

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

February 6, 2025 | 10:00 a.m. to 2:30 p.m. | Hybrid

Action items

- Share the “Public Health System Development in Minnesota” report. The full report can be found online here: [Public Health System Development in Minnesota: A Report to the Minnesota Legislature from the Joint Leadership Team for Public Health System Transformation](#)
 - Use the Report Summary provided to help develop your story and talking points to share with community members, elected officials and others.
- Sign up for the Mentorship Program is open until Feb. 20. The program will begin in April. The application can be found here: <https://forms.office.com/g/zXtavM23Nn>
- Upcoming meetings and events:
 - The next SCHSAC Meeting will be June 12, 2025. 10 a.m. to 2:30 p.m. Hybrid. In person location will be at the Wilder Foundation in St. Paul.
 - New Member Orientation will be April 2 at 9 a.m. This is designed for new members and alternates, but it is open to anyone involved with SCHSAC who might like a refresher. RSVP by March 30 (<https://forms.office.com/g/YRD9WMpeVZ>)
 - Upcoming *optional* CCC: Coffee Conversation & Consideration events! These are *optional* learning events open to the SCHSAC network.
 - Feb. 20, 2025. 8 a.m. Topic: What is the Social Vulnerability Index?
 - April 10, 2025. 8 a.m. Topic: Drinking water and public health.

Community health boards in attendance:

Aitkin-Itasca-Koochiching, Anoka, Beltrami, Benton, Bloomington, Blue Earth, Brown, Carlton-Cook-Lake-St. Louis, Carver, Cass, Countryside, Dakota, Des Moines Valley, Dodge-Steele, Edina, Faribault-Martin, Fillmore-Houston, Freeborn, Goodhue, Hennepin, Horizon, Isanti, Kanabec, Kandiyohi-Renville, Le Sueur-Waseca, Meeker-McLeod-Sibley, Mille Lacs, Minneapolis, Morrison-Todd-Wadena, Mower, Nicollet, Nobles, North Country, Olmsted, Partnership4Health, Pine, Polk-Norman-Mahnomen, Quin,

Rice, Richfield, Saint Paul-Ramsey, Scott, Sherburne, Southwest Health and Human Services, Stearns, Wabasha, Washington, Watonwan, Winona, Wright.

Welcome, call to order, approval of consent agenda

DeAnne Malterer (LeSueur-Waseca), SCHSAC Chair, called the meeting to order. The Tribal-State Relations Acknowledgement was read. Marcia Ward (Winona) moved approval of the Consent Agenda. Steven Heinen (Benton) seconded. The motion passed.

Consent agenda:

- Approval of Feb. 6, 2025, amended meeting agenda
- Approval of Dec. 12, 2024, amended meeting notes ([SCHSAC Meeting Notes Dec. 12, 2024](#))

Chair's Remarks

DeAnne Malterer, SCHSAC Chair welcomed everyone and acknowledged the many partnerships that exist in the room. She encouraged everyone to remember where they were five years ago in February 2020 and how many challenges had been overcome and how many lessons have been learned, including the lesson that we are stronger together.

Commissioner's remarks and MDH update

Dr. Brooke Cunningham, Commissioner, Minnesota Department of Health (MDH) thanked everyone for their interest, engagement and energy. Some of the key points from her remarks:

- 50% of MDH is federally funded and 36% of local public health departments on average are federally funded. We know that there are many questions and concerns about the potential impacts that federal government actions will have on funding. MDH is with you in sharing those questions and concerns.
- Unfortunately, we don't have additional information to what has been publicly reported. We feel it is very important we share with you only what is certain and true and to not add to the swirl by communicating without clear information.
- We will continue to work collaboratively with you as our partners to understand how these actions may impact programs and services in Minnesota. For now, the best thing we can do is to keep working and not be deterred.
- The Commissioner addressed questions related to water quality, diversity, equity, and inclusion (DEI) efforts, and H5N1.

Legislative session update

Autumn Baum, Assistant Legislative Director, MDH, shared a brief update of the current status of the legislative session. The Minnesota Senate and House are both currently undergoing shifts in leadership and working through power-sharing agreements due to closely tied partisan numbers.

Key points from her presentation include:

- The Governor’s budget proposal does not include any cuts to the MDH budget.
- 2025 MDH budget proposals
 - \$1.3 million per year for MDH to sustain current infectious disease prevention and control activities. The proposed activities have been largely federally funded in the past, those funds have been reduced to the point that the programs cannot be sustained without additional state investment. There is increased need for the work as Minnesota is experiencing a significant increase in cases of disease and a significant demographic transformation.
 - Operations adjustment for MDH to help cover expected growth in employee compensation and insurance and other operating costs.
 - Fee proposals that would generate revenue to address cost pressures that impact services being delivered to Minnesotans. Many are fees that have not been changed in more than a decade. Areas included are:
 - Food, pools, and lodging; radioactive materials; X-ray; asbestos; public water supply; and well management fees
 - Assisted living and health care facilities licensure fees
 - Health maintenance organization (HMO) fees
 - Restoring funding to local public health for the cannabis and substance misuse prevention grants (\$2.5 million per year).
 - Clean Water Fund proposals that would protect, enhance and restore water quality in lakes, rivers, and streams and protect groundwater from degradation.

Public health system legislative report overview

DeAnne Malterer, SCHSAC Chair; Amy Westbrook, Local Public Health Association (LPHA) Chair; and Chelsie Huntley, Division Director MDH, presented an overview of the “Public Health System Development in Minnesota” report. The full report can be found online here: [Public Health System Development in Minnesota: A Report to the Minnesota Legislature from the Joint Leadership Team for Public Health System Transformation](#)

Key points from the presentation:

- There is nothing public health can't positively impact. For entire populations, public health diagnoses, cooperates, and prevents.
- Minnesota's governmental public health system is outdated; a lot has changed in 50 years.
- We need to keep investing in a new approach to public health to achieve our vision of a public health system that...
 - is seamless, responsive, and publicly-supported;
 - works closely with the community;
 - ensures healthy, safe, and vibrant communities; and
 - helps Minnesotans be healthy no matter where they live.
- Our transformation work is grounded in shared leadership between local health directors (LPHA), state health officials (MDH), and locally-elected community health board officials (SCHSAC).
- Our public health system has strengths and challenges:
 - Minnesota's public health system is locally driven, but also fragmented
 - Our partnership is timeless, but our approach is outdated
 - Governmental public health is small but mighty – and needs more capacity for foundational work
 - Deep, broad expertise and experience cannot overcome chronic underfunding
- A new path forward (visit pp. 23-29 of the full report) is necessary.
 - Recent investments in public health from the legislature have been a much needed down payment, but a long term investment is needed
 - We need 21st century public health tools
 - This is a 21st century public health practice
 - We must invest in local innovation
 - Continue to partner and cooperate as a jointly-led, cross-jurisdictional team
- Consult the report or the document "Summary: Public Health System Development in Minnesota" for full explanation and talking points

Regional caucuses

Regional caucuses were held for each region. Each region selected a Member and Alternate to represent them on the Executive Committee for the 2025-26 term. Those selected were:

Region	Member and Community Health Board	Alternate and Community Health Board
Northwest	Joan Lee, Polk-Norman-Mahnomen	Bonnie Engen, North Country

Northeast	Lester Kachinske, Aitkin-Itasca-Koochiching	Shelley Fredrickson, Carlton-Cook-Lake-St. Louis
West Central	Gordon (Gordy) Wagner, Horizon	David Meyer, Partnership4Health
Central	Steve Heinen, Benton	Jeanne Holland, Wright
Metro	Mandy Meisner, Anoka	Michelle Clasen, Washington
Southwest	Steve Gardner, Kandiyohi-Renville	Phil Nasby, Des Moines Valley HHS
South Central	William Groskreutz, Faribault-Martin	Beth Oberg, Meeker-McLeod-Sibley
Southeast	Mitchell Lentz, Fillmore-Houston	Cindy Wright, Fillmore-Houston

Report back from the regions

DeAnne Malterer, SCHSAC Chair lead the Regions through a brief report back on their discussions about how Foundational Public Health Responsibility (FPHR) funding is being used in their region.

South Central: Bill Groskreutz (Faribault-Martin) reported that CHBs were working on reaccreditation, developing communication programs and improving performance management. One CHB is making changes in an advisory team to be more inclusive of other areas of the community including health care, retired people and youth, another is expanding partnerships.

Southwest: Sarah Benson (Renville) reported that Commissioners have supported public health to hire staff. All CHBs have been able to use their FPHR funds to expand capacity to hire more staff in communications, strategy planning, and data.

Central: Steve Heinen (Benton) reported that there was a lot of work happening around communications and data. Almost every CHB in the region was able to add new staff. There is work going on with strategic planning and emergency management and preparedness.

Southeast: Mitch Lentz (Fillmore-Houston) reported that funding is being used overwhelmingly for data and foundational competencies.

Metro: Lisa Brodsky (Scott) reported that there had been an increase in mandated services that led to questions about what services were acceptable uses of funds. Communities are completing Community Health Assessments and need resources to address the challenges identified by the community.

Northwest: Joan Lee (Polk-Norman-Mahnomen) reported that there was work going on around communications and strategic planning. There were some adjustments being made where funds had to be used to fill unexpected gaps rather than big new plans. The funding has helped with collaboration and allowed for new hiring, but there are some constraints due to lack of workforce.

West Central: Wayne Johnson (Partnership4Health) reported that funds had been used to fund additional positions. This allowed more staff support on grant reporting and disease prevention and control. There is also work going on around planning.

Northeast: Amy Westbrook (St. Louis) reported that staff capacity through added positions and contract positions allowed more work to happen in assessment planning, communications, and data analytics. The funding has allowed CHBs to increase collaboration and has been helpful in allowing them to do really in-depth legwork needed for things like strategic planning, workforce development, communication campaigns, and more.

Several regions mentioned the importance of ongoing work with tribal public health partners.

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*

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