

**RESOLUTION OF THE CITY OF MINNEAPOLIS**  
**Reestablishing the role and composition of the Public Health Advisory Committee**  
**Approved by Council on May 14, 2010 (*updates noted Feb. 19, 2014*)**

Whereas, the Public Health Advisory Committee, a standing advisory committee to the *Minneapolis Health Department* and the Minneapolis City Council, has been in existence through resolution since 1976 in accordance with the provisions of the Community Health Services Act (Minn. Laws 1976, Ch. 9); and

Whereas, changes to the public health system at the state and local levels necessitate that the responsibilities and composition of the Public Health Advisory Committee be updated to allow the committee to most effectively serve the City of Minneapolis;

Whereas, the City Council values the efforts of the Public Health Advisory Committee to provide public health related advice which is representative of and takes into account the viewpoints, concerns and interests of the diverse Minneapolis community;

Whereas, the City of Minneapolis finds the continued existence of the Public Health Advisory Committee benefits the citizens of the City;

Now, Therefore, Be It Resolved by the City Council of the City of Minneapolis:

That the Public Health Advisory Committee (PHAC) for the *Minneapolis Health Department* has the following responsibilities and composition:

A. **Role of the PHAC**

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

B. **Committee Functions**

The PHAC has responsibility for the following functions:

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

C. **Committee Composition**

The composition shall reflect the diverse interests and perspectives of the Minneapolis community. It is the expectation that all parties responsible for the recruitment, recommendations to and approval of members shall make every effort to ensure this diversity.

The PHAC will have up to twenty-two (22) members composed of fourteen (14) Resident Members, up to six (6) Other Representative Members. *Two (2) ex-officio non-voting representatives may join the committee as needed.* Members will not be compensated for service on the PHAC.

1. **Resident Member appointments**

The fourteen (14) Resident Members will be selected by having each of the thirteen (13) City Council Members appoint one (1) Residential Member who lives or works in their respective wards; one (1) Residential Member who lives or works in the City of Minneapolis shall be appointed by the Mayor. These Resident Member appointments and terms are subject to Minneapolis Code of Ordinances Title 2 Chapter 14.180. No public hearing is required for Resident Member appointments.

2. **Representative Member appointments**

- a. The 6 Representative Members will be appointed by the City Council by requesting the following organizations to submit one (1) nominee representing their interests:
  - The Minneapolis Public Schools – Health Services;
  - Hennepin County Human Services and Public Health
  - The University of Minnesota-School of Public Health
- b. The PHAC shall recommend up to three (3) at large nominees to the City Council for appointment.
- c. In addition, two (2) representatives from the Minneapolis Health and Human Services Leadership Group: one (1) from the Urban Health Professional Advisory Committee and one (1) from the Urban Health Agenda Community Advisory Committee, shall serve in an ex-officio non-voting capacity *as the need arises*.

The other Representative Member appointments pursuant to this subsection C.2. shall not be made pursuant to the open appointments process of Minneapolis Code of Ordinances Title 2 Chapter 14.180 and no public hearing is required for these appointments.

**D. *Committee Structure, Terms, and Meeting Frequency***

1. *Member terms are two years in length; no member will serve more than three consecutive terms. To maintain continuity of membership, approximately half the terms expire each year.*
2. *Anniversary dates are recognized as January 1<sup>st</sup>, regardless of actual appointment date.*
3. The PHAC will elect a chairperson and vice-chairperson or co-chairs.
4. The PHAC shall establish its own operating rules and procedures and meeting schedule, provided that it meets at least six times each year to conduct its business.
  - a. *The current structure includes three sub-committees: Policy & Planning, Communications / Operations, and Collaboration & Engagement. Members choose one sub-committee on which to participate based on their interest, skill set, or experience.*
  - b. *Meetings rotate on a monthly basis and are held the fourth Tuesday of each month in City Hall.*
5. Eight (8) members shall constitute a quorum.

**E. *Member Duties***

1. *Members are expected to attend and actively participate in all regularly scheduled meetings. Three unexcused absences may result in termination of membership.*
2. *Members are expected to participate in one sub-committee to carry out the work and functions of the committee as previously listed.*
3. *Members may be asked to review, discuss, modify, and decide upon staff-prepared documents or engage in the original preparation of documents.*
4. *In addition to meetings, members should spend some time reading and reviewing committee materials; connect with City Council members regarding PHAC business or neighborhood concerns; and, be responsive to constituent concerns regarding public health.*

**F. *Relationship between the PHAC, City Council, and Minneapolis Health Department***

(1) The City Council is the Board of Health and makes final decisions regarding policy and programs of the *Minneapolis Health Department*. The City Council's health-related Committee shall review and decide upon *Minneapolis Health Department* matters prior to final action by the City Council.

(2) PHAC members are expected to communicate regularly with their respective appointing authority.

(3) The PHAC is an advisory committee to the City Council and the *Minneapolis Health Department*.

(4) The *Minneapolis Health Department* is responsible for providing staff assistance to the PHAC to carry out its advisory functions.

(5) It is expected that the *Minneapolis Health Department* will give significant weight to the recommendations of PHAC. On those occasions when the Department cannot incorporate these recommendations into its policy and program operations, the Commissioner will provide explanation.

(6) The *Minneapolis Health Department* staff will present department business to the health-related Committee. Such staff presentations shall include an explanation of how such activities fit within the framework of the priorities as approved by the PHAC.

(7) While prime responsibility for presenting PHAC views rests with the *Minneapolis Health Department* staff, the PHAC may elect to designate its members to directly explain PHAC views to the health-related Committee.

**Committee records including past minutes, agendas, meeting materials, and annual reports may be found on the Minneapolis Health Department website: <http://www.minneapolismn.gov/health/phac/index.htm>**

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