State Community Health Services Advisory Committee (SCHSAC) Retreat Overview

Oct. 9 and 10, 2024 | River's Edge Convention Center, St. Cloud, MN

The goal of the 2024 SCHSAC Retreat is to deepen the connection between SCHSAC members, local, and state public health leaders, build on our collective knowledge and experience, and inspire us to continue strengthening and transforming the public health system for all Minnesotans for the 21st century. Our aim is to unify elected officials, Minnesota Department of Health, and local public health leaders to efficiently and effectively promote and protect the health of all people in Minnesota.

Welcome, approval of consent agenda, and opening remarks

Presenters: Tarryl Clark, Stearns County Commissioner, SCHSAC Chair; Melissa Huberty, CHS Administrator, Stearns County; Janet Goligowski, Public Health Director, Stearns County; Dr. Brooke Cunningham, Commissioner, Minnesota Department of Health

Highlights

- Chair Clark opened the SCHSAC retreat by reading the Tribal-State Relations Statement. Vice Chair Malterer and Past Chair Kiscaden reflected on the importance of SCHSAC retreats in building relationships and the uniqueness of SCHSAC's makeup.
- Vice Chair De Malterer (Le Sueur-Waseca) moved approval of the consent agenda consisting of approval of the meeting notes from the June 13, 2024 SCHSAC meeting and approval of the reauthorization of the Member Development Workgroup. It was seconded by Steve Barrows (Crow Wing) and the motion carried.
- Melissa Huberty and Janet Goligowski led a trivia-style activity focused on Stearns County and St. Cloud.
- Commissioner Brooke Cunningham opened her remarks by saying public health is challenging but also fun. She expressed her appreciation for the opportunity to engage with local public health this year, with visits to 65 counties and 22 more to go. Dr. Cunningham emphasized the need to support the local public health workforce. She shared her vision for a stronger public health system, one that collaborates across systems, geographies, and populations, including Tribes. She recognized the challenges that remain, such as addressing public health issues preemptively, securing competitive grants despite staffing challenges, and the need to reimagine funding to make it more accessible and equitable.

Our path so far… celebrating our progress together

Presenters: Sheila Kiscaden, Olmsted County Commissioner & Past SCHSAC Chair; Kim Milbrath, Director, Center for Public Health Practice, MDH

Activity led by Planning Committee members: Michelle Clasen, Washington County Commissioner; Amy Bowles, CHS Administrator, Beltrami County

Highlights

Slides from the presentation on the history of Minnesota's public health system transformation can be found on the SCHSAC Member Portal on Basecamp.

- Transformation started back in 2010. COVID highlighted ongoing gaps in the system and led to the conclusion that our system, which was designed over 50 years ago, is outdated. We need a new approach.
- 2021 state investments and Joint Leadership Team formed. Tribes are also looking at their capacity and what gaps in their tribal health systems. This is generational work, working to address inequities between rural and metro areas.
- Small groups discussed: What are 3 things related to public health that you do differently than you did 3 years ago? Is there a project, activity or service related to public health in the works (may be in any stage from idea to ready to launch) that you are most excited about?

Small groups reported out common themes across the two questions. Some of the common themes across the groups included:

- Communication:
  - Present across nearly all groups, emphasizing different facets like virtual communication, cross-county and organizational communication, and hiring communication staff.
  - Future focus includes more structured communication pathways and improving communication resources for public health.
- Staffing & Workforce Development:
  - Multiple groups address hiring, particularly in communication roles and specific workforce structures.
  - Community Health Workers (CHWs) play a significant role, being integrated across various health issues.
  - Building networks, partnerships, and strengthening teams for better service delivery.
- Data and Performance Management:

  - Groups highlight different approaches to data usage, whether for tracking overdose data, using data across counties, or improving data-related roles.
  - Improvements in the use of data in performance management and measurement systems.
- Equity and Policy:
  - Equity, particularly racial equity in public health, is a key concern, especially around infant and maternal mortality.
  - Some groups are integrating equity into policy-making processes aiming to address broader systemic issues in public health.
- Public Health and Emergency Services Resources:
  - Emergency services, from EMS preparedness to emergency response strategies, and the improvement of communication resources for these services, are critical across groups.
  - Future directions involve enhancing local services and decreasing travel/wait times, while improving systems like telehealth and remote care.
- Opioid Crisis and Substance Abuse:
  - Several groups are focused on the opioid crisis, from opioid settlement fund development to policy work and surveillance of opioid-related fatalities.
  - Substance abuse prevention funding and community partnerships play into this as well.
- Health Outcomes and Chronic Disease:
  - There's emphasis on chronic disease, maternal and child health, and improving environmental health, particularly regarding issues like water quality.
  - Future aims include raising awareness of chronic diseases and environmental health issues.
- Partnerships and Collaboration: Collaboration, whether through community partnerships or with different teams and data sources, is a recurrent theme.

Keynote: Partners in Progress: Elected Officials and Public Health Staff Leading Minnesota's Future

Speaker: Dr. Brian Castrucci, DrPH, MA, President & CEO, de Beaumont Foundation

Highlights

Slides and resources list are available on the SCHSAC Member Portal on Basecamp.

- Partnership Between Elected Officials and Public Health
  - Public health and elected officials are complementary, working together like "peanut butter and jelly" rather than opposing forces.
  - Elected officials can make a greater impact on health through policy than can be made through direct medical interventions.
- Health as an Economic Indicator
  - Framing health as an economic issue resonates with broader audiences, including business leaders.
  - You can't industrialize the nation unless you (fill in any public health intervention – water, living quarter, workers protection, etc).
  - When we invest in health, we get that money back. We used to be a nation of innovation and entrepreneurialism. That's how we built this nation. The number one reason we aren't anymore: half of our nation has a chronic disease. They need health insurance. They can only work at large employers.

- Socioeconomic Factors Shape Health
  - Socioeconomic conditions have the greatest impact on health outcomes, yet interventions at this level often receive the least funding.
  - Health is shaped 40% by socioeconomic factors, 10% by the physical environment, 30% by health behaviors, and only 20% by health care itself.
- Social Needs vs. Social Determinants, the importance of policy over medicine
  - Policies addressing social determinants of health, such as housing and environmental conditions, can have a more substantial impact on population health than medical treatments alone.
  - Social needs vs. social determinants:
    - Programs, patients, individuals = social needs.

    - Populations, policies, systems = social determinants (health care confuses these two concepts all the time.)
  - The solutions to our health issues are not in our clinics.
    - Truth 1: Electeds can have a greater impact on people's health than health care providers.
    - Truth 2: Lower health care costs does not necessarily mean people are healthier. It means they cost less to the system.
    - Truth 3: Good community health indicators do not mean everyone shares in health equally.
- Public Health Messaging and Communication
  - Public health professionals need to improve how they communicate their role and impact. If people don't understand what public health does, it becomes harder to gain support for critical interventions.
  - Messaging should focus on universal benefits (e.g., "thriving" rather than "healthy") and reject language that alienates, like "vulnerable communities."
- Building Trust and Partnerships
  - Trust in public health comes from showing up consistently and building relationships during times of peace, not just during crises.
  - Public health should align itself with business, schools, and religious organizations, as these areas are inherently connected to health outcomes.
- Policy as Preventive Medicine
  - CDC Health Impact Pyramid (https://www.cdc.gov/policy/hi-5/index.html): this is how we build health. Example of bad meat vs. asthma. We go all the way down to the farm if there is bad meat. If I have asthma – you just treat the asthma.
  - Policy interventions are often more effective at preventing health issues than treating them after the fact. For instance, instead of only treating asthma, policies that improve housing conditions can address root causes.
  - There is a cultural discomfort in addressing preventive measures—people are more willing to pay for medical bills than to invest in prevention.
- What you can do
  - If you want to have a business conversation, a school conversation, a religious conversation – you're talking about public health. We are not powerful enough to dictate the music. So, we have to learn to dance. And electeds – you need to invite us to the dance. You have to make these relationships at times of peace. At times of quiet. Get your micro-influencers ready now.

Inspiring partners: Speaking the same language

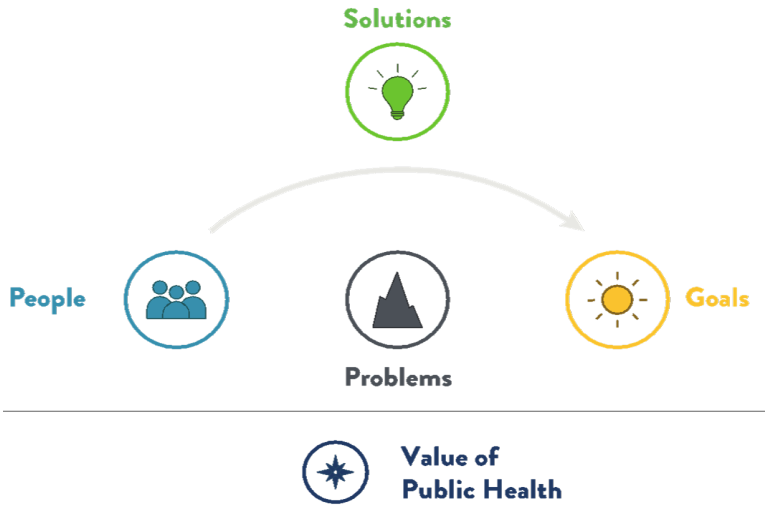
Presenters: Mandy Meisner, Anoka County Commissioner; Allie Hawley March, MDH

Highlights

Slides are available on the SCHSAC Member Portal on Basecamp.

The messaging toolkit can be found here: *Message Toolkit: Inspiring Partners to Strengthen Public Health in Minnesota (https://www.health.state.mn.us/phmessagetoolkit)*

- This session was an introduction to the messaging toolkit that has been developed to provide a framework to help us all communicate more effectively about our work.
- Do=Care + Know: People do things when they care and when they know what to do.
- Talking about public health is challenging. We need to tell a different story: How do we do that? Speak to hopes and aspirations. This increases engagement. This can inspire action. Our brains are built for stories. We learn through narrative. How we tell is as important as what we tell.
- Move away from talking about programs, data, activities. Speak instead about hopes and dreams.
- Notice the commercials tonight. You are not buying a credit card. You are buying a world traveler identity. You aren't buying deodorant for your daughter. You're buying confidence.
- This isn't a script. It's a recipe. It's a formula. The product you create with these ingredients, will be talking points. Bullet points.



Lessons from Indiana

Presenters: Pam Pontones, Deputy Health Commissioner of Local Health Services, Indiana Department of Health; Rachel Swartwood, Director, Legislative and External Affairs, Indiana Department of Health

Highlights

Slides are available on the SCHSAC Member Portal on Basecamp.

- Indiana is a largely rural state with 6.9 million people, a decentralized public health system, and faces declining health metrics, including a life expectancy two years below the national average. Disparities in life expectancy based on location led to the creation of the Governor's Public Health Commission (GPHC) to assess and improve Indiana's public health system.
- Governor's Public Health Commission (GPHC) and Recommendations
  - The GPHC gathered data from public comments, listening tours, and multi-sector stakeholders and released 32 recommendations for improving the state's public health system.
  - Indiana adopted a collaborative approach, creating new leadership roles They created new positions, including the Chief Strategy Officer, to oversee agency and quality improvement efforts, and the Deputy Health Commissioner of Local Health Services. This position oversees tech assistance teams and local health dept outreach divisions, serves as agency representative to local health departments and related partners.
- Indiana created "Health First Indiana", an agency model to guide the state's public health transformation which passed the legislature in 2023. It focused on several key areas:
  - Governance, infrastructure, and services
  - Public health funding (emphasizing stable, recurring, and flexible funding for foundational public health capacities; providing support to leverage all available funding sources; establishes consistency in tracking of resources and calculating return on investment of additional funding allocations)
  - Workforce development
  - Data and information integration
  - Emergency preparedness
  - Child and family health
- Passing the legislation required several key strategies.
  - Beginning the process: original budget asks (see slide)
  - Met with every representative to explain what Public Health is (more than masks and vaccines).
  - Defining Core Services for Legislation
  - Communication and transparency were important throughout the process.

  - The speakers were asked “What were the 3 compelling arguments that persuaded the Legislators to make this decision?” They answered:
    - Problem from an economic perspective. Economic benefit. PH is the only sector working on prevention efforts.
    - Money is not used to grow government, but to build partnerships and fill gaps
    - Preserving local control
- Indiana passed historic public health funding laws SEA 4 and HEA 1001, which included:
  - $75 million for 2024 and $150 million for 2025 for county public health funding.
  - Additional funding for trauma system quality improvement, EMS readiness, and a state strategic stockpile.
  - Counties were given the choice to “opt-in” to the enhanced funding, maintaining local control while focusing on core services.
  - 86 counties opted in for 2024, covering 96% of Indiana’s population, and by 2025, 100% of counties opted in.
  - Counties were allowed to decide how to invest and use the funding as long as it supported core public health services.
- Transparency, Accountability, and Core Services
  - A “county health scorecard” was provided to help with decision-making around public health indicators.
  - An “activity tracker” was established to report on core services, encouraging partnerships with community organizations.
  - Local public health departments report key performance indicators twice a year, ensuring transparency and accountability.
  - Over 80% of funding went to preventive services, with less than 20% going to regulatory services.
- Indiana prioritized communication and transparency throughout the process, including:
  - A dedicated GPHC website
  - Public Health Day at the statehouse
  - Webinars, regional calls, and regular engagement with stakeholders (elected officials, partner organizations, and local health departments).

Workshop: Inspiring partners: How to create messages with impact

Trainer: Allie Hawley March, MDH

Highlights

Slides are available on the SCHSAC Member Portal on Basecamp.

This session was a workshop on using the message toolkit introduced on day one of the Retreat. Attendees used the message toolkit to create a one minute message on the issue and audience they identified.

Element 1: People: talk about who creates health; what we do. What you say about the people in the story can make or break it. Whether they seem capable, confident, unsure, helpless, exhausted. When we talk about the people who create health: we need to use asset framing, not deficit framing. Deficit framing creates negative associations, "helpless, overworked." Asset framing creates positive associations. We want to define the people that we're talking about according to their aspirations, their strengths – like 'experts' or 'problem solvers.'

Element 2: Goals: Move away from performance measures, capabilities, etc. Think about goals in terms of common and less common aspirations, like enjoying life every day. Connect health to other aspirations. Show how a healthy community is connected and supports other hopes and visions. Ask yourself, what do the people in your story aspire to be or do? How does that intersect with public health? When it comes to your issue for today – what does that look like in your community, in ways that connect with the group you're talking to?

Element 3: Problems: So, when it comes to your issue for today, what barriers stand in the way of your people achieving their goal? Notice we aren't starting your pitch with your problem. When we don't start with the problem – rather than who we are and what we're trying to achieve – it gets us on the same page. When you name your problem, keep it super simple. To be motivated to solve a problem, people need to understand it, care about it, and believe change is possible. When it's easier it is to understand, the more likely we are to believe it. Don't get too far in the weeds. Don't use jargon. Don't use acronyms.

SCHSAC members shared some of their examples:

- Schools are really reluctant to share the Minnesota student survey.
- Turning people away who are late to a clinic appt have unintended consequences
- Food insecurity at home; picky eater kids; when it's 20 below zero, kids can't go outside/get exercise
- Rural emergency services – don't have adequate funding and reimbursement not enough
- Lack of funding at the state level for EMS; slow response or no response for vital needs – like mental health, public health, clean water issues.
- Incorporating protections in cannabis policies

Element 4: Solutions: Show solutions and benefits: state specific solutions to your problem and how they benefit individuals and society. Don't just say how it makes public health better – make sure the solution makes the lives of the audience's better. Sharing stories can make this feel real. It can be helpful to share how your solution can scale: smaller or bigger, depending on community, funding, etc. Provide clear examples of what the change will look like. The solution should go beyond what we traditionally think about as health.

Element 5: Value of Public Health: We are still learning what the value of public health is. One thing we can do is get on the same page: why is public health important? When it comes to your issue for today, how does public health make a positive impact in your community in a way that your audience understands?

Taking it home

Led by: Tarryl Clark, SCHSAC Chair; DeAnne Malterer, SCHSAC Vice Chair; Nick Kelley, CHS Administrator, Bloomington & Chair, Local Public Health Association (LPHA); Chelsie Huntley, Community Health Division Director, MDH

Highlights

- Attendees spent three-four minutes on their own to think about: what can you do (in your organization) in the next six to 12 months?
- Then came together as a group by role to answer: what do we need to collectively (as MDH, as LPH directors, as elected officials) in the next year?
- What do we need from the other groups (MDH, LPH directors, electeds) to be successful?

Groups shared a summary of their discussion, noted below.

MDH:

- We have heard and understand that the way we do grants and reporting is burdensome and we need to figure that out in partnership with locals;
- We really need you and your relationships to bring us in and explain how MDH can add value;

- We need you to continue to give us feedback both positive and constructive – give us solutions and continue to engage with us to find that sweet spots that allows us to be good stewards of resources and doesn't burden you.

Local public health:

- Business coalitions and partner development;
- data systems to support local public health – how can we restructure that;
- consistent messaging and capacity building;
- sustainability of funding that we can look toward our elected officials;
- we would like to see that new education and onboarding of staff;
- we need to highlight successes more often;
- we need to start thinking more about policy work.
- Local public health needs to work a whole lot more together – it is happening more with infrastructure funding but we need to do more.
- We need better data, and MDH pushes it back with higher level evaluation;
- improved state statute for how we do public health.

Electeds and community members:

- We need to continue to be educated about the many things that are connected with public health but that we don't always think of as connected – transportation for instance.
- How can we partner for opioids and cannabis education?
- It's the health of the herd that matters. We are talking about herd health (not just one person);
- Return on investment. Public health is an economic issue. If we want to thrive economically, we need a healthy workforce.
- Realigning what we do with data so that it's timely, it's relevant, it's locally driven, so we can find the places that we have to find and know about them.
- Ordinance samples to know how we should do this locally.
- The grants can be so burdensome, we have to find a simple way.
- Local public health, please invite us to your day on the hill. We think it's important for legislators to see that your commissioners support your work.
- Work with us to build community relationships.
- We need you to tell us what to do. Point us in the direction.

Optional panel presentation: Stearns County Community Connectors share their stories!

Featuring: Leana Sagere, Abdukadir Abdullahi & Bethany Berthiaume

Three Community Connectors from Stearns County joined us to share the powerful stories of the path that drew them to the work and prepared them for the challenges that they face every day as they serve their community in this important role.

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

Slides and materials can be found on the SCHSAC Member Portal on Basecamp (https://public.3.basecamp.com/p/yeG84jdJ9jaPNBuhNbD8wqiv/vault).

Minnesota Department of Health
State Community Health Services Advisory Committee (SCHSAC)
651-201-3880 * health.schsac@state.mn.us * www.health.state.mn.us/schsac

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To obtain this information in a different format, call: 651-201-3880.