State Community Health Services Advisory Committee (SCHSAC) overview and orientation

APRIL 2025 PRESENTATION AND SLIDES

This document contains screenshots of the slides from the April 2025 SCHSAC orientation, along with the script for the presentation.

Contents

Tribal Relations Statement

> *The State of Minnesota is home to 11 federally recognized Indian Tribes with elected Tribal government officials. The State of Minnesota acknowledges and supports the unique political status of Tribal Nations across Minnesota and their absolute right to existence, self-governance, and self-determination. This unique relationship with federally recognized Indian Tribes is cemented by the Constitution of the United States, treaties, statutes, case law, and agreements. The State of Minnesota and Tribal governments across Minnesota significantly benefit from working together, learning from one another, and partnering where possible.*
>
> *The Minnesota Department of Health recognizes, values, and celebrates the vibrant and unique relationships between the 11 Tribal Nations and the State of Minnesota. Partnerships formed through government-to-government relationships with these Tribes will effectively address health disparities and lead to better health outcomes for all of Minnesota.*

It's important for us to understand the history that has brought us today to the land where we live, learn, work, and play, and to understand our place within this history.

We honor the truth of these experiences, rather than burying them, and invite you to join us in uncovering our past and present at all public events.

Today's agenda

Today, we'll cover two major topics:

- What is public health? Past and current work.
- What is SCHSAC? Expectations and resources.

We hope to have time for questions at the end. If you could, please save your questions until then, or put them into the chat and we can answer them as we're able.

What is public health?

Minnesota's quality of life depends on thriving, vibrant communities. Where we live provides the building blocks for long-term health and wellbeing, including protection from the spread of infectious diseases and environmental threats, clean water, strong schools, sustaining jobs, community connectedness, access to health care, and other important community support.

In public health, we work to change these surroundings for the better so that it's easier for all of us in Minnesota to be our healthiest no matter who we are or where we live.

Public health is also a smart investment: when we prevent illness before it starts, the return we see in both health outcomes and monetary investment pays off for Minnesotans, their families, our state's businesses, government, and more.

Public health experts partner with their communities to overcome the numerous barriers we face to living our healthiest lives by helping shape the policies, systems, and surroundings that impact Minnesotans' health before they even set foot in a doctor's office.

People working in public health help make sure we have clean air to breathe, safe water to drink, safe food to eat at home and in restaurants, and that we're free to live without being surrounded by harmful nuisances like pollution, commercial tobacco smoke, and more. They use their education and expertise to look beyond individual health, identifying patterns in health across entire communities to **diagnose** population-level health issues, and helping communities find fixes that can help thousands of people at a time—or **prevent** health issues before they start.

To do that, public health leaders bring together and **cooperate** with community members, elected officials, health care workers, businesses, and more, to help communities thrive:

- **Diagnose**: Public health experts diagnose the health of each community by listening to people who live there—and then use data, evidence, and research to offer solutions.
- **Cooperate**: Public health relies on cooperation. To improve the health of the community, different organizations have to work together. Public health brings them together to make decisions and take action.
- **Prevent**: We often end up in the doctor's office after we're sick or injured. Public health experts investigate everything that affects our health to prevent health problems before they start.

What's the difference between public health, health/medical care, and human services?

Public health focuses on the health needs of the population as a whole instead of one person or family like in human services, and prioritizes preventing health issues, versus a doctor's work of early detection and treatment.

Here is a chart that can help you understand some of the differences:

	What does this look like?	**Who does this impact?**
Public health	**Preventing illness before it starts** by cooperating to change policies, systems, and our surroundings	**All people** who live in Minnesota, a county, and/or a Tribal Nation **An entire community** (geography, race/ethnicity, age, income, etc.)
Health care, medical care	**Healing a person after they're sick**, or helping a person prevent future illness	**One patient** with a specific medical need or concern An individual person

Human services	**Connecting** a person or family to services that can improve their quality of life	**One client** or customer of a program or service An individual person or a family

Minnesota's governmental public health system

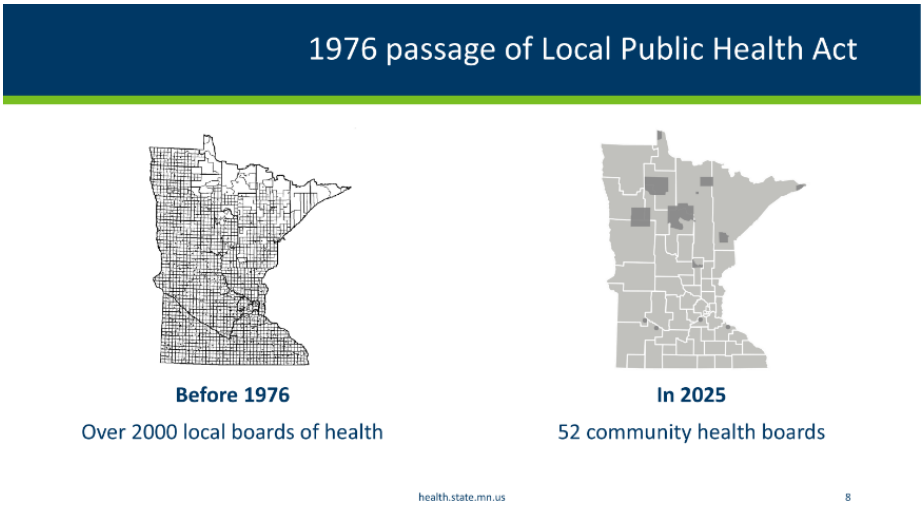
It's also helpful for us to understand a little bit about the history of public health in Minnesota. (This is a picture of the first public health lab in Minnesota, still standing in Red Wing today.)

Governmental public health has been around since Minnesota became a state. It was so important to Minnesota's first legislators that they addressed public health in their very first session in 1858, providing towns and cities with authorities to control communicable disease. Not long after, nearly every township began establishing local boards of health.

We have a longstanding legacy of health and wellness in Minnesota, and we carry that legacy forward together today.

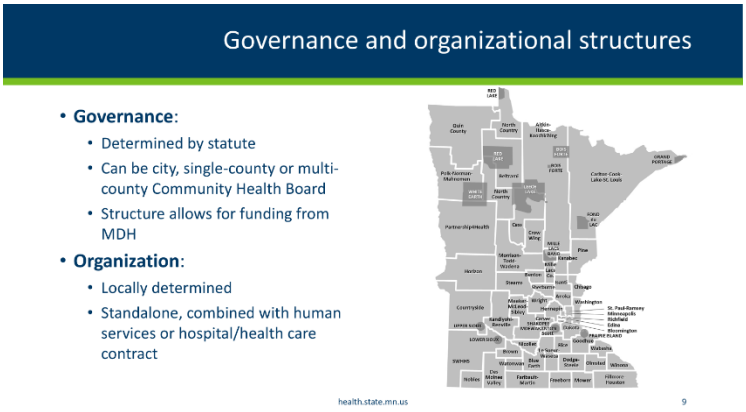
1976 passage of Local Public Health Act

Over time, Minnesota ran into a different sort of problem: The expansion of public health across the state was so successful that by the mid-1970s, there were over 2,000 local boards of health. The State Board of Health (that is, what's now MDH) was expected to communicate and coordinate with all of those boards—you can see them on the map on the left, in all those tiny squares.



In response, the Minnesota Legislature created our current community health board structure in 1976, which you see on the right side of your screen. This happened through the Local Public Health Act, which is still in place today.

Governance and organizational structures



Let's talk a little bit more about these jurisdictions and how we **govern**, and then **organize**, local health in Minnesota. The way public health is governed is determined by statute; the way public health is organized and who actually carries out the work is locally determined.

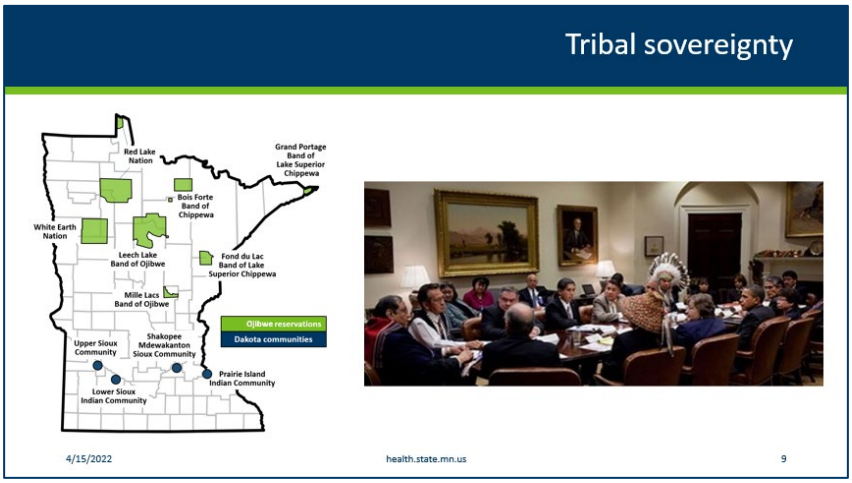
We have three **governing** structures that are responsible for public health: city, single county and multicounty community health boards. There are several requirements in statute that define the structure and requirements of CHBs. There are currently 52 CHBs. These governing structures also allow for public health to be funded in Minnesota. CHBs are the only governmental entity eligible for funding under the Local Public Health Act grant and other funding from MDH.

When it comes to how local public health is **organized**, it depends on the location and it's up to them to decide—for example, public health can operate as a standalone department, work with other counties as an integrated health department, can be integrated with another department like human services, or the county may have contract for public health services with a hospital (this is rare).

For a larger map of Minnesota's community health boards (above), visit: Minnesota community health boards and tribes (PDF) (https://www.health.state.mn.us/communities/practice/connect/docs/chb.pdf).

Tribal sovereignty

Let's pause for a moment to address tribal public health.



MDH and local health departments work with tribal health departments to protect and promote health. Tribes are not governed by the Local Public Health Act and current statute does not allow Tribes to become Community Health Boards. For that reason, Tribes do not sit on SCHSAC – which has a representative from each of MN's 52 CHBs.

This is because Minnesota's tribal nations are sovereign and manage their affairs independent of state and federal governing structures, including for public health. Each tribal nation has its own public health authority, and MDH works in relationship with them, not by governing them.

What is SCHSAC?

So now, let's talk more about SCHSAC.

From the Local Public Health Act…

Remember the Local Public Health Act of 1976, where Minnesota moved from over 2000 local boards of health to about 50 community health boards? That legislation also established SCHSAC, and we've been going ever since the first meeting in 1977.

SCHSAC was established to share responsibility between state and local governments when it comes to public health.

SCHSAC is unique in Minnesota. MDH is the only state agency with this kind of committee and relationship.

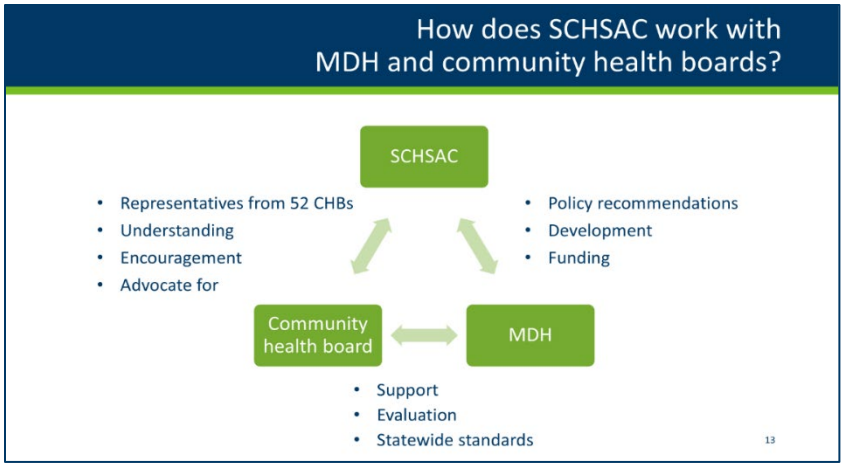
SCHSAC is also unique nationally. Minnesota is the only state we are aware of that convenes its state and local boards of health in a partnership like SCHSAC.

How does SCHSAC work with MDH and community health boards?

Let's talk about what the work of SCHSAC means when we talk about its role in advising, consulting with, and making recommendations in public health.

This work happens simultaneously with community health boards and with MDH, in an ongoing, continuous way.

As the community health board's representative to SCHSAC, you're bringing local ideas to this statewide advisory council. You also help form policy and advocate for funding, taking your context as a SCHSAC member back from the state level to your community health boards and members.



Amid this, MDH and community health boards work together to carry out the work of public health in Minnesota.

In the end, you do what community leaders do best—make connections, talk to people, fire them up about what public heath does. You're one of the best monitors for the public health of your

communities, and you can see what's being done locally that's really helping, or what's missing in your community and how health suffers. You're a key part of this ongoing collaboration to help keep Minnesotans healthy.

How we work together: Three simple rules for the state-local partnership

One of the keystones to how SCHSAC operates are these three simple rules, which a SCHSAC workgroup launched in 1999 during a time when the relationship between MDH and local health departments was strained. We keep these best practices in mind with everything we do in SCHSAC—you'll even find them printed on agendas and other SCHSAC materials.

These are the things we want SCHSAC to be known for when we work across state, local, and legislative platforms.

We seek first to understand. This means that we ask and listen. This requires that each person understands the perspective of the other by asking clarifying questions, listening without judgment, and by removing personal feelings from the situation.

We make expectations explicit. In doing that, we communicate what we hope to achieve, our concerns, and where we feel problems might lie. Some expectations are longstanding, and we may need to renegotiate some for specific situations.

We think about the part and the whole. Decisions and actions made by one part of the system can impact the whole system. The public health partnership in Minnesota is complex, and action by one part can transform other parts.

Working in partnership with MDH and community health boards

- Develop and adopt statewide standards and guidelines
- Influence policy
- Examine and measure the public health system, to identify gaps in capacity
- Make funding decisions
- Explore emerging and/or controversial issues

SCHSAC's influence is felt in every Minnesota community, as SCHSAC recommendations are not only submitted to the commissioner of health, but are also adopted by community health boards, implemented statewide through guidelines and reporting procedures, and are used as the basis for developing public policy.

SCHSAC also convenes workgroups on many different, timely topics, and encourages discourse when times are challenging or opinions are split.

You can find information about SCHSAC workgroups online here: Standing and Active SCHSAC Workgroups - MN Dept. of Health

Topics covered by SCHSAC: Current and past

SCHSAC identifies, develops, and responds to critical public health issues, some of which you see here. This work happens through workgroups, regular communications, and meetings. This happens because of the commitment of hundreds of state and local public health professionals and local elected officials. Some examples include:

- Environmental health
- Disease prevention and control
- Health care reform
- Youth risk behavior
- Emergency preparedness
- Public health accreditation
- Health equity
- Children of incarcerated parents
- Strengthening the public health system

SCHSAC's Goals for 2025-26

Every two years, SCHSAC adopts a work plan define clear, measurable goals for its work and for the workgroups that are part of SCHSAC. This helps SCHSAC identify priorities that match its capacity and creates transparency and accountability. Priorities for SCHSAC are determined by SCHSAC leadership and are informed by a number of factors. Workgroups set their own priorities based on the work they are charged with completing – subject to approval by SCHSAC.

SCHSAC has three goals for the current term:

1. Equip members to be effective advocates for public health
2. Strengthen the state-local partnership for public health
3. Advance meaningful changes to Minnesota's public health system.

A summary of the current work plan can be found here: Summary: SCHSAC and Workgroup Work Plans 2025-2026

Our current challenge: Transforming the public health system in Minnesota

SCHSAC leadership and members have identified the need to strengthen the public health system and create a system for the 21st century – one that is equipped to work with communities and carryout foundational public health responsibilities effectively and efficiently.

- Everyone in Minnesota should have the opportunity to be their healthiest, regardless of who they are or where they live.

- In Minnesota, public health experts, elected officials, and community members are proud of their work to keep Minnesotans healthy. A healthy, thriving community can face almost any challenge together.
- There's nothing public health can't positively impact when it's at the table. Working with public health adds value, saves money, and improves community health. Public health experts partner with their communities to overcome the numerous barriers we face to living our healthiest lives by helping shape the policies, systems, and surroundings that impact Minnesotans' health before they even set foot in a doctor's office.

- Minnesota's approach to public health is out of date. Even in Minnesota—one of the healthiest states in the nation—some people, groups, and communities don't have a fair shot at health partly because of how our public health system is structured. These gaps impact the effectiveness of the entire public health system.
- We need to keep investing in a new approach to public health. Imagine how healthy all Minnesotans could be if Minnesota could better prevent health problems before they start, by changing the policies, systems, and surroundings that impact Minnesotans' health. We must keep investing in a new approach to public health that embraces creative collaboration, scalable and right-sized solutions, and fair and flexible funding, so that everyone in Minnesota has the opportunity to be their healthiest.

Our shared vision: We envision a seamless, responsive, publicly supported public health system that works closely with the community to ensure healthy, safe, and vibrant communities. This system of state, local, and tribal health departments will help Minnesotans be healthy regardless of where they live.

Joint Leadership Team

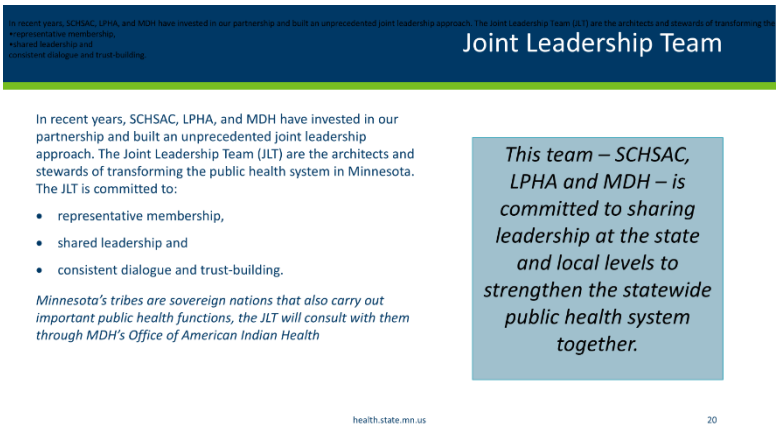
In recent years, SCHSAC, LPHA, and MDH have invested in our partnership and built an unprecedented joint leadership approach. The Joint Leadership Team (JLT) are the architects and stewards of transforming the public health system in Minnesota. The JLT is committed to:

- representative membership,
- shared leadership and

- consistent dialogue and trust-building.

Outside the Joint Leadership Team, different sectors of the public health system are builders and project managers of specific pieces of work that make the Joint Leadership Team vision a reality.

The Joint Leadership Team helps build and shepherd these connections but does not necessarily carry out the on-the groundwork on a day-to-day basis.



Minnesota's tribes are sovereign nations that also carry out important public health functions, the JLT will consult with them through MDH's Office of American Indian Health.

Foundational public health responsibilities

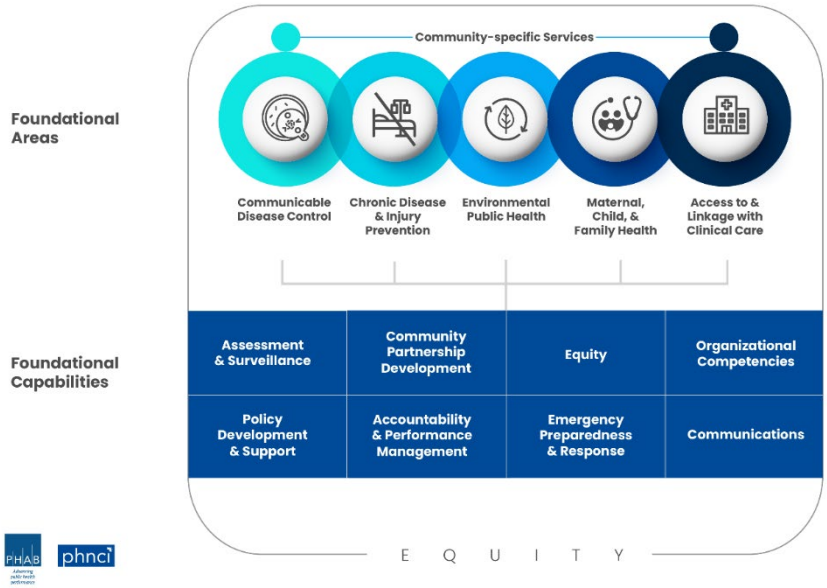
Where you live should not determine your level of public health protection.

This framework outlines the foundational responsibilities of the governmental public health system. It defines what needs to be in place everywhere for Minnesota's public health system to work anywhere, as we work toward a more seamless, responsive, and publicly-supported public health system.

- It can help us explain the vital role of governmental public health in a thriving community.
- It helps us identify capacity gaps, ask for support, evaluate progress, and justify resource and funding needs.
- It also acknowledges that, in addition to a statewide foundation, health departments will provide additional services and may require more capacity in different areas to best serve their communities.

This framework does not convey roles and responsibilities (e.g., who carries out which activity), and does not discuss how much of each activity, capability, or area any specific jurisdiction "owns."

Foundational public health responsibilities in Minnesota



SCHSAC Operating procedures

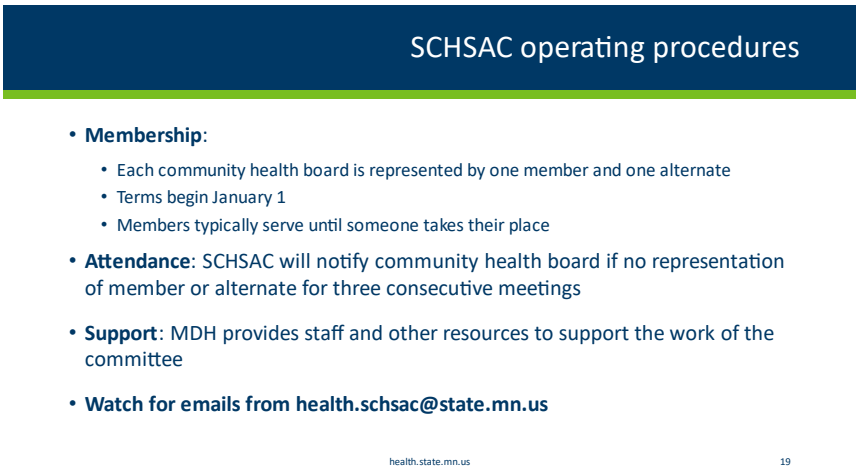
Let's talk a little bit about the on-the-ground logistics of SCHSAC operations.

Each community health board may appoint a member to serve on SCHSAC for a one-year term, which begins on January 1.

Members may serve for an unlimited number of terms.

Each community health board represented may appoint one alternate, whose term coincides with the term of the member.

The SCHSAC chair will notify a community health board if it is not represented by a member or alternate for three consecutive regular meetings. **SCHSAC works best when members are present and involved.**



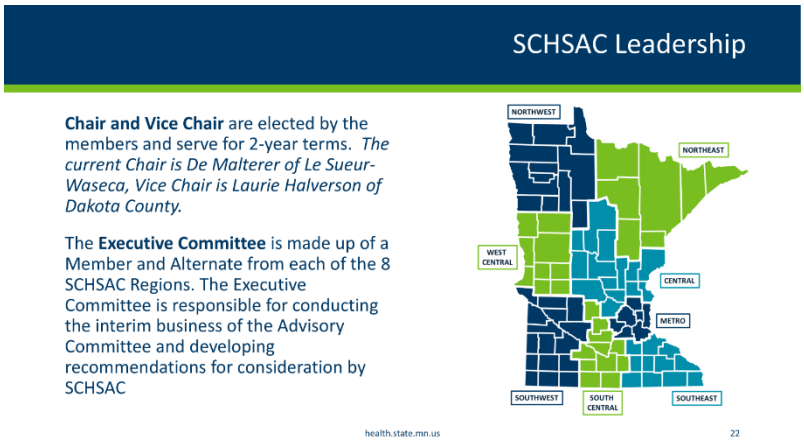
MDH supports SCHSAC by setting and convening meetings, taking meeting notes and distributing them afterward, facilitating workgroups, and developing work plans, among other things. MDH does this in partnership with SCHSAC leadership.

SCHSAC support staff send official SCHSAC communications from the official SCHSAC email address, so watch for emails from health.schsac@state.mn.us

Most basic operating guidelines for SCHSAC are spelled out in the SCHSAC Member Handbook and Operating Procedures (available online here: SCHSAC member handbook and operating procedures).

SCHSAC Leadership

SCHSAC is led by a Chair and Vice Chair who are elected by the members to serve a two-year term. They work with the Executive Committee to conduct the business of SCHSAC, set the agenda for the work of SCHSAC and provide guidance and oversight. The Executive Committee is made up of the Chair, Vice Chair, Past Chair and a member and an alternate from each of the 8 SCHSAC Regions.



The current Chair is DeAnne Malterer of LeSeur-Waseca, Vice Chair is Laurie Halverson of Dakota County. Immediate past chair is Tarryl Clark of Stearns County. A list of the Executive Committee can be found on the SCHSAC webpage.

https://www.health.state.mn.us/communities/practice/schsac/members/roster.html

Expectations

Because SCHSAC works best when members are involved and present, we have these expectations for how we work together.

SCHSAC members meet quarterly. In between meetings, SCHSAC members work to continue to understand and advocate for public health in their communities and serve as the connection between SCHSAC and where they live.

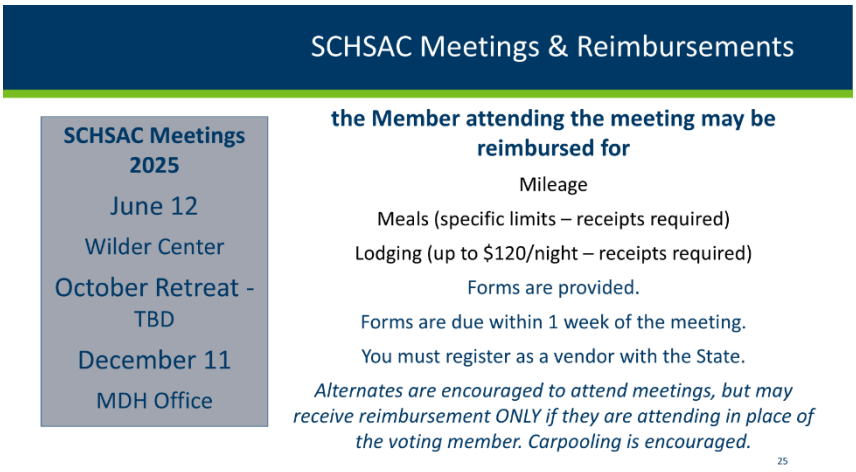
SCHSAC members also serve on workgroups that address ongoing work and address special topics of interest like those we mentioned a few minutes ago. You can find a list of current workgroups on the SCHSAC website, and if you'd like to get involved with a workgroup there's instructions on that page of what to do.

You're also a champion for public health in your community and with your elected peers and other community leaders. As you grow your expertise in your community's health needs, use your voice to make sure public health is represented, heard, and celebrated.

If you're an alternate, you still play a very important role. Alternates should attend quarterly meetings with their member and contribute to SCHSAC discussions and also take the member's place and participate as such when the member cannot attend.

SCHSAC Meetings and Reimbursements

There are a variety of statutes and regulations that cover reimbursements for state advisory bodies like SCHSAC. Generally, the member attending the meeting may be reimbursed for certain expenses such as mileage, meals, and lodging (within certain limits). The rates can change, so MDH support staff provide updated forms at each SCHSAC meeting. Reimbursement requests are due within 1 week of the meeting. In order to get paid by the State, you must be registered as a vendor. MDH staff can help provide information on how to set that up. Only 1 member per CHB is eligible to be reimbursed. Alternates may be reimbursed if they are attending in place of the member.



That being said, Alternates and CHS Administrators are always welcome at SCHSAC meetings, and we encourage you all to carpool when possible and take advantage of the opportunity to have time together. If you absolutely cannot attend in person, we encourage you to take advantage of the ability to attend virtually when possible.

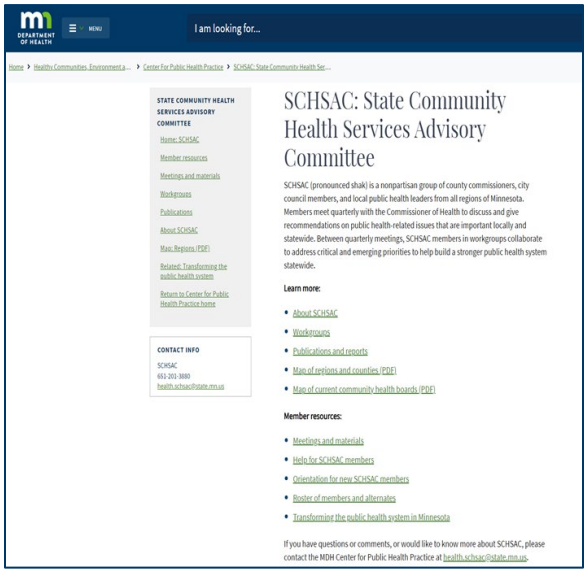
Please mark your calendar for the 2025 SCHSAC Meetings, most are hybrid meetings, and you are encouraged to attend in person if at all possible.

Resources

Here are a few helpful resources as you move forward:

The first is the SCHSAC website (https://www.health.state.mn.us/schsac), which lives within the overall MDH website. We've heard from members that this can be a little confusing to be co-located with the MDH website, so just keep the URL on this page in mind—go to the MDH website, then add a forward slash and the word "SCHSAC." That will always get you back to where you need to be.

The second is the **SCHSAC Member Portal**. This is a password-protected resource that is meant to supplement the resources already available through the website. The portal uses the Basecamp platform and provides a web-based repository for information and resources that are useful to SCHSAC. Access is by invitation only and can be requested by sending an email to the SCHSAC email (health.schsac@state.mn.us)



The third is the NALBOH homepage (https://www.nalboh.org/), for the National Association of Local Boards of Health. NALBOH provides resources and national context on issues important to community health boards.

The fourth resource, perhaps the most important, is your own local public health and community health board staff. They're experts in public health, and like you, they're also experts in the needs of their communities. They're an invaluable partner in your work.

We are also launching a Mentor Program this year. You should have received an email with instructions about how to sign up and get matched with an experienced SCHSAC members who can help you better understand how to maximize your time as a SCHSAC member or alternate.

Questions and contact information

If you would like more information about SCHSAC or have questions, please reach out:

SCHSAC online
https://www.health.state.mn.us/schsac

SCHSAC email
health.schsac@state.mn.us

MDH Center for Public Health Practice
651-201-3880
health.ophp@state.mn.us

Minnesota Department of Health
State Community Health Services Advisory Committee
651-201-3880
health.schsac@state.mn.us www.health.state.mn.us/schsac

March 18, 2025

To obtain this information in a different format, call: 651-201-3880.