

LPH Data Modernization SCHSAC Workgroup November 2025 Meeting Minutes

DATE: NOVEMBER 3RD, 2025

MINUTES PREPARED BY: GABBY CAHOW, MDH DATA MODERNIZATION PLANNER

LOCATION: VIRTUAL, MICROSOFT TEAMS

Attendance

▪ Members

De Malterer-Le Sueur- Waseca Counties SCHSAC Elected, **Shelly Aalfs**-Countryside Public Health, **Angie Hasbrouck**-Horizon Public Health, **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, **Joel Torkelson** (alternate for Sarah Grosshuesch)-Wright County Public Health, **Angel Korynta**- Polk-Norman-Mahnomen 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,

▪ Facilitators/Guest Attendees

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

Purpose

- The purpose of the November Meeting is to engage in an environmental scan activity to help the Workgroup better understand the needs around data access and sharing. The Workgroup will be brainstorming and assessing what data access and sharing needs exist, what types of data is currently available and the strengths and opportunities of the existing data sources and how they are shared through the lens of the Foundational Areas of the FPHR Framework.

Agenda

- Meeting Kick-Off

- Data Sharing and Access Environmental Scan Activity: [Data Access and Sharing Environmental Scan \(LPHDMSW Nov 2025\)](#) • [Data Modernization Planner](#)

Decisions made

- None

Action items

- Facilitate a discussion or collect insight/feedback from you regional and divisional data partners on the Data Access and Sharing Environmental Scan. You can share the MURAL Link Below.
 - [Data Access and Sharing Environmental Scan \(LPHDMSW Nov 2025\)](#) • [Data Modernization Planner](#)
- Share the opportunities to participate in the E-Health Advisory Workgroup with your networks. Details below:
 - Bridging Information and Care Work Group
 - **Charge**
 - The purpose of this work group is to provide expert input on actions to advance the exchange and use of health information to support individual health care and public health in Minnesota. Health information exchange (HIE-verb)/interoperability and other HIE-related activities play a significant role in bridging information and care. The work group will also serve as the forum to discuss and respond to any HIE-related issues that arise from the e-Health Advisory Committee, the Minnesota Department of Health and other state agencies, as well as care partners.
 - **Key Deliverables**
 - Complete an inventory of assets, successes and information sharing needs (e.g., not able to get information, information not easily useable) and identify ways to address unmet needs.
 - Recommend actions that are trusted and sustainable to address the information sharing needs identified in the inventory, ensuring that any recommended actions align with, federal, and state-level activities.
 - **Artificial Intelligence Work Group**
 - **Charge**

- The purpose of this work group is to build understanding of the considerations, opportunities, and risks for artificial intelligence (AI) in the care continuum. The work group will serve as a forum to identify AI health-related activities, workforce training opportunities, partners and collaborations, and resources to create consensus on next steps for the Minnesota e-Health Initiative's pursuit of safe, ethical, trustworthy, and effective use of AI across the care continuum. This work group will not focus on consumers use of AI to support their health needs nor provide guidance to consumers on AI use.
- **Key Deliverables**
 - High-level plan for how the Minnesota e-Health Initiative can engage, learn, and act with key AI-related collaborations, partners, and activities.
 - Summary of current AI use by some partners in the care continuum in Minnesota.
 - Compilation of AI resources for the care continuum.
 - Outline of key recommendations, guidance, tools and use cases for adopting an AI framework for the care continuum in Minnesota.
- **Timeframe and expectations for both work groups**
 - In-person and virtual meetings will begin by November or December 2025 and continue every 4-6 weeks thereafter. All members of the community and advisory committee are welcome to join the work group.
- **Contact**
 - Reach out to Kari Guida (kari.guida@state.mn.us) if interested or if you have questions.

Talking Points

- The workgroup has spent a lot of time exploring and learning about the data capacity of our public health system and has touched a little on existing data sources related to EHR data. Another theme that has emerged from the conversations and feedback we've heard from LPH is that data access and sharing is a priority issue.
- The goal of the Data Sharing and Access Environmental Scan Activity is to brainstorm and assess what data access and sharing needs exist, what is currently available and the strengths and opportunities of the existing data sources and how they are shared. The

Environmental Scan Activity was organized by the foundational areas of the FPHR framework.

Meeting notes

- Data Sharing and Access Environmental Scan Activity:
- Small Group breaks outs
 - 5 rounds (1 per foundational area)
 - 10-15 minutes per round.
- **Mural Summary Below:** Data Access and Sharing Environmental Scan (LPHDMSW Nov 2025)
 - Data Modernization Planner
- **Communicable Disease**
 - **What data do we need to be able to fulfill the FPHRs for Communicable Disease?**
 - Need access to timely actionable infectious disease data
 - Easy access to trend data
 - Easier access to data from other states for MN Residents
 - Vaccine coverage for children and adults
 - MIIC
 - MEDSS
 - Wastewater Data
 - **What data are currently available?**
 - LPH Tableau Dashboard for MIIC, VPD, COVID, and annual disease count data
 - For case and contact investigations, MEDSS access
 - MIIC Reports
 - Additional infectious disease data and analyses available on request
 - Annual immunization summary reports
 - Available school and school district level data for childhood imms from MDH
 - Syndromic Surveillance

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- LPH EHRs
- Wastewater Data
- **Strengths**
 - State makes data available
 - Strong partnership between LPHA & MDH for CICT and follow up
 - District epis
 - Relationships with school partners
 - MIDOG
 - Syndromic surveillance gives real-time info
 - Health Alert Network
- **Opportunities**
 - MDH do better job mapping and sharing infectious disease data
 - MEDSS - Only as good as the electronic data received or entered by case investigators
 - Better documentation standards for MEDSS
 - Interoperability with MEDSS and between jurisdictions
 - MEDSS ad-hoc reporting feature for LPH
 - MIIC database integrity - fractured records clean-up
 - MIIC - System can be cumbersome to use (Immunization Rates)
 - Vaccine coverage rates - particularly adolescents and adults
 - Improve partnerships
 - Need useable access to infectious disease data for response
 - Working with Cultural leaders on correct terminology and behavior (TB & STI's)
 - Broader Wastewater Testing statewide
- **Chronic Disease and Injury Prevention**
 - **What data do we need to be able to fulfill the FPHRs for Chronic Disease and Injury Prevention?**
 - Need to know the contract information for partners to share relevant information.

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- List of resources that can help assist both public and providers on how to prevent and mitigate disease and/or injury
- Updated data on relevant diseases to share with partners - HTAC
- SUD Data especially for adults
- Substance use rates, deaths, etc.
- county-level youth cannabis data (self-report use, clinical care, adverse effects etc.)
- Updated data on relevant diseases to share with partners - HTAC
- Helpful if data can be broken down by specific community if feasible
- Need easier ways to collect the data - surveys are too long
- Community input/perspective
- Community Health Rankings funding is going away - there will be a gap
- **What data are currently available?**
 - Minnesota Student Survey
 - Syndromic Surveillance
 - Vital statistics - deaths
 - Public Health Data Access Portal - MDH
 - local surveys and BRFSS
 - Livability data
 - MIDAS data
 - Suicide data from MDH
 - ODMaP (EMS +LE data)
 - More data is needing to be accessed from private sources since increasing concern about federal gov'n't sites.
 - HTAC - RMC and Lakeview Clinics do not participate
- **Strengths**
 - HTAC is available, but not all systems contribute data (see other note)
 - Real time data can be used for before and after evaluation outcomes
 - Chronic disease research - needs to be shared more broadly and actionable
 - Data is restricted in smaller jurisdictions
- **Opportunities**

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- Increase collaboration with DCYF and DHS
 - Increase collaboration and utilization of more real time data.
 - Always room for greater collaboration between local, regional, state, and federal
 - Data informed decision making is more responsive since data is more current
 - PH Data Access - years behind
 - Correctional Health Data
 - Vital statistics - ensure LPH has access to in-state and out-of-state timely data (+ prior years for trending from the same source)
 - ODMAP expand to additional LE agencies (with API so reduces admin burden where possible)
 - How can we expand on the use of AI to help with both increased awareness and predictive analytics
 - Utilize Predictive Data Monitoring for fatal and serious crashes - implement data with law enforcement, engineering, and education plans to prevent crashes
 - Make HTAC sustainable and available statewide
 - HTAC data limited to larger systems
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- **Environmental Public Health**
 - **What data do we need to be able to fulfill the FPHRs for Environmental Public Health?**
 - Newborn screening data
 - Childhood lead poisoning data
 - Blood Lead data
 - Healthy Homes
 - Falls data
 - Radon Mapping
 - Indoor air quality (radon, carbon monoxide)
 - Asthma data
 - Vehicle pollution and traffic data
 - Air Pollution data

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- Environmental Justice Data (by census tract or zip code and by demographics)
- Smoke (burning) data
- Cannabis smoke data
- It would be nice to have some indication of prevalence of Public Health Nuisances
- Water data (wells, lakes)
- PFAS
- Biomonitoring
- Pesticide use and poisonings
- Food-Borne Illness Data
- Restaurant inspection data
- **What data are currently available?**
 - Private well water data
 - Natural water quality data
 - Syndromic Surveillance: Cold weather conditions
 - Syndromic Surveillance: GI illness data
 - Syndromic Surveillance: Hot weather conditions
 - Syndromic Surveillance: Falls Data
 - Syndromic Surveillance: Respiratory Data
 - MDH Public Health Data Access Portal
 - Biomonitoring for children (Urinary Analysis)
 - Air Quality data
 - Some LPH has local based call log to track what's being seen
- **Strengths**
 - Data are collected by MDH
 - Data suitable for mapping and public release (not all has PHI)
 - Syndromic Surveillance is real time data
 - Blood Lead is in MEDSS
- **Opportunities**

- Think more holistically about environmental exposures in certain places and populations
 - Disparities across state in ability to analyze environmental data
 - Legislation around Environmental Justice - align work + data
 - Overlapping responsibilities between state, local PH, and environmental agencies
 - Expand collaboration around best practices for addressing PH Nuisances
 - Work with your Emergency Preparedness Team on Plans
 - Syndromic surveillance of traffic-related/pedestrian injuries
 - Restaurant inspection data for non-delegated counties
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- **Maternal, Child, and Family Health**
 - **What data do we need to be able to fulfill the FPHRs for Maternal, Child, and Family Health?**
 - Real-time data on births and outcomes
 - WIC data through Infoview
 - Need DP&C data for MCH population
 - Minnesota Student Survey
 - Community Input regarding services/needs
 - List of all MCH related providers and resources
 - EHR Consortium: how do improve connections?
 - ASQ Online - would be nice to have a system that multiple agencies can review - ASQ/ASQ-SE completed in clinic setting but PH doesn't have access to review
 - **What data are currently available?**
 - Birth records
 - Birth records to Office of Vital Records
 - Newborn Screening
 - PRAMS
 - Syndromic Surveillance

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- Birth Defects
- Prenatal Care Adequacy Index
- MIIC Data
- IHVE Data
- Infoview - WIC
- **Strengths**
 - Timeliness of OVR birth records
 - Up to date birth data
 - Best practice MCH HV programs
 - Standardization of IHVE data
- **Opportunities**
 - Data structure of OVR Birth File Delivery: Add cumulative data each week in addition to the new weekly
 - Data structure of OVR Birth File Delivery: Include in-state and out of state births in the weekly file (and cumulative)
 - Faster access to data
 - Streamlining access to data sets
 - Training on data sets
 - Connect maternal and child health to neighborhood, social, and environmental factors
 - Ability to compare across public assistance programs to ensure service to families (i.e. WIC to MA to SNAP)
 - Challenges with running reports in new WIC platform
 - IHVE: Providing this data back to counties after time spent entering. Unified data set can be useful to compare across counties
 - MSS - increase participation. What does it take to increase school participation?
 - Ability to access school collected data
 - Opportunity for collaboration with schools/clinics/home visitors/PH with the ASQ Online system
 - Increase collaboration with CPS and Human Services
 - Working with Cultural norms - when is the right time to start prenatal care

- Prevalence of Maternal SUD data - real time would be ideal, but privacy is an issue

- **Access to and Linkage with Clinical Care**
 - **What data do we need to be able to fulfill the FPHRs for Access to and Linkage with Clinical Care?**
 - Transportation Barriers
 - Languages spoken
 - Qualitative and Quantitative data on needs/barriers
 - Accessibility to different populations
 - Data from VA, border states, and IHS
 - Locations of providers
 - Number of providers available
 - Availability of low cost health care services
 - Telehealth
 - What insurance providers accept
 - Types of services available - primary, speciality, behavioral, etc.
 - Dental Access Data
 - Density of services available; distance
 - SDoH consistent collection methodology across health systems
 - Preventative Screenings data (colo-rectal, cancer)
 - Referral tracking to various community partners (lack of universal intake form); I.E. referring client for food resources (each entity request different form)
 - Access utilization data
 - All Payer Claims Database access and usability
 - **What data are currently available?**
 - Number of providers
 - Types of services, insurance, locations
 - List of FQHCs

- HTAC dashboard
- **Strengths**
 - A lot of communities have identified health care access as a priority
 - Growing number of health care providers that are culturally responsive
 - Collaboration with providers provides additional support
 - Access to MDH DSI for data analysis
- **Opportunities**
 - Increase the timeliness and accuracy of data available
 - More data available statewide; decrease the need for counties to collect
 - More detailed information on barriers and assets is needed
 - Such limited data makes disaggregation difficult
 - Less rural healthcare providers - less access, yes esp for specialty services
 - Expand Free Health Clinics - use of volunteer medical personnel
 - Minnesota Hospital Association data - is this available? Is this a value-add source?
 - Data regarding loss of healthcare services (birth center closures, mental health facilities, chemical treatment)
 - Increase EHR Consortium coverage to reflect rural health (only include 12 largest health systems)
 - Increased connection with healthcare entities to complete the Community Health Assessment (CHA/CHNA/CHIP)
 - Need to rely on qualitative data
 - More community input on the needs/barriers
 - Dental Access data especially around Medicaid and Medicare
 - Expand use of AI and Telehealth to reduce distance barrier

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: Monday, December 1st, 20025

Time: 10:05am-11:30am

Location: Virtual, Microsoft Teams

Agenda items: Processing what we’ve heard so far.

(If there are additional agenda items, please email them to gabby.cahow@state.mn.us)

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