

LPH Data Modernization SCHSAC Workgroup April 2026 Meeting Notes

DATE: APRIL 16TH 2026 | 1:05PM-2:30PM

MINUTES PREPARED BY: GABBY CAHOW, MDH DATA MODERNIZATION PLANNER

LOCATION: VIRTUAL, MICROSOFT TEAMS

Attendance

▪ Members

- **De Malterer-Le Sueur**- Waseca Counties SCHSAC Elected, **Tarryl Clark**- Stearns County SCHSAC Elected, **Shelly Aalfs**-Countryside Public Health, **Angie Hasbrouck**-Horizon Public Health, **Melanie Countryman**-Dakota County Public Health, **Lisa Klotzbach**-Dakota County Public Health, **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,

▪ MDH Subject Matter Experts

Jessie Carr-MDH Environmental Health Division, **Kari Guida**-MDH Center for Health Information Policy and Transformation (CHIPT), **Dawn Huspeni**-MDH Infectious Disease Epidemiology, Prevention, and Control (IDEPC) Division, **Abby Stamm**-MDH Office of Data Strategy and Interoperability (DSI), **Lindsey Krueger**- Interim MDH Chief Data & Analytics Officer Executive Office, **Liana Schreiber**- MDH Office of Statewide Health Improvement Initiatives (OSHII)

▪ Facilitators/Guest Attendees

Gabby Cahow-MDH Public Health Strategy and Partnership Division (PHSP), **Chelsie Huntley**-MDH Public Health Strategy and Partnership Division (PHSP), **John Li**-MDH Chief Data Analytics Office (CDAO)

Purpose

- The April 2026 meeting was focused on diving deeper into the prioritization matrix activity that was started at the March 2026 meeting. The workgroup asked questions and had discussion to make sense of this activity as a group and what it means for recommendation priorities.

Agenda

- Meeting Kick-Off

- Introductions and Icebreaker
- Revisiting the Prioritization Matrix (Individual Review)
- Revisiting the Prioritization Matrix (Large Group Discussion)
- Meeting Wrap-Up

Decisions made

- None at this time

Action items

- Before the May meeting, Workgroup members are asked to go into the MURAL review the factors/barriers/issues on the Combined Matrix that still have questions or a need for discussion (as marked by a purple question mark icon and a brown conversation icon) and leave a comment to help interpret and clarify the factor/issues/barriers for recommendations. Workgroup members are also asked to comment on the factors/barriers/issues on the Combined Matrix that have been determined to be excluded from recommendations (as indicated by an “X” icon) only if they disagree that the factor/issue/barriers should be excluded from recommendations.
- By completing this work ahead of the May meeting, workgroup members will have the opportunity to give their feedback and perspectives to prepare for a wrap-up discussion before voting on priority issues for recommendations.

Talking Points

- The Workgroup discussed the prioritization matrix activity that was started at the March 2026 meeting. The workgroup asked questions and had discussion to clarify and interpret the meaning of the factors and their placement on the matrix. The discussion helped workgroup members have a shared understanding of the factors they will be voting on in May and come to consensus on the impact of addressing those factors and the workgroup’s ability to influence factors.

Meeting notes

- [Revisiting Prioritization Matrix](#)
- **Background/Context:**

- At our March 2026 LPH Data Modernization SCHSAC Workgroup meeting, the members were divided into three small groups to begin prioritizing the barriers/factors/issues under each vision statement using a matrix.
- The matrix had the workgroup members consider the size of the impact of addressing that factor/barrier/challenge and our workgroup’s ability to influence that change.
- Each group addressed factors/issues/barriers from two vision statements and placed them on their own matrix.
- At the very end of the meeting the three groups briefly highlighted the factors that fell into the high impact/high influence section.
- Between meetings, the meeting facilitator combined those matrixes to help the workgroup explore how the factors/barriers/issues from all of the vision statements were placed on the prioritization matrix.
- **Discussion Summary**
 - The workgroup members were asked to take 10-12 minutes to individually review the combined matrix and identify/indicate factors/issues/barriers on the matrix that they had questions on, they would like to have discussion on it’s placement on the matrix, and any factors they would like to see excluded from recommendations.
 - The workgroup then had a large group conversation where questions and different perspectives were shared to inform decision-making on how the factors/barriers/issues will be prioritized as recommendations.
 - [LPHDMSW: Strategic Planning Part 2 Virtual • Data Modernization Planner](#)
 - **Questions:**
 - **Factor: You have to know who to contact to access data**
 - The workgroup had a discussion on how to interpret this factor and where it was placed on the matrix. The workgroup determined that this factor was aligned with other issues regarding data access and moving toward more streamlined, standardized, and transparent data sharing and access environment between LPH and MDH.
 - After discussed the workgroup determined that this would have a greater impact and was moved to the “high influence/large impact” quadrant of the matrix
 - **Factor: Data Sharing Agreements**
 - The workgroup had a discussion that helped better define the issue this issue and noted that there are significant challenges with the current state of data sharing agreements between MDH and LPH. There are many different data sharing agreements and each are specific to that data set. There was an agreement that movement towards more standardized or consistent data

sharing agreements between MDH and LPH would reduce the burden of data access felt by LPH.

- The workgroup also acknowledged that there wasn't going to be a "one size fits all" solution to data sharing agreements.
 - After clarifying this factor, the workgroup agreed that addressing the issues of data sharing agreements between MDH and LPH would have a more significant impact and was moved to the "high influence/large impact" quadrant of the matrix
- **Factor: Lack of standardized ways to access data**
 - The workgroup clarified the meaning of this factor and determined that the challenge was that the current state of data access and sharing between MDH and LPH involves using multiple and disjointed platforms.
 - The workgroup felt that this was another facet of similar data access issues between LPH and MDH
 - There was a discussion about LPH's need to access public and non-public data and there was a suggestion to do some exploration of what specific data LPH needs access for assessment and surveillance to be included in recommendations.
- **Factor: Lack of trust if the data is accurate**
 - The workgroup discussed what level of control this workgroup had on trust both among LPH and the public at large.
 - Some members felt like this may be an issue that would be best solved through communications strategies.
 - The workgroup identified "trust" as a secondary outcome from recommendations that addressed factors such as data quality, transparency, and usability.
 - The workgroup determined that this factor should be excluded from recommendations
- **Factor: Lack of trust if the data is secure**
 - The workgroup drew parallels between this factor and the factor "lack of trust on how data will be used"
 - Some members cited experiences where MDH data stewards have expressed hesitation in sharing data with LPH because they were concerned on how the data will be used and stored.
 - The workgroup determined that this factor should be excluded from recommendation and would be a secondary outcome from recommendations that are focused on improving data quality.

- **Factor: Liability and risk tolerance around data collection and sharing**
 - The workgroup discussed the meaning of this factor and a member suggested this may be describing the perception of exaggerated risk perception of sharing (vs. risks of not sharing) data. The workgroup felt as though the changes in perception of risks of sharing data could be addressed by recommendations around data sharing agreements and governance.
- **Factor: Data is not always timely**
 - The workgroup discussed the meaning of “timeliness” and identified a need to understand which data are needed in real time (syndromic surveillance) and other assessment and surveillance data that may be considered timely if updated annual.
 - The workgroup determined that the recommendation process could involve identifying what are the data needs of LPH and determining what opportunities may exist to increase timeliness if feasible.
- **Remaining Factors with Questions to be Addressed:**
 - Determining who has control and how to share authority
 - Time and expertise already invested into existing systems (Examples: EHR systems and MEDSS)
- **Discussions:**
 - **Factor: AI**
 - Workgroup members felt as though AI was missing from the matrix and potential recommendations. They felt that if it was excluded from recommendations, we wouldn’t be planning for the future state of data and informatics.
 - AI was added to the matrix
 - Additional thoughts and considerations during the discussion were a suggestions to include this as part of governance recommendations and to partner with the E-Health Advisory AI Workgroup.
 - **Remaining Factors that Need Additional Discussion:**
 - Siloed funding and data collection
 - Not understanding the value of interoperability
 - Difficult to make data and information accessible to community (data literacy? data access?)
- **Exclusions:**

- **Factors Workgroup Members Indicated Should be Excluded from Recommendations (Discussion still needed):**
 - Lack of trust on how data will be used
 - Lack of trust the data is secure
 - Ethics
 - Too many different tools -How to decide which software to use for what?
 - Many of the EHR systems used are privately owned- less control over functionality
 - High staff turnover- skills walk out the door. Staff learn systems and then leave. (staff retention)
 - holes in staffing
 - Lack of trust if the data is accurate
 - laws/legal framework
 - Legal or statutory barriers
 - Healthcare organizations are not always compelled to share data with public health
 - Uncertainty about future of federal data collection

- **Patterns/Themes Identified:**
 - There was a need to identify the “who” these factors were impact or addressing.
 - The workgroup acknowledges sometimes the needs of LPH and the public/community intersect and sometimes they are very distinct.
 - The workgroup revisited the positionality of the workgroup and its role in providing recommendations to MDH and CHBs where to focus their energy on tackling the challenges.

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.

- None at this time

Next meeting

Date: Thursday, May 21, 2026

Time: 1:05pm-2:30pm

Location: Virtual, Microsoft Teams

Agenda items: Finish the combined matrix discussion, vote on priorities, and finalize priorities for recommendations. (If there are additional agenda items, please email them to gabby.cahow@state.mn.us)

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Public Health Strategy and Partnership Division

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