

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

December 11, 2025 | 10:00 a.m. – 2:30 p.m. | Hybrid

## Action Items

- Items to share back to your Community Health Board:
  - SCHSAC approved recommendations from the Foundational Public Health Responsibility (FPHR) Workgroup to further define FPHRs in Minnesota and give those CHB's who wish to use FPHR funding for community priorities the tools they need to meet the statutory requirement of fulfilling FPHRs before funding is used for local priorities.
  - SCHSAC approved recommendations from the Performance Measurement Workgroup that set Performance-related Accountability Requirements for CY2026 to CY2028 that will support the creation and implementation of a performance management system by CHBs and MDH.
  - Both sets of recommendations are being sent on the Commissioner Cunningham for consideration and implementation.
- There will be opportunities to support the MDH legislative agenda for public health during the 2026 session. Please watch for more details in the coming weeks.
- Upcoming Events
  - Mark your calendar for the 2026 SCHSAC Meetings:
    - March 12, 2026. 10a.m. to 1:00p.m. VIRTUAL ONLY
    - June 25, 2026. 10a.m. to 2:30p.m. Hybrid. In person location: Tentatively MDH Office, St. Paul, MN
    - October 7-8, 2026. Tentative for SCHSAC Retreat. In person only. Location TBD
    - December 17, 2026. 10a.m. to 2:30p.m. Hybrid. In person location: Tentatively MDH Office, St. Paul, MN
  - You should have calendar holds for each of the 2026 CCC: Coffee Conversation & Consideration events! These are *optional* learning events open to the SCHSAC network. The next CCC is January 29, 2026, at 8:00a.m. The topic is Vaping Prevention with Youth.

## Community Health Boards Represented

Aitkin-Itasca-Koochiching, Anoka, Beltrami, Benton, Bloomington, Blue Earth, Brown, Carlton-Cook-Lake-St. Louis, Carver, Cass, 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, 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 and welcomed everyone. Due to technical difficulties, those attending virtually had to switch to Teams. Chair Malterer thanked everyone for their patience and flexibility.

The Tribal-State Relations Statement was shared. Steve Gardner (Kandiyohi-Renville) moved approval of the Consent Agenda. Steve Heinen (Benton) seconded. Motion carried.

## Consent Agenda:

- Approval of December 11, 2025 Meeting Agenda
- Approval of October 9, 2025 Meeting Notes ([10-9-25SCHSACMeetingNotes](#))

## Chair's Remarks

DeAnne Malterer, SCHSAC Chair, shared her thoughts about the recent Association of Minnesota Counties Annual Meeting and the opportunity it represents for education on public health and human services.

Chair Malterer thanked Commissioner Bill Groskreutz (Faribault-Martin) for his many years of service on the Public Health Emergency Preparedness Oversight Workgroup (PHEP) and the Environmental Health Continuous Improvement Board (EHCIB). He has resigned from both effective the end of the month, so we will be looking for members to represent SCHSAC on those workgroups. Watch your email for more information.

Chair Malterer also expressed her appreciation for those that participating in our Mentorship program this year. She thanked mentors Steve Heinen (Benton), Ann Stehn (Horizon) and Sarah Berry (Le Sueur-Waseca) as well as recognizing Mentees Tracy Nelson (Edina), Cindy Wright (Fillmore Houston) and Joe Gould (Beltrami) for their participation and interest in learning more about SCHSAC.

## Commissioner's Remarks & MDH Update

Dr. Brooke Cunningham, Commissioner, MDH shared her appreciation for the opportunity to be with the group. Highlights from her remarks include:

- These are challenging times for all of us. We are navigating these times while holding tight to the things that comfort and inspire us, both personally and professionally. Challenges include funding specific programs, general funding availability, health care affordability, and vaccine access and misinformation.
- Our teams at MDH and in local public health are dedicated to finding solutions for communities to be their healthiest, using the data, resources, and opportunities we have available to us—and sometimes we create those opportunities. Happy that we can discuss the good work of two of the SCHSAC workgroups today.
  - Performance measurement is essential to the success of public health.
  - We embrace the foundational public health responsibilities that lead to high quality public health services and work.
- Building relationships and partnerships, sitting at each other's decision-making tables is key for working with community. The way we show up representing government matters.

## Legislative Session Preview

Lisa Thimjon, Director of Government Relations for MDH presented a preview of the upcoming legislative session. Some highlights include:

- Reminder that the Legislature is not required to pass a budget in 2026 as that was completed in 2025. But they are expected to consider a supplemental budget.
- Ideas that MDH is considering for the 2026 Session include:
  - Expanding the definition of "medical consultant" to include other clinicians licensed to practice medicine in Minnesota.
  - Data sharing and classification updates.
  - Timely Electronic Medical Record access for infectious disease response.
  - Evidence-based immunization guidelines.
  - Well testing requirements at property transfer.
  - Vital records updates.
  - Adding additional clarity and requirements for hospital closures and public meetings.
  - Additional clarity for responsibilities when there are assisted living and home care changes of ownership.
- More details will be shared as priorities are identified.

## Approval of recommendations from Foundational Public Health Responsibility Workgroup (FPHR)

Sarah Reese (Polk-Norman-Mahnomen), Rod Peterson (Dodge-Steele), Liz Auch (Countryside) & Kiza Olson (Meeker-McLeod-Sibley) presented an overview of the process the workgroup followed to develop their recommendations and reviewed the recommendations put forward by the FPHR Workgroup. Some highlights include:

- Recommendations are centered around the vision: A seamless, responsive, publicly-supported public health system. Which is achieved through: sustained investment, modern practice, modern tools, and shared leadership.
- The Minnesota Legislature approved ongoing, annual funding to support local and Tribal public health's ability to meeting the Foundational Public Health Responsibilities (FPHR). What is foundational? The minimum package of public health services that governmental public health should deliver to communities and that should be available everywhere, for public health to work anywhere.
- The workgroup's goal was to develop a recommendation, including but not limited to, minimum standards to demonstrate fulfillment of foundational responsibilities **for community health boards wanting to use grant on community-specific priorities.**
- The workgroup met for 18 months and held more than 60 meetings that included workgroup members and subject matter experts to develop the five recommendations they are presenting to SCHSAC and the Commissioner of Health. Those recommendations include:
  - Recommendation 1: Define key terms and clarify what foundational responsibilities mean in practice
  - Recommendation 2: Set standards for demonstrating fulfillment of foundational responsibilities
  - Recommendation 3: Describe how MDH should administer a fair and efficient process for assessing fulfillment
  - Recommendation 4: Establish a schedule for ongoing review and improvement
  - Recommendation 5: Identify next steps for continued collaboration to strengthen and align roles across the public health system
- Discussion that followed addressed several areas:
  - These standards are only for CHBs who want to use FPHR funding for community priorities. As per statute, FPHR funds cannot be used for community priorities unless the foundational public health responsibilities are being met. Currently, there is wide variability across the state on abilities to meet the FPHR.
  - The proposal aligns with Public Health Accreditation Board (PHAB) accreditation standards and does not require accreditation.
  - There is a desire to ensure that the reporting required to demonstrate achievement is not unreasonable for the CHB. And the group was reminded that reporting is *only* required if a CHB wants to use FPHR funding for community priorities.

Rod Peterson (Dodge-Steele) moved that SCHSAC adopt the five recommendations from the Foundational Public Health Responsibilities Workgroup as listed in their report. Seconded by Damon Chaplin (Minneapolis). Motion carried.

Chair Malterer thanked everyone who served on the FPHR workgroup and participated in the many meetings to move this project forward. This was a huge lift and a real testament to the state-local public health partnership. This workgroup will be sunsetting as they have accomplished their assigned task.

## **Approval of Recommendations from Performance Measurement Workgroup**

Chera Sevcik (Faribault-Martin), Workgroup Co-Chair & Ann March, MDH provided an overview of the findings from the current year's performance measurement reporting and presented a set of recommendations for future measurement. Some highlights include:

- Key findings from the current year reporting (based on CY2024 data) related to 46 national measures related to foundational responsibilities include:
  - System progress is real but varied. Measures substantially met by CHB's and MDH ranged from 66% for CHBs with fewer than 50,000 residents to 84% and 88% respectively for CHBs with 50-100,000 residents or more than 100,000 residents. MDH reported 96% compliance.
  - Focus and investment result in stronger performance. This includes focus on community partnership development, emergency preparedness and response, and organizational competencies.
  - Capacity challenges hinder critical work.
- The Workgroup is recommending Performance-related Accountability Requirements for CY2026 to CY2028. Those recommendations include:
  - Recommendation 1 & 2: Establish a performance management system. This is for CY2026 and CY2027.
  - Recommendation 3: Implement the performance management system. This is for CY2028.
  - Rationale:
    - Performance management supports operational strategy and efficiency
    - Opportunity for growth and learning
    - Community health boards are ready; let's build on this momentum
    - Three-year approach provides time to plan and implement, no matter a community health board's capacity
- Discussion followed to address a question raised about how to explain the benefit of these requirements to constituents, some points raised included:

- Data like what would be collected here helps us see where work isn't being done efficiently which can identify areas for improvement to ensure work is being done at a high level.
- Many things in public health feel subjective, this work helps create more objective information that can help us make sure that all parts of our community are getting the services they need.
- Performance measures help reassure the public that we are committed to excellence, which builds trust.
- We can only make smart decisions for our community when we understand where our needs truly are. By regularly reviewing our indicators and performance measures, we ensure that no gap goes unnoticed, and no concern is left unaddressed. This keeps your tax dollars focused on what matters most.
- It's about accountability. What gets measured gets done. We can't change what we can't or won't measure.

Bill Groskreutz (Faribault-Martin) moved that SCHSAC adopt the CY2026-CY2028 Performance-related Accountability Requirement Recommendations from the Performance Measurement Workgroup as listed in their report. Steve Gardner (Kandiyohi-Renville) seconded. Motion carried with one vote against.

Chair Malterer expressed her thanks and appreciation to the members of the Performance Measurement Workgroup for the hard work and ongoing dedication they show to making our public health system stronger.

## **Discussion: Next steps in connecting with Tribal public health**

DeAnne Malterer, Chair led a discussion focused on continuing the conversation started at the SCHSAC Retreat about how SCHSAC and its members can continue to build relationships with Tribal public health moving forward. Two questions were posed using Mentimeter followed by an open conversation.

The questions were:

- What actions have you or might you take as an individual to build relationships with Tribes?
  - Answers shared in Mentimeter emphasized that building relationships with Tribes requires listening, respect, and trust built through consistent presence and follow-through. Key actions include ongoing learning and staff education, intentional and genuine outreach, and collaboration on shared priorities such as grants, prevention, and preparedness. Many highlighted the importance of community-driven approaches that center Tribal voices, respect for Tribal sovereignty and data ownership, and navigating structural challenges such as geography, small populations, and complex inter-Tribal dynamics, while leveraging existing relationships and networks to sustain partnerships.

- We have been having the discussion about "what now" with Tribes -- what ideas do you have?
  - Answers shared in Mentimeter emphasize moving forward through consistent presence, shared leadership, and intentional collaboration with Tribes. Key themes include creating regular, purpose-driven forums for joint work; inviting Tribes into co-creation and decision-making while supporting Tribal-led initiatives; and asking how Tribes want to engage rather than presuming roles. Participants highlighted the importance of listening deeply, valuing lived experience and traditional knowledge alongside technical expertise, and asking reflective questions to surface blind spots. Attention to data sovereignty—including understanding what data Minnesota Department of Health shares and how it is used—was also noted, along with participation in shared leadership spaces such as SCHSAC to sustain meaningful, mutually beneficial partnerships.
- Key ideas from the group discussion include:
  - MDH is reaching out to consult with Tribes to learn about their possible interest in engaging with SCHSAC. Currently, Tribes would be able to attend and participate in SCHSAC meetings, but would not be able to send voting representatives due to the language of the Statute that defines SCHSAC.
  - Questions about how to make SCHSAC a table that is welcoming to Tribal partners.
  - There are opportunities for Tribes, MDH and local public health to work together on issues that affect us all. How do we best identify and support that work?
  - The importance of SCHSAC continuing to serve as a place of learning for those involved. It shouldn't be up to Tribal partners to educate us.

*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.*