DEPARTMENT OF HEALTH

State Community Health Services Advisory Committee

Local Public Health Data Modernization 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). This workgroup will:

- Identify LPH data needs and priorities for data system transformation and state and local collaboration to support LPH in meeting Foundational Public Health data capabilities, building a 21st century data infrastructure, accessing/exchanging data, and implementing data informed public health practice.
- Advocate for resources, technical assistance, policies, standards, and practices that ensures LPH is able to access, collect, use, and share data in ways that advance health equity and meets the needs of their communities.
- Work to unite local public health in data modernization by building trust, transparent and consistent communications, shared understanding, and buy-in for collective efforts to create a 21st century LPH data system.

Background

Minnesota's governmental public health system is a partnership of state, local, and Tribal health departments with highly interconnected, interdependent, and complex data systems and relationships. The way data is collected, used, shared, and reported determines the public health system's ability to identify and address inequities and be responsive to community needs. Currently, data systems, capacity, and practices are not meeting the needs of MDH programs, the public health system, communities across the state, and other partners in health care, research, and academia. Reports such as the Advancing Health Equity Report (2014) and the Health Equity Advisory and Leadership (HEAL) Council Memo on the Future of Health Equity Work at MDH (2019) have emphasized the importance of data for advancing health equity. Additionally, the COVID-19 pandemic response demonstrated the urgent need for a more responsive, collaborative, and equitable approach to data collection, use, and sharing, while effectively incorporating the needs and voices of local and Tribal public health departments, communities, and

DEFINITIONS

Data: Information comes into public health in many formats and from a variety of sources. This workgroup is focused on data that can be used to meet and rapidly respond to community health needs and identify, monitor, and address root causes of health inequities and health outcomes. The data we rely on in the public health system is a public good and belongs to all of us.

Data System: Minnesota's public health system is a partnership of state, local and Tribal public health departments. Data system describes the collection of interconnected and disparate processes, policies, information systems, and public health workforce that are involved in collecting, analyzing, storing, interpreting, and communicating data to take public health action. While these systems intersect and are dependent on one another, each governmental partner has the autonomy to make their own decisions about their data systems. The LPH system consists of LPH agencies with many different organizational structures and has a wide range of capacities. Regardless, of size, structure, or capacity, all parts of this system need timely, high-quality, and locally relevant data to fulfill the duties of protecting the health of all Minnesotans. The governmental public health data system also intersects/interacts with systems outside government including healthcare systems and community-based organizations. This workgroup aims to align data modernization efforts, while maintaining autonomy at each level of government, to create a more seamless, responsive, and publicly supported system.

organizations. Federally, through organizations like the CDC, Assistant Secretary for Technology Policy, and ASTHO, there are efforts to scale, standardize, and modernize data exchange and disease surveillance across public health and healthcare.

Conversations with local public health and lessons learned through the 2023 Cost and Capacity Assessment, Innovations Projects (Infrastructure Funds), and Foundational Public Health Responsibilities and Framework has reinforced that data is shared priority and an opportunity for growth across the system. Due to the complexity and interdependence of the data infrastructure and relationship between local public health and MDH it is essential that decisions around data systems, practices, and policies are made collaboratively and are intentionally aligned to support the creation of a more seamless, responsive, and publicly supported system.

In order for LPH to obtain, use, and exchange data for improving health outcomes it is essential to create a governance structure that allows for transparency, collaboration, communication, and shared authority/decision-making. This leadership and coordination will ensure LPH has the tools, resources, funding, accountability and support from MDH and SCHSAC to successfully modernize the data system and leverage the foundation public health data capabilities to provide LPH with timely, accurate, and locally-relevant data, which is essential for LPH to make decisions and take action to address health inequities and improve the health of their communities.

This workgroup recognizes the needs of and relationships with Tribal Public Health partners are distinct from Local Public Health and the Minnesota Department of Health and are managed through government-to-government relations. This workgroup recognizes data sovereignty which includes the right to ownership and governance of the collection, management, and use of Tribal data and the right to determine sharing and exchanges of these data through data systems. This workgroup is committed to developing more meaningful and intentional data partnerships with Tribes and consulting Tribes and/or appropriate MDH Tribal subject matter experts when recommending changes to data systems, practices, policies, or standards.

In summary, data modernization efforts have long been established as a need and became increasingly apparent during the COVID-19 pandemic. While internal MDH data modernization efforts and other LPH initiatives (e.g., State Infrastructure Fund Projects) include data modernization components, there is a need for an additional space for different levels of government to come together and approach data modernization through a whole system approach.

Methods and Member Commitments

Membership

The workgroup will engage people with different perspectives and experience within Minnesota's governmental public health system, including the Local Public Health Association (LPHA), SCHSAC, and MDH. Committee members should be able to think at a systems level, have experience working with data within the governmental public health system, and be passionate about advancing the data partnership between MDH and LPH. Membership will include:

- At least 1 LPH representative from each of the seven LPHA Regions. Representatives should be LPH decision-makers (CHS administrator, local health director, or program leadership/supervisor) or LPH data staff (program staff whose primary responsibility is to collect, manage, analyze, use, or share data). Each LPHA region will identify their representative(s).
    - The workgroup aims to have equitable representation between LPH data staff and decision-makers.
    - The workgroup aims to have equitable representation between LPH representatives from the Metro region and Greater MN including at least 5 representatives from small health departments (population size < 50,000) in Greater MN.

- 2 Local Elected Officials (preferably one representing Metro area, one representing Greater MN)
- At least one LPH representative should also be a member of the E-Health Advisory Committee
- At least one member should also be a current member of the Joint Leadership Team
- Tri-Chairs will consist of one elected official and two LPH director or CHB administrator (one representing Metro area, one representing Greater MN)
    - Tri-Chairs will volunteer and be selected by a consensus vote from the larger workgroup.

Member Expectations

- Attend meetings (Review materials and provide input if a meeting is missed)
- Active participation in discussion (Review of materials as needed outside of meetings to be prepared for discussions)
- Members are expected to report information from Workgroup decisions and discussions back to their regional leadership and data staff.
    - This may include attending Regional Data Practice Group/Metro Public Health Analyst Network (MPHAN) meetings to provide updates when relevant.
- Members are expected to bring forward questions, issues, and concerns from their regional leadership and data staff.
- Tri-Chairs are expected to help set meeting agendas and help determine the process to move the group forward.

Workgroup Meetings and Time Commitment

The workgroup will begin meeting in January 2025. Workgroup meetings will be held monthly and meet for 1.5-2 hours. Members will serve 2-year terms on the Workgroup. Tri-Chairs will serve 1-year terms.

Workgroup Operations

We Value..

- love, respect, bravery, truth, honesty, humility, and wisdom.
- taking a system level perspective and practical solutions.
- creative problem solving and making decisions with a learning mindset.
- listening to understand, before thinking about how to reply.

We Make Decisions by…

- by using the “Fist to Five” technique to work towards consensus and to elevate opinions and ideas that may differ from the majority.
    - “Fist to Five” is a decision-making method for groups where each person expresses their opinion by holding up a hand with fingers numbering 0–5.
        - 0 or Fist: Strongly opposed. Cannot move forward with this decision.
        - 1: I see MAJOR issues we need to resolve before I feel comfortable moving forward with this decision.
        - 2: I see MINOR issues we need to resolve before I feel comfortable moving forward with this decision.

    - 3: I see minor issues that we can work through later in the process.
    - 4: I'm fine with the decision as it is.
    - 5: I'm a strong supporter of this decision and will advocate for it to move forward.
- while understanding we are in a transformative process and that we must be adaptive, responsive, and willing to reevaluate as we learn more and try new things.
- by anchoring them in our shared values and starting with the "why" when there are differences in opinions.

We Make Meetings Great by…

- setting and sharing agendas ahead of meetings.
- showing up prepared and staying present.
- keeping our cameras on when possible.
- honoring different learning, communicating, and processing styles by creating time and opportunities for all voices to be heard.
- checking in with ourselves and acknowledging when we need to step back and share speaking time.
- checking in with ourselves and acknowledging when we can challenge ourselves to contribute even if it is not perfectly formulated.
- leveraging technology to support discussion and problem solving rather than as a substitute for meaningful conversation.

Current Members: April 2025-April 2027

Workgroup Chairs 2025-2026:

- **Tarryl Clark** | Stearns County | SCHSAC Elected
- **Melanie Countryman** | Dakota County Public Health | LPHA Region V: Metro
- **Shelly Aalfs** | Countryside Public Health | LPHA Region VI: Southwest/South Central

LPH 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

Non-voting MDH Subject Matter Experts:

Subject matter experts and Data Stewards from across MDH will be asked to join the workgroup as non-voting members including a subject matter expert that is connected to the Tribal Public Health data system/work and the MDH Chief Data and Analytics Officer.

- **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

Staffing

- **Gabby Cahow, MPH** | MDH Data Modernization Planner | MDH Public Health Strategy and Partnership Division (PHSP)

This group may leverage additional staff support and technical expertise from MDH's Public Health Strategy and Partnership (PHSP) Division.

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