

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

March 8, 2024 | 10:00 a.m. to 2:30 p.m.

Hybrid | Wilder Center, St. Paul & Webex

## Action items

- Watch for email requesting approval of Foundational Public Health Responsibilities (FPHR) Definitions Workgroup in April. If you have questions or comments, please reach out to your [Executive Committee representative](#) as directed in the email.
- Sign up to subscribe to the Joint Leadership Team newsletter, visit: [Subscribe: Updates from the Joint Leadership Team](#).
- Plan to attend upcoming Meetings:
  - Optional: Coffee, Conversation & Consideration: Transportation and Public Health: April 11, 2024, at 8:00 a.m. Virtual.
  - **The next SCHSAC Meeting is Thursday, June 13, 2024**, from 10:00 a.m. to 2:30 p.m. This is a hybrid meeting with the in-person portion held at the MDH offices in St. Paul.

## Community health boards present

Aitkin-Itasca-Koochiching; Anoka; Beltrami; Brown-Nicollet; 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; Nobles; North Country; Olmsted; Pine; Polk-Norman-Mahnomen; Quin; Rice; Richfield; Saint Paul-Ramsey; Scott; Sherburne; Southwest Health and Human Services; Stearns; Wabasha; Watonwan; Winona; Wright.

## Approval of consent agenda

### Consent agenda:

Approval of March 8, 2024, meeting agenda

Approval of December 6, 2023, meeting notes

Motion to approve by Steve Gardner (Kandiyohi-Renville), seconded by Bill Groskreutz (Faribault-Martin). Motion carried.

## Chair's remarks

Tarryl Clark, SCHSAC Chair

Chair Clark thanked the members of the SCHSAC Retreat Planning Committee: Lisa Fobbe, Sheila Kiscaden, Michelle Clasen, Lisa Brodsky, Denise Daniels and Amy Bowles who have volunteered to serve with Vice Chair De Malterer and herself. If anyone is interested in joining the Committee, they can contact Chair Clark or MDH staff Deanna White. The schedule of meetings has been truncated to make it more accessible for those who serve. The Retreat will continue to be focused on system transformation.

## Commissioner's remarks

Dr. Brooke Cunningham, MDH Commissioner

- Introduced new leadership at MDH: Deputy Commissioner Wendy Underwood, Assistant Commissioner for Health Systems Carol Backstrom, and Interim Commissioner for Health Protection Myra Kunas.
- The Commissioner and others recently attended National Association of County and City Health Officials (NACCHO) meetings in Washington, D.C. where they had the opportunity to visit Congressional offices to advocate for continued funding for public health on the Federal level. About 60% of MDH's budget comes from Federal Funds. (About 40% of those funds are passed through to local public health.) She asks that elected officials at all levels are reach out to their Congressional delegation about the importance of public health funding.

On the Senate side, they have proposed steady funding of \$350M. On the House side, they have proposed \$100M. Without more pressure on the House to increase funding, we will face consequential cuts.

- Addressing topics that were identified by members during registration:
  - Infectious Disease Updates
    - Respiratory viral activity
      - Our COVID numbers are decreasing. ER visits and hospitalization numbers are decreasing. CDC is recommending 65+ get their next booster.
      - RSV activity also a threat for our elders and babies. This is also decreasing/stable.
      - Looking at moving towards a pan-respiratory approach. CDC recently changed isolation guidance. We are looking at MDH to align our recommendation to what CDC has put out.
    - Congenital syphilis

- In January, MDH released new guidance about testing pregnant women with congenital syphilis to test each trimester. We also need to think about how when people are tested that they get follow-up. A lot of people get positive results but no follow-up.
- Why are we seeing more cases? There was a lot of effect from the pandemic and use of resources therein. We have gone from zero cases in 2013-14 to about 29 cases now. This is significant because this is a treatable condition, preventable, and impactful for the infant and pregnancy.
- Cannabis
  - This session we are going to the Legislature for additional funding for administrative support and clarification to allow MDH to process grants and provide technical assistance to coordinate with external partners and organizations.
  - Goals are to conduct a statewide youth education program that focuses on giving money to youth-focused organizations to conduct the work and to conduct an educational media campaign targeting pregnant and breastfeeding women.
  - We will want to collect information about the impact of aforementioned programs. Part of the data collection that we need to do is around trends that we might see in hospitalizations related to cannabis-related poisoning or toxicity. We plan to modify our current health surveys to collect that information.
- Water
  - EPA directed MN to address nitrate contaminants in water in eight southeast MN counties. We submitted a workplan with three phases:
    1. Outreach and education and providing alternate water
    2. Mitigation
    3. Long-term strategy about reducing nitrate concentrations
  - More information can be found online here: [MDH Response to Southeast Minnesota EPA Requests - MN Dept. of Health \(state.mn.us\)](https://www.health.state.mn.us/communities/populations/prevention/press/20230301-nitrate-response.html)
- We have a website for grants that we encourage you to keep an eye on and share with partners: [Grants and Loans: Open Grant Opportunities - MN Dept. of Health \(state.mn.us\)](https://www.health.state.mn.us/communities/populations/prevention/press/20230301-nitrate-response.html)

## Legislative outlook

Lisa Thimjon, Legislative Director, MDH

- MDH supporting two policy bills this session:
  - Vital records mini omnibus (to be introduced)
    - Ensure timely birth registration for “safe place” infants
    - Clarifying corrected, amended or replaced vital records definitions

- Eliminating “subsequent marriage”
- Allow men who have registered to request an MFAR search without needing a court order
- MDH policy Bill – SF4573 (Wiklund), waiting number in the House
  - Several provision but most interesting to SCHSAC
    - International medical graduate program expansion to include temporary refugees.
    - Nursing home informal appeal revision for federal conformity
- Chair Clark shared that it is very valuable when local commissioners and staff are talking to legislators about what it looks like on the ground in local communities. She encouraged members to share if they are talking with their legislators about public health issues.

## Updates from the Joint Leadership Team

Tarryl Clark (Stearns), Chair, DeAnne Malterer (LeSueur-Waseca), Vice Chair

Chair Clark and Vice Chair Malterer shared an overview of the makeup and the work of the Joint Leadership Team including:

- Using the cost and capacity analysis to develop a baseline and develop funding formulas to support Foundational Public Health Responsibilities
- Upcoming systems assessment results that will help inform conversation about the structure of our system
- The new round of innovation projects that will inform future work
- Plans for communications and outreach to bring everyone into the conversation around public health system transformation
- The parallel process that Tribal public health is undergoing

They announced that the Joint Leadership Team for system transformation is starting a monthly newsletter in March for local public health leaders and staff, SCHSAC members, and MDH staff, to share more information about our shared vision for an updated and transformed public health system in Minnesota. The format will vary between a shorter and longer version every other month, and will include notes from Joint Leadership Team members, activity updates, and answers to frequently asked questions.

To subscribe to this newsletter, visit: [Subscribe: Updates from the Joint Leadership Team](#).

## Understanding the Foundational Public Health Responsibilities – what you need to know

Kim Milbrath, MDH & Linda Kopecky, MDH

This presentation was about deepening SCHSAC's understanding of the Foundational Public Health Responsibilities, focusing on what local leaders need to know to make informed decisions about public health.

**How we got here:** The Center for Public Health Practice began the learning phase of how to make Minnesota's public health system work better by conducting the cost and capacity assessment. This was a huge lift for local public health, but it gave us a baseline to look at our system. Between 2017 and 2021, nothing had really changed much.

**Now, we are starting to see some investments in our system. Specifically:**

1. Infrastructure Fund Innovation Projects: First round of funding started in 2022. PHP is accepting applications for the second round of funding now.
2. Foundational Public Health Responsibilities Grant: Dedicated annual funding from the Minnesota legislature to carry out foundational public health responsibilities.

**A dive into foundational public health responsibilities:** The Joint Leadership Team chose the Foundational Public Health Responsibilities Framework as a way to organize and talk about the way we do public health work.

These foundational public health responsibilities are made up of five foundational areas and eight foundational capabilities:

- Foundational areas: "traditional," or what we typically think of when we communicate and fund public health.
- Foundational capabilities: Cross cutting skills that would be happen across all departments, areas, and programs.

Importantly, the framework does not cover roles and responsibilities. That is our (SCHSAC, local public health, and MDH) job to figure out. It also does not tell us how much or to what extent does it mean to 'be fulfilled.' Questions and comments from the audience (summarized):

- **Foundational Public Health "Responsibilities," not "services":** Why do we call them foundational public health "responsibilities" when the Public Health Accreditation Board (PHAB) framework calls them "services"? This is to move away from the idea that this work means giving direct services to individuals versus at the population level.
- **Equity:** Several members shared valuable perspectives on equity, including the need to lift equity in a specific way, that equity is unique because it needs to be both part of the process and an outcome, and that achieving health equity means different things for different communities (e.g., rural *and* BIPOC populations). Presenters emphasized that CHBs have the autonomy and authority to decide how best to approach equity in their communities.
- **Leadership and accountability:** The FPHR framework does not outline who does what. Who is leading the charge and how will we hold others accountable for their part in strengthening the

system? It will be a continuous conversation among community health boards, directors, MDH staff, and SCHSAC to figure out how roles and responsibilities pan out now and what is the best way for them to move forward in the future. We have a lot of homework to do.

- **Reporting and funding:** Will this work eventually turn into a sort of report card about each CHB that will eventually lead to funding? No. It gives us a baseline of our system on how it is operating.

## Panel: Stories of foundational public health responsibilities work around Minnesota

Host: Maria Sarabia, Assistant Commissioner, MDH

Panel Members: Sarah Grosshuesch (Wright), Sarah Reese (Polk), Maggie Rothstein (Aitkin-Itasca-Koochiching), Ann Stehn (Horizon)

This panel highlighted on some community health boards of different sizes, regions, and makeup are planning to use their Foundational Public Health Responsibilities Grant funding. The goal of the panel was to share and inspire ideas for its use across the state:

- **Sarah Grosshuesch (Wright):** Wright County is creating a water lab to promote and expand access to clean water. The accredited water lab would be available for free to people who need them, e.g., foster care-licensed homes, adult and childcare facilities that are on private wells, and family home visiting clients.
- **Maggie Rothstein (Aitkin-Itasca-Koochiching):** Their CHB see data (assessment and surveillance) and communications as top needs and gaps. The CHB plans to hire one position to cover both skillsets.
- **Ann Stehn (Horizon):** Horizon does not have final decisions yet about exactly what they are doing with the funds but shared insight into how they are assessing their needs and gaps within the agency's organizational structure. They are potentially looking into growing their communications capacity and hiring planners or strategists.
- **Sarah Reese (Polk):** Sarah spoke about how her CHB is building a foundation for success. Right now, that has been spending time finding what expertise they have locally (what subject matter expertise do they have within FPHR) because she believes their workforce is the most important tool they have. They are also examining how to build skillsets internally, e.g., within their communications team. She emphasized that they don't necessarily need subject matter experts/expertise right in Polk County, but just access to them. With additional funding, they plan to increase FTE of one or both of their communications staff or add staff. They are in the process of examining how to use social media software and data analytics to see how their efforts are translating to action, e.g., around STI and Radon testing.

*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.*