

State Community Health Services Advisory Committee (SCHSAC) Take-Home Notes

This hybrid meeting was held on Thursday, June 22, 2023 from 10:00 a.m.- 2:15 p.m.

Upcoming Meetings

- Please hold the dates of **September 28-29 for the SCHSAC Retreat**. The Retreat will be in-person only and will be held at the Willmar Convention Center in Willmar, MN (subject to change). The next SCHSAC Meeting will be a part of the Retreat and will also be in-person only.
- Watch your email for the date and time for our first Coffee, Conversation and Consideration (CCC) in October. These are optional opportunities to engage with fellow members on public health related topics.
- The last SCHSAC meeting of the year will be offered as a hybrid meeting on Wednesday, **December 6, 2023** from 11:00 a.m. to 3:30 p.m. The in-person location will be the Wilder Center in St. Paul.

Action Items

- Share information back to your Community Health Board Members
 - Updates from MDH shared at this meeting (see below)
 - Materials prepared for AMC District Meetings with updated information about Public Health System Transformation (sent previously, available on SCHSAC Member Portal or upon request)
- Watch for and share information related to the [Statewide Health Assessment](#). You can get involved by:
 - Representing SCHSAC on the Healthy Minnesota Partnership
 - Contact Deanna White (deanna.white@state.mn.us) or Tara Carmean (tara.carmean@state.mn.us) for more information
 - Watch for information on the Public Comment period planned for September

Community Health Boards Represented

Aitkin-Itasca-Koochiching, Anoka County, Benton County Human Services, City of Bloomington, Blue Earth County, Brown-Nicollet, Carlton-Cook-Lake-St. Louis, Countryside Public Health, Crow Wing County, Dakota County, Des Moines Valley Health and Human Services, Dodge-Steele, Human Services of Faribault & Martin Counties, Fillmore-Houston, Freeborn County, Goodhue County Health and Human Services, Hennepin County, Horizon Public Health, Isanti County, County of Kanabec dba

Kanabec County Community Health, Kandiyohi-Renville, Le Sueur – Waseca, Meeker-McLeod-Sibley, Mille Lacs County, City of Minneapolis, Morrison Todd Wadena, Mower County, Nobles County, North Country Community Health Services, Olmsted County Public Health Services, Partnership4Health, Pine County, Polk-Norman-Mahnomen, Rice County Community Health Service, City of Richfield, Saint Paul Ramsey County, Scott County, Southwest Health and Human Services, Stearns County, Wabasha County, Washington County, Winona County, Wright County

Welcome, Call to Order, Approval of Consent Agenda

Tarryl Clark, SCHSAC Chair called the meeting to order.

Consent Agenda:

- Approval of June 22, 2023 Meeting Agenda as published
- Creation of Performance Measurement Workgroup and appointment of members: Amy Bowles, Beltrami County Public Health Director; Susan Michels, Carlton, Cook, Lake, St. Louis CHS Administrator; Janet Goligowski, Stearns County Public Health Director; Amanda Schuler, Horizon Public Health Accreditation Coordinator and Community Health Strategist; Meaghan Sherden, Olmsted County Public Health Services Associate Director; Chera Sevcik, Fairbault-Martin Health and Human Services Executive Director and CHS Administrator; Michelle Ebbers, Nobles County Public Health Director; Amina Abdullahi, City of Bloomington Specialist for Assessment, Quality and Accreditation; Rodney Peterson, Dodge County, SCHSAC Member
- Creation of Foundational Public Responsibilities Funding Workgroup and appointment of members: Nick Kelley, Co-chair, Bloomington Public Health; Bree Allen, SW/SC LPHA, Brown Nicollet CHB (Jaimee Brand, Brown Nicollet CHB, Alternate); Amy Evans, SE LPHA, Dodge-Steele CHB; Marissa Hetland, NW LPHA, North Country CHB; Samantha Lo, Central Region LPHA, Pine County CHB; Susan Michels, NE LPHA, Carlton Cook Lake St. Louis CHB; Susan Palchick, Metro LPHA, Hennepin County Public Health; Ann Stehn, WC LPHA, Horizon Public Health; Chelsie Huntley, Director, MDH Community Health Division; De Malterer, Co-chair, Commissioner, Waseca, Le Seuer-Waseca CHB; Dave Lieser, Chippewa County, Countryside CHB; Laurie Halverson, Dakota County Commissioner; Joan Lee, Polk County Commissioner

Motion to approve: Wayne Johnson, Partnership for Health. Second: Terry Lovgren, Pine County.
Motion Carried.

Updates from MDH

Brooke Cunningham, Commissioner, MDH

The Commissioner thanked members for their commitment to public health and Minnesota. She then shared some of the public health highlights from the historic budget wins at the Legislature including

funding for CHBs and for Tribal Health to continue to work to transform our system. Some other highlights included:

- 8.4 million dollars for emergency preparedness.
- Creation of a Child, Youth and Family Department.
- Juul settled with the state of MN and legislation passed that funds from this and any future settlements are put into a dedicated fund at MDH.
- Funding for removal of lead service lines along with specific monies to do lead remediation with schools and childcare facilities.
- Cannabis – MDH will have role in data collection and reporting, youth prevention, education of people who are pregnant and breastfeeding, and administering funds to local and tribal health departments.

Dan Huff, Assistant Commissioner, Health Protection Bureau, MDH

Assistant Commissioner Huff provided several highlights from the legislative session and infectious diseases. (Presentation slides sent with these notes and posted in the Member Portal)

Jessica Hancock-Allen was introduced as the new Infectious Disease Epidemiology, Prevention & Control (IDEPC) Division Director.

Lisa Thimjon, Legislative Director, MDH

Ms. Thimjon provided an extensive update on the Legislative Session. (Presentation slides sent with these notes and posted in the Member Portal)

SCHSAC Business Agenda

SCHSAC Workgroups

Discussion: Expectations of existing workgroups

Michelle Gin, MDH asked the group for their feedback on what types of updates they would like to receive from the workgroups moving forward and how often they would like to be updated. The feedback will be shared with the Executive Committee to help develop instructions for workgroups in the future.

Initial feedback indicated a preference for receiving updates as a digital handout in advance of meetings with a verbal update from the Chairs as necessary. The group indicated that frequent updates were welcome.

Update from Member Development Workgroup

De Malterer, Workgroup Chair, recognized workgroup members Joan Lee, Michelle Ebbers and Mandy Meisner and announced that the new program called Coffee, Conversation and Consideration (CCC) will be kicking off in October with a conversation about cannabis legalization and what it means for public health. This program will be discussion and education opportunity held virtually for up to one hour on a quarterly schedule. Each CCC is open to all those involved with SCHSAC and is voluntary and optional.

Statewide Health Assessment (SHA)

Audrey Hanson, MDH & Tara Carmean, MDH provided an overview of the work that is underway to create the Statewide Health Assessment (SHA).

- The SHA intends to help make clear the association between the conditions of our lives and our health, and to reveal the sources of health inequities experienced by many in Minnesota”
 - Development of the SHA is led by the Healthy Minnesota Partnership (HMP)
- SHA informs the Statewide Health Improvement Framework (SHIF) which sets priorities and creates a plan for strategic activities. An approach to advancing health equity that focuses on improving the conditions that create health.
- Local equivalents of SHA/SHIF: Community Health Assessments (CHAs), Community Health Needs Assessments (CHNAs) and Community Health Improvement Plans (CHIP). There is a specific subcommittee addressing the need for alignment across the State and Community Assessments.
- Timeline for completion:
 - Currently completing the data gathering stage and moving on to the analysis and writing stage.
 - Community Engagement activities are an important part of the process. A Community Engagement Inventory has been conducted to minimize duplication of effort and learn from other community engagement efforts
 - Group Conversations have been conducted to collect input on how communities support health
 - State Strengths Survey is happening through June 30 to collect input on state strengths that support health
 - Other Activities:
 - Public comment period on draft SHA
 - Engage HMP, SHA subgroups, and partners for input on dissemination

Public Health System Transformation Conversation

Tarryl Clark and Chelsie Huntley, MDH provided an overview on the progress on Transformation.

- Our vision: A seamless, responsive, publicly supported public health system that works closely with community to ensure healthy, safe, and vibrant communities for all.
- The public health system needs to:
 - Diagnose the health of each community and listen to people live there and use data and evidence to offer solutions.
 - Investigate everything that affects health
 - Work to prevent problems before they start.
 - Rapidly detect and contain the spread of health threats
 - Cooperate with community partners to respond to those threat
- We are wrapping up the analysis from the Cost and Capacity Report that will help us better understand where the gaps are as we continue to work together to create a system to ensure that the gaps in foundational public health responsibilities are filled.
- Numbers are just part of the story, we need to understand more about the experience of those in the community, of our partners.

Huda Ahmed & Maria Regan Gonzalez, Transformational Solutions, facilitated a World Café style conversation to gather insights and perspectives around the current governmental public health system and how it can be improved.

- Small groups were asked to address three questions and report back.
 - Question #1: What does public health currently look like in your community?
 - Who is involved; what do they do; how do the players intersect; how does the work intersect; how do the people and the work intersect"
 - Question #2: What should public health look like in your community?
 - What should change, what should remain the same"
 - Question #3: What will it take to get there? Funding and other resources.
- Key Takeaways reported from Discussions:
 - The public doesn't necessarily understand the scope of public health.
 - Collaboration through external agencies within our communities. Concerned that there might not be as robust access to services. Labor and workforce are an area of struggle.
 - Cannabis funding – concern: funding doesn't start until July, 2024 but is legal this August
 - Concern about the funding formula – needs more focus on foundational capabilities
 - Staffing – we don't have the public health staff we need to fulfill foundational capabilities. How do you create new pathways into public health?
 - Need more flexible funding
 - Importance of cross jurisdictional partnerships
 - Public health lacks branding

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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Updated July 17, 2023 * To obtain this information in a different format, call: 651-201-3880.