LPH Data Modernization SCHSAC Workgroup October Meeting Minutes

DATE: OCTOBER 6TH, 2025

MINUTES PREPARED BY: GABBY CAHOW, MDH DATA MODERNIZATION PLANNER

LOCATION: VIRTUAL, MICROSOFT TEAMS

Attendance

- **Members**

De Malterer-Le Sueur- Waseca Counties SCHSAC Elected, **Shelly Aalfs**-Countryside Public Health, **Tarryl Clark-** Stearns County SCHSAC Elected, **Melanie Countryman-**Dakota County Public Health, **Lisa Klotzbach**-Dakota County Public Health, **Alyssa Johnson**-Faribault-Martin CHB, **Tina Jordahl**-Olmsted County Public Health Services, **Richard Scott**-Carver County Public Health, **Rob Prose**-St. Louis County Public Health, **Joel Torkelson** (alternate for Sarah Grosshuesch)-Wright County Public Health, **Sarah Grosshuesch**-Wright County Public Health, **Angel Korynta**- Polk-Norman-Mahnomen Public Health

- **MDH Subject Matter Experts**

Jessie Carr-MDH Environmental Health Division, **Abby Stamm-**MDH Office of Data Strategy and Interoperability (DSI), **Kari Guida-**MDH Center for Health Information Policy and Transformation (CHIPT), **Dawn Huspeni-**MDH Infectious Disease Epidemiology, Prevention, and Control (IDEPC) Division

- **Facilitators/Guest Attendees**

Gabby Cahow-MDH Public Health Strategy and Partnership Division (PHSP), **Ann March**-MDH Center for Public Health Practice (PHP), **Ghazaleh Dadres**- MDH Center for Public Health Practice (PHP),

Purpose

- The purpose of the October meeting to continue to build understanding around the data capacity, needs, opportunities, and strengths in our public health data system by learning about the 2024 LPH annual reporting on performance measures on assessment and surveillance and qualitative information on using data to inform public health action. This information builds on the previous conversation that centered around an overview of the LPH technical assistance requests the Office of Data Strategy and Interoperability (DSI) has been receiving and may help the Workgroup view capacity needs, opportunities, and strengths from a lens of the foundational public health responsibilities. Additionally, the

Workgroup will have a discussion to identify ways to improve data communication and engagement across the Minnesota public health data system, which was prompted by a proposal submitted by Carver County Public Health.

Agenda

- Meeting Kick-Off
- Finalizing Group Norms and "Fist to Five" Overview
- 2024 LPH Annual Reporting on Performance Measures on Assessment and Surveillance and Qualitative Information on using data to inform public health action-Ann March and Ghazaleh Dadres, MDH Center for Public Health Practice
- Improving data communication and engagement across the Minnesota public health data system discussion- Richard Scott, Carver County Public Health and Melanie Countryman, Dakota County Public Health

Decisions made

- Group norms have been approved, added to the Workgroup Charter, and the Workgroup Charter will be updated on the MDH SCHSAC Standing Workgroups webpage.

Action items

- Facilitate a discussion with regional or divisional partners to get their feedback on questions related to the discussion on improving data communication and engagement across the Minnesota public health data system using the Padlet link below:
  - https://padlet.com/gabbycahow/improving-data-communication-and-engagement-across-the-minne-razca9sohfega5jl
  - This is also a great place to share your thoughts and feedback, if you needed more space and time with the questions.

Talking Points

- The 2024 LPH Annual Reporting on performance measures related to assessment and surveillance found that the ability to meet the Foundational Public Health Responsibilities varies across the state. Generally, larger CHBs are more likely to be able to fulfill the FPHR capabilities compared to smaller CHBs. Overall, partnerships and collaboration were identified as a key strength to enable CHBs to use data to inform public health action. Across all sizes of CHBs staff time and funding were identified as challenges to using data to

inform public health action. CHBs also offered ideas to system changes that included dedicating resources for sustained funding foundational capabilities, including data infrastructure, workforce development and capacity, and increasing cross-sector collaboration.

- The Workgroup is exploring how to improve communication and engagement across the Minnesota public health data system. The Workgroup has recognized the need to address challenges and gaps to bi-directional communication, awareness of data and system updates, peer-learning, and engagement. The Workgroup brainstormed around these topics and are now seeking feedback from data partners from across the system.

Meeting notes

- **2024 LPH Annual Reporting on Performance Measures on Assessment and Surveillance and Qualitative Information on using data to inform public health action**

Presenters: Ann March and Ghazaleh Dadres, MDH Center for Public Health Practice.

- Performance Measure Background
  - Reporting on a set of performance measures annually is a requirement of Statute 145A.
  - All 51 Community Health Boards reported in spring 2025, looking back at CY2024
  - Reporting on 46 national measures from PHAB. Eight (8) of these connected to assessment and surveillance capability
  - CHBs reported through a REDCap survey
  - Self report ability to meet each measure (fully, substantially, minimally, cannot meet)
  - Most measures had several elements associated with the measures, CHBs were asked to consider in choosing their response (how many of elements met)
  - CHB size and number
    - Small: <50K (n=23 (18 are 25 to <50K; 5 are <25K))
    - Medium: 50-100K (n=14)
    - Large: >100K (n=14)
  - Limitations
    - Subjectivity of self assessing
    - Multi-county CHBs-differences across governed counties
    - Community needs and impacts not measured

- <u>CY2024 Percentage of overall performance measures met by Minnesota's community health boards</u>
  - Fully Meet: 56%
  - Substantially Meet: 22%
  - Minimally Meet: 17%
  - Does not Meet: 5%

- <u>Assessment and Surveillance measures by CHB size</u>
  - Percentage of measures fully met
    - CHBs below 25K (population served): 18%
    - CHBs 25-50K (population served): 48%
    - CHBs 50-100K (population served): 64%
    - CHBs over 100K (population served):77%
  - Percentage of measures minimally or cannot meet:
    - CHBs below 25K (population served): 43%
    - CHBs 25-50K (population served): 21%
    - CHBs 50-100K (population served): 13%
    - CHBs over 100K (population served): 3%

- <u>CY2024 Performance-related Accountability Requirement (PRAR)</u>
  - PRAR Background:
    - Each year CHBs report on a "Performance-related Accountability Requirement" (PRAR)
    - In statute 145A, a requirement of CHBs receiving Local Public Health Grant
    - SCHSAC's Performance Measurement workgroup (LPH, MDH, and SCHSAC) recommend the PRAR each year
    - The PRAR is a deep dive on a measure or measures

  - About

- CY2024, CHBs reported on how they use data to inform public health action (PHAB measure 1.3.3)
- Instrument: CY 2024 Performance-related Accountability Requirement
- All 51 CHBs reported as part of LPH Act annual reporting
    - Narrative examples
    - Learning: Structural, Relational and Transformational
  - Quantitative: What's in place (my CHB has…)
  - Qualitative: Strengths and gaps
    - Small: <50K (n=23); Medium: 50-100K (n=14); Large: >100K (n=14)

- About Qualitative Analysis
  - Exported REDCap open-ended survey responses into NVIVO
    - Utilized some exploratory analysis tools to find ideas on common themes/topics
      - Autocoding, sentiment analysis, word frequency analysis, etc.
    - Created own codebook based on common responses broken down by CHB size
    - Applied codebook/themes across all responses to quantify and group topic area
    - Pulled quotes based on themes that came up multiple times or that were particularly insightful

  - Limitations on Qualitative Analysis
    - Structure of the questions made researchers break out things to stay the same and change resulting in researcher judgment on what was considered a challenge or a strength
    - Interrater reliability – ideally have 2 or more researchers code same material and compare
      - Iterative process
    - Autocoding and sentiment analysis – always need researcher to verify
      - Visualizations imperfect (e.g., word cloud stemming)

- Repeated responses
- Reference: Lumivero (2025) *NVivo* (Version 15). www.lumivero.com

- Relationships for data work
  - Strengths
    - Strong community partnerships and collaboration
    - Cross-sector collaboration with healthcare systems
    - Regional public health networks
    - MDH Regional Consultants provide valuable support
    - Peer CHB networks and knowledge sharing
    - Established data-sharing relationships

- Challenges
  - Power dynamics affect collaboration effectiveness
  - Communication barriers between sectors
  - Lack of formal collaboration frameworks
  - Limited resources for relationship-building
  - Competition for resources and recognition
  - Technology barriers to data sharing

- Supporting Data Work
  - Community partnerships and collaborations
  - MDH support and regional consultants
  - Board and commissioner engagement
  - Data sharing relationships
  - Technology Infrastructure
  - Policy frameworks
  - Staff expertise and capacity
  - Training and development programs

- Quotes from CHBs about Strengths
  - Maintain partnerships with MDH, healthcare systems, county commissioners, and community organizations to ensure streamlined data processes and informed decision-making. -Small CHB
  - I believe that small departments can pivot more quickly to address emerging issues. The streamlined structure and generalist capabilities can result in less bureaucracy, enabling faster decision-making in data collection and analysis for one. -Small CHB
  - Existing policies that promote data transparency, sharing, and accessibility between state and local public health agencies should remain in place. These frameworks allow for coordinated responses to public health challenges and ensure that local agencies have access to critical data for planning and evaluation. -Medium CHB
  - MDH Regional Consultants are instrumental in breaking down the power dynamics to access centralized MDH expertise (especially in an emergency response). -Medium CHB
  - Continue to support and strength a two-way flow of data between federal, state and local sources. Continue to advocate for a data management and clearinghouse system where data can be shared and accessed across multiple health care and public health domains.-Large CHB
  - We utilize many tools to assure we are reflecting the voices in our communities and populations to assure that we are assessing what the communities need and not what we think they need. - Large CHB
  - CoPs, MDH Technical assistance availability, MDH move toward fully supporting AOS for all MN Counties, Regional MDH data groups, Basecamps & Discussion boards. - Large CHB

- Gaps/Challenges
  - Power dynamics and authority issues, challenges with cross-sector collaboration
  - Communication and coordination challenges
  - Barriers to data access and data sharing mechanisms
  - Funding and resource constraints

- Technology and infrastructure gaps and limitations
- Policy frameworks need updating, compliance barriers
- Staff capacity and expertise gaps
- Training and development needs

- Quotes from CHBs about Challenges
  - Capacity limitations and skill gaps restricted our ability to make meaningful progress – Small CHB
  - The issue can be capacity, juggling so many responsibilities can make it difficult to prioritize and focus on all the data necessary to drive public health goals and actions – Small CHB
  - Rural CHBs do not have the resources to fund data tools & staffing time (grant dependent) - Medium CHB
  - Small departments are capable but often face challenges related to resources, e.g., software access and cost, availability of data experts, and the ability to hire dedicated staff or contractors with expert data knowledge. - Medium CHB
  - However, many local public health agencies face challenges in effectively using data due to limited staff capacity, technological infrastructure, and analytic expertise - Medium CHB
  - At a department level, the lack of public health funding doesn't allow us to establish the staffing capacity needed to do this work. At a county level, we don't have efficient processes or systems in place to support our efforts. We lack tool to consistently gather data. – Large CHB
  - We are often hampered by county IT policies and legal counsel in what we can access and share (ex. cloud-based applications). – Large CHB
  - While our staff have the ability to analyze and interpret data, but we often lack the needed systems to do so. – Large CHB

- Key Size-based Differences
  - 50-100 K CHBs: Highest engagement and capacity
  - <50 K CHBs: Need most support and resources
  - >100K: Complex needs, moderate capacity

- Staff time and funding are key constraints:
  - Staff time varies significantly by size
  - Funding adequacy differs across size groups
- Technology infrastructure gaps in smaller CHBs
- Collaboration patterns vary by CHB size

- Transformational Conditions: Mental Model Analysis
  - Current mental models to build on
    - Data as supporting evidence for decisions
    - Collaborative approach to public health
    - Community-centered service delivery
    - Evidence-based practice foundation
    - Systems thinking in planning
    - Innovation in service delivery
  - Needed mental models
    - Shift to data-driven decision making as primary approach
    - Embrace technology and digital solutions
    - Adopt population health management perspective
    - Integrate health equity lens into all activities
    - Develop predictive analytics capabilities
    - Foster innovation and continuous improvement culture

- Ideas for Solutions
  - "We want to connect with other rural public health agencies that face some of the same resource constraints, hiring challenges, and County Board dynamics that we do."– Small CHB
  - "Improving data systems for real-time sharing and ensuring that local agencies can analyze and act on emerging trends will enhance responsiveness, allowing public health efforts to be more proactive and impactful." - Medium CHB

- "Creating a modern Public Health Infrastructure will require modern, cloud-based data infrastructure for both local health departments and MDH to allow for seamless, efficient, and secure flow of data."-Large CHB
- Workgroups for Communications, Community Health Strategists, and Data Modernization
- Establishing targeted training programs for public health professionals to enhance ability to analyze data more efficiently.
- Resources/templates for rural public health for policies regarding data and data sharing, data suppression
- Resources for sustained funding foundational capabilities, including data infrastructure, workforce capacity, and cross-sector collaboration.
- Strive for data exchange, access, and availability in real time.
- Ensure data collected for grant reporting aligns with data for accreditation, local reporting and program standardization purposes

- **Discussion Summary:**
  - Review of Performance Measures (2023 vs. 2024)
    - Expansion of Measures: The number of performance measures increased from 24 in 2023 to 46 in 2024.
    - Minimal Change in Trends: Despite this expansion, no significant year-over-year changes were observed in the existing measures.
    - Limitations in Comparisons: Efforts to compare pre-COVID and current data were limited by changes in the measures themselves, making trend analysis less meaningful.
  - Trend Tracking Plan: Moving forward, the standardized 46-measure set will be tracked over time to build meaningful trend data.

  - Observations on Organizational Capacity
    - Larger Organizations Perform Better: Echoing findings from the Cost and Capacity Assessment, larger organizations consistently demonstrated greater capacity to manage and use data.
- Equity in Funding: This validates funding formulas that provide proportionally more resources to smaller organizations to help them build capacity.

- Themes and Reflections from Participants
  - Data-Driven Decision-Making
    - Need for Clear Definition: Several participants emphasized the need to define what data-driven decision-making really means in practice.
  - Suggested Support: Further training or guidance could help public health professionals translate this concept into daily work and demonstrate its use to stakeholders.

- Communication & Stakeholder Engagement
  - Importance of Storytelling: Data must be presented in ways that resonate with communities and stakeholders to build public trust and support.
- Connecting Data to Outcomes: There's a desire to more clearly show how public health activities contribute to real-world outcomes, especially related to disparities.

- System Capacity & Regionalization
  - Support for Regional Models: There was recognition that smaller departments lack the scale to manage complex functions, making regional collaboration a potentially effective strategy.
- Interest in Trend Analysis: Continued data collection will support understanding how systems adapt over time, especially as new public health strategies emerge.

- Practical Takeaways & Opportunities for Workgroup Action
  - Participants highlighted several concrete opportunities for this workgroup to explore:
    - Standardizing Data Sharing & Suppression Guidance:
      - There's confusion around when and how to share data, with varying interpretations.

        - A recommendation emerged to develop clear templates, policies, or guidance documents.
    - Advancing Data Literacy & Application:
        - Build tools to help local agencies use data more confidently in decision-making and storytelling.
    - Equity & Performance Measures:
        - Continue exploring how to link public health performance to health equity and disparities.
        - Performance metrics should help demonstrate public health's contributions even if it doesn't "own" the outcomes.

- **Improving data communication and engagement across the Minnesota public health data system**
    - Presenters: Richard Scott, Carver County Public Health and Melanie Countryman, Dakota County Public Health
    - How can we better support program-level data staff—such as analysts, informaticians, epidemiologists, SHIP coordinators, and planners—in accessing, understanding, and using statewide data resources. The goal of the conversation was to collect feedback to understand how we can strengthen communication channels, engagement opportunities, and peer learning across Minnesota's public health data ecosystem.
        - Access & Awareness:
            - How do program-level data staff currently receive updates on statewide data, best practices, tools, training, and relevant groups?
        - Meeting Needs:
            - Are current communication methods meeting the needs of these staff? Where are the gaps?
    - Improvement Opportunities:
        - What strategies could improve communication and engagement with program-level staff?
    - Peer Collaboration:

- How can we better facilitate peer-to-peer sharing, collaboration, and learning across the system?

- Feedback Loops:
  - What mechanisms can we use to gather input from program-level staff to inform this workgroup's decisions?
    - **Discussion Summary:**
  - Communication is Inconsistent, Informal, and Uneven
    - There is no formal statewide process for sharing data updates or training opportunities; information is mostly shared through personal networks or program-specific channels.
    - Program-level staff often miss out on learning about tools, trainings, or data releases until it's too late to meaningfully engage.
    - Chat Highlight:
      - "Last month I sent my training announcement out via my various groups and lists and partners, but I know next month after my trainings are over, people will complain they never heard about it. I'd love a centralized way/venue to get the word out."
  - Program-specific communication is sometimes better structured, but there's no systemwide visibility into what's being shared or who is receiving it.
  - Smaller CHBs emphasized that time and bandwidth are major constraints to engagement, even when tools or meetings are available.
    - Chat Highlight:
      - "For small CHBs, it is more about time. We can't be part of several meetings. It is more task-oriented."

- There's a Need for Centralization – Without Overwhelm
  - A clearinghouse or centralized venue is needed for:
  - Training announcements
  - Tools and templates
    - Chat Highlight:
    - "Which agencies are using which tools would also help—PH-Doc, Nightingale Notes, Power BI, etc."

        - Some efforts to gather this already exist but are outdated or incomplete.
    - Access to the MDH data catalog
    - Contact info for data stewards and subject experts
- Suggestions included a shared calendar, distribution list, or knowledge base accessible to LPH and MDH.

- The MDH Data Catalog Has High Potential – But LPH doesn't have access
    - The internal MDH Data Catalog was discussed as a promising tool to help LPH identify datasets, access metadata, and find relevant contacts.
    - The catalog includes environmental, surveillance, and animal health data, and aims to expand.
    - Currently, LPH cannot access it directly, though MDH staff can help query it on their behalf.
    - There is active advocacy happening within MDH to allow LPH direct access, but a final decision has not yet been made.
        - Request from Abby Stamm:
            - "Can you (and anyone else on this call) send me an email saying how access to the data catalog would help your work? Several MDH people are advocating for LPH direct access, but that decision has not been made yet."
            - 📧 Email: abby.stamm@state.mn.us

- Decision-Making on Data Use Must Be Intentional and Inclusive
    - Participants stressed the importance of aligning data collection and reporting with what's actually useful and actionable.
    - There is broad agreement that we need less but more meaningful data to avoid analysis paralysis and focus on equity and outcomes.
        - Chat Highlight:
            - "I totally agree with this, but the million dollar question is: Who decides what data is in and what data is out?"
    - Shared tools, language, and a thoughtful approach to data governance are necessary.

- Training and Tools Are Linked — and Needed Together

- Providing staff with software or systems (e.g., Power BI, REDCap) without adequate training limits their usefulness.
- Training needs to be timely, role-appropriate, and accessible to LPH staff working under time and resource constraints.

- Ideas and Opportunities Identified
  - Centralized Communication Hub
    - Create a shared platform or space for announcements, tools, and data updates.
  - Data Catalog Access for LPH
    - Advocate for LPH access to the internal MDH data catalog.
    - Ensure that the data catalog includes a list who at MDH has stewardship over which datasets or systems.
- Directory of Tools & Usera
  - Collect and share what tools different CHBs are using for data (PH-Doc, Power BI, etc.).
- Feedback Loop for LPH
  - Regularly ask boots-on-the-ground staff what they need and what's missing.
- Leverage Existing Groups
  - Use Statewide/Regional Data Practice Groups, CHA/CHIP CoP, and others to engage, provide learning and training opportunities, and inform.
  - Connect to the SCHSAC Workgroup by having the priorities that this workgroup identifies inform the training and learning opportunities of those groups.

Garden Plot

The "Garden Plot" is a place for topics, ideas, and questions that came up during the meeting that still need to be "tended" to at a future meeting.

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Next meeting

Date: Monday, November 3rd, 20025

Time: 10:05am-11:30am

Location: Virtual, Microsoft Teams

Agenda items: Data Sharing and Access Environmental Scan

(If there are additional agenda items, please email them to gabby.cahow@state.mn.us)

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