

LPH Data Modernization SCHSAC Workgroup

Meeting minutes

DATE: JUNE 6TH, 2025

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, Angel Korynta-Polk-Norman-Mahnomen Public Health, Sarah Grosshuesch-Wright County, Melanie Countryman-Dakota County Public Health, Lisa Klotzbach-Dakota County Public Health, Alyssa Johnson-Faribault-Martin CHB, Tina Jordahl-Olmsted County Public Health Services

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), An Garagiola, MDH Office of American Indian Health (OAIH), Vidhu Srivastava- MDH Public Health Strategy and Partnership Division (PHSP), Jessie Carr-MDH Environmental Health Division

Facilitators/Guest Attendees

- Gabby Cahow-MDH Public Health Strategy and Partnership Division (PHSP), Chelsie Huntley-MDH Public Health Strategy and Partnership Division (PHSP),

Purpose

This meeting's purpose was to officially kick-off the work of the new Local Public Health (LPH) Data Modernization SCHSAC Workgroup. Building trust among the partners will be essential to this workgroup and the focus of the meeting was on getting to know each other through an introduction activity. Members were given an overview of the workgroup's purpose and member expectations. The group discussed the Tri-Chair leadership structure and were invited to consider volunteering for the positions.

Agenda

- Introductions

- Workgroup Charter and Member Expectations
- Workgroup Chairs Discussion

Decisions made

- Melanie Countryman-Dakota County Public Health and Tarryl Clark-Stearns County SCHSAC Elected volunteered to serve in 2/3 Tri-Chair leadership positions.

Action items

- If interested is serving as a co-chair, reach out to Gabby (gabby.nelson@state.mn.us) before the July (07/07/2025) meeting.
- Share talking points with groups you represent as applicable

Talking Points

- The LPH Data Modernization SCHSAC Workgroup met for the first time in June 2025. The meeting was focused on organizing as a newly formed SCHSAC workgroup.
- The purpose of LPH Health Data Modernization SCHSAC Workgroup works is to support the advancement of a more aligned, transparent, and reciprocal governmental public health data partnership between LPH and the Minnesota Department of Health (MDH).
- The workgroup is expected to:
 - Identify and set LPH data modernization priorities
 - Advocate for co-created solutions, resources, and technical assistance to ensure LPH is able to meet foundational data capabilities
 - Provide change management and bi-directional communication
- Each member is responsible for elevating the perspective and needs of LPH region/partners they represent as it relates to collecting, accessing, using, managing, and sharing data.
- Each member/subject matter expert are responsible for communication workgroup decisions and discussions back to the LPH region/MDH Division/partners they represent.

Meeting notes

The need the LPH Data Modernization SCHSAC Workgroup meets:

- 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.
- 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.
- 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 organizations.
- 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.
- 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.
- 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.
- From August 2024-November 2024 a committee of LPH and MDH partners convened to collaboratively develop the Charter for the LPH Data Modernization SCHSAC Workgroup.
 - Thank you to Tina Jordahl- Olmsted County, Stephany Medina- Carlton-Cook-St. Louis CHB, Carol Becker- Carver County, Patrick Olson- Quinn, Nick Kelley-Bloomington, Sara Hollie- Hennepin, Leah Cameron- Waseca County, Dave Johnson- Hennepin, Ruth Greenslade- Goodhue County, and Leah Jesser- SW MDH Public Health System Consultant

Workgroup Purpose and Deliverables:

- 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 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.

Workgroup Member Expectations:

- 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.
 - 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.
 - Members are expected to bring forward questions, issues, and concerns from their regional leadership and data staff.

Meeting Structure:

- 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.
 - Workgroup meetings will be held monthly and meet for 1-2 hours.
 - Over the next year the workgroup will focus on 3 main deliverables:
 - Establish Workgroup
 - Identify and Set Priorities
 - Develop Workplan

Workgroup Leadership Structure:

- Tri-Chairs will consist of one elected official and two LPH director or CHB administrator (one representing Metro area/large capacity CHB, one representing Greater MN/small capacity CHB)
 - Tri-Chairs will volunteer and be selected by a consensus vote from the larger workgroup.
 - Tri-Chairs are expected to help set meeting agendas and help determine the process to move the group forward.
 - Tri-Chairs meet monthly.

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.

- Dawn Huspeni highlighted the importance of awareness of and the potential connection to other groups that may be involved in data system transformation work. For example, Infectious Disease Continuous Improvement Board’s (IDCIB) Minnesota Infectious Disease Operations Guide (MIDOG), the Foundational Public Health Responsibilities SCHSAC workgroup, and the E-Health Advisory Committee.
- The workgroup will work to identify opportunities to collaborate with or to align with the work of these other data related groups and efforts. As members and subject matter experts are out doing their work in the public health system and identify potential connections or intersections to data modernization, they are encouraged to bring that to the group so we can explore the opportunities further.

Next meeting

Date: Monday, July 7th, 2025

Time: 10:05am-11:30am

Location: Virtual, Microsoft Teams

Agenda items: Establish workgroup operations including decision-making and ground rules.

Minnesota Department of Health
Public Health Strategy and Partnership Division
625 Robert Street N
St. Paul, MN 55164
gabby.nelson@state.mn.us
www.health.state.mn.us

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