**DEPARTMENT OF HEALTH**

# LPH Data Modernization SCHSAC Workgroup Meeting minutes

**DATE: MONDAY, JULY 7ᵀᴴ, 2025**
**MINUTES PREPARED BY: GABBY CAHOW, MDH DATA MODERNIZATION PLANNER**
**LOCATION: VIRTUAL, MICROSOFT TEAMS**

## Attendance

### Members

- **De Malterer**-Le Sueur- Waseca Counties 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, **Shelly Aalfs**-Countryside Public Health

### MDH Subject Matter Experts

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

### Facilitators/Guest Attendees

- **Gabby Cahow**-MDH Public Health Strategy and Partnership Division (PHSP), **Hannah Woods**- MDH Office of Data Strategy and Interoperability (DSI) Data Technical Assistance (DTA) Unit, **Chelsie Huntley**-MDH Public Health Strategy and Partnership Division (PHSP)

## Purpose

- The purpose of the July LPH Data Modernization SCHSAC Workgroup meeting is to continue to build connection and trust among workgroup members by finishing introductions for members that had to miss the kick-off meeting and a short, facilitated ice-breaker question. At the June 2025 meeting the workgroup emphasized the need to build connections and alignment with other data system related groups, so Kari Guida from the MDH enter for Health Information Policy and Transformation (CHIPT) shared an overview of the E-Health Advisory Committee. The workgroup is also diving into the "shared learning" phase by

having the Office of Data Strategy and Interoperability Data Technical Assistance (DSI DTA) share a summary of the types of LPH projects and requests they are seeing and what they have been learning about LPH and the public health data system as they are working to support LPH. The last activity of the meeting will help us generate topics, ideas, issues, and potentially aligned groups that the workgroup needs to learn more about in order to make decisions around priorities and goals.

## Agenda

- Meeting Kick-Off

- Continuing Introductions and Ice Breaker

- E-Health Advisory Committee Overview and Connections/Collaborations Discussion

- Kari Guida, Senior Health Informatician, MDH Center for Health Information Policy and Transformation (CHIPT)

- Overview of Office of Data Strategy and Interoperability Data Technical Assistance (DSI DTA) Unit LPH Data Technical Assistance Requests and Discussion

- Hannah Woods, DSI DTA Supervisor and Abby Stamm, DSI DTA Senior Informatician

- Data Modernization Topics and Issues of Interest Brainstorm Activity

- Meeting Wrap-Up

## Decisions made

- Shelly Aalfs, Countryside Public Health has volunteered to be the third chair for 2025-2026

## Action items

- Please pass the opportunity along to serve as a LPH Alternate Representative on the E-Health Advisory Committee to those in your network that may be interested.

    - Visit [Minnesota e-Health Initiative Advisory Committee - MN Dept. of Health](#) for more information or email [kari.guida@state.mn.us](mailto:kari.guida@state.mn.us)

    - All E-Health Advisory Committee events are open to the public, join us and invite others

- Add ideas for topics, issues, groups, projects, or initiatives that we should learn more about/discuss to be able to set priorities and develop a workplan to the Padlet: [LPHDMSW July 2025 Topic Brainstorm](#)

- Like posts to elevate the need

- Reach out to partners in your represented region or division to get their feedback and ideas.

## Talking Points

- The LPH Data Modernization SCHSAC Workgroup met for the second time in early July and focused their learning and discussion around creating alignment and connections with the E-Health Advisory Committee and LPH technical assistance and capacity requests to the Office of Data Strategy Interoperability (DSI) Data Technical Assistance (DTA) Unit over the past 3 years.

- The Workgroup also took time to brainstorm what other topics, issues, groups, projects, and initiatives to learn more about in future meetings. Topics that emerged were data access and sharing, AI, Foundation Public Health Responsibilities (FPHR), data standards and policies, technical assistance and creating shared understanding.

- Workgroup members are encouraged to reach out partners in their represented region/division to seek feedback on the most important topics, issues, groups, projects, and initiatives the Workgroup should explore.

## Meeting notes

**E-Health Advisory Committee Overview and Connections/Collaborations Discussion** - Kari Guida, MDH CHIPT

- The E-Health Advisory Committee is responsible for developing recommendations and advising the Commissioner of Health on policies and processes to advance the use of health information technology, data use, data exchange, and related technologies.

    o 2025-2026 Activities & Learning Focus Areas

        ▪ AI

        ▪ Public Health (MDH focus)

        ▪ Care Coordination/Closed Loop Referrals

        ▪ Coordinated Responses (USCDI and other standards, federal policy)

        ▪ TEFCA (Trusted Exchange Framework and Common Agreement

- Vision: all communities and individuals benefit from and are empowered by information and technology that advances health equity and supports health and wellbeing.

- Members represent perspectives from across Minnesota's health care landscape, including providers, hospitals, health insurers and health plans, long-term care, public health, academic and research institutions, vendors, consumers, state agencies, and others.

    o Lisa Klotzbach: Local Public Health

    o Nila Hines: Minnesota Department of Health

    o The E-Health Advisory Committee is actively seeking a LPH alternate representative

- Please pass this opportunity along to those in your network that may be interested.

- Visit Minnesota e-Health Initiative Advisory Committee - MN Dept. of Health for more information or email kari.guida@state.mn.us

- All events are open to the public, join us and invite others

- Sign-up for the Minnesota e-Health Updates: https://www.health.state.mn.us/facilities/ehealth/updates/index.html

**Overview of Office of Data Strategy and Interoperability Data Technical Assistance (DSI DTA) Unit LPH Data Technical Assistance Requests and Discussion-** Hannah Woods, DSI DTA Supervisor and Abby Stamm, DSI DTA Senior Informatician

- DSI was founded in 2018 to provide vision, direction, and leadership in advancing enterprise data strategies and data exchange across MDH and with partners.

  o The Covid-19 response highlighted some gaps in the way we get, interpret, share, and use data. We wanted to translate that into a team that can help with ALL data needs, not just related to Covid.

  o The Data Technical Assistance Unit (DTA) assists Local and Tribal Public Health departments and internal MDH program staff with their data needs.

  o Established to provide no-cost support to Local and Tribal Public Health through extended Covid-19 grant funding.

  o Learn more about DSI by visiting: Data Strategy and Interoperability - MN Dept. of Health

- DSI DTA Services

  o Informatics assessments and skill building

  o Training on data literacy, survey design, data preparation, data analysis, and specific software

  o Assistance with interpretation and reporting of data

  o Creation and support of dashboards and data visuals

  o Help designing plans for studies, analyses and visualizations

  o Working within MDH to standardize and align data practices

- From 2023-2025 DSI DTA received 22 data project requests from LPH and 0 data project requests from Tribal Public Health

  o Overview of LPH Project Requests:

    - Informatics assessment requests (Infosavvy Assessment)

- Contract with Public Health Informatics Institute (PHII) then implemented as a service
  - Learn more about PHII: Home | Public Health Informatics Institute
- Starting fall 2025
- Lessons Learned from informatics assessment requests:
  - Having stakeholders discuss their work was very important for visibility and understanding of how to work together to achieve agency goals
  - Data management and collaboration needs to be standardized and modernized to share data securely but also faster
  - Need to agree upon nationally recommended vocabulary surrounding data
  - Training, especially regarding informatics 101, is needed for LPH partners to develop knowledge and skills
- Online dashboard design
  - LPH is primarily using PowerBI
    - MDH is now moving towards using only PowerBI for dashboards
- Survey design and results analysis
- Data catalog design
- Data visualizations for factsheets, slides, and reports
- Data access and linking
- Overview of Lessons Learned from DSI DTA working with LPH
  - MDH collaboration and listening is essential to the state-local relationship
  - Rural counties need love, too
  - Data sovereignty matters- LPH is the owners of their own data and the direction projects go is up to them.
  - More work is needed to connect with Tribal PH agencies
  - DSI DTA is a resource, and their services can expand and change as needed
- Overview of lessons learned about the LPH-MDH public health data system from DSI DTA working with LPH
  - Concerns about capacity within LPH

- Time/resources
- Skills, access to training
- Access to software
  - Competing priorities (including deliverables for MDH)
  - Ensuring LPH get their own data back from MDH in a timely manner and usable format

- **Discussion Summary**
  - Data Tools and Technology Use in Public Health/AI Governance and Policy
    - AI is being explored for text mining and sentiment analysis, though not widely used for generative purposes yet.
    - Richard Scott shared a real-time use case of using ChatGPT during the meeting to demonstrate potential applications for small LPH agencies.
    - Local examples emphasize affordable, practical data use models tailored to small, rural counties.
      - Challenges:
        - Some counties have banned public AI tools (e.g., St. Louis County), citing data privacy/security.
        - Limited technical capacity in smaller counties restricts advanced tool adoption.
        - State statute limitations restrict AI use beyond federal norms.
      - Opportunities:
        - Adoption of Microsoft Copilot is being explored (e.g., Carver County).
        - Emphasis on state-level guidance to ensure safe, legal, and standardized AI integration.

  - Resource & Capacity Constraints
    - Persistent concern over lack of funding to purchase necessary equipment and software.
  - Disparity in capacity: Larger agencies can explore data deeply; smaller ones focus on mandated services.
    - Opportunities:

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- Clarify minimum vs. value-added services to guide LPH decision-making and budgeting.

- Encourage shared infrastructure and regional collaborations.

  o The workgroup will learn more about Regional Data Models in a future meeting

- LPH can leverage technical assistance from MDH or partner institutions.

o Mandated Services and System Prioritization

  ▪ Richard Scott advocated for defining "mandated services" clearly to:

  - Empower smaller agencies.

  - Create leverage for those trying to prioritize data efforts especially to create buy-in with their county boards

  - Suggested viewing data utilization as a mandated area of responsibility with tiered implementation (minimum vs. enhanced).

  - Opportunities:

    o Creating clarity and standardization will aid equitable resource distribution and planning across LPH agencies.

    o It will be important for this workgroup to learn more about and align efforts with the Foundational Public Health Responsibilities (FPHR) framework.

      ▪ https://phaboard.org/infrastructure/public-health-frameworks/the-foundational-public-health-services/

      ▪ https://phaboard.org/wp-content/uploads/FPHS-Factsheet-2022.pdf

o Data Access, Ownership, and Sharing

  ▪ Need for simplified but secure data sharing protocols.

  ▪ Importance of using clear language (e.g., data owners vs. data sovereignty).

  ▪ Jessie Carr shared some themes from the MDH Data Vision and Roadmap feedback process:

    - Desire for equal and respectful partnerships between MDH and LPH.

- Call for streamlined and timely data access.
- Frustration over uncommunicated data changes from state to local levels.

## Topics and Issues of Interest Brainstorm on Padlet

- What are the topics and issues we need to learn more about as a workgroup to be able to set priorities and develop a workplan?
    - Data Access and Sharing
        - Simplify data sharing for locals and MDH 5🖤
        - Streamlined DUA process/umbrella 3🖤
        - what are the biggest barriers to LPH accessing data? from MDH, from other sources? 1🖤
        - Public/non-public data needs for locals 3🖤
        - LPH voice in data infrastructure and content priorities 1🖤
        - Community Health Needs Assessment data needs/TA

    - Foundational Public Health Responsibilities (FPHR)
        - Guidelines on how to operationalize use of data as referenced in the FPHR Fact Sheet. Need to scale to align with different capacity of LPH Agencies 1🖤
        - Do we have/want recommended data sets for each area of public health responsibility? 1🖤
    - Data Standards and Policies to Guide and Align the Public Health Data System
        - How to handle data sensitivity and data hygiene issues. How to respond to changes happening on the federal level on use and bias of data. 2🖤
            - Including what to do when data that we rely on goes away
        - Transparent small numbers standards for sharing and dissemination 1🖤
        - Shared health equity indicators for action and harmonized analysis across space/time 1🖤
    - AI
        - AI 1🖤

- AI Use AI was already mentioned... how can we all learn to utilize at least a basic level of AI... Key areas of responsible use for Public Health.

  o <u>Technical Assistance and Creating Shared Understanding</u>

  - Small-area data analysis 4🖤

  - Get out understanding of TEFCA.

  - Role of data in Public Health work - clear statement for County Attorneys to understand that this is crucial to our work. 2🖤

  - Community Health Needs Assessment data needs/TA

- What other groups, projects, or initiatives we should learn more about or connect with?

  o Regional data sharing models 5🖤

  o Syndromic surveillance 1🖤

    - We use the NSSP in SLC. It's a powerful tool.

  o IDCIB MIDOG (Infectious Disease Continuous Improvement Board Minnesota Infectious Disease Operation Guide) 2🖤

  o FHIR (or HL7 exchanges/models similar to FHIR) that state could support and locals could also benefit from

    - FPHR Data and Assessment, Informatics

  o What data areas intersect or feed into other SCHSAC subgroups 3🖤

  o HTAC and other statewide EHR initiatives

    - HTAC: Continue to coordinate with HTEC and how this can be maintained across the state.

  o LPH Annual Reporting Data

    - Qualitative Information on LPH's ability to use data for public health action

  o Other/ Garden Plot

    - Data collection responsibility 1🖤

      - Which data collection is the domain of MDH (that LPH could access) and which data would LPH need to collect themselves? At DTA we get lots of requests for data (some very nebulous) and are still learning all the places to look.

    - Immunization data: MIIC.

- Lots of "bloat" in denominators with non-residents -- in some counties this makes it hard for locals to know true immunization rates.

## 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.

## Next meeting

**Date:** Monday, August 4th, 2025

**Time:** 10:05am-11:30am

**Location:** Virtual, Microsoft Teams

Agenda items: Group Norms/Ways of Being, (If there are additional agenda items, please email them to gabby.cahow@state.mn.us)

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