

Meeting Notes: State Community Health Services Advisory Committee (SCHSAC)

June 13, 2024 | 10:00a.m.-2:30p.m. | Hybrid

Action Items

- Share information about the Minnesota Infectious Disease Operations Guide (MIDOG) with your Community Health Board.
- Watch for information about community engagement opportunities with the Statewide Health Improvement Framework and share them with your networks.
- Attend upcoming events:
 - Optional: Coffee, Conversation & Consideration: Fentanyl & Opioids. July 25, 2024 at 8:00 a.m. Virtual.
 - Optional: NEW CCC: Mental Health as a public health issue. September 26, 2024 at 8:00 a.m. Virtual.
 - **The next SCHSAC Meeting will happen at the SCHSAC Retreat October 9 & 10, 2024.** Location TBD. Please watch for details and plan to attend. This will be in-person; there will not be an option for virtual or recording.
 - **Final SCHSAC Meeting of the year is December 12, 2024 from 10:00 a.m. to 2:30 p.m.** This is a hybrid meeting with the in-person location at the Wilder Center in St. Paul, MN.

Community Health Boards in Attendance

Aitkin-Itasca-Koochiching, Anoka, Beltrami, Benton, Bloomington, Brown-Nicollet, Carlton-Cook-Lake-St. Louis, Carver, Cass, Countryside, Dakota, Dodge-Steele, Edina, Faribault-Martin, Fillmore-Houston, Freeborn, Goodhue, Horizon, Isanti, Kanabec, Le Sueur-Waseca, Meeker-McLeod-Sibley, Mille Lacs, Minneapolis, Morrison-Todd-Wadena, Mower, Nobles, North Country, Olmsted, Partnership4Health, Pine, Polk-Norman-Mahnomen, Quin, Rice, Richfield, St. Paul-Ramsey, Scott, Sherburne, Stearns, Wabasha, Washington, Watonwan, Winona, Wright.

Approval of Consent Agenda

Consent Agenda:

Approval of June 13, 2024 Meeting Agenda

S C H S A C M E E T I N G N O T E S J U N E 1 3 , 2 0 2 4

Approval of March 8, 2024 Meeting Notes

Approval of Workgroup member appointments

- **Public Health Emergency Preparedness (PHEP) Oversight:** appointing **Joanne Erspamer**, Public Health Supervisor for Carlton County Public Health and Human Services to fill an open position for a northeast regional representative.
- **Foundational Public Health Responsibilities Workgroup:** Newly formed workgroup making appointments to fill all positions.

Appointee:	Health Dept/CHB/Division	Region
Sarah Reese	Polk County (part of Polk, Norman, Mahnomon CHB)	Northwest
Joanne Erspamer	Carlton County (part of CCLS)	Northeast
Jody Lien	Ottertail County (Partnership 4 Health CHB)	West Central
Samantha Lo	Pine County CHB	Central
Katherine Mackedanz	Todd County (Todd, Morrison, Wadena CHB)	Central
Elizabeth Auch	Countryside CHB	Southwest
Kiza Olson	Meeker, McLeod, Sibley CHB	South Central
Sagar Chowdhury	Olmsted County	Southeast
Rodney R. Peterson	SCHSAC, Dodge County	Southeast
Jeff Brown	City of Edina CHB	Metro
Gabriel McNeal	St. Paul-Ramsey CHB	Metro
Mary Navara	MDH, Health Protection Bureau, Environmental Health Division	
Ann Zukoski	MDH, Health Improvement Bureau, Health Promotion & Chronic Disease Division	
David Kurtzon	MDH, Health Systems Bureau, Health Policy Division	
Odi Akosionu-DeSouza	MDH, Health Equity Bureau, Health Equity Strategy & Innovation Division	

Motion to approve by Terry Lovgren (Pine), seconded by Rod Peterson (Dodge-Steele). Motion carried.

Chair’s Remarks

Tarryl Clark, SCHSAC Chair

Chair Clark announced that Hattaway Communications, the consultants who were hired by the Joint Leadership Team to create tools for communicating about public health system transformation have completed the bulk of their work and have produced a new communications framework for us all to use moving forward. Some initial training has been done with potential internal trainers and we look

forward to seeing it rolled out in the coming months to the Local Public Health Association (LPHA), MDH and SCHSAC. You should expect to see that training as part of the agenda for the SCHSAC Retreat – along with our special guest speaker Dr. Brian Castrucci. The planning committee is hard at work putting together an amazing agenda, so please make sure you hold October 9 and 10 and plan to attend. That will also be our next SCHSAC Meeting.

Legislative Session Summary

Lisa Thimjon, Legislative Director, MDH

Lisa Thimjon shared a summary of the outcome from the 2024 Legislative Session. The session ended chaotically with a large Omnibus bill that contained several items impacting public health. Some of the items of interest for local public health included:

- Legacy (Chapter 106) funds provided \$3.1 million to MDH in the first phase of funding to implement a voluntary private well inventory in Southeast Minnesota including nitrate testing and a dashboard. The funding would also help in developing health risk limits for contaminants found in drinking water in increasing lab capacity.
- Agriculture provisions (Chapter 127) provided \$2.8 million to MDA for nitrate home water treatment in the eight Southeast Minnesota counties (Dodge, Fillmore, Goodhue, Houston, Mower, Olmsted, Wabasha, and Winona).
- The Omnibus Bill (Chapter 127) also included provisions related to childcare providers being able to develop standards for immunizations, study and make recommendations for health professions workforce advisory council, establishment of standards for natural organic reduction, updated requirements for notice and public hearing for hospital closure/curtailments, clarity added for vital records and assisted living facilities, new Office of Emergency Medical Services was established and the MDH Office of Medical Cannabis will move to Office of Cannabis Management in July 2024.
- Minnesota Department of Education will adopt new statewide health education standards in consultation with MDH.
- The Human Services bill included a cut to local cannabis prevention grants in FY26. MDH knows these funds are essential to local prevention activities and is exploring options for a legislative fix in 2025.

Deputy Commissioner's Remarks

Wendy Underwood, Deputy Commissioner MDH

- The Deputy Commissioner shared her extensive background before coming to MDH and brought greetings from Commissioner Cunningham.
- A top priority for MDH leadership is engaging with local and tribal partners. In the last quarter they have visited 15 local public health offices in addition to a number of LPHA regional

meetings. They will be continuing those meetings in the coming months and look forward to learning, listening, and offering information as they can.

- Updates from MDH include:
 - Foundational Public Health Responsibilities grants were awarded
 - The second round of Minnesota Infrastructure Fund Grants will be awarded soon to locally led innovation projects
 - WIC (Women Infant and Children) Program just launched a statewide pilot with HyVee stores allowing families to shop online. WIC will not be moving to the new Department of Children Youth and Families
 - Officially opening the Office of American Indian Health and Office of African American Health
 - Launched community meetings in southeast Minnesota to engage community members on the challenges of nitrates and on testing private wells
 - H5N1 Avian Influenza A has been discovered in three dairy herds in Minnesota. We are actively engaged with those farms and their employees. There are no known human cases in Minnesota and nationally the risk to the general public remains low.
 - Excited to announce that Mel Gresczyk has accepted the appointment as Assistant Commissioner of the Health Operations Bureau and Myra Kunas has been appointed as Assistant Commissioner of the Health Protection Bureau.

Approval of the Minnesota Infectious Disease Operations Guide (formerly known as the Disease Prevention & Control Common Activities Framework Update)

Erica Keppers (Morrison-Todd-Wadena), Infectious Disease Continuous Improvement Board Co-Chair & Ellen Hill, MDH

- The Minnesota Infectious Disease Operations Guide (MIDOG) is the successor to the Disease Prevention and Control Common Activities Framework. The MIDOG outlines the roles and responsibilities of MDH and local public health (LPH) agency staff for the full spectrum of public health infectious disease work in Minnesota.
- The development of the MIDOG has been a collaborative effort between MDH and LPH agencies via the Infectious Disease Continuous Improvement Board (ID CIB) and multiple rounds of information gathering and content review from public health professionals around the state.
- The development of the MIDOG has been informed by the Foundational Public Health Responsibilities (FPHR). Notes referring to specific areas of the FPHR have been included in each responsibility in the MIDOG. The FPHR have also been used to ensure that the MIDOG is not missing any significant responsibilities.
- Overall, for most responsibilities within the MIDOG, neither MDH nor LPH/Community Health Board (CHB) agencies are the sole agency responsible. Collaboration between MDH and

LPH/CHBs is essential to successfully carrying out the responsibilities. For these responsibilities, the general delineation of work follows the idea that MDH staff bring disease-specific or tool-specific expertise (e.g., infection control or disease reporting system) and LPH/CHB staff bring expertise of their local communities, local resources, and key local partners. MDH regional epidemiologists (aka district epidemiologists) serve as liaisons, advocates (both for MDH and for LPH), and as additional staff capacity (both for MDH and for LPH depending on what is needed).

- MDH staff (including MDH regional epidemiologists) shoulder the lead responsibility for responsibilities in the MIDOG where there may be variable LPH/CHB capacity to contribute. These include leading education and training opportunities, case investigations, outbreak investigations, monitoring the occurrence of disease, and conducting site visits.

Motion to recommend approval and adoption of the Minnesota Infectious Disease Operations Guide to the Commissioner of Health by DeAnne Malterer (Le Sueur-Waseca), seconded by Michelle Clasen (Washington). Motion Carried.

Statewide Health Assessment and Statewide Health Improvement Framework

Sarah Grosshuesch (Wright County) & Maria Sarabia (MDH), Healthy Minnesota Partnership Co-Chairs
Audrey Hanson & Tara Carmean, MDH

- The Healthy Minnesota Partnership (HMP) is a statewide, cross-sectoral partnership whose vision is that all people in Minnesota enjoy healthy lives and healthy communities. SCHSAC is one of the organizations represented on the Partnership. More information about HMP and its membership can be found here: [Healthy Minnesota Partnership - MN Dept. of Health \(state.mn.us\)](https://www.health.state.mn.us/communities/practice/healthymnpartnership/index.html)
- The Partnership is also charged with overseeing the creation of the Statewide Health Assessment (SHA) and the Statewide Health Improvement Framework (SHIF).
- The [Minnesota Statewide Health Assessment](https://www.health.state.mn.us/communities/practice/healthymnpartnership/sha.html) was released in early April 2024. It tells the story of health in Minnesota.
 - The Assessment includes four sections: People, Opportunity, Nature, and Belonging
 - There are several new features including COVID-19 data, policy profiles, impact of systems and structures on health and data on mental health and well-being, environmental justice, civic participation and more.
 - SCHSAC members can use the Assessment to:
 - Learn more about the conditions that create health;
 - Learn how the assessment and planning processes in public health help elevate local needs and priorities; and
 - Share the assessment with your constituents.

- The next step is to create the SHIF, a multi-year action plan that is created in a collaborative process led by the Healthy Minnesota Partnership.
 - The SHIF will include Health Priorities, measurable objectives for each health priority and strategies for each health priorities as well as a plan to track implementation.
 - There are opportunities to engage with the Partnership and be part of creating the SHIF – sign up for updates and watch for notices, attend upcoming Partnership meetings (listed on the website), email health.healthymnpartnership@state.mn.us.
 - The goal is to have the SHIF completed in early 2025.

Foundational Public Health Responsibility (FPHR) Spotlight: A Data Tour: Exploring New Approaches Across Minnesota

Panel host Chelsie Huntley, Division Director, MDH opened the panel and introduced the panelists before each panelist provided an overview of their project. The panel then discussed a series of topics before taking questions from the audience.

Project overviews:

Health Trends Across Communities in Minnesota (HTAC-MN): Jessica Jeruzal, Operations Director for the Health, Homelessness & Criminal Justice Lab

- Health Trends Across Communities (HTAC) provides accessible, timely, and detailed data on community health in Minnesota. Available as a free, interactive dashboard.
- HTAC is a product of deep collaboration and public-private partnerships.
- There are many possible uses for HTAC in your communities and organizations, including: community health assessments, grant applications, strategic planning, prevention & response work, and more!

Olmsted County: Jenny Passer, Epidemiologist

- Olmsted County is a regional data model that demonstrates a way for CHBs to have the foundational capability of assessment/surveillance without needing their own data staff and software in-house. It's a model that allows locals to have access to meaningful data that they can act on, create stronger partnerships with, and strengthen local public health while reducing the burden on MDH.
- Key foundational pieces include: recruiting staff, relationship building, technology and software, data sharing agreements.
- Regional priorities and structures may differ across the state, but there is space to explore how pieces of this work could be completed in other regions.

Carlton Cook Lake St. Louis CHB: Stephany Medina, Program Manager & Public Health Planner & Susan Michels, CHS Administrator

- The Northeast region's data infrastructure project focuses on using available data to inform public health planning efforts.

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- Recognizing that having the data isn't always enough, they have focused on providing tools like staff capacity (3 new positions), assessing data policies and practices, and offering data-focused trainings.
- The Northeast team designed several projects to build towards data systems change including: a data inventory, mixed methods approaches to workforce development planning, and a foundations of data equity training.

Three Simple Rules of the State-Local Public Health Partnership

- I. Seek First to Understand*
- II. Make Expectations Explicit*
- III. Think About the Part and the Whole*

Minnesota Department of Health
State Community Health Services Advisory Committee (SCHSAC)
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To obtain this information in a different format, call: 651-201-3880.