

State Community Health Services Advisory Committee (SCHSAC) Work Plan Mid-Term Progress Report

YEAR 2025

SCHSAC WORK PLAN MID-TERM PROGRESS REPORT 2025

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Message from Chair DeAnne Malterer

2025 was a year of challenges for public health at all levels. Unexpected cuts in funding, policy changes and spreading misinformation provided a backdrop of uncertainty and even chaos. I am proud that in the midst of all of that, we were able to continue to strengthen our public health partnership and accomplish real work together. As you look through this mid-term update, you will see the results of effort put in by so many people across Minnesota. Thank you to all of our SCHSAC members, local public health staff, MDH staff and others who have been part of moving our work forward. I look forward to continued progress in 2026.

Summary of activities

Meetings

In 2025, SCHSAC held four meetings: Feb. 6 (hybrid), June 12 (hybrid), Oct. 9 (in person), and Dec. 12 (hybrid). Additionally, SCHSAC hosted its third annual retreat on Oct. 8 and 9 in Brooklyn Park, MN. Average meeting attendance was 132 individuals representing 47 community health boards.

Meeting take-home notes are available online for up to one year: [Meetings and materials for SCHSAC members - MN Dept. of Health](#). They can also be found in the SCHSAC Member Portal.

SCHSAC recommendations approved by the Commissioner of Health

- **Defining Foundational Public Health Responsibilities:** On Dec. 11, 2025, SCHSAC approved recommendations from the Foundational Public Health Responsibility (FPHR) Workgroup to further define foundational responsibilities in Minnesota and give those community health boards who wish to use FPHR funding for community priorities the tools they need to meet the statutory requirement of fulfilling foundational responsibilities before funding is used for local priorities.
- **Performance-related Accountability Standards:** On Dec. 11, 2025, SCHSAC approved recommendations from the Performance Measurement Workgroup that set performance-related accountability requirements for CY2026 through CY2028. The accountability requirements will support the creation and implementation of performance management systems by community health boards and MDH.
- **Changes to Infrastructure Fund:** On June 12, 2025, SCHSAC approved a change to dedicate up to \$1.5M per year of the Minnesota State Infrastructure Fund for regional data models (up to \$200,000 per year for up to eight regions) until another source of state or federal funds are identified. The remaining \$2.2M would continue to be used for new projects. (In 2025, the legislature reduced the overall amount of funding available from \$6M to \$4M annually.)

Programming and events

Coffee, Conversation and Consideration

Four Coffee, Conversation and Consideration (CCC) events were held in 2025. A total of 154 people attended the events with an average attendance of 39 people per event. Attendees were a mix of SCHSAC members, alternates, and other local public health leaders from across Minnesota. The events were:

- Feb. 20, 2025: “The Social Vulnerability Index” hosted by Commissioner Joan Lee (Polk-Norman-Mahnomen) with guest speaker Kristin Osiecki, MDH Health Equity Bureau
- April 10, 2025: “Drinking water and public health” hosted by CHS Administrator Michelle Ebbers (DesMoines Valley) with guest speakers Daniel Symonik, Assistant Division Director for the Environmental Health Division, MDH and Corey Larson, Metro Operations Supervisor, MDH
- July 31, 2025: “Artificial Intelligence and public health” hosted by Commissioner Jeanne Holland (Wright) with guest speaker Eric Kvale, MDH Center for Data Strategy and Interoperability
- Nov. 20, 2025: “Cannabis legalization and public health pt. 2” hosted by Commissioner Joan Lee (Polk) with guest speakers Heidi Glesmann, Substance Use Prevention, Education, and Recovery Unit and Fred Ndip, Office of Statewide Health Improvement Initiatives (OSHII), MDH

SCHSAC Retreat

The fourth SCHSAC Retreat was held in Brooklyn Park, MN, on Oct. 8 and 9. One hundred people attended the event. The focus of the retreat was to increase understanding of Tribal public health. Special thanks to the staff from the MDH Office of American Indian Health and Tribal Relations (OAIHTR) who created and presented the content, which included an introduction to Tribal sovereignty and Tribal public health systems. The retreat also included a Tribal Health Leader Panel moderated by Kris Rhodes, MDH. Panelists included Jennifer DuPuis, Senior Director of Health and Human Services for Nah-gah-chi-wa-nong/ Fond du Lac Band of Lake Superior Chippewa; Robin Johnson, Community Health Director for Fond du Lac Health and Human Services, Nah-gah-chi-wa-nong/ Fond du Lac Band of Lake Superior Chippewa; Kathy LeMieux, Health Director, Tinta Wita/Prairie Island Indian Community; and Michelle Walking Elk, Director of Health and Human Services, Tinta Wita/Prairie Island Indian Community.

SCHSAC 2025-2026 work plan progress

SCHSAC adopted a two-year work plan for 2025-26. This report captures work completed during the first year of the work plan – 2025.

Goal #1: Equip members to be effective advocates for public health.

Objectives	Timeframe	2025 Progress
<p>Provide meaningful educational activities to increase knowledge of SCHSAC, public health, and system transformation.</p> <ul style="list-style-type: none"> a) Activity: Host four Coffee, Conversations & Considerations each year on relevant public health topics. b) Activity: Embed at least one learning topic or activity into each SCHSAC meeting and the annual retreat. c) Activity: Conduct new member orientation. <ul style="list-style-type: none"> • Formal orientation event held in the first quarter of 2025 with a recording and materials available to all members. • Ongoing orientation available for new members as they join. d) Activity: Hold an Executive Committee Retreat early in 2025 to orient, educate and engage newly selected Executive Committee. 	<ul style="list-style-type: none"> a) Quarterly b) Quarterly at each meeting c) <ul style="list-style-type: none"> • Spring, 2025 • Ongoing d) Spring 2025 	<ul style="list-style-type: none"> a) Four CCC completed. 2/20/25 Social Vulnerability Index; 4/10/25 Drinking Water & Public Health; 7/31/25 Artificial Intelligence & Public Health; 11/20/25 Cannabis legalization part 2. 154 total attendance. b) Specific learning topics at June meeting and Retreat. Topics: Communications, Understanding Tribal Public Health c) New member orientation: <ul style="list-style-type: none"> • Orientation conducted 4/2/25. Script and recording available. 14 attended. • Ongoing d) Retreat held on March 13 2025. 13 members attended.

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Objectives	Timeframe	2025 Progress
<p>Facilitate members’ role as an advocate for public health.</p> <ul style="list-style-type: none"> a) Activity: Ensure that policy and legislative updates are provided regularly and that talking points for members are developed and shared after each update. b) Activity: Provide clear talking points and action steps after each SCHSAC meeting in the meeting notes. c) Activity: Include an opportunity at two or more SCHSAC meetings a year to share examples of successful public health work. Focus on those that can be replicated and those that have a strong equity lens. d) Activity: Ensure that members can effectively use the “Inspiring Partners to Strengthen Public Health in Minnesota” Message Toolkit by providing access to training and ongoing support. 	<ul style="list-style-type: none"> a) At each quarterly meeting b) After each quarterly meeting c) Two or more meetings each year d) TBD 	<ul style="list-style-type: none"> a) Briefings provided at all 4 meetings with notes shared after meeting b) Completed for 2025. Ongoing c) Panel at retreat. d) Training provided at June Meeting. Ongoing

Goal #2: Strengthen the state-local partnership for public health

Objectives	Timeframe	2025 Progress
<p>Deepen relationships between state and local partners.</p> <ul style="list-style-type: none"> a) Activity: Host an annual SCHSAC Retreat. b) Activity: Create opportunities for fun and relationship building at each SCHSAC Meeting, Executive Committee Meeting, and retreat. 	<ul style="list-style-type: none"> a) Fall 2025 and fall 2026 b) Ongoing 	<ul style="list-style-type: none"> a) 2025 retreat completed 10/8-9/25 b) Opportunities for networking included.
<p>Convene workgroups that include members from state and local public health. Including:</p> <ul style="list-style-type: none"> • Infectious Disease Continuous Improvement Board (IDCIB) • Environmental Health Continuous Improvement Board (EHCIB) • Public Health Emergency Preparedness Oversight Group (PHEP) • Foundational Public Health Responsibility Workgroup 	<p>Ongoing</p>	<p>All workgroups met in 2025.</p> <ul style="list-style-type: none"> • IDCIB and EHCIB updated charters. <p>Launched the new Local Public Health Data Modernization Workgroup (approved at 12/12/24 Meeting)</p>

SCHSAC WORK PLAN MID-TERM PROGRESS REPORT 2025

Objectives	Timeframe	2025 Progress
<ul style="list-style-type: none"> Performance Measurement Workgroup 		
<p>Planning and operation of SCHSAC are done in partnership between SCHSAC leadership and MDH staff.</p> <ul style="list-style-type: none"> a) Activity: Monthly meetings including SCHSAC Chair, Vice Chair, and MDH support staff to facilitate joint planning. b) Activity: Co-creation of leadership, SCHSAC Executive, and SCHSAC agendas and 2-year work plans. 	Ongoing	<ul style="list-style-type: none"> a) Meetings held monthly. b) Completed for 2025. Ongoing

Goal #3: Advance meaningful changes to Minnesota’s public health system

Objectives	Timeframe	2025 Progress
<p>Convene workgroups related to defining and measuring our public health system. Including:</p> <ul style="list-style-type: none"> Performance Measurement Workgroup Foundational Public Health Responsibilities Workgroup 	Ongoing	<p>Workgroups met in 2025.</p> <p>Both made required recommendations to SCHSAC which were approved at the 12/11/25 meeting and forwarded to the Commissioner and approved.</p>
<p>SCHSAC Leadership represents SCHSAC on the Joint Leadership Team (JLT) in partnership with MDH and Local Public Health Association (LPHA).</p> <ul style="list-style-type: none"> a) Activity: SCHSAC Chair, Vice Chair and Past Chair attend Joint Leadership Team meetings. b) Activity: SCHSAC leadership will engage SCHSAC in activities that advance and support system transformation efforts as identified through the Joint Leadership Team. 	Ongoing	<ul style="list-style-type: none"> a) Completed for 2025. Ongoing b) Ongoing

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Objectives	Timeframe	2025 Progress
<p>Bring public health priorities to AMC policy processes</p> <p>a) Activity: Develop materials for members to use for AMC regional meetings to help increase understanding and support for public health among Commissioners.</p>	<p>June and October each year</p>	<p>a) General talking points suggested in 2025. No formal materials created.</p>
<p>Increase member understanding and support for foundational public health responsibilities (FPHR).</p> <p>a) Activity: Identify and share educational resources about FPHR work with SCHSAC members. This may include webinars, reports or other resources.</p> <p>b) Activity: Put a focus on increasing understanding and support for health equity as part of foundational public health responsibilities.</p>	<p>Ongoing</p>	<p>a) Information largely shared through SCHSAC Meetings. Moving forward, will be sharing Joint Leadership Team Newsletter with all of SCHSAC.</p> <p>b) Ongoing.</p>
<p>Advise and promote projects from the State Infrastructure Fund and Foundational Public Health Responsibility (FPHR) funds.</p> <p>a) Activity: Review progress and advise on next phases of funding.</p> <p>b) Activity: Provide talking points and information to SCHSAC members to facilitate them promoting the grants when the funding opportunities open and when there are results from the work to report.</p> <p>c) Activity: Provide opportunity at least one SCHSAC meeting or retreat each year to highlight learning and outcomes from infrastructure fund grants and FPHR funds.</p>	<p>TBD</p>	<p>a) SCHSAC Leadership participated. SCHSAC approved changes related to ongoing funding and expansion of regional data models at 6/12/25 meeting.</p> <p>b) Information provided via email.</p> <p>c) Opportunity provided during panel at 2025 Retreat.</p>
<p>SCHSAC will increase our knowledge and understanding of the Tribal public health system.</p> <p>a) Activity: Host a speaker or training at a SCHSAC meeting.</p>	<p>TBD</p>	<p>a) 2025 SCHSAC Retreat included several speakers from Tribal public health and a focus on increasing understanding of the Tribal public health system.</p>

Objectives	Timeframe	2025 Progress
b) Activity: Identify an opportunity for relationship building with Tribal public health leaders in partnership with MDH’s Office of American Indian Health and representatives from Tribal public health.		b) Ongoing.

Environmental Health Continuous Improvement Board (EHCIB)

Workgroup charge

Fundamentally advance Minnesota’s state-local partnership in Environmental Health (EH)

Work plan progress

Goal #1: Update and build out the Minnesota Environmental Health (EH) Framework to align with the Foundational Public Health Responsibilities (FPHR)

Objectives	Timeframe	2025 Progress
<p>Mobile Food Unit workgroup</p> <p>Develop a consistent license and inspection structure for MFU across MN through monthly workgroup meetings of regulators from MDH, MDA, and local agencies as well as food truck industry leaders</p>	2024-2025	Ongoing: Continues to meet quarterly with industry and regulators. Identifying larger statutory barriers for future work – led by industry. Individual agencies are making movement to reduce barriers for licensing. Currently, discussing the idea of universal licenses.
<p>Delegation workgroup</p> <p>Develop a platform for delegation agreement information and tools for LPH agencies through reviewing agreement elements, onboarding and offboarding,</p>	2024-2026	Ongoing: Local and state health agencies are meeting regularly to focus and discuss the Food, Pools, and Lodging Delegation

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Objectives	Timeframe	2025 Progress
processes to develop a delegation agreement, and identifying the potential of the delegation agreement format for the EH system		Agreements and the process to obtain an agreement. Working to incorporate elements and lessons learned from the improved Food, Pools and Lodging Services (FPLS) delegation agreement evaluation process.
<p>Water Quality</p> <p>Review the current water quality framework and determine if still applicable</p>	2025	Did not meet in 2025.
<p>Public Health Nuisance</p> <p>Develop objectives and action items necessary to build out the framework around PHN (as part of a fulsome EH Activities Inventory)</p>	2024-2025	Did not meet in 2025.
<p>Complete EH Activities Inventory</p> <p>Review, collect, organize, and define essential activities necessary to perform EH functions across the Minnesota public health system to complement and support public health system transformation efforts</p>	2024-2026	Did not meet in 2025.

Additional accomplishments in 2025

- Food, Pools, and Lodging Services Program Evaluation Workgroup - MDH evaluators are working with delegated programs to finalize the verification of self-assessments for Standards 5 and 7. These are the last two elements of the evaluation process.
- Sharing status of federal funding for environmental public health.
- Began evaluation of communication channels between local and state programs along with industry partners.
- Initial discussions on the landscape of Vacation Home Rentals and mechanisms for regulatory improvement.

Foundational Public Health Responsibility (FPHR) Workgroup

Workgroup charge

The FPHR Workgroup will develop for consideration and approval by the full State Community Health Services Advisory Committee (SCHSAC) a recommendation to the Commissioner of Health that includes, but is not limited to, a set of minimum standards* by which full implementation of foundational public health responsibilities (areas and capabilities) can be assessed.

The need for a set of minimum standards to assess implementation of foundational public health responsibilities was identified in response to the Minnesota legislature’s allocation of new funds to community health boards to fulfill foundational public health responsibilities, and the stipulation that funds can be used for community priorities if a community health board can demonstrate fulfilling foundational public health responsibilities.

These standards will inform the development of a process by which Minnesota Department of Health can determine that foundational public health responsibilities are fully implemented in any given jurisdiction requesting use of funds outside of foundational responsibilities.

Tribes also received funding to fulfill foundational public health responsibilities. SCHSAC does not make recommendations to MDH related to tribes.

* In this context, the term “standard” means a measure of quality or attainment to deem responsibilities fulfilled.

Work plan progress

Goal #1: Develop a recommendation for set of minimum standards by which full implementation of foundational public health responsibilities (areas and capabilities) can be assessed.

Objectives	Timeframe	2025 Progress
<ol style="list-style-type: none"> 1. Clarify and develop a shared language and understanding of foundational public health responsibilities. 2. Identify a minimum set of standards by which full implementation of foundational public health responsibilities can be assessed. <p>Key activities:</p> <ul style="list-style-type: none"> • Discuss and agree upon shared language and meaning for key terms. 	<p>Research and small group work with subject matter experts: Present in Feb. 2025</p> <p>Review drafts of recommendations: March-June 2025</p> <p>Clarify and fine-tune: July-Sept. 2025</p>	<ul style="list-style-type: none"> • The FPHR workgroup achieved all the objectives and key activities under this goal. • Over 60 workgroup and small group meetings occurred to accomplish this goal. • Over 50 subject matter experts from across local and state governmental

Objectives	Timeframe	2025 Progress
<ul style="list-style-type: none"> Engage in a process, with subject matter experts*, to review current FPHR definitions to endorse or edit the related elements. Engage in a process, with subject matter experts*, to research, discuss, and decide on standards for each responsibility that measures the quality or attainment to deem responsibility is fulfilled to the level all Minnesotans deserve. (*Subject matter experts will include, but not be limited to, representatives from other SCHSAC workgroup such as IDCIB, EHCIB, etc.) Identify criteria to distinguish between responsibilities that are foundational in every community statewide and those that are community-specific. Consider local public health and Minnesota Department of Health roles and responsibilities associated with the foundational responsibilities. Consult with relevant SCHSAC workgroups to ensure alignment. Ensure recommendations for standards resonate across the state. Develop recommendation and rationale for recommendation for SCHSAC. 	<p>Finalize recommendations: Oct. -Nov. 2025</p>	<p>public health and workgroup members clarified definitions and informed standards for fulfillment of foundational public health responsibilities.</p> <ul style="list-style-type: none"> The workgroup delivered a set of recommendations to SCHSAC, including rationale, to vote on within the anticipated timeframe. The recommendations were informed by regional feedback and subject matter experts. The recommendations were approved by SCHSAC on Dec. 11, 2025 and sent to the Commissioner and approved.

Note: This workgroup has completed its work and has been dissolved.

Infectious Disease Continuous Improvement Board (IDCIB)

Workgroup charge

The SCHSAC Infectious Disease Continuous Improvement Board’s (ID CIB’s) charge is to ensure an effective and efficient state-local partnership in the “*prevent the spread of communicable disease*” area of public health responsibility. The ID CIB will serve as a forum for regular communication, identification of issues, and joint problem solving. The ID CIB will also ensure the Disease Prevention and Control Common Activities Framework remains a relevant, useful document.

Work plan progress

Goal #1: Evaluate the purpose and structure of the ID CIB.

Objectives	Timeframe	2025 Progress
1. Evaluate the effectiveness of the ID CIB as a forum for regular communication, identification of issues, and joint problem solving and determine adjustments that might need to be made.	1 st and 2 nd Quarter 2025	Completed
2. Revise ID CIB charge as needed.	3 rd and 4 th Quarter 2025	Completed and approved by SCHSAC at 10/9/25 meeting.

Goal #2: Provide input on infectious disease-related topics that impact LPH agencies.

Objectives	Timeframe	2025 Progress
<p>1. Review and prioritize topics needing more discussion <i>These topics come from ID CIB meetings, MIDOG development (2023-2024), topical deep dives (e.g., case investigation deep dive [2023]), and MDH IDEPC or LPH staff.</i></p> <ul style="list-style-type: none"> a. Activity: Initial triaging/clarification b. Activity: Prioritization decisions <p>Minnesota Infectious Disease Operations Guide: About the Minnesota Infectious Disease Operations Guide (https://www.health.state.mn.us/communities/practice/schsac/dpcframework.html)</p>	<p>Activity 1a: ongoing</p> <p>Activity 1b: during quarterly meetings, as needed</p>	Ongoing
2. Representing LPH agencies, provide input and feedback to MDH on updated MDH district epidemiologist position descriptions.	August 2025	Completed

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Objectives	Timeframe	2025 Progress
3. Provide input on a standard framework for onboarding and training LPH staff working on infectious diseases and directors.	To be determined <i>(Proposal: end of 2025)</i>	New timeframe mid-2026 ¹
4. Provide input on MDH IDEPC distribution list management plan.	1 st half 2025	New timeframe: tentatively 1 st quarter 2026 ¹

Goal #3: Maintain and as needed, improve the Minnesota Infectious Disease Operations Guide (MIDOG) to keep it as a relevant, useful document.

Objectives	Timeframe	2025 Progress
1. As needed, incorporate miscellaneous updates (<i>e.g.</i> , misspellings, broken weblinks, additional clarifications needed).	Ongoing	Ongoing
2. Conduct an implementation evaluation of the MIDOG.	July 1, 2025: Rollout evaluation tool	September 2026 or 1 year after what the IDCIB considers full implementation to have happened ¹
3. Conduct an annual evaluation of the MIDOG.	Jan. 1, 2026: Rollout evaluation tool	No longer happening in 2026.

¹ Delayed for a variety of reasons including workload and staffing disruptions caused by actions at the federal level and outbreak response needs.

SCHSAC WORKGROUP WORK PLANS 2025-26

Objectives	Timeframe	2025 Progress
4. As relevant, incorporate decisions from case investigation deep dive.	1st half 2025	New timeframe: mid-2026 ¹
5. As relevant, incorporate decisions from deep dives or other projects.	To be determined as deep dives and projects get completed.	No additional topical deep dives completed in 2025.

Goal #4: Improve sharing of infectious disease data.

Objectives	Timeframe	2025 Progress
1. Data-related needs assessment.	To be determined but will be sometime in 2025.	Mostly completed.
2. Co-create recommendations around data access and data sharing between MDH and LPH agencies.	To be determined but will be sometime in 2025.	Objective being reworked; IDCIB is going to be standing up a data sub-group to discuss infectious disease data collaboration needs as well as to interface with the SCHSAC Data Modernization workgroup.
3. Needs assessment around data visualization.	To be determined once goal 4, objective 1 completed.	Objective being reworked; IDCIB is going to be standing up a data sub-group to discuss infectious disease data collaboration needs as well as to interface with the SCHSAC Data Modernization Workgroup.
4. Needs assessment examining using data to support infectious disease work.	To be determined once goal 4, objective 1 completed.	Objective being reworked; IDCIB is going to be standing up a data sub-group to discuss infectious disease data collaboration needs as well as to interface with the SCHSAC Data Modernization workgroup.

SCHSAC WORKGROUP WORK PLANS 2025-26

Objectives	Timeframe	2025 Progress
5. Needs assessment around access to aggregated data from EHRs for LPH agencies. <ul style="list-style-type: none"> a. Activity 1: ID CIB work to clarify and flesh out the ‘ask’ from LPH on this objective. b. Activity 2: Based on outcome of activity 1, ID CIB determine next steps. 	Activity 5a: To be determined once goal 4, objective 1 completed. Activity 5b: To be determined once goal 4, objective 5, activity 1 completed.	Objective being reworked; IDCIB is going to be standing up a data sub-group to discuss infectious disease data collaboration needs as well as to interface with the SCHSAC Data Modernization workgroup.

Goal #5: Maintain alignment between the MIDOG and Foundational Public Health Responsibilities.

Objectives	Timeframe	2025 Progress
1. Incorporate applicable FPHR-related feedback from first 12 months of MIDOG use.	To be determined once MIDOG is fully implemented.	Update needs compiled; changes to the MIDOG content are in progress
2. Work with SCHSAC FPHR workgroup and incorporate outcomes from FPHR workgroup into MIDOG modifications.	To be determined in collaboration with FPHR Workgroup.	In progress

Updates to work plan for 2026

More significant changes are needed to Goal 4 (“Improve Sharing of Infectious Disease Data”), but clarity on what changes are needed is pending getting a proposed IDCIB Data sub-group up and meeting.

Local Public Health (LPH) Data Modernization Workgroup

Workgroup charge

The Local Public Health (LPH) Data Modernization Workgroup provides a governance structure to lead and coordinate LPH data system transformation as part of a whole governmental public health system approach to data modernization. The LPH Health Data Modernization Workgroup works in concert with other public health system transformation efforts and supports the advancement of a more aligned, transparent, and reciprocal governmental public health data partnership between LPH and the Minnesota Department of Health (MDH).

Work plan progress

The LPH Data Modernization Workgroup was approved by SCHSAC in Dec. 2024. Membership recruitment took place from Jan. through March 2025. The workgroup was able to recruit representation from all seven Local Public Health Association (LPHA) regions and has MDH representation from seven divisions across the agency. The first workgroup meeting was held in June 2025 and the workgroup has met monthly from June through Nov.

The workgroup's priority in its first six months was to identify workgroup leadership, develop workgroup norms, and participate in shared learning about the Minnesota Governmental Public Health Data System's current state, existing gaps, needs, and opportunities of change. The workgroup identified three workgroup chairs and established group norms. Topics covered in the shared learning phase included:

- Office of Data Strategy and Interoperability (DSI) Data Technical Assistance Unit Request Summary and What that Tells Us About LPH Data Capacity
- Foundational Public Health Responsibilities: Assessment and Surveillance Overview
- Electronic Health Records (EHR) Data for Public Health Action: Health Trends Across Communities (HTAC) and Syndromic Surveillance
- 2024 LPH Annual Reporting on Assessment and Surveillance and 2024 Performance Related Accountability Requirement (PRAR): Using Data to Inform Public Health Action
- Improving data communication and engagement across the Minnesota public health data system Discussion
- Data Access and Sharing Environmental Scan

The workgroup will enter strategic planning to identify and set priorities and to develop a work plan starting in Feb. 2026 with an in-person meeting. Once the work plan is developed, the workgroup will solicit feedback from public health partners across the governmental public health system, consider and incorporate the feedback, finalize the work plan, and submit it to SCHSAC for approval. The workgroup aims to begin implementing the finalized work plan by June/July 2026.

Member Development Workgroup

Workgroup charge

This workgroup will lead efforts to educate and develop SCHSAC members and will assist Minnesota Department of Health (MDH) staff in conducting member development activities.

Work plan progress

Goal #1: Deepen the connection SCHSAC members and alternates feel with one another.

Objectives	Timeframe	2025 Progress
1. Oversee Coffee, Conversation and Consideration (CCC) program	Quarterly	Four completed. 2/20/25 Social Vulnerability Index; 4/10/25 Drinking Water & Public Health; 7/31/25 Artificial Intelligence & Public Health; 11/20/25 Cannabis legalization part 2. Total attendance: 154 people.
2. Provide suggestions and support for networking activities at SCHSAC meetings and retreat	Quarterly Meetings and annually at Retreat	Ongoing.

Goal #2: Increase SCHSAC members and alternates understanding of SCHSAC and their role in it.

Objectives	Timeframe	2025 Progress
1. Assist in new member Orientation	First quarter of 2025	Orientation conducted 4/2/25. Script and recording available. Fourteen attended.
2. Provide oversight and support for the Mentorship Program	2025, determine if needed in 2026	Conducted successful Mentorship program. Mentors: Steve Heinen (Benton), Ann Stehn (Horizon) and Sarah Berry (Le Sueur-Waseca). Mentees: Tracy Nelson (Edina), Cindy Wright (Fillmore Houston) and Joe Bould (Beltrami).

Objectives	Timeframe	2025 Progress
3. Advise staff on ways to orient and connect new members throughout the year.	First half of 2025	Completed. Recommendations include sharing orientation materials with new members and when possible, pairing new members up with a more experienced member for their first meeting.

Performance Measurement Workgroup

Workgroup charge

The Performance Measurement Workgroup leads efforts to measure and assess the performance of Minnesota’s governmental public health system and its capacity to carry out public health responsibilities. This workgroup:

- Develops and recommends, to SCHSAC, a set of performance measures for Minnesota’s governmental public health system.
- Sets and monitors performance-related goals for Minnesota’s governmental public health system.
- Analyzes data to assess the performance of Minnesota’s governmental public health system.
- Develops system performance reports and communicates findings to SCHSAC, Local Public Health Association (LPHA), and MDH.
- Issues recommendations for continued system performance improvement and accountability to SCHSAC, LPHA, and MDH.
- Engages subject matter experts and other interested parties, including other SCHSAC workgroups, and the Joint Leadership Team, for feedback and discussion about performance measures, goals, analysis, and recommendations related to system performance measurement.
- Considers health equity in all aspects of its’ work.
- Advocates for performance management and using data for decision-making.

Work plan progress

Goal #1: Develop and recommend a set of performance measures for the state and local governmental public health system.

SCHSAC WORKGROUP WORK PLANS 2025-26

Objectives	Timeframe	2025 Progress
<p>1. Each year, identify key performance measures for community health boards and MDH and identify a performance-related accountability requirement for community health boards.</p> <p>Key Activities:</p> <ul style="list-style-type: none"> • Research, planning, and discussion • Engagement of subject matter experts; alignment with other SCHSAC workgroups (ie. IDCIB, EHCIB, PHEP) • Gather feedback from regions and MDH • Prioritization and decision-making of measures to include in the recommendation; ensure measures reflect foundational public health work happening across the state and aligns with system transformation efforts. 	<p>Research and planning January-July each year.</p> <p>Recommendations developed between Aug.-Oct. 2025 and 2026</p>	<ul style="list-style-type: none"> • The workgroup held 8 meetings during 2025 • No changes to performance measures: Workgroup decided to continue with the 46 performance measures identified in 2024, as these were ongoing recommendations. • Provided a 3-year recommendation: The workgroup developed a recommendation for CY2026-2028 for the performance-related accountability requirement. • The recommendations were informed by regional feedback.
<p>2. Each year, present recommendations to SCHSAC.</p> <p>Key Activities:</p> <ul style="list-style-type: none"> • Develop report, which includes rationale for the measures selected. • Share recommendations with SCHSAC 	<p>Report development in September-October each year</p> <p>Recommendations presented to SCHSAC in December of each year</p>	<ul style="list-style-type: none"> • Recommendations were presented to SCHSAC executive committee in November 2025. • Recommendation report, including rationale, was developed and presented to SCHSAC in December 2025. 2025 Perf Meas Workgroup Recommendations with Signed Letters • Full SCHSAC approved the workgroup’s recommendation via formal vote.

Goal #2: Collect performance data

SCHSAC WORKGROUP WORK PLANS 2025-26

Objectives	Timeframe	2025 Progress
<p>1. Establish a process and develop instruments for the annual collection of performance data.</p> <p>Key activities:</p> <ul style="list-style-type: none"> • Inform data collection instrument development. • Develop clear guidelines for data collection for consistency in response. • Evaluate the data collection, analysis, and reporting tool (instrument) 	<p>By end of Jan. 2025, reviewed and adjusted annually</p>	<ul style="list-style-type: none"> • PHP staff developed instruments and guidance (including instructions) for annual reporting of performance measures and performance-related accountability requirement. • PHP staff validated, analyzed, and reported data to the workgroup for review and feedback.

Goal #3: Analyze Performance Data and Issue Reports

Objectives	Timeframe	2025 Progress
<p>1. Develop communication plan and key messages/visuals</p> <p>Key activities:</p> <ul style="list-style-type: none"> • Identify audiences (SCHSAC, legislature, local public health, MDH, others) • Identify roles/responsibilities of workgroup members in disseminating information 	<p>By March 2025, reviewed and adjusted annually</p>	<ul style="list-style-type: none"> • PHP communication staff worked with workgroup to identify key messages for SCHSAC and other audiences. • Workgroup members shared data with their jurisdiction. This informed interpretation and development of the key messages included in the report.
<p>2. Each year, report to SCHSAC on findings from data collected (CY2024 and CY2025 performance measures).</p> <p>Key Activities:</p>	<p>Data review, July 2025 and 2026 Report development July-Sept. 2025 and 2026</p>	<ul style="list-style-type: none"> • Workgroup members reviewed and discussed data findings, identified key messages, provided input into report revisions and approved the final draft.

SCHSAC WORKGROUP WORK PLANS 2025-26

Objectives	Timeframe	2025 Progress
<ul style="list-style-type: none"> • Data review and discussion among workgroup members, partners, and subject matter experts • Report development • Workgroup approval of final report 	<p>Report shared and posted, Dec. 2025 and 2026</p>	<ul style="list-style-type: none"> • Key findings on system performance measures shared via report and presentation to full SCHSAC in Dec. 2025. • Overall key findings report shared on MDH annual reporting webpages Past Data: LPH Act Annual Reporting - MN Dept. of Health

Goal #4: Set and Monitor Performance-Related Goals for the Public Health System

Objectives	Timeframe	2025 Progress
<p>1. Establish goals for system performance measures.</p> <p>Key Activities:</p> <ul style="list-style-type: none"> • Review baseline data • Discuss and determine feasible goals. • Engage subject matter experts to ensure goal alignment. • Annually review progress towards goals. • Identify system-level actions that may be needed to ensure individual agencies are able to meet performance goals. • Consider annually if goals are realistic and if adjustments are needed. 	<p>Jan.-March each year</p>	<ul style="list-style-type: none"> • Established baseline for performance measures, goal-setting is in progress. • Goals have been set for improving work related to accountability and performance management. The performance-related accountability requirement for CHBs for the next 3 years is focused on developing and implementing a performance management system. This was a prioritized goal of the workgroup based on the data from 2024 annual reporting.

Additional Accomplishments in 2025

- For the first time, in 2024 MDH also reported on the same 46 performance measures community health boards reported on. This will be ongoing.
- A workgroup functioning survey was administered to get feedback from the workgroup about their experience with the workgroup. This is still in process.
- Creating a 3-year plan for performance-related accountability requirement provide community health boards opportunity to plan and dedicate time and resources to building and maintaining their improved performance management system.
- Integration of data from major grant programs- Statewide Health Improvement Partnership (SHIP) and Response Sustainability Grant (RSG)-into key findings report to provide additional context about community health board capacity.

Public Health Emergency Preparedness Oversight Group (PHEP)

Workgroup charge

The SCHSAC Public Health Emergency Preparedness Oversight Workgroup will continue as a standing committee under the auspices of SCHSAC to:

- Advise on strategic planning for local and tribal health preparedness activities of public health emergency preparedness in Minnesota;
- Provide ongoing review of local and tribal public health emergency preparedness programs and issues;
- Oversee the continued development of capacity assessment and related measurement outcomes for Minnesota's local and tribal public health emergency preparedness programs; and
- Advocate for resources that sustain and maintain local and tribal public health emergency preparedness capabilities.

Work plan progress

Goal #1: The PHEP Oversight Workgroup will foster the development and sustainment of a robust, flexible, and equitable preparedness and response foundational public health capability that will adapt to changing situations and conditions and intersect with the other foundational public health capabilities, foundational areas, and community specific services.

SCHSAC WORKGROUP WORK PLANS 2025-26

Objectives	Timeframe	2025 Progress
1. The PHEP Oversight Workgroup will identify preparedness and response data needs for use in decision-making during preparedness, response, and recovery. This will be achieved through discussions and review of recent responses, incorporating regional input.	Jan. – Dec. 2025	In process of establishing subgroup to identify preparedness and response data needs.
2. The PHEP Oversight Workgroup will develop a framework for collecting and sharing data, employing equity principles, during responses. This will be informed by the discussions completed in Year 1.	Jan. – Dec. 2026	Not started. This objective is the next step after Goal 1, Objective 1.
3. The PHEP Oversight Workgroup will participate in defining local public’s roles and responsibilities, including intersection points with MDH, during responses. This will be informed by the Public Health Foundational Capabilities, Foundational Areas, and Community Specific Services.	Jan. 2025 – Dec. 2026	Subgroup established to develop a tangible product that will provide clear and concise language delineating the responsibilities of MDH and LPH in public health emergency response.
4. The PHEP Oversight Workgroup will work with communication experts to increase public health professionals’, partners’, and the community’s understanding of the interconnectedness of Preparedness and Response to the other Foundational Public Health Capabilities, Foundational Areas, and Community Specific Services (FPHS).	Jan. 2025 – Dec. 2026	Not started
5. The PHEP Oversight Workgroup will examine staff preparedness and response capability needs and recommend approaches to achieve a response ready workforce.	Jan. – Dec. 2025	Not started

Goal #2: The PHEP Oversight Workgroup will cultivate authentic community engagement principles and practices for equitable and effective efforts with partners and communities when preparing for, responding to, and recovering from emergencies with a public health impact.

SCHSAC WORKGROUP WORK PLANS 2025-26

Objectives	Timeframe	2025 Progress
1. The PHEP Oversight Workgroup will explore how the Public Health Emergency Preparedness (PHEP) grant and the Response Sustainability Funding (RSG) support equitable community engagement efforts for preparedness and response.	Jan. – Dec. 2025	Not started
2. The PHEP Oversight Workgroup will explore ways to build local public health staff’s community engagement skills in public health emergency preparedness and response.	Jan. 2025 – Dec. 2026	Not started
3. The PHEP Oversight Workgroup will leverage community engagement expertise and activities in other public health programs to further public health emergency preparedness efforts.	Jan. 2025 – Dec. 2026	Not started

Additional Accomplishments in 2025

- The PHEP Oversight Workgroup recruited LPH representation from Cities Readiness Initiative (CRI) and rural CHBs to participate in MDH’s Integrated Preparedness Plan Workshop (IPPW). These representatives provided input into MDH’s emergency preparedness planning, training, and exercising priorities for the next four years.
- The PHEP Oversight Workgroup prioritized the order in which the workgroup will address the goals and objectives of their biennial work plan. The workgroup began the process of defining local public health’s roles and responsibilities, including intersection points with MDH, during preparedness, response and recovery. They defined the purpose of the objective and discussed the end-product composition and structure. This discussion led to the establishment of a subgroup to further define roles and responsibilities.
- The PHEP Oversight Workgroup provided input on the CDC Public Health Emergency Preparedness (PHEP) Grant and the Response Sustainability Grant (RSG) duties for the upcoming fiscal year beginning on July 1, 2025.

Updates to work plan for 2026

The current PHEP Oversight biennial work plan was developed for 2025 through 2026, and includes robust, ambitious goals and objectives. Due to capacity constraints and the amount of time the goals/objectives will take, the PHEP Oversight workgroup decided to only focus on the top two

prioritized objectives through the end of 2026. The remaining goals and objectives will be revisited during the development of the 2027-2028 biennial work plan. The prioritized objectives are:

1. G1. Obj. 3: The PHEP Oversight Workgroup will participate in defining local public's roles and responsibilities, including intersection points with MDH, during responses. This will be informed by the Public Health Foundational Capabilities, Foundational Areas, and Community Specific Services
2. G1. Obj 1: The PHEP Oversight Workgroup will identify preparedness and response data needs for use in decision-making during preparedness, response, and recovery. This will be achieved through discussions and review of recent responses, incorporating regional input.

Appendix

SCHSAC Executive Committee 2025-26 (by region)

Regional information found here:

[Map: SCHSAC regions and member community health boards \(state.mn.us\)](https://www.health.state.mn.us/communities/practice/connect/docs/schsac.pdf)

[\(https://www.health.state.mn.us/communities/practice/connect/docs/schsac.pdf \)](https://www.health.state.mn.us/communities/practice/connect/docs/schsac.pdf)

Region	Member and community health board	Alternate and community health board
Chair	DeAnne (De) Malterer, LeSueur-Waseca	n/a
Vice Chair	Laurie Halverson, Dakota	n/a
Past Chair	Tarryl Clark, Stearns	n/a
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	Ann Stehn, Horizon
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

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Region	Member and community health board	Alternate and community health board
South Central	William Groskreutz, Faribault-Martin	Beth Oberg, Meeker-McLeod-Sibley
Southeast	Mitchell Lentz, Fillmore-Houston	Cindy Wright, Fillmore-Houston

SCHSAC Members and Alternates (by community health board)

Community Health Board	Member	Alternate
Aitkin-Itasca-Koochiching	Lester Kachinske	Rick Roche
Anoka	Mandy Meisner	Jonelle Hubbard
Beltrami	Joe Gould	Amy Bowles
Benton	Steve Heinen	Jaclyn Litfin
Bloomington	Jenna Carter	Nick Kelley
Blue Earth	Kelley Haeder	Phil Claussen
Brown	Anton Berg	Jaimee Brand
Carlton-Cook-Lake-St. Louis	Shelley Fredrickson	Ashley Grimm
Carver	Richard Scott	John Fahey

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Community Health Board	Member	Alternate
Cass	Brian Buhmann	Renee Lukkason
Chisago	Marlys Dunne	Courtney Wehrenberg
Countryside	Paul Radermacher	Liz Auch
Crow Wing	Steve Barrows	Vacant
Dakota	Laurie Halverson	vacant
Des Moines Valley	Phil Nasby	Michelle Ebbers
Dodge-Steele	Rodney Peterson	Amy Evans
Edina	Tracy Nelson	Jeff Brown
Faribault-Martin	William Groskreutz	Jaime Bleess
Fillmore-Houston	Cindy Wright	Mitch Lentz
Freeborn	Lukas Severson	Sue Yost
Goodhue	Susan Betcher	Nina Arneson
Hennepin	Angela Conley	Sara Hollie
Horizon	Gordon Wagner	Ann Stehn

SCHSAC WORKGROUP WORK PLANS 2025-26

Community Health Board	Member	Alternate
Isanti	Maureen Spike	Bill Berg
Kanabec	Kathy Burski	Rick Mattson
Kandiyohi-Renville	Steve Gardner	Greg Snow
Le Sueur-Waseca	DeAnne Malterer	David Preisler
Meeker-McLeod-Sibley	Beth Oberg	Kiza Olson
Mille Lacs	Ronda Bjornson	Kristine Klopp
Minneapolis	Damon Chaplin	Heidi Ritchie
Morrison-Todd-Wadena	Greg Blaine	Nathan Bertram
Mower	Pam Kellogg-Marmsoler	Polly Glynn
Nicollet	Mark Dehen	Kurt Zins
Nobles	Robert Paplow	Stacie Golombiecki
North Country	Bonnie Engen	Mark Larson
Olmsted	Laurel Podulke-Smith	Denise Daniels
Partnership4Health	Wayne Johnson	David Meyer

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Community Health Board	Member	Alternate
Pine	Roger Nelson	Samantha Lo
Polk-Norman-Mahnomen	Joan Lee	Sarah Reese
Quin	Theresia Gillie	Kayla Jore
Rice	Debra Purfeerst	Galen Malecha
Richfield	Jennifer Anderson	Katrina DeVore
Saint Paul-Ramsey	Rena Moran	Tara Jebens-Singh
Scott	Barb Weckman Brekke	Lisa Brodsky
Sherburne	Gary Gray	Brad Schumacher
Southwest Health and Human Services	Dan Wildermuth	Carol Biren
Stearns	Tarryl Clark	Steve Notch
Wabasha	Tammy Fiedler	Don Springer
Washington	Michelle Clasen	David Brummel
Watonwan	Dillon Melheim	Barbara Salmela-Lind
Winona	Marcia Ward	Chris Meyer

Community Health Board	Member	Alternate
Wright	Jeanne Holland	Sarah Grosshuesch

Workgroup membership

Environmental Health Continuous Improvement Board (EHCIB)

Co-Chairs: Amanda Buell, Hennepin County and Tom Hogan, MDH

Members:

- Lisa Brodsky, Scott County
- Andrea Demmer, Otter Tail County
- Sarah Grosssheusch, Wright County
- Jesse Harmon, Nicollet County
- Jason Newby, City of Brookly Park
- Rick Toms, MDH
- Denise Schumacher, MDH
- Dan Symonik, MDH
- Kim Carlton, Dept. of Agriculture
- Bill Groskreutz, Faribault County

Support staff: Linda Kopecky (PHSP) and Diana Ditsch (EH)

Foundational Public Health Responsibility (FPHR) Workgroup

Co-Chairs: Joanne Erspamer, Carlton County (Carlton, Cook, Lake, St. Louis CHB) and Ann Zukoski, MDH

Members:

- Sarah Reese, Polk County (Polk, Norman, Mahnomen CHB), Northwest Region
- Joanne Erspamer, Carlton County (Carlton, Cook, Lake, St. Louis CHB) Northeast Region

- Jody Lien, Ottertail County (Partnership 4 Health CHB), West Central Region
- Katherine Mackedanz, Todd County (Todd, Morrison, Wadena CHB), Central Region
- Elizabeth Auch, Countryside CHB, Southwest Region
- Sagar Chowdhury, Olmsted County CHB, Southeast Region
- Rodney R. Peterson, Dodge/Steele CHB, SCHSAC
- Kiza Olson, Meeker, McLeod, Sibley CHB, South Central Region
- Jeff Brown, City of Edina CHB, Metro Region
- Gabriel McNeal, Saint Paul-Ramsey County CHB, Metro Region
- Mary Navara, MDH, Health Protection Bureau, Environmental Health Division
- Ann Zukoski, MDH, Health Improvement Bureau, Health Promotion & Chronic Disease Division
- David Kurtzon, MDH, Health Systems Bureau, Health Policy Division
- Odi Akosionu-DeSouza, MDH, Health Equity Bureau, Health Equity Strategy & Innovation Division

Support staff: Linda Kopecky (PHSP) and Ann March (PHSP)

Infectious Disease Continuous Improvement Board (IDCIB)

Co-Chairs: Kristin Sweet (MDH co-chair) and Kristi Goos (LPH co-chair)

Members:

- Fran Tougas (NW, Quinn CHB),
- Jenny Barta (NE, Carlton-Cook-Lake-St Louis CHB)
- Kristi Goos (WC, Partnership4Health CHB)
- Renee Lukkason (Central, Cass CHB)
- Nora Moore (Metro, St Paul-Ramsey CHB)
- Jaimee Brand (SC/SW, Brown-Nicollet CHB)
- Deb Purfeerst (SE, Rice County CHB)

Support staff: Ellen Hill (IDEPC) and Linda Kopecky (PHSP)

Local Public Health (LPH) Data Modernization Workgroup

Co-Chairs: Tarryl Clark (Stearns) SCHSAC Elected; Melanie Countryman (Dakota), LPHA Region V: Metro; and Shelly Aalfs (Countryside), LPHA Region VI: Southwest/South Central

Members:

- De Malterer | Le Sueur- Waseca Counties | SCHSAC Elected
- Tarryl Clark | Stearns County | SCHSAC Elected
- Angel Korynta | Polk-Norman-Mahnomen Public Health | LPHA Region I: Northwest
- Rob Prose | St. Louis County Public Health | LPHA Region II: Northeast
- Angie Hasbrouck | Horizon Public Health | LPHA Region III: West Central
- Sarah Grosshuesch | Wright County | LPHA Region IV: Central
- Melanie Countryman | Dakota County Public Health | LPHA Region V: Metro
- Lisa Klotzbach | Dakota County Public Health | LPHA Region V: Metro
- Richard Scott | Carver County | LPHA Region V: Metro
- Shelly Aalfs | Countryside Public Health | LPHA Region VI: Southwest/South Central
- Alyssa Johnson | Faribault-Martin CHB | LPHA Region VII: Southeast
- Tina Jordahl | Olmsted County Public Health Services | LPHA Region VII: Southeast

MDH Subject Matter Experts:

- TBD | MDH Chief Data Analytics Officer | Office of Data Analytics
- Abby Stamm | Senior Health Informatician | MDH Office of Data Strategy and Interoperability (DSI)
- Dawn Huspeni | Epidemiologist Supervisor | MDH Infectious Disease Epidemiology, Prevention, and Control (IDEPC) Division
- Kari Guida | Senior Health Informatician | MDH Center for Health Information Policy and Transformation (CHIPT)
- An Garagiola: | Researcher | MDH Office of American Indian Health (OAIH)
- Vidhu Srivastava: | Director of Agency Projects and Planning Office | MDH Public Health Strategy and Partnership Division (PHSP)
- Jessie Carr: | Environmental Epidemiology Supervisor | MDH Environmental Health Division

Support Staff: Gabby Cahow, MPH, MDH Data Modernization Planner (PHSP)

Member Development Workgroup

Chair: Joan Lee, Polk County

Members:

- Michelle Clasen, Washington County
- Michelle Ebbers, Des Moines Valley HHS
- Jeanne Holland, Wright County

Support staff: Deanna White (PHSP)

Performance Measurement Workgroup

Co-Chairs: Chera Sevcik (Faribault-Martin) and Amy Bowles (Beltrami)

Members:

- Amy Bowles, Beltrami County Public Health Director
- Susan Michels, Carlton, Cook, Lake, St. Louis Community Health Board
- Angie Hasbrouck, Horizon Public Health
- Janet Goligowski, Stearns County Health and Human Services
- Amina Abdullahi, City of Bloomington Public Health
- Michelle Ebbers, Des Moines Valley Health and Human Services
- Chera Sevcik, Health and Human Services, Faribault and Martin Counties
- Meaghan Sherden, Olmsted County Public Health
- Rodney Peterson, Dodge County Commissioner
- Mark Dehen, Nicollet County Commissioner
- Chris Brueske, Minnesota Department of Health, Office of Data Strategy and Interoperability
- Kristin Osiecki, Minnesota Department of Health, Center for Health Equity
- Ann Zukoski, Minnesota Department of Health, Health Promotion and Chronic Disease Division, Center for Health Promotion
- Mary Orban, Minnesota Department of Health, Community Health Division, Center for Public Health Practice

Support staff: Ann March (PHSP) and Ghazaleh Dadres (PHSP)

Public Health Emergency Preparedness Oversight Group (PHEP)

Co-Chairs: David Brummel (Washington) and William Groskreutz (Faribault-Martin)

Members:

- Kathy Burski (Kanabec)
- Nicole Ruhoff (Sherburne)
- David Brummel (Washington)
- Lia Roberts (Dakota)
- Nick Kelley (Bloomington)
- Kate Mestnik (Kanabec)
- Sarah Kjono (Polk-Norman-Mahnomen)
- Megan Kirby (LeSueur)
- Jessica Erickson, (Fillmore)
- Carol Biren (SWHHS)
- Ann Stehn (Horizon)
- Joanne Erspamer (Carlton)
- Cheryl Petersen-Kroeber, MDH
- Michelle Larson, MDH
- Sandra Hanson, MDH
- Julia Whitcomb, MDH

Support staff: Katie Triebold, Central Region PHPC, Emergency Preparedness and Response Division and Linda Kopecky, Systems Transformation Planner, Center for Public Health Practice

SCHSAC representation to other advisory committees

Healthy Minnesota Partnership

The Healthy Minnesota Partnership brings community partners and Minnesota Department of Health together to improve the health and quality of life for individuals, families, and communities in Minnesota. SCHSAC appointed Jenna Carter (Bloomington) to serve as Alternate to the Healthy Minnesota Partnership. The member position was vacant.