

# State Community Health Services Advisory Committee Meeting Take-Home Notes

Wednesday, December 6, 2023 | 12:00 p.m.- 4:00 p.m.

Hybrid Meeting | In person location: Wilder Center, St. Paul, MN

## Action items

- Update your local Community Health Board on:
  - SCHSAC approved 2023 performance measures and 2024 performance-related accountability reporting requirement. These include:
    - Community health boards self-report on their ability to meet 24 national measures from the Public Health Accreditation Board. These will be reported in March 2024 as part of Local Public Health annual reporting, looking back on calendar year 2023.
    - Community health boards will demonstrate their ability to meet the following national measure from the Public Health Accreditation Board: Measure 1.3.3 Use data to recommend and inform public health actions. Community health boards will submit a narrative example in March 2025, looking back on calendar year 2024. The narrative example will be used to assess how well they meet the measure. They will be asked to discuss and report on internal and external factors impacting the ability to use data to recommend and inform public health actions.
  - SCHSAC approved Foundational Public Health Responsibility Funding Workgroup Recommendations. Among several recommendations is the recommend funding formula:
    - 59.6% to base funding for all CHB (\$115,000 per CHB)
    - 24.3% according to the social vulnerability of the CHB
    - 16.2% to CHB serving fewer than 100,000 people
  - Minnesota Public Health Infrastructure Funds will be available for another round of funding soon. Watch for details on the application process.
    - The purpose of these funds is to identify new ways for Minnesota's public health system to fulfill foundational public health responsibilities by supporting and learning from projects **that test new delivery models and/or processes that have the potential to benefit multiple jurisdictions.**
  - Disease Prevention & Control Common Activities Framework is being rewritten and there will be opportunities for input. SCHSAC will have the opportunity to review and approve the final version in 2024.
- Plan to attend upcoming Meetings:
  - Optional: Coffee, Conversation & Consideration: Housing and Public Health: January 18, 2024, at 8:00a.m. (tentative). Virtual.

- **The next SCHSAC meeting is Friday, March 8, 2024**, from 10:00 a.m. to 2:30 p.m. This is a hybrid meeting with the in-person option held at the MDH offices in St. Paul.

## Community health boards present

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

## Approval of consent agenda

Damon Chaplin (City of Minneapolis) moved approval of the consent agenda. Daniel Whitcomb (Mille Lacs) seconded. Motion carried.

### Consent Agenda:

- Approval of December 6, 2023, meeting agenda
- Appointment of Terry Lovgren (Pine County) to Member Development Workgroup

## Legislative session outlook

Lisa Thimjon, Legislative Director, MDH

- MDH expects these to be some of the public health hot topics this legislative session:
  - Bonding and drinking water needs
  - Cannabis
  - Workforce challenges
- The MDH legislative agenda will focus on:
  - Protecting community
  - Protecting drinking water
  - Strengthening public health

## Commissioner's remarks

Dr. Brooke Cunningham, Commissioner, MDH

Commissioner Cunningham shared that there had been several changes in leadership positions at MDH. Maria Sarabia joined as Assistant Commissioner of the Health Improvement Bureau. Carol Backstrom is the new Assistant Commissioner of the Health Systems Bureau and Mel Gresczyk is the

Interim Assistant Commissioner for the Health Operations Bureau. Michelle Larson is serving as the Interim Deputy Commissioner.

The Commissioner reflected on the historic legislative session, particularly the passage of the child tax credit, and other important issues that we are facing in public health, including:

- Data modernization, using and sharing data
- Healthy aging, to support seniors live out their lives with dignity
- Mental health
- Rural health
- Health care systems and workforce – shortage areas, especially hitting rural MN
- COVID and other illness
- Gun violence and firearm injury, accidental or violence (ex: suicide rates from gun rates are higher in rural than metro area). Needing to think about trusted local, partners (including law enforcement and public safety)

**Assistant Commissioner Dan Huff joined the Commissioner to give an update:**

The Minnesota Center for Environmental Advocacy and 10 other environmental groups petitioned the U.S. Environmental Protection Agency (EPA) under federal Safe Drinking Water Act to address nitrate contamination in ground water, related to drinking water in Dodge, Fillmore, Goodhue, Houston and Mower counties, and Wabasha and Winona cities.

- The EPA sent notice to the State of Minnesota to respond to the petition. The state must:
  - Coordinate and communicate with residents who use private wells.
  - Immediately provide safe drinking water alternatives for those with impacted wells, prioritizing vulnerable communities.
  - Develop a testing plan for all wells.
  - Work to mitigate wells that are not in compliance.
  - Identify and reduce sources of nitrate.
- Three agencies are working on this: MDH, Department of Agriculture, and Pollution Control Agency
- The state must submit a plan to EPA Administrator by 1/15/2024
- The state has a partnership with Olmstead County to do outreach about drinking water wells. MDH will reach out to partners in those areas.

Assistant Commissioner Huff will be leaving MDH to take a position as the Executive Director at the Metropolitan Mosquito District.

## SCHSAC business agenda

### Approval of 2023 performance measures and 2024 accountability reporting requirements

Chera Sevcik (Faribault-Martin) and Ann March, MDH

The full workgroup report was shared in advance of the meeting. Important items include:

#### Recommendation for 2023 performance measures

- Community health boards self-report on their ability to meet 24 national measures from the Public Health Accreditation Board.
- These will be reported in March 2024 as part of Local Public Health annual reporting, looking back on calendar year 2023.

#### Recommendation for the 2024 performance-related accountability requirement

Community health boards will demonstrate their ability to meet the following national measure from the Public Health Accreditation Board:

##### **Measure 1.3.3 Use data to recommend and inform public health actions.**

Community health boards will submit a narrative example in March 2025, looking back on calendar year 2024. The narrative example will be used to assess how well they meet the measure. They will be asked to discuss and report on internal and external factors impacting the ability to use data to recommend and inform public health actions.

Motion to approve recommendations of the Workgroup made by Jacquelyn Och (Morrison, Todd, Wadena). Second by William Groskreutz (Faribault & Martin). Motion carried. Unanimous support.

### Approval of Foundational Public Health Responsibility (FPHR) Funding Workgroup recommendation

De Malterer (LeSueur-Waseca) and Nick Kelley (Bloomington), Workgroup Co-Chairs

The full workgroup report was shared in advance of the meeting. Essential pieces include:

SCHSAC charged this group with developing a formula for distributing these funds to help Minnesota fulfill foundational public health responsibilities, including a method to address equity and any other recommendations as needed.

Workgroup's guiding principles:

- Every CHB should get enough to be able to make meaningful progress on FPHRs.
- The funding formula should take into account that not everyone has the same opportunity to be healthy across our state.
- The funding formula should help alleviate variation in capacity across our system.

### Recommendation for formula

- 59.6% to base funding for all CHB (\$115,000 per CHB)
- 24.3% according to the social vulnerability of the CHB
- 16.2% to CHB serving fewer than 100,000 people

### Recommendations for implementation

- For the purposes of these funds, MDH should use definitions developed for the national [Framework for Foundational Public Health Services](#)
- Community health boards should not be allowed to use these funds for community health priorities until SCHSAC has adopted a set of minimum standards for FPHR implementation.
- SCHSAC create a workgroup to establish a set of minimum standards for FPHR implementation and inform the development of a process by which MDH can determine that foundational public health responsibilities are fully implemented in any given jurisdiction.

### Recommendations for reporting

- When developing reporting requirements for these funds, MDH should prioritize information that helps maintain legislative support for these funds, facilitates connections and ongoing learning across the state, and demonstrates compliance with statute, with as little reporting burden on community health boards as possible. See additional detailed recommendations in the final report.
- MDH should work with the SCHSAC's Performance Measure Workgroup to align Local Public Health Act annual reporting with the Foundational Public Health Responsibilities to monitor improvement in Minnesota's ability to implement foundational public health responsibilities.

Several additional recommendations were noted in the workgroup's full report.

Motion to approve recommendations of the workgroup made by DeAnne Malterer (LeSueur-Waseca). Second by Nick Kelley (Bloomington). Motion carried. 39 yes, 1 no.

## Update on MN Public Health Infrastructure Fund: Round 2

Tarryl Clark (Stearns) and Chelsie Huntley, MDH

- During the 2021 Legislative Session – \$6 million was awarded annually **to build foundational public health capacity across the state and pilot new organizational models for providing public health.**

- Priorities: These funds will support projects within any area or capability in the Foundational Public Health Responsibility Framework
- Length of grant period: for new projects it will be two years, with a two-year option to renew. A portion of the funding has been set aside to continue projects from the first round that align with the intended purpose.
- Applicants should: collaborate; demonstrate benefit to statewide public health system; demonstrate buy-in from others on how partner jurisdictions will benefit; describe how proposed projects will support the vision for a seamless, responsive, publicly supported public health system.
- Projects will be selected for funding by a balanced review team of 7-10 people that includes different types of system partners.
- Watch for more information coming out from MDH.

## Update on Disease Prevention & Control Common Activities Framework

Erica Keppers (Morrison-Todd-Wadena) Infectious Disease Continuous Improvement Board Co-Chair

- The Disease Prevention & Control Common Activities Framework (CAF) is being rewritten to accomplish three primary goals:
  1. More clearly document roles and expectations related to infectious disease work in Minnesota's governmental public health system
  2. Expand documentation to more fully reflect the infectious disease work being done in Minnesota's governmental public health system
  3. Align governmental public health's infectious disease work with FPHR
- Current draft is not final. There will be an opportunity for input and feedback soon.
- Expect a final version to be brought to SCHSAC for review and approval in 2024.

## System transformation outlook for 2024

Tarryl Clark (Stearns), De Malterer (LeSeuer-Waseca)

Shared a high-level overview of what to expect to see happening in system transformation in 2024.

- The guiding vision is to have a seamless, responsive, publicly supported public health system that works closely with the community to ensure health, safe, and vibrant communities.
- What's coming in 2024: how transformation happens
  - Resources: funding, staffing; and learning from assessment of current state (patchwork)
  - Power dynamics: shared leadership and decision-making across MDH, LPHA, SCHSAC
  - Policies and practices: learning about what helps and hinders work; policies, statutes, and laws; and systems and day-to-day activities
  - Relationships and ways we communicate: new and innovative ways to do/share work; and messages that "stick" about role and value of public health
- Tribal Public health infrastructure development is happening on a parallel track

*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 December 13, 2023

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