities.<sup>5</sup> For example, the lifespan of black citizens is greater than 3 years less than their white neighbors.<sup>6</sup> The public health system plays a key role in addressing and eliminating the structural inequities that allow these health outcome disparities to exist.<sup>4</sup> It is for this reason that many states, counties and municipalities have declared racism a public health crisis.

## **Background:**

Since 2020, over 200 government organizations have declared racism a public health crisis.<sup>7,8</sup> Typically the intention of these statements is to “drive resource allocation and changes to law and policy.”<sup>7</sup> While a majority of these resolutions do not carry any legal consequences, they function as “statements of intent by a lawmaking body to address racism as a root cause of health inequities, recognize the role of law and policy in creating and sustaining inequities, and identify specific issues affecting local communities.”<sup>7</sup> Of particular local interest, the Hennepin County Commissioners, the Minneapolis City Council and Mayor, and the Bloomington City Council have all passed similar resolutions (please see attached).

# ADVISORY COMMUNICATION



The Network for Public Health Law (NPHL) tracks and provides guidance on these declarations nationwide.<sup>9</sup> In order to help governments and institutions pass meaningful measures, they created ten recommendations for an impactful and action-oriented public declaration.<sup>9</sup> The NPHL recommends: “1.) require collection and assessment of race/ethnicity data; use this data to inform action, 2.) include accountability mechanisms, 3.) create offices or task forces to oversee action, 4.) prioritize community engagement, support community led initiatives and decision-making, 5.) create policies and programs, 6.) target funding to specific programs or initiatives, 7.) systematized use of racial equity tools, 8.) partner with philanthropy, 9.) evaluate and change current policies, practices and laws that incorporate or promote structural racism and racist outcomes, 10.) develop racial equity action plans.”<sup>9</sup> According to NPHL, these elements ensure that declarations go beyond simple commitments and provide a plan toward implementing action.<sup>9</sup>

Given these recommendations, a draft resolution has been created focusing on action-oriented interventions (please see attached). This declaration is largely guided by the one developed by the city of Bloomington, our close partner in public health, which has been shown to be one of the strongest resolutions in the country. Additionally, the draft resolution acknowledges that significant steps already taken by the city of Edina towards addressing racial disparities.

## **Recommendation:**

It is the recommendation of the Edina Community Health Commission that passing the draft resolution declaring racism a public health crisis would be an active step toward improving the health of all members of the Edina community.

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## Bibliography

<sup>1</sup> Andersen, E. (Jun. 22, 2022). U.S. News and World Report ranks Minnesota communities as healthiest in the nation. *Kare11 News*. <https://www.kare11.com/article/news/local/kare11-sunrise/us-news-and-world-report-ranks-minnesota-communities-as-healthiest-in-nation-cvs-health/89-6b9b2a21-3c10-439b-b921-91c8aea00e7c>

<sup>2</sup> McCann, A. (Jul. 31, 2023). 2023's Best & Worst States for Health Care. *WalletHub*. <https://wallethub.com/edu/states-with-best-health-care/23457>

<sup>3</sup> Olson, J. (Oct 12, 2022 ). Minnesota ranks best in the U.S. in child, women's health despite disparities, stress. *Star Tribune*. <https://www.startribune.com/minnesota-ranks-best-in-the-u-s-in-child-womens-health-despite-disparities-stress/600214950/>

<sup>4</sup> Center for Health Equity. (2021). Cultivating A Health Equity Ecosystem: Lessons Learned from the Eliminating Health Disparities Initiative. <https://www.health.state.mn.us/communities/equity/ehdi/reports/impactreport.pdf>

<sup>5</sup> United Health Foundation. (2021). Premature Death Racial Disparity (America's Health Rankings, Issue. [https://www.americashealthrankings.org/explore/annual/measure/YPLL\\_Disparity/state/ALL](https://www.americashealthrankings.org/explore/annual/measure/YPLL_Disparity/state/ALL)

<sup>6</sup> Helmstetter, C., Brower, S., & Egbert, A. (2010). The unequal distribution of health in the Twin Cities. [https://www.wilder.org/sites/default/files/imports/BlueCross\\_HealthInequities\\_10-10.pdf](https://www.wilder.org/sites/default/files/imports/BlueCross_HealthInequities_10-10.pdf)

<sup>7</sup> Jones-Axtell, M. (2022) State and Local Efforts to Declare Racism a Public Health Crisis – Eastern Region Update. *The Network for Public Health Law*.

<sup>8</sup> Analysis: Declarations of Racism as a Public Health Crisis. (2021) *American Public Health Association*.

<sup>9</sup> Shaw, A., et al., Declarations of Racism as a Public Health Crisis. 2021, The Network for Public Health Law.

- DRAFT RESOLUTION -

RESOLUTION DECLARING RACISM A PUBLIC HEALTH CRISIS

WHEREAS the City Council of the City of Edina is the official governing body of the City of Edina, Minnesota (“City”); and

WHEREAS the State of Minnesota has the highest rates of health outcome disparities in the nation; and

WHEREAS hundreds of studies have shown that racial and ethnic disparities are consistent across a range of illnesses and healthcare services and there exists significant variation in access to and use of health care services by race and ethnicity, (<https://nap.nationalacademies.org/read/10260/chapter/3#39>); and

WHEREAS according to a recent report by the Institute for Healing Justice and Equity at St. Louis University, (1) “Systemic racism is a complex array of social structures, government policies, institutional practices, and interpersonal interactions used to create a hierarchy that categorizes people into “superior” and “inferior” racial and ethnic groups.” (2) "In the United States, this racial hierarchy has become embedded in governmental actions, processes, and policies; often limiting racial and ethnic minority groups’ equitable access to key resources such as education, employment, health care, and housing.” (3) “Systemic racism operates at many levels, including structural, institutional, interpersonal, and intrapersonal.” (<https://ihje.org/wp-content/uploads/2021/12/Governmental-Use-of-Racial-Equity-Tools-to-Address-Systemic-Racism-and-the-Social-Determinants-of-Health.pdf>); and

WHEREAS the City Council recognizes Equity and Health as core budget values that guide decision-making, including (1) The City will continue to learn and adapt to the multiple needs of all in the community, while consistently applying an equity lens in all decisions and interactions, (2) We recognize that health is affected by all City activity, from daily operations to

policy development and implementation, (3) We utilize a Health-in-All-Policies lens to evaluate and consider health impacts of City decisions and policies, and (4) We recognize existing disparities in health outcomes between populations and work to address those disparities; and

WHEREAS the City of Edina began work in 2018 on a Race & Equity Plan and developed a Racial Equity Work Plan in 2022. These plans were created through a commitment to engage and deepen racial equity work for all, however they do not include public health items and the progress is currently on hold; and

WHEREAS Health-in-All-Policies is a collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people. Health-in-All-Policies recognizes that health is created by a multitude of factors beyond healthcare and, in many cases, beyond the scope of traditional public health activities; and

WHEREAS leading medical and public health organizations, including, but not limited to, the American Medical Association, the American Academy of Pediatrics, the American Public Health Association, the American Hospital Association, the National Institutes of Health, the Centers for Disease Control and Prevention, the Food and Drug Administration, and the World Health Organization recognize that systemic racism is a social determinant of health that has profound, negative impacts on the health status of children, youth, adults, and families and that failure to address racism as an urgent public health issue will exacerbate and perpetuate existing health inequities affecting Black, Indigenous and People of Color communities, and these organizations have made commitments to work actively to dismantle racism in healthcare policies and practices; and

WHEREAS On June 1, 2021, the City Council approved Resolution 2021-43, condemning the use of discriminatory covenants, discharging them from City-owned property and approving participation in the Just Deeds coalition to help Edina residents remove such

covenants from private property. And on June 18, 2021, the City completed discharging the discriminatory covenants on those 52 properties; and

WHEREAS government entities across Minnesota have declared racism a public health crisis, including but not limited to the City of Minneapolis, the Bloomington City Council, the Red Wing City Council, the Hennepin County Commissioners, the Olmsted County Board of Commissioners, and the Minnesota House of Representatives; and

WHEREAS the economic vitality of a community is based in part on the economic stability and growth of its residents and businesses and health inequities can negatively impact the entire community; “we need healthy people to have a healthy economy and workforce” (<https://www.minneapolisfed.org/article/2021/experts-say-racial-disparities-in-health-a-matter-of-lost-trust-and-misplaced-priorities>); and

WHEREAS The City of Edina has 100 volunteers serving on 10 advisory boards and commissions (Arts & Culture Commission, Community Health Commission, Energy & Environment Commission, Heritage Preservation Commission, Human Rights & Relations Commission, Parks & Recreation Commission, Planning Commission, Transportation Commission, Construction Board of Appeals, and Board of Appeal & Equalization) (“Commissions”) and the purpose of these boards and commissions is to advise the City Council on various projects and, at times, make recommendations for its consideration.

NOW THEREFORE BE IT RESOLVED that the City Council of the City of Edina, Hennepin County, Minnesota, asserts that racism is a public health crisis and supports the following actions:

1. Direct the Edina Community Health Commission to review, update and add “Community Health” as an item to the **Edina Racial Equity Work Plan** (Appendix A, 4/14/2022, which is currently on hold).

- Work in coordination with the Edina Diversity Equity & Inclusion Manager and the Edina Human Rights & Relations Commission.
  - The reviews and updates are to be made a Work Plan item for both commissions for 2025.
2. Integrate the use of a **Racial Equity Toolkit** (Appendix B) into the **Edina Racial Equity Work Plan**.
- The City Council is advised to use the toolkit in the development and implementation of any new policy, practice, program, or budget to guarantee explicit consideration of racial equity in the decision-making process.
  - In the spirit of the Health-in-All-Policies collaborative approach, require all Commissions to analyze any new policy recommendation using the toolkit
  - Additionally, perform an assessment of existing internal policies and procedures using the toolkit.
3. Convene a **Race & Equity Task Force** composed of the Edina Diversity Equity & Inclusion Manager and members from the community, including residents, schools, businesses, non-profits, and regional government. Charge the **Race & Equity Task Force** with the following duties:
- A. to coordinate with Bloomington’s Office of Racial Equity, Inclusion and Belonging, Richfield’s Community Alliance for Racial Equity Team, and Hennepin County’s Race Equity Advisory Council in the collection of **data** to:
    - 1) define baseline data regarding health disparities and equity,
    - 2) identify factors contributing to health disparities, and
    - 3) examine and implement best practices to minimize health disparities.
  - B. to **partner** with local and regional organizations who are addressing racism as a public health issue, such as the Anti-Racism Collective, the Edina Community Foundation, the Edina Asian American Alliance, the Edina Neighbors for Affordable Housing, and Just Deeds.
  - C. to designate and coordinate **funding** to support community-based racial equity interventions and programs through the Edina COVID-19 Relief Fund, the combined

Opioid Settlement Funds of Bloomington, Edina, and Richfield, the Statewide Health Improvement Partnership and the Foundational Public Health Responsibilities grant funding.

4. Update the community on progress of the **Edina Racial Equity Work Plan** in order to ensure **accountability** through the following sources:
  - A. the City of Edina Progress Portal website (monthly),
  - B. the *Better Together Edina* website (monthly),
  - C. Edina City Council Meetings (quarterly),
  - D. the *Edition: Edina* newsletter (annually),
  - E. distribution of a press release to local and state news organizations (annually).

ADOPTED this XXX day of XXXX, XXXX

ACCOUNTABILITY & DATA COLLECTION	IN PROGRESS CONTINUATION IN 2022 FROM RACE & EQUITY IMPLEMENTATION PLAN			
	GOAL:	TARGET	STATUS	PROGRESS
	Evaluate feasibility and advisability of increasing the amount of police-community data collected by the City.	2019 - Q2	In Progress/ Continuation in 2022	Planning and operations meeting with Tyler Technologies has taken place and continues to build RMS/CAD system needs for the police department. Rollout for new RMS/CAD system is anticipated in late Q1 2023, which will include race and gender criteria collection. Establishing baseline will be determined after data collection has started.
	Investigate available data to desegregate maps of resident population by race and how this data can be linked to allocating funds through City budgeting processes (CIP, PACS, Operating)	2019 - Q4	In Progress/ Continuation in 2022	Current PACS Funding Policy is being reviewed to include use of equity prioritization criteria. The PACS criteria will be sent to Transportation Commission for review then recommendation to City Council.
	NEW WORK PLAN ITEMS IN 2022			
	GOAL:	TARGET	STATUS	PROGRESS
	Complete final report of the 2018 Racial Equity Implementation Plan and incorporate race & equity goals into ongoing department work plans. (Operationalize equity plans)	2022 - Q1	Completed	2022 Department work plans have been created. Race & Equity Division has met with directors to discuss work plan items with race & equity intersections and how to incorporate race & equity lens in work plan completion. Final report of 2018 Race & Equity Implementation Plan has been presented to City Council on June 21, 2022. Quarterly Race & Equity work plan updates will be provided in the Council packets and an annual report will be delivered via presentation at Council meeting.
	Assess and align City-wide internal demographic data collection process.	2022 - Q4	In Progress	Interviews with various City departments and divisions about current data and collection methods concluded. Recommendations of potential solutions will be completed by end of Q4 2022.
	Create/refine Values ViewFinder strategy, tools, and templates for alignment of (Community Engagement, Sustainability, Community Health, and Race & Equity) into City decision-making, and provide quarterly resources and activities	2022 - Q2	In Progress	Values Viewfinder tool has been incorporated into additional City projects such Strachauer Park Master Planning session to collect community feedback.
	Support the Capital Improvement Plan (CIP) Process	2022 - Q4	In Progress	
	Support City departments in work plan development process to further integrate race & equity goals	2022 - Q4	In Progress	REAT Work Plan Team has offered to meet with City departments and divisions to discuss 2023 work plan goals to further integrate a race & equity lens in implementation, outcomes and assessment.

CITY FACILITIES & SERVICES	IN PROGRESS/ON HOLD - CONTINUATION IN 2022 FROM RACE & EQUITY IMPLEMENTATION PLAN			
	GOAL:	TARGET	STATUS	PROGRESS
	Deliver staff training on scholarship fund availability to ensure residents are provided the opportunity to apply for financial assistance.	2019 - Q1	In Progress/ Continuation in 2022	Due to staff changes in Q3 2022, a pause was placed to further developing training. Anticipated rollout of training, which includes support for first-time guests, safety, and race & equity should be in Q4 2022.
	Review and identify if barriers to utilization of Park and Recreation programs exist and elicit solutions from community members and users.	2019 - Q4	On Hold/ Continuation in 2022	Staff members from Parks & Recreation and Race & Equity determine how to conduct survey, methods and questions. This item will be continued in 2023.
	Ensure facilities have wayfinding signage and printed materials in multiple languages.	2019 - Q4	On Hold/ Continuation in 2022	Inventory of park signage at Centennial Lakes Park has been completed. Staff will reach out to internal staff in Facilities Division and Centennial Lakes Park to inquire about infrastructure study occurring to consider if wayfinding could include in study.
	Employees will be trained on how to support first-time guests of City facilities.	2020 - Q4	In Progress/ Continuation in 2022	Due to staff changes in Q3 2022, a pause was placed to further developing training. Anticipated rollout of training, which includes scholarship information, safety and race & equity should be in Q4 2022.
	NEW WORK PLAN ITEMS IN 2022			
	GOAL:	TARGET	STATUS	PROGRESS
	Complete a route redesign process for snowplow routes.	2022 - Q3	In Progress	Public Works and Race & Equity has started to review citation and towing data to determine if there are barriers and impacts as a result of snowplowing process.
	Study and review the feasibility of parks & recreation scholarship program, recommendation changes or updates	2022 - Q4	In Progress	Staff members have reviewed data to determine which Parks & Recreation programs are accessed with scholarship funds and what the funding amount/methods are.

COMMUNITY ENGAGEMENT & COMMUNICATIONS	IN PROGRESS CONTINUATION IN 2022 FROM RACE & EQUITY IMPLEMENTATION PLAN			
	GOAL:	TARGET	STATUS	PROGRESS
	Evaluate and improve the police department's current Community Outreach Programs. Consider opportunities for community members to engage with the department.	2019 - Q2	Ongoing	Community Engagement Officer in collaboration with Parks & Recreation, Police Department and Fire Department created Art Together events for children and families to work on art projects to promote community engagement and positive interaction with each other. The Art Together events were held at Fred Richard Playground Pavilion were successful.
	During Community Outreach Program Evaluation, the police department will develop communication strategies to publicize and promote the department through communication methods including social media.	2019 - Q2	Ongoing	Community Engagement Officer position will transition into full time position in late 2022 Q3 or early Q4. With the transition, there will be more opportunities develop more positive community engagement.
	NEW WORK PLAN ITEMS IN 2022			
	GOAL:	TARGET	STATUS	PROGRESS
	Host biannual Public Works Open House	2022 - Q2	Completed	Public Works Open hosted over 1,700 community members on May 19, 2022. The event marketing on Edina Edition and event activity card was translated in Spanish, Somali, and English to align with the City's English Proficiency standards.
	Plan, partner with community members to host City's Juneteenth event	2022 - Q2	Completed	The City's first Juneteenth commemoration event was held on June 19 at Centennial Lakes Park with participation from community organizations, food vendors and entertainment artists. Planning for 2023 Juneteenth event will start in late 2022 Q4/2023 Q1.
	Continue to produce Stories We Share on Better Together Edina site	2022 - Q4	Ongoing	Production on more The Stories We Share is ongoing. Additional videos will be completed and posted to Better Together by end of 2022 Q4.
	Outreach to larger Edina employers to identify housing needs of employees	2022 - Q2	In Progress	Initial marketing has started to some Edina employers; however, more marketing to connections with employers will continue into 2023.
	Manage Just Deeds Program	2022 - Q4	In Progress	Working with attorneys to create more streamlined notification process and communications with property residents who have completed Just Deeds form on City website. Plans to increase awareness of Just Deeds Program and education of process to community will start in 2022 Q4.
	Continue implementation of recruitment and selection strategy for Boards and Commissions to better reflect community diversity	2022 - Q4	In Progress	New Boards and Commissioner members have been onboarded. A data assessment will be conducted prior to the 2023 onboarding process.

## Racial Equity Work Plan

CO	Provide formal staff training on Plain Language and Limited English Proficiency policies, media relations and crisis communications	2022 - Q4	Not Started	Plain Language training is offered annually, this year's training was in Q3. Staff members are reviewing the City's technology process when assisting customers while using Language Line.
	Evaluate and improve current Public Safety community outreach programs in public safety departments; create new opportunities for community engagement through communication strategies and promotions; create assessments	2022 - Q4	In Progress	Continuing to partner with Minnetonka, Eden Prairie, Plymouth to create a collaborative marketing program to promote community engagement and police officer recruitment. Police have had opportunities to engagement and create aware of Cadet Program on multiple media platforms, connect with various colleges and the POST Board to draw interest and applications submissions.

DEVELOPMENT & ENFORCEMENT OF POLICIES	<b>IN PROGRESS/ON HOLD - CONTINUATION IN 2022 FROM RACE &amp; EQUITY IMPLEMENTATION PLAN</b>			
	<b>GOAL:</b>	<b>TARGET</b>	<b>STATUS</b>	<b>PROGRESS</b>
	Develop City-wide procedure and policy for responding to complaints that are perceived by staff as possibly racially motivated. Collect data on complaints that seem discriminatory in nature, including who makes the complaints and about whom. Apply this policy to complaints against those belonging to other protected groups.	2019 - Q2	In Progress/ Continuation in 2022	Moved into 2022. Bias and Discrimination Form has been added to City website for community members to complete. Staff are reviewing resident correspondence, creating staff resource guides and technology solutions to support in better communication and monitoring of public complaints and complaints where bias and discrimination are visible.
	Review process on using affordable housing funds received from the opt-out option and develop a policy to ensure funds will be used with a race and equity lens.	2019 - Q4	In Progress/ Continuation in 2022	Staff currently use affordable housing funds to create or participate in programs that provide affordability for residents through different options. Staff uses Housing Strategy Plan and Comprehensive Plan while administering programs that promote and support housing affordability in the City when using the opt-out option funds.

DEVELOPMENT & ENFORCEMENT OF POLICIES	<b>NEW WORK PLAN ITEMS IN 2022</b>			
	<b>GOAL:</b>	<b>TARGET</b>	<b>STATUS</b>	<b>PROGRESS</b>
	Identify zoning and land use regulations that create barriers to affordability and inclusion.	2022 - Q4	In Progress	There are two items that are being reviewed which Accessory Dwelling Units and sketch plan review process, which both have intersections of race & equity. The two items will be brought to City Council by end of 2022 or start of 2023.
	Review and recommend ordinance for Accessory Dwelling Unit	2022 - Q4	In Progress	Planning Commission working with City staff member in researching the Accessory Dwelling Unit ordinance, the impact on community and recommended proposal. Anticipated completion of research and recommendation by end of 2022 Q4 or 2023 Q1.
	Administer and enhance programs to preserve and grow single family homeownership opportunities: Home preservation program, housing rehab program, Come Home 2 Edina, First Generation Homebuyer program.	2022 - Q2	In Progress	Staff is reviewing the current guidelines in single-family homeownership programs and the viability in funding, income limits, home market values and loan limits to ensure there is equitable opportunities. Staff continue to collect data on City administered single family programs in Edina to assess and growth these programs. For example, growth of Come Home 2 Edina program has increased home loan approvals as a well supported First Generation Homebuyers program.
	Preserve and enhance affordable housing to prevent displacement of populations.	2022 - Q4	In Progress	Staff from Affordable Housing and Sustainability divisions working to review home preservation opportunities through sustainability and Naturally Occurring Affordable Housing (NOAH) program. Staff will be partnering in a training with the Center for Energy and Environment about NOAH and sustainability in 2022 Q4.

EMPLOYEE TRAINING & DIVERSITY	<b>IN PROGRESS CONTINUATION IN 2022 FROM RACE &amp; EQUITY IMPLEMENTATION PLAN</b>			
	<b>GOAL:</b>	<b>TARGET</b>	<b>STATUS</b>	<b>PROGRESS</b>
	Develop diversity recruiting strategy for City employees that identifies specific actions to be taken on an annual basis to more closely reflect demographics or Hennepin County.	2019 - Q4	In Progress/ Continuation in 2022	Due to staff changes in Q3 2022, the recruiting strategy will be reviewed. Future Race & Equity Annual report to City Council will have more information regarding recruiting and hiring strategies. City of Edina staff members will be attending the People of Color Career Fair on October 27, 2022.
	Train employees on the City code of conduct, safety and security procedures, language interpretation services and cost options.	2019 - Q4	In Progress/ Continuation in 2022	Due to staff changes in Q3 2022, a pause was placed to further developing training. Anticipated rollout of training, which includes scholarship information, safety and race & equity should be in Q4 2022.
	Set goals of increasing the percentage of fulltime staff who are people of color and/or fluent in a language other than English.	2019 - Q4	Ongoing/ Continuous in 2022	Staff members have collected data to establish baseline information of staff member to start look at potential goals in 2022. Staff will review the data in 2022 Q3 and make determination of goals.
	Research the City's participation in, or establishment of, a program like Pathways to Policing to develop future candidates for careers in local law enforcement for people of color.	2021 - Q4	In Progress/ Continuation in 2022	Cadet Program has been implemented and three new cadets were accepted into the program. The cadets are scheduled to start in late October 2022.
	<b>NEW WORK PLAN ITEMS IN 2022</b>			
	<b>GOAL:</b>	<b>TARGET</b>	<b>STATUS</b>	<b>PROGRESS</b>
	100% of Full-time staff to complete staff race & equity training	2022 - Q1	In Progress	In 2021, 88% of full-time staff completed race & equity training. Additional training sessions in 2022 were added to potentially meet goal, there will be one more training session scheduled in Q4.
	Explore participation with neighboring communities in a "pathways" firefighter program designed to recruit non-traditional candidates	2022 - Q4	In Progress	Fire Department continues to meet with surrounding schools districts and fire departments to discuss the feasibility of partnering to create programs in schools such an introduction to fire safety in middle schools. Fire staff is exploring options to partner with youth organizations in cities outside of Edina.



# Racial Equity Toolkit

## to Assess Policies, Initiatives, Programs, and Budget Issues

The vision of the Seattle Race and Social Justice Initiative is to eliminate racial inequity in the community. To do this requires ending [individual racism](#), [institutional racism](#) and [structural racism](#). The Racial Equity Toolkit lays out a process and a set of questions to guide the development, implementation and evaluation of policies, initiatives, programs, and budget issues to address the impacts on racial equity.

### When Do I Use This Toolkit?

**Early.** Apply the toolkit early for alignment with departmental racial equity goals and desired outcomes.

### How Do I Use This Toolkit?

**With Inclusion.** The analysis should be completed by people with different racial perspectives.

**Step by step.** The Racial Equity Analysis is made up of six steps from beginning to completion:



# Racial Equity Toolkit Assessment Worksheet

Title of policy, initiative, program, budget issue: \_\_\_\_\_

Description: \_\_\_\_\_

Department: \_\_\_\_\_ Contact: \_\_\_\_\_

☐ Policy ☐ Initiative ☐ Program ☐ Budget Issue

## Step 1. Set Outcomes.

**1a. What does your department define as the most important racially equitable **community outcomes** related to the issue?** *(Response should be completed by department leadership in consultation with RSJI Executive Sponsor, Change Team Leads and Change Team. Resources on p.4)*

**1b. Which racial equity **opportunity area(s)** will the issue primarily impact?**

☐ Education  
☐ Community Development  
☐ Health  
☐ Environment

☐ Criminal Justice  
☐ Jobs  
☐ Housing

**1c. Are there impacts on:**

☐ **Contracting Equity**  
☐ **Workforce Equity**

☐ **Immigrant and Refugee Access to Services**  
☐ **Inclusive Outreach and Public Engagement**

Please describe:

## Step 2. Involve stakeholders. Analyze data.

**2a. Are there impacts on geographic areas?** ☐ Yes ☐ No

Check all neighborhoods that apply (see map on p.5):

☐ All Seattle neighborhoods  
☐ Ballard  
☐ North  
☐ NE  
☐ Central

☐ Lake Union  
☐ Southwest  
☐ Southeast  
☐ Delridge  
☐ Greater Duwamish

☐ East District  
☐ King County (outside Seattle)  
☐ Outside King County

Please describe:

**2b. What are the racial demographics of those living in the area or impacted by the issue?**

*(See Stakeholder and Data Resources p. 5 and 6)*

**2c. How have you involved community members and **stakeholders**?** *(See p.5 for questions to ask community/staff at this point in the process to ensure their concerns and expertise are part of analysis.)*

**2d. What does data and your conversations with [stakeholders](#) tell you about existing racial inequities that influence people's lives and should be taken into consideration?** (See *Data Resources* on p.6. *King County Opportunity Maps* are good resource for information based on geography, race, and income.)

**2e. What are the root causes or factors creating these racial inequities?**

*Examples: Bias in process; Lack of access or barriers; Lack of racially inclusive engagement*

### Step 3. Determine Benefit and/or Burden.

Given what you have learned from data and from stakeholder involvement...

**3. How will the policy, initiative, program, or budget issue increase or decrease racial equity?** What are potential unintended consequences? What benefits may result? Are the impacts aligned with your department's community outcomes that were defined in Step 1?

### Step 4. Advance Opportunity or Minimize Harm.

**4. How will you address the impacts (including unintended consequences) on racial equity?** What strategies address immediate impacts? What strategies address root causes of inequity listed in Q.6? How will you partner with stakeholders for long-term positive change? If impacts are not aligned with desired community outcomes, how will you re-align your work?

Program Strategies? \_\_\_\_\_

Policy Strategies? \_\_\_\_\_

Partnership Strategies? \_\_\_\_\_

### Step 5. Evaluate. Raise Racial Awareness. Be Accountable.

**5a. How will you evaluate and be [accountable](#)?** How will you evaluate and report impacts on racial equity over time? What is your goal and timeline for eliminating racial inequity? How will you retain stakeholder participation and ensure internal and public accountability? How will you raise awareness about racial inequity related to this issue?

**5b. What is unresolved?** What resources/partnerships do you still need to make changes?

### Step 6. Report Back.

Share analysis and report responses from Q.5a. and Q.5b. with Department Leadership and Change Team Leads and members involved in Step 1.

### Board Action Request 20-0242

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#### Item Description:

Hennepin County Declares Racism a Public Health Crisis - offered by Commissioner Conley and Commissioner Fernando

**WHEREAS**, Hennepin County's mission is "to enhance the health, safety and quality of life of our residents and communities in a respectful, efficient and fiscally responsible way," and that Hennepin's first stated overarching goal is that "People are healthy, have access to quality health care and live in a clean environment" [*Hennepin County Government (2020)*, Retrieved from <https://www.hennepin.us/your-government#overview>]; and

**WHEREAS**, "Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases. And that public health is concerned with protecting the health of entire populations" [*CDC Foundation (2020)*, Retrieved from <https://www.cdcfoundation.org/what-public-health>]; and

**WHEREAS**, "Public health professionals try to prevent problems from happening or recurring through implementing educational programs, recommending policies, administering services and conducting research," highlighting that "a large part of public health is promoting healthcare equity, quality and accessibility" [*CDC Foundation (2020)*, Retrieved from <https://www.cdcfoundation.org/what-public-health>]; and

**WHEREAS**, as of June 19, 2020, Hennepin County's "Public health data" webpage contained 35 published PDF "fact sheets on various health topics that affect Hennepin County," and of the 34 fact sheets that include race/ethnicity data, 29 fact sheets (85%) report findings that express health disparity along lines of race/ethnicity [*Hennepin County Government (2020)*, Retrieved from <https://www.hennepin.us/your-government/research-data/public-health-data>]; and

**WHEREAS**, preliminary data in Hennepin County related to COVID-19 also show a health disparity. Black residents make up approximately 13% of Hennepin's population, however account for about 40% of the confirmed COVID-19 cases. Conversely, white residents make up approximately 72% of the population and about 44% of the confirmed cases. Additionally, among these confirmed cases, Black residents median age is 40 and white residents median age is 61 [*Daily Incident Brief 5.22.2020 (2020)*, Retrieved from *Hennepin Incident Command*]; and

**WHEREAS**, the American Public Health Association (APHA) states that "Racism is an ongoing public health crisis that needs our attention now" [*American Public Health Association (2020)*, Retrieved from <https://www.apha.org/topics-and-issues/health-equity/racism-and-health>]; and

**WHEREAS**, more than 100 studies have linked racism to worse health outcomes [*Institute of Medicine (2003)*, Retrieved from <https://www.nap.edu/read/10260/chapter/11>]; and

**WHEREAS**, editors for Merriam-Webster confirmed they will "revise the online entry for racism." Editors commented that "the usage of racism to specifically describe the intersection of race-based prejudice with social and institutional oppression" is increasing, and that they "will make the idea of systemic or institutional racism even more explicit in the [revised] wording of the definition" [*The New York Times (2020)*, Retrieved from <https://www.nytimes.com/2020/06/10/us/merriam-webster-racism-definition.html>]; and

**WHEREAS**, "the vast and persistent inequities experienced by Black, indigenous and communities of color are the result of a complex and intersecting set of racial rules that have been strongly shaped by our nation's long history of systemic exclusion and racism[.] that this history has a lingering impact today and that policies that attempt to ignore this legacy too often serve to compound inequality." [*Roosevelt Institute (2016)*, Retrieved from <https://rooseveltinstitute.org/wp-content/uploads/2016/06/Structural-Discrimination-Final.pdf>]; and

**WHEREAS**, as of June 19, 2020, eleven United States counties have passed resolutions declaring racism a public health crisis to be systematically addressed [*Milwaukee County (Milwaukee, WI)*, *Franklin County (Columbus, OH)*, *Dallas County (Dallas, TX)*, *Summit County (Akron, OH)*, *Montgomery County (Dayton, OH)*, *Mecklenburg County (Charlotte, NC)*, *Kalamazoo County (Kalamazoo, MI)*, *Douglas County (Omaha, NE)*, *Montgomery County (Rockville, MD)*, *King County (Seattle, WA)*, *Pierce County (Tacoma, WA)*]; therefore

#### Resolution:

**BE IT RESOLVED**, that the Hennepin County Board of Commissioners declares racism a public health crisis that affects the entire County; and

**BE IT FURTHER RESOLVED**, that Hennepin County's policy position will include advocating for relevant policies that improve health in Black communities, Indigenous communities, and communities of color; and

**BE IT FURTHER RESOLVED**, that Hennepin County will support local, state, regional, and federal initiatives that advance efforts to dismantle systemic racism; will seek partnership with local organizations that have a legacy and track record of confronting racism; and will promote community efforts to amplify issues of racism to engage actively and authentically with communities of color wherever they live; and

**BE IT FURTHER RESOLVED**, that the Hennepin County Board directs Administration to incorporate racism and this public health crisis into 2021 Budget Hearing materials; and

**BE IT FURTHER RESOLVED**, that the Hennepin County Board directs Administration to provide a written memo to the Board no later than three months after the passing of this Resolution, to communicate an implementation timeline for the following items:

1. Acknowledge that Hennepin County's current public health fact sheets present a clear picture of health disparity along lines of race/ethnicity.
2. Recognize that this data-based health disparity along lines of race/ethnicity is significant, and has direct impacts from birth to death to the individual, as well as to their family and community members.
3. Shift approach from incremental improvement centered on service-delivery to clients, to a comprehensive approach that incorporates systemic, structural, or institutional changes that may respond to the health disparity presented with a commensurate response.
4. Develop clear goals and objectives specific to achieving health-related outcomes in Hennepin's stated mission, vision, and goals along lines of race/ethnicity.
5. Develop a consistent methodology for data collection, reporting, and analysis related to race/ethnicity for future public health data fact sheets, in order to continue transparency with the publishing of reports and to inform recommendations to decision-makers.
6. Conduct an assessment of internal policy, procedures, and goals for the purpose of forming recommendations that may demonstrably improve health outcomes related to race/ethnicity, with engagement opportunities from Hennepin's workforce groups and the newly established Race Equity Advisory Council (REAC).
7. Conduct an assessment on how a public health lens or approach may connect to or improve other work within Hennepin County, such as housing, income, education, public safety, emergency response, criminal justice, sexual violence, and more.
8. Develop a recommendation, based on a public health intervention model, for standards and implementation of any future Hennepin County anti-racist community initiatives and proposals.
9. Conduct an assessment related to all human resources, vendor selection, and grant management activities with a racial equity lens, including reviewing internal processes and practices, such as hiring, promotions, leadership appointments, and funding.
10. Recommend reporting mechanism and cadence options to the Board of Commissioners, jointly or in mutual partnership with REAC (several existing models to consider within other CAB bodies).

## **RESOLUTION**

**By Jenkins and Cunningham**

### **Declaring racism a public health emergency in the City of Minneapolis.**

Whereas, the vision of the City of Minneapolis states that Minneapolis is “an intentionally compassionate city where each of us can reach our full potential while care for one another, eliminating racial disparities, improving our environment and promoting social well-being” and that the City “lead[s] in innovative and creative ways, focused not only on our present needs but also the success of future generations;” and

Whereas, the mission of the City of Minneapolis states “Our City government takes strategic action to address climate change, dismantle institutional injustice and close disparities in health, housing, public safety and economic opportunities” and City leaders, in partnership with residents help “to ensure all communities thrive in a safe and healthy city;” and

Whereas, the City of Minneapolis recognizes the City is built upon Dakota homelands, and that Indigenous nations have lived upon this land since time immemorial, and the land itself carries historical trauma, and that genocidal policies have aimed to strip tribal nations not only of land, but of culture, language and family systems; and

Whereas, the City of Minneapolis recognizes that Africans were forcibly brought to this country, enslaved, and after the Emancipation of Slavery, citizens of this country perpetuated Anti-Black racism through violence, mass incarceration and Anti-Black policies, including redlining, and that the social construction of race was used to justify their enslavement as well as the removal of Indigenous peoples off their land pushing them onto land deemed less desirable; and

Whereas, racism has various forms including historical, individual, systemic and that has not only continued to present day, but has been institutionalized to ensure the concentration of material, power and resources into the hands of white bodied individuals; and

Whereas, white supremacy is a political, economic and cultural system in which whites overwhelmingly control power and material resources, conscious and unconscious ideas of white superiority and entitlement across a broad array of institutions and social settings; and

Whereas, racism in all its forms causes persistent discrimination and disparate outcomes in many areas of life, including housing, education, health, employment, public safety and criminal justice; exacerbated further by the COVID-19 pandemic crisis; and

Whereas, a multitude of studies connect racism to inequitable health outcomes for Black, Indigenous, and People of Color (BIPOC), including cancer, coronary heart disease, diabetes, hypertension, high infant and maternal mortality rates demonstrating that racism is the root cause of social determinants of health; and

Whereas, leading medical and public health organizations including, but not limited to, the American Medical Association, the American Academy of Pediatrics, and the American Public Health Association recognize that systemic racism is a social determinant of health that has profound, negative impacts on the health status of children, youth, adults, and families and that failure to address racism as an urgent public health issue will exacerbate and perpetuate existing health inequities affecting BIPOC communities,

and these organizations have made commitments to work actively to dismantle racism in health care policies and practices; and

Whereas, research has shown that police killings of unarmed Black Americans have adverse effects on mental health among Black American adults overall, and that programs are needed to decrease the frequency of police killings and to mitigate adverse mental health effects within communities when and where such killings occur; and

Whereas, structural racism has increased health and economic inequities for BIPOC communities, exacerbated further by the COVID-19 pandemic crisis; and

Whereas, BIPOC community members in Minnesota experience the trauma of police violence and the vicarious trauma of reliving violent incidents via social media; and

Whereas, studies show that Black people are three times as likely to be killed by police as white people in this country and that “police killings of unarmed Black men were associated with an increase in mental health problems such as depression and emotional issues for Black people living in the state where the killing took place;” and

Whereas, the City of Minneapolis has some of the starkest racial inequities in the country ranking as one of the worst regions for racial inequities in home ownership, poverty, median income, and obtaining a high school diploma; and

Whereas, forty percent of the City of Minneapolis is comprised of BIPOC community members; and

Whereas, the City of Minneapolis’ Strategic and Racial Equity Action Plan (SREAP), adopted in July 2019 includes three policy priorities stating that, “The City will operationalize a strategy to eliminate the disproportionate impact of violence in BIPOC communities;” “The City will reduce involuntary displacement in rental housing for BIPOC communities;” and “The City will increase the number of Minneapolis-based businesses owned by BIPOC; and increase businesses with BIPOC ownership that are still in business after 5 years;” and

Whereas, the City of Minneapolis City Council definition of racial equity states, “The development of policies, practices and strategic investments to reverse racial inequities, eliminate institutional racism, and ensure that outcomes and opportunities for all people are no longer predictable by race;” and

Whereas, being anti-racist means moving and speaking in ways that repair (not simply abandon) more than 500 years of racist policies and practices. Anti-racism means actively participating in dismantling racist systems and institutional practices, as well as addressing personal and interpersonal acts of racism; and

Whereas, embodied anti-racists acknowledge that this history still lives and expresses itself through our bodies today; and

Whereas, City of Minneapolis leadership is committed to ending racism and building an active, anti-racist culture in the City of Minneapolis;

Now, Therefore, Be It Resolved by The City Council and Mayor of Minneapolis:

That by declaring racism a public health emergency, the City of Minneapolis will recognize the severe impact of racism on the well-being of residents and city overall and allocate funding, staff, and additional resources to actively engage in racial equity in order to name, reverse, and repair the harm done to BIPOC in this City, including the following actions:

- The City will center the voices, work, and leadership of the communities most directly affected by said racism.
- Provide support to the Racial Equity Community Advisory Committee to conduct and implement an internal evaluation of the City Charter as well as all City policies and procedures to prioritize racial equity with specification on how policies translate into anti-racist action towards City employees, constituents, and community members.
- Address our criminal justice system to stop the profiling and harm done to BIPOC. This includes but is not limited to de-carceration and reserving arrest only for violent and other major crimes, and easing and dismissing cash bail.
- Build and implement a comprehensive public safety system that decentralizes BIPOC over-policing and criminalization and is rooted in the public health approach to keep BIPOC communities disproportionately impacted by community violence safe.
- Develop a comprehensive rapid response protocol to immediate needs and long-term work to address systemic inequities. This includes activating the Office of Emergency Management and Incident Command System, the Health Department, the Division of Race & Equity, and other public facing departments to respond to community stress and trauma.
- Measure the effectiveness of City programming and the return on investment of public dollar allocations in the budget towards advancing racial equity and reporting these results annually.
- Allocate dollars in the Mayor's budget to be directed towards small business development, housing, community-based infrastructure, and other amenities to reverse and repair the harm experienced by BIPOC. This includes making land and housing affordable for BIPOC, prioritizing BIPOC in redevelopment efforts, and ensuring that these communities are not displaced in neighborhood revitalization efforts.
- Establish a long-term sustainable source of City of Minneapolis funding that will restore and increase the availability of high-quality youth development programming for BIPOC youth and young adults with inclusion of a strategic plan to improve program quality and evaluate the impact and reach.
- Develop and implement an annual report with racially disaggregated data on the health of Minneapolis BIPOC, including recommendations for actions to eliminate any disparities and improve overall health.
- Build a workplace culture that promotes racialized repair, cross-cultural relationships, upholds the sacredness of caucus spaces for building community, and shifts the burden of addressing racism off BIPOC.

RESOLUTION NO. 2021 - 6

RESOLUTION DELCARING RACISM A PUBLIC HEALTH CRISIS

WHEREAS, the City Council of the City of Bloomington is the official governing body of the City of Bloomington, Minnesota (“City”); and

WHEREAS the City Council recognizes Equity and Inclusion as one of its strategic priorities; and

WHEREAS the City Council has adopted a Racial Equity Business Plan which is an evolving document intended to guide the City’s internal efforts to advance racial equity. The plan captures ongoing equity and inclusion priorities from the Council’s strategic plan and provides goals, strategies and performance measures that will move the work forward; and

WHEREAS health statistics in Bloomington (see Attachment A) show significant and substantial racial disparities in overall health as well as in the impact of the COVID-19 pandemic; and

WHEREAS, according to a recent report by the Institute for Healing Justice and Equity at St. Louis University, (1) Racism is a system that causes racial inequalities in housing, health care, education, employment, and law enforcement, resulting in physical and physiological harm, (2) because racism limits equal opportunities for wealth, education, employment, and housing over multiple generations, the harms from racism cannot be justly and fully rectified without providing material, institutional, and social support, (3) Governments must use racial equity tools in their decision-making processes to anticipate and mitigate any racially disproportionate harms, (4) Dismantling systemic racism requires collaboration with marginalized communities, and (5) Racism will not be addressed without healing ([www.tjcinstitute.com/research/racism-is-a-public-health-crisis](http://www.tjcinstitute.com/research/racism-is-a-public-health-crisis)); and

WHEREAS, public health can be defined as the science, practice, and art of collective efforts to prevent disease, promote health, and prolong quality of life among populations, while assuring conditions in which all people can be healthy ([www.publichealth.wustl.edu/public-health-and-global-health-definitions](http://www.publichealth.wustl.edu/public-health-and-global-health-definitions)); and

WHEREAS, public health professionals work to limit health disparities, promote health care equity, quality, and accessibility by implementing educational programs, recommending

policies, administering services, and conducting research to improve the health of people and their communities, ([www.cdcfoundation.org/what-public-health](http://www.cdcfoundation.org/what-public-health)); and

WHEREAS, Health in All Policies is a collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people. Health in All Policies recognizes that health is created by a multitude of factors beyond health care and, in many cases, beyond the scope of traditional public health activities; and

WHEREAS, more than 100 studies have linked systemic racism to worse health outcomes (<https://www.nap.edu/read/10260/chapter/11>); and

WHEREAS, leading medical and public health organizations including, but not limited to, the American Medical Association, the American Academy of Pediatrics, and the American Public Health Association recognize that systemic racism is a social determinant of health that has profound, negative impacts on the health status of children, youth, adults, and families and that failure to address racism as an urgent public health issue will exacerbate and perpetuate existing health inequities affecting Black, Indigenous and People of Color communities, and these organizations have made commitments to work actively to dismantle racism in health care policies and practices; and

WHEREAS, residents and community organizations have expressed support for and encouraged the City Council to declare racism as a public health crisis, including but not limited to HealthPartners, Bloomington Chamber, ClearWay Minnesota, and the City of Bloomington's Advisory Board of Health and Human Rights Commission, Normandale Community College Equity and Inclusion Officer, and residents; and,

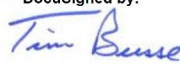
WHEREAS, the economic vitality of a community is based in part on the economic stability and growth of its residents and businesses and inequities can negatively impact the entire community (<https://www.minneapolisfed.org/policy/racism-and-the-economy>).

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF BLOOMINGTON, MINNESOTA, based on the foregoing recitals and in furtherance of the intent of this Resolution, that the City Council declares Racism a Public Health Crisis and directs the City to:

1. Engage community in review of the Racial Equity Business Plan; and
2. Undertake a concerted effort to mitigate the impact of COVID-19 on the exacerbation of racial inequities; and

3. Implement a community-driven approach for developing a strategic plan that defines internal and external work to eliminate racial disparities, outlines indicators of success, and identifies intersectional priorities; and
4. Implement a Health in All Policies approach to decision-making; and
5. Require staff to complete a racial equity impact assessment for changes to policies, codes, or regulations and identify steps taken to mitigate any adverse impact in recommendations for council action; and
6. Direct staff to engage and partner with local and regional organizations who are addressing racism as a public health issue; and
7. Develop staff capacity to lead racial equity work; and
8. Improve the City's ability to collect needed data to inform racial equity work; and
9. Develop a structure to sustain racial equity within the organization and invest resources needed to grow staff capacity to lead and support work; and
10. Provide City Boards and Commissions the necessary resources and recommend City Boards and Commissions add racial equity as priority in their 2021 work plans, and seek to understand how racial equity impacts the work that they do, the decisions that they make, and the policy advice that they provide to council; and
11. Become a trauma-informed agency so that staff are aware of the impact of structural racism, and its impact on employees and the residents the City serves; and
12. Explore internal funding for racial equity work; and
13. Convene a racial equity taskforce that involves staff and members from the community, including residents, schools, businesses, non-profits, and regional government
14. Approve a new Racial Equity section in the City's Legislative Policy.

Passed and adopted this 25<sup>th</sup> day of January, 2021.

DocuSigned by:  
  
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Mayor

Attest: DocuSigned by:  
  
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Secretary to the Council

### **Data Spotlight on Disparities in the BIPOC Community in Bloomington**

COVID-19 data as of 1/19/21:

- Black residents made up 13% of Bloomington's COVID-19 cases, but make up only 9% of Bloomington's residents (ACS 5-year 2014-2018)
- Hispanic residents made up 19% of Bloomington's COVID-19 cases, but make up only 9% of Bloomington's residents (ACS 5-year 2014-2018)
- White non-Hispanic residents made up 57% of Bloomington's COVID-19 cases, but make up 77% of Bloomington's residents (ACS 5-year 2014-2018)

Racism data in Bloomington, Edina, and Richfield: 2018 community health survey. Full report is available [here](#).

- Survey respondents from the BIPOC community generally reported worse mental and physical health
- Survey respondents that were Black or American Indian/Alaska Native reported fewer servings of fruits and vegetables
- 21% of Hispanic survey respondents reported that they could not get the medical care they needed in the last year, compared to 9% of non-Hispanic survey respondents
- BIPOC survey respondents reported less access to healthy food, healthcare facilities, job opportunities, recreation facilities, reliable transportation, and places to walk/bike

Racism data in Bloomington School District: 2019 MN Student Survey\*

- Black and Hispanic students have worse health in numerous aspects compared to non-Hispanic White students
- BIPOC students get less physical activity compare to White students
- More BIPOC students frequently eat fast food compare to White students
  - Over 40% of Black 11<sup>th</sup> graders reported eating fast food 4 or more times in the last week, compared to only 15% of White 11<sup>th</sup> graders
- Rate of obesity in Hispanic students is more than twice the rate in White non-Hispanic students
- Students experience racially-based bullying; almost 40% of 9<sup>th</sup> grade Asian students were bullied in the last month for their race/ethnicity/nationality. Over ¼ of Somali students were bullied because of their religion in the last month

Data on poverty from census data: 2014-2018 ACS estimates for Bloomington\*

- 16% of Black residents and 14% of Hispanic residents live in poverty, compared to 5% of White residents
- Only 56% of Hispanic residents have graduated high school or have a GED, compared to 96% of White (non-Hispanic) residents

- Black residents have a median income that is \$25,000 less than the median income of White residents (\$49,750 vs. \$74,716)
- More Black and Hispanic residents are unemployed compared with White(non-Hispanic) residents (7% for Black and Hispanic vs. 3% of White)
- Most Black, Hispanic, and American Indian residents rent their homes compared to White non-Hispanic residents (69% AI, 84% Black, 67% Hispanic, 26% White)
- The percentage of children living in poverty is drastically higher for Black and American Indian children compared to White non-Hispanic children (24% AI, 29% Black, 4% White)

Changing demographics: from Bloomington birth data\*

- The city is becoming more racially and ethnically diverse
- In 2019, 48% of Bloomington births were to non-White mothers
- The percent of Bloomington population that is not white is increasing: 13.1% in 2000 Census, 22.8% in 2010 Census, 27.2% in 2014-2018 ACS estimates

\*detailed data available upon request



## CITY OF EDINA

4801 West 50th Street

Edina, MN 55424

[www.edinamn.gov](http://www.edinamn.gov)

**Date:** April 8, 2024

**Agenda Item #:** VI.C.

**To:** Community Health Commission

**Item Type:**

**From:**

**Item Activity:**

**Subject:** Workplan Item Updates

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**ACTION REQUESTED:**

**INTRODUCTION:**



## CITY OF EDINA

4801 West 50th Street

Edina, MN 55424

[www.edinamn.gov](http://www.edinamn.gov)

**Date:** April 8, 2024

**Agenda Item #:** VI.D.

**To:** Community Health Commission

**Item Type:**

**From:** Mary Absolon, Community Health Commission Chair

**Item Activity:**

**Subject:** Rescue in Color

Discussion

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### ACTION REQUESTED:

### INTRODUCTION:

Rescue in Color: City Plymouth similar to Stop the Bleed. Discuss recommending forward to council as FYI and to Edina Fire.



## CITY OF EDINA

4801 West 50th Street

Edina, MN 55424

[www.edinamn.gov](http://www.edinamn.gov)

**Date:** April 8, 2024

**Agenda Item #:** VIII.A.

**To:** Community Health Commission

**Item Type:**

**From:** Jeff Brown, Community Health Administrator

**Item Activity:**

**Subject:** Meeting Calendar Review

Action, Information

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### ACTION REQUESTED:

#### INTRODUCTION:

July 8th meeting is after 4th of July weekend and November 11th meeting is Veteran's day. Discuss and decide on how to handle those meetings.



## CITY OF EDINA

4801 West 50th Street

Edina, MN 55424

[www.edinamn.gov](http://www.edinamn.gov)

**Date:** April 8, 2024

**Agenda Item #:** VIII.B.

**To:** Community Health Commission

**Item Type:**

**From:** Jeff Brown, Community Health Administrator

**Item Activity:**

**Subject:** Bloomington, Edina, Richfield Commission Meeting

Information

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### ACTION REQUESTED:

### INTRODUCTION:

Reminder: Joint meeting with Bloomington and Richfield Advisory Boards of Health is scheduled for May 28th in Bloomington. Please put on your calendar and plan to attend.