

Meeting Notes: State Community Health Services Advisory Committee (SCHSAC)

June 12, 2025 | 10:00 a.m.-2:30 p.m. | Hybrid

Action Items

- There will be a follow up survey sent to everyone through email to help inform the design and content of the Retreat, please take a moment to fill out the survey when you receive the link.
- Think about how a regional data model might benefit your CHB and what role you might play in supporting partnerships across multiple CHBs.
- Watch for more information about the progress of the Foundational Public Health Responsibility Workgroup. Think about what FPHRs look like in your CHB or community and what you need to fully meet those Responsibilities.
- Upcoming Meetings & Events:
 - The next SCHSAC Meeting will be at the SCHSAC Retreat. October 8-9, 2025. In person only. Likely location will be Hennepin Technical College in Brooklyn Park.
 - Upcoming *optional* CCC: Coffee Conversation & Consideration events! These are *optional* learning events open to the SCHSAC network.
 - July 31, 2025. 8:00 a.m. Topic: Artificial Intelligence and public health.
 - November 20, 2025. 8:00 a.m. Topic: Cannabis legalization part 2

Community Health Boards Representatives In Attendance

Aitkin-Itasca-Koochiching, Anoka, Beltrami, Benton, Bloomington, Blue Earth, Brown, Carlton-Cook-Lake-St. Louis, Carver, Chisago, Countryside, Crow Wing, Dakota, Des Moines Valley, Dodge-Steele, Edina, Faribault-Martin, Fillmore-Houston, Freeborn, Goodhue, Hennepin, Horizon, Isanti, Kanabec, Kandiyohi-Renville, Le Sueur-Waseca, Meeker-McLeod-Sibley, Mille Lacs, Minneapolis, Morrison-Todd-Wadena, Mower, Nicollet, Nobles, North Country, Olmsted, Partnership4Health, Pine, Polk-Norman-Mahnomen, Quin, Rice, Richfield, Saint Paul-Ramsey, Scott, Sherburne, Southwest Health and Human Services, Stearns, Wabasha, Washington, Watonwan, Winona, Wright

Welcome, Call to Order, Approval of Consent Agenda

DeAnne Malterer (LeSueur-Waseca), SCHSAC Chair called the meeting to order. Marcia Ward (Winona) moved approval of the Consent Agenda, Anton Berg (Brown) seconded. Motion carried.

Consent Agenda:

- Approval of June 12, 2025 Amended Meeting Agenda
- Approval of corrected February 6, 2025 Meeting Notes ([SCHSAC Meeting Notes: Feb. 6, 2025](#))
- Approval of Environmental Health Continuous Improvement Board (EHCIB) Charter

Chair's Remarks

DeAnne Malterer, SCHSAC Chair thanked everyone for joining, expressed her appreciation to the staff who regularly support SCHSAC and those who take time away from their regular duties to ensure that SCHSAC meetings can happen successfully.

Chair Malterer expressed her appreciation for everyone being willing to do the important work of learning from each other, building relationships across all of the CHBs in the state, working in partnership with local public health and MDH. It is important, and it is through these relationships and building trust that “the magic happens” and we are able to have difficult conversations that are necessary to meet the varied needs of people across Minnesota.

Commissioner's Remarks & Legislative Update

Dr. Brooke Cunningham, Commissioner, MDH greeted the group and thanked them for their continued commitment to public health.

Some highlights from her update:

- Thankful that Legislative Session is over. Although there were cuts, it could have been worse.
- This uncertainty is hard for all of us. Thank you for supporting those who work in local public health through this uncertainty.
- MDH has continued to deal with the impact of the Federal funding cuts and the uncertainty at the Federal level.
 - MDH has learned important lessons are anticipating additional cuts in the future.
 - Watching Federal cuts to Medicaid and are deeply concerned about them.
 - Recent dismissals from the Advisory Committee on Immunization Practices (ACIP) are alarming. We are concerned about the experience and expertise lost and potential changes in guidance.
 - MDH has lost people to uncertainty as well as cuts. We don't know what the impact will be long term on our workforce, but visiting recently with public health students was inspiring. They are committed and excited to get into the field and the work.

- Infectious disease: The Federal Government does more than just fund, they have a role in coordinating and communicating. In the case of measles, there have been five cases in Minnesota and vaccination work has been slowed.
- Data is a space for innovation. Thank you to everyone who is doing the work needed to think about data differently and ensure that communities have the access to timely data that they need.

Commissioner Cunningham also provided the 2025 Legislative Session Overview. Some highlights include:

- The Budget was passed during a Special Session held on June 9. Overall, it was a positive outcome for MDH.
- MDH's priority issues included:
 - The budget included the requested operating adjustment, new state funding for our infectious disease work, and user fees to ensure that we can serve our regulated entities
 - Clean water fund budget requests and public water projects were a big part of the bonding bill that passed.
 - Cannabis and substance misuse prevention grants restored for local and Tribal public health
- If there are cuts in the Federal budget, they may have to come back for another Special Session later this year to address the impact of those cuts.
- We will continue to have a divided legislature in 2026, and we are already beginning to plan for the next session.

Public health is anything but Flat (Stanley)

Laurie Halverson (Dakota), Vice Chair & Allie Hawley-March, MDH shared a presentation and activity to help the group identify a way that public health touches everyday life and to practice talking about it using plain language, finding shared values and making it meaningful to the listener. Following the presentation, everyone was asked to break into small groups and use a worksheet to brainstorm "one way that policies, systems, and surroundings make it easier for everyone in your community to be their healthiest."

SCHSAC Retreat Update

DeAnne Malterer, Chair shared an update on the upcoming SCHSAC Retreat.

The 2025 SCHSAC Retreat will have a new **timing and location**:

- Location: Likely at **Hennepin Technical College** in Brooklyn Park. Once again, this will be in-person only. No option for virtual attendance will be available.
- Tentative Schedule:
 - **Day 1 (Oct. 8):** 10:00 AM – 5:00 PM
 - **Day 2 (Oct. 9):** 9:00 AM – 2:00 PM
- More details about the agenda, hotel block info, and registration details will be shared later this summer.
- **Agenda highlights:**
 - In line with the SCHSAC work plan and in partnership with **MDH’s Office of American Indian Health**, who are providing leadership and guidance, a large part of the Retreat will be focused on learning about **Tribal public health**
 - In addition, we will continue to hone our communications skills and provide information on other relevant topics.
 - We will also be holding the third SCHSAC business meeting of the year at the Retreat.
- **Importance of attending:**
 - Even if your CHB does not include a Tribal Nation, understanding Tribal public health systems and their connection to local and state public health is vital.
 - This learning supports our mission: ensuring **all Minnesotans have the opportunity to be healthy**.
 - Attendees are encouraged to take advantage of this unique opportunity to strengthen partnerships and understanding.
- Participants were asked to share their thoughts and questions about Tribal Public Health and the Retreat through a Mentimeter. There will be a follow up survey sent to everyone through email to help inform the design and content of the Retreat.

Proposed Changes to Infrastructure Fund Recommendations

De Malterer, Chair and Chelsie Huntley, MDH presented a proposed change to the Infrastructure Fund to allow more flexibility to *increase the capacity of Minnesota’s public health system to access, collect, use, and share data, and fulfill data-specific Foundational Public Health Responsibilities by supporting up to 8 Regional Data Models*. Some key points include:

- Infrastructure Funds were allocated by the Legislature in 2021 “to identify new ways for Minnesota’s public health system to fulfill Foundational Public Health Responsibilities by supporting and learning from projects that test new delivery models and/or processes that have the potential to benefit multiple jurisdictions.”
- Initial projects are entering their last year of funding. Regional data models that have been created have been working very well. The regional models go beyond datasets and dashboards – they provide the knowledge, skills, and capacity to use datasets and dashboards for action.
- Per SCHSAC recommendations, Infrastructure Fund grants limit funding of projects to four years.

- **Proposed change:** Dedicate up to \$1.5M of the State Infrastructure Fund for regional data models (up to \$200,000/year for up to 8 regions). Until another source of state or federal funds are identified. Remaining \$2.2M would continue to be used for new projects. (The Legislature just reduced the overall amount of funding available.)
- Benefits include:
 - Increase local public health’s ability to use data to support their community
 - Responsive to the regions’ unique context, needs, and relationships
 - Reduces duplication of efforts
- There was robust discussion of the proposed change.
 - There were statements of support for the proposal and its allowance for flexibility, meeting the need for increased data capacity and recognition of the important role that the Local Public Health Data Modernization Workgroup will play.
 - Questions were raised around issues of long-term sustainability and overall reduction in funds, distribution of funds, and details of how/when models would start.
 - Questions were also raised about the long-term funding of HTAC (Health Trends Across Communities).
 - Members from the Southeast Region shared examples of success from their experience with the Southeast Regional Data Model.
 - They spoke of the shared benefit of real-time data dashboards, being able to reallocate resources more effectively and respond to emerging needs, praised collective learning and shared use of data across counties.
 - Dodge County used data dashboards to identify and address high fall rates in facilities. Freeborn County utilized data for planning and suicide prevention.

Proposed Amended Recommendations

Purpose of funds: **1)** Identify new ways for Minnesota’s public health system to fulfill Foundational Public Health Responsibilities by supporting and learning from projects that test new delivery models and/or processes that have the potential to benefit multiple jurisdictions; **2)** Increase the capacity of Minnesota’s public health system to access, collect, use, and share data, and fulfill data-specific Foundational Public Health Responsibilities by supporting up to 8 Regional Data Models.

1. Funds will support projects within any area or capability in the Foundational Public Health Responsibility Framework
2. ~~MDH will award up to \$2.5 million/year to applicants that are current grantees to continue promising projects; at least \$3.5 million/year will support new projects~~
3. New projects should be funded for two years, with a two-year option to renew
4. MDH should support the development of new projects through engagement with local public health directors and collaboration with MDH’s Office of American Indian Health.
5. MDH should set aside up to \$1.6 million (up to \$200,000 for each region, up to 8 regions) in a Regional Data Model Fund with the intent to develop or sustain regional data models until other federal or state funds can be identified.

Theresia Gillie (Quinn) moved that SCHSAC adopt the recommendation to amend the current Infrastructure Fund guidelines to allow for dedicated funding for regional data models. Mitch Lentz (Fillmore) seconded. Motion carried.

Foundational Public Health Responsibility (FPHR) Spotlight: Update on FPHR work

Foundational Public Health Responsibility (FPHR) Workgroup members Rod Peterson (Dodge-Steele), Sarah Reese (Polk-Norman-Mahnomen) & Liz Auch (Countryside) provided a brief update on the progress being made FPHRs across the state. The presentation was abbreviated due to time. More information will be provided in the future. Some of the key points included:

- The 2023 workgroup creating a funding formula for the new FPHR funds set a moratorium on using FPHR funds for community specific priorities until standards were adopted.
- The work of public health is not “either/or” when it comes to community needs and foundational responsibilities, it is both. To effectively and efficiently meet community needs, we need a strong foundation.
- FPHR Grant funds are for building a strong foundation first.
- The Workgroup is charged with developing a recommendation for minimum standards (thresholds) to demonstrate fulfillment of foundational responsibilities. This has involved:
 - Definition work
 - Shared understanding of terms
 - Clarity on foundational vs. community specific work

Three Simple Rules of the State-Local Public Health Partnership

- I. Seek First to Understand*
- II. Make Expectations Explicit*
- III. Think About the Part and the Whole*

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