



State Community Health Services Advisory Committee (SCHSAC)

Take Home Notes

Meeting held Friday, February 24, 2023 * 10:00 a.m.- 1:00 p.m. * Virtual

Upcoming Meetings

- The Executive Committee (EC) meeting on March 23 will be the first meeting for new EC. This will be an in-person meeting at MDH in St. Paul and it will run from 10:00 a.m. to 2:00 p.m.
- Watch for details on the Tech Training scheduled for April 6 at 8:30 a.m.
- Next SCHSAC meeting is June 22 from 10:00 a.m. to 2:30 p.m., In person location is MDH in St. Paul
- Please hold the dates of September 7-8 and September 28-29 as possible SCHSAC Retreat Dates

Action Items

- Share information back to your Community Health Board Members
- We are looking for a Member and Alternate to represent SCHSAC at The Healthy Minnesota Partnership. Please watch your email for more details about the Partnership and how to volunteer.
- Explore how to best use the Legislative Report as part of your efforts to advocate for public health funding and support.
- Watch for emails in March and sign up for access to the SCHSAC Member Portal.

Community Health Boards Represented

Aitkin-Itasca-Koochiching; Anoka; Benton; Bloomington; Brown-Nicollet; Carlton-Cook-Lake-St. Louis; Carver; Cass; Chisago; Countryside; Dakota; Des Moines Valley; Dodge-Steele; Edina; Faribault-Martin; Fillmore-Houston; Freeborn; Goodhue; Hennepin; Horizon; Isanti; Kanabec; Kandioyi-Renville; Le Sueur-Waseca; Meeker-McLeod-Sibley; Mille Lacs; Minneapolis; Morrison-Todd-Wadena; Mower; Nobles; North County; Olmsted; Partnership4Health; Pine; Polk-Norman-Mahnomen; Quin; Rice; Richfield; Scott; Sherburne; Southwest Health and Human Services; Stearns; Wabasha; Washington; Winona; Wright.

Chair's Remarks (Tarryl Clark, Chair)

Chair Clark thanked everyone for their flexibility as the meeting was changed and the agenda shortened due to the snow storm. She expressed her appreciation for Past Chair Kiscaden's leadership in keeping SCHSAC and its work moving forward during the pandemic. She plans to build on the foundation that has been laid to move SCHSAC forward by focusing on three areas of work: Public Health System Transformation; Advocacy and Communications; and Member Development and Engagement. She will focus on trying to create opportunities to learn, apply experiences, and act.

Chair Clark invited members to take advantage of opportunities to get involved by volunteering for the Member Development Workgroup or signing up for the new Mentorship Program. There will continue to be opportunities to engage more deeply.

Chair Clark invited Past Chair Kiscaden to say a few words about Assistant Commissioner Mary Manning who is retiring from MDH.

Past Chair Kiscaden recognized Assistant Commissioner Mary Manning for her contributions to MDH and public health and thanked her for being a constant source of support for local public health and for her many years of service.

Assistant Commissioner Manning thanked everyone for their support and good wishes.

Commissioner's Remarks (Brooke Cunningham, MDH Commissioner)

Chair Clark welcomed Commissioner Cunningham to her first SCHSAC meeting as Commissioner.

Commissioner Cunningham shared about her background, most recently serving as Assistant Commissioner for Health Equity. She is a physician who is also a sociologist because she believes that the focus of physicians were too narrow and she believes in focusing on the social determinants of health as well. She came to Minnesota in 2013 to work at the University of Minnesota as a health equity researcher before coming to MDH to lead the new Health Equity Bureau.

Although she lives in the Metro here in Minnesota, she comes from rural Virginia and has a deep appreciation for the challenges that rural communities face.

The Commissioner spoke of her appreciation for former Commissioner Jan Malcolm's leadership during COVID-19. She wants to carry parts of that leadership with her during her tenure, especially the humility, sincerity, and support for local public health that we saw from Commissioner Malcolm.

Commissioner Cunningham spoke about the Governor's current budget proposal. The two main proposals increase the state's investment in public health infrastructure. No matter where you live in the state, you should have access to the basic public health protections.

Commissioner Cunningham stated, “I come here also in the spirit of partnership, and really look forward to working with you all and working together. So that we all do better together.”

During the Q&A Section Commissioner Cunningham highlighted several things:

- Coming out of the pandemic, people do see the value of public health and her goal in the next four years is to build upon that foundation in a deliberate way.
- Thinking about how we work together to innovate around the foundational capabilities of public health so we are prepared for the 21st century.
- We must be mindful of the healing that we have to do within the public health workforce as well as the healthcare workforce after the incredible strain of the last few years.
- Data collection and data sharing so that it’s more actionable and accessible will also be a priority for the Commissioner.
- SCHSAC was asked to help the Commissioner think about the ways that public health doesn’t just fill the gaps on the back end, which is an important role – especially in times like the pandemic. But also how we think about transforming our systems to make sure that less of those gaps get created over time for people.
- Connection, collaboration, coordination, and co-design are critically important. It means making sure that everybody’s an advocate, that we have an inclusive table, and that we don’t act without listening and asking questions and inviting people to the conversation.
- The Commissioner also addressed issues that are specific to rural Minnesotans. She recognizes issues like clinical shortage areas due to workforce issues must be addressed creatively ensuring that we incentivize training and rural clinical sites. Transportation is a significant challenge in rural areas in terms of accessing the goods and services that you need to be healthy. And there is a significant mental health crisis in greater Minnesota that we have to lift up and draw awareness to. We need to work together to find the solutions and implement them.
- Finally, the Commissioner addressed the issue of the workforce shortage in public health and health care professions. She encouraged everyone to look at the Governor’s budget proposals and support the very significant proposal that he has made to revitalize the health care workforce. She is also working on developing stronger connections and programs with the University of Minnesota and other educational institutions where future workers are being educated and inspired.

Legislative Session Outlook (MDH)

Khatidja Dawood, Director, Health Promotion & Chronic Disease Division shared information about some of the programs they are requesting funding for including:

- 988 Suicide and Crisis Lifeline
- Community Health Workers
- Comprehensive Drug Overdose and Morbidity Prevention Act

- Sentinel Event Reviews for Police-Involved Deadly Encounters
- COVID Delayed Preventive Care
- Support Long COVID Survivors and Monitoring Impact

Karen Fogg, Program Manager, Maternal & Child Health shared information about some of their legislative proposals including:

- Help me Connect
 - Help form connections with tribal and community organizations
- Family Home Visiting
 - The programs currently only reach 10% of eligible families
 - Focus is around expanding promising practices models
- Healthy Beginnings, Healthy Families
 - New partnership around preventing infant mortality
 - Expanding support for children of incarcerated parents
- Family planning project

Tom Hogan, Director, Environmental Health Division shared that Environmental Health has 11 budget items in the governor's proposal. This includes:

- A request for climate resiliency that includes funding for technical assistance and grants to local organizations and LPH to create strategies to reduce health effects of climate change
- Strengthening our public drinking water infrastructure which includes small grants for local public water systems for emergencies and improvements
- Lead Remediation in school and childcare centers
- Lead service line inventory grants

There are also funds being requested from the Clean Water Fund that would fund the development of a recreational water quality online portal as well as a private well initiative to promote well testing and mitigation.

Chair Clark asked that if you didn't fill out the survey about Legislative relationships back in December, you are encouraged to do it when you receive it by email and return it by March 10.

SCHSAC Business Agenda

Approval to Submit Letter of Support for Appointment of Commissioner (Tarryl Clark & De Malterer, Vice Chair)

The Executive Committee asked for SCHSAC agreement to submit letter of support to the Senate for the confirmation of Commissioner Cunningham. The decision to approve the request was unanimous. Chair Clark will create and send the letter.

Joint Leadership Team Update & Legislative Report Discussion (Tarryl Clark, Sheila Kiscaden, Past SCHSAC Chair & Chelsie Huntley, MDH)

Chelsie Huntley reviewed the purpose of the Cost and Capacity Report. That it is an assessment to determine what is our capacity to fulfill foundational public health responsibilities, what are we currently spending (resources & staff) to fulfill the capacity and estimating what we think it will cost to fulfill the responsibilities. The first part of assessment complete and it shows there is a patchwork across the state in terms of capacity. The next steps will look at the financial estimates. The analysis is being done by the University of Minnesota School of Public Health and is being overseen by an advisory group that includes SCHSAC, local public health, and MDH representatives

Chair Clark and Past Chair Kiscaden spoke about the Joint Leadership Team that was created as a unique partnership between SCHSAC, LPHA and MDH to co-create the plan for Public Health System Transformation. As part of the funding that was received from the legislature to support the work of the Joint Leadership Team and fund the innovation grants, we were required to file a report with the Legislature. That report: [Transforming Minnesota’s Public Health System for the 21st Century](#) was created with input from SCHSAC and submitted in January. It was sent to SCHSAC members along with an executive summary and talking points. In short: steady progress is being made and continued progress will take multiple years and support and financial investment from the Legislature.

This report is a useful tool for talking about Public Health System Transformation. To help provide examples of how you might use the report to talk with different audiences, SCHSAC members modeled conversations using the Legislative Report with different audiences.

- Gordy Wagner (Pope County) modeled talking to a County Commissioner
- Mandy Meisner (Anoka County) modeled talking to a Legislator
- Jenna Carter (Bloomington) modeled talking to a community leader

Regional Caucus (Tarryl Clark)

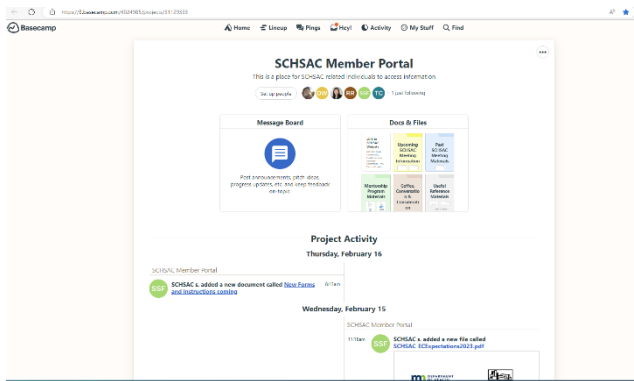
- Each of the eight SCHSAC Regions met and the following individuals were selected to serve on the Executive Committee for the next two years:

Region	Position	Member and CHB
Northwest	Member	Joan Lee, Polk-Norman-Mahnomen
	Alternate	Bonnie Engen, North Country (alt)
Northeast	Member	Shelley Fredrickson, Carlton-Cook-Lake-St. Louis

	Alternate	Lester Kachinske, Aitkin-Itasca-Koochiching (alt)
West Central	Member	Gordon (Gordy) Wagner, Horizon
	Alternate	Frank Gross, Partnership4Health(alt)
Central	Member	Terry Lovgren, Pine
	Alternate	Steve Heinen, Benton (alt)
Metro	Member	Mandy Meisner, Anoka
	Alternate	Jenna Carter, Bloomington (alt)
Southwest	Member	Dave Lieser, Countryside
	Alternate	Steve Gardner, Kandiyohi-Renville (alt)
South Central	Member	William Groskreutz, Faribault-Martin
	Alternate	Nathan Schmalz, Meeker-McLeod-Sibley (alt)
Southeast	Member	Marcia Ward, Winona
	Alternate	Mitchell Lentz, Fillmore-Houston (alt)

- Each region was also asked to identify shared goals and concerns and report them back. This information will be collated and shared at the next SCHSAC meeting and used to identify possible areas of work for SCHSAC.

Introduce SCHSAC Member Portal (Deanna White & Michelle Gin)



The new member portal has been created in Basecamp and will go live in March. Watch your email for information about how to sign up for basecamp and your invitation to access the member portal. The portal will serve as a repository for information related to SCHSAC including things like Take Home Notes, Orientation Materials, Reimbursement information, Mentorship Program documents and more.

Member Development Update (De Malterer SCHSAC Vice Chair & Ruby Roettger MDH)

- A Member Development Workgroup has been created. You received information about its structure and purpose in the materials for this meeting. You will receive information by email about how to sign up.
- Mentor Program Sign-up: Pairs newer members of SCHSAC with more experienced ones; we are in need of more mentors, so anyone interested was asked to please sign up by February 28.

Wrap up and announcements (Tarryl Clark)

- The next SCHSAC meeting is June 22 from 10:00 a.m. to 2:30 p.m., In person location at MDH in St. Paul
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- We are looking for a Member and Alternate to represent SCHSAC at The Healthy Minnesota Partnership. Please watch your email for more details about the Partnership and how to volunteer.
- Watch for details on the Tech Training scheduled for April 6 at 8:30 a.m. This training is designed to help you become more familiar with some of the different programs that we consistently use in our SCHSAC meetings.

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.