DEPARTMENT OF HEALTH

LPH Data Modernization SCHSAC Workgroup May 2026 Meeting Minutes

DATE: MAY 21ST 2026 |1:05PM-2:30PM

MINUTES PREPARED BY: GABBY CAHOW, MDH DATA MODERNIZATION PLANNER

LOCATION: VIRTUAL, MICROSOFT TEAMS

Attendance

- **Members**

  De Malterer-Le Sueur- Waseca Counties SCHSAC Elected, **T 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, **Sarah Grosshuesch-**Wright County Public Health

- **MDH Subject Matter Experts**

  Jessie Carr-MDH Environmental Health Division, **Dawn Huspeni**-MDH Infectious Disease Epidemiology, Prevention, and Control (IDEPC) Division, **Abby Stamm**-MDH Office of Data Strategy and Interoperability (DSI), **An Garagiola**, MDH Office of American Indian Health (OAIH), **Jacob Walker-Swaney-** MDH Office of Statewide Health Improvement Initiatives (OSHII),

- **Facilitators/Guest Attendees**

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

Purpose

- The LPH Data Modernization SCHSAC Workgroup completed their strategic planning process in May 2026. This final strategic planning meeting included a review of "Issue Statements" for the factors/barrier/issues that the Workgroup will develop recommendations for. The Workgroup facilitator drafted these "Issue Statements" from the information and insight generated during the strategic planning process about the factors/barriers/issues and prioritized them under each vision statement according to their placement on the prioritization matrix that was used in the March and April Meetings. The Workgroup provided feedback, discussed the draft issue statements, and came to consensus to finalize them for recommendations. The Workgroup also reviewed the next steps including the

recommendation writing process, the creation of sub workgroups, and the tentative timeline for the next phases of work.

Agenda

- Meeting Kick-Off
- Review and Finalize Issue Statements for Recommendations
    - Individual Review and Feedback
    - Large Group Discussion and Finalize/Consensus
- Our Journey So Far and What's Next
- Meeting Wrap-Up

Decisions made

- The Issue Statements were finalized with some refining to be done during the recommendation writing process.

Action items

- Complete Subgroup Interest and Scheduling Form: Link in Follow-Up Email
- Share an overview of the timeline with your regional and divisional partners (simplified timeline in Talking Points)

Talking Points

- The LPH Data Modernization SCHSAC Workgroup completed their strategic planning process in May 2026. This final strategic planning meeting included a review of "Issue Statements" for the factors/barrier/issues that the Workgroup will develop recommendations for. The Workgroup also reviewed the next steps including the recommendation writing process, the creation of subgroups, and the tentative timeline for the next phases of work.
- Tentative Timeline:
    - Recommendation Writing Phase: June 2026 – October 2026
    - Gathering and Incorporating Feedback: November 2026 –January 2027
    - Target date for seeking SCHSAC Approval: March 2027

Meeting notes

- Review and Finalize Issue Statements for Recommendations
- **Background/Context:**
  - At the April Workgroup Meeting, members had the opportunity to process the Prioritization Matrix Activity and were able to ask questions, have discussions to clarify the meaning of factors, determine if the factors should be moved to a different place on the matrix, and suggest factors that should be excluded from the recommendation process.
  - The Workgroup had an in-depth discussion that created a better shared understanding of the factors and members left with action items to wrap-up this discussion in between meetings through the commenting feature in MURAL.
  - The work with the prioritization matrix was designed to support the Workgroup members in coming to consensus around the factors/barriers/issues that will move forward into the recommendation process.
  - Between the April and May meetings the Workgroup facilitator used all the information and insight about the factors/barriers/issues gathered through this process to put together some issue statements and prioritized them under each vision statement according to their placement on the matrix.
- **Discussion Summary**
  - The Workgroup members were asked to take 20 minutes to individually review the issue statements for content and priority ranking, recognizing that "wordsmithing" could take place during the recommendation writing process. The Workgroup members were able to indicate their approval of the recommendations and leave comments to provide feedback on how they would change the statement or reprioritize it.
  - The workgroup then had a large group conversation about that feedback and came to consensus around the Issue Statements that will be used in the recommendation process.

  - **Below are the Issue Statements for each vision statement/topic area.**
    - **Interoperability:** Data flows and is integrated securely and seamlessly across systems and organizations ensuring shared information is available for timely insight, coordinated action, and supporting measurably healthier communities.
      1. Challenges to creating an interoperable governmental public health data system includes technical issues (ex. differences in interoperability capabilities and IT

infrastructure across LPH, TPH, and MDH) and policy issues (ex. data privacy, security, legal, and regulatory compliance).

2. The scope and focus of public health interoperability efforts has been between public health and healthcare organizations and has yet to include or address the importance of expanding interoperability efforts with social needs serving entities.
3. Buy-in across the system for investment in interoperable systems has been impacted by a lack of understanding the value of interoperability
4. Resources and expertise have already been invested in sustaining and improving legacy IT systems that may not have interoperable functionalities.
    a. Notes for Recommendations: There seems to be two parts to this issue. 1. Missed opportunities for cost-savings and shared capabilities that result from lack of governance and coordinated needs assessment. 2. A need to assess and take an inventory of existing systems and their interoperable capabilities to look for opportunities to improve interoperability.
5. In order to create interoperable systems local, Tribal, and state health agencies would need to develop shared standards and/or align with existing standards such as FHIR or HL-7.

- **Data Access:** Data are shared and accessed easily, enabling consistent, reliable, and timely access to locally relevant information across state, local, and Tribal public health
    1. There are no transparent policies and standards for data access and sharing which creates a lack of shared understanding why some data may be unavailable to governmental public health partners when requested.
    2. Public data dashboards, tables, Public Use Files (PUFs), don't always include technical notes on data collection and analysis methodology, data limitations, bias within data, and interpretation guidance which make it difficult for data requestors/users to understand how to correctly and effectively use the data for public health action.
    3. The current state of data access and sharing between governmental public health partners lacks transparent and consistent/standardized ways to know what data is available and how to access or request data, because data access and request processes vary program to program and may require users to navigate multiple platforms and methods for request/accessing data.

4. Data use agreements and data sharing processes between Tribal, local, and state partners are inconsistent and burdensome both the data requester and the data steward.
    a. Notes for recommendations: Issue Statements 3 and 4 are interconnected (#4 as a sub issue of #3) and the recommendations could be combined.

- **Data Quality & Usability:** All stages of the data lifecycle are transparent, rigorous, and responsive to the needs of the public health system, communities, and partners. Data systems are designed with end users in mind and data are available in user-friendly and easy to understand formats.
    1. Data priorities and needs across the governmental public health system haven't been assessed to identify the most important and relevant data from existing data sets and sources.
    2. Governmental public health partners (LPH, TPH, and MDH) have shared data needs and data needs that are unique to their role in the public health system, which prevents a one-size-fits all approach to data usability.
    3. Significant lags in data timeliness limits its useability for public health decision-making and action.
        a. Notes for recommendations: It will be important to consider what lag might be acceptable for certain data and what data are needed near-real time. Timeliness is a balance between speed and level of validation/cleanness and we don’t want to compromise the quality of the data.
    4. Limited data user engagement during the data design process impacts useability for governmental public health partners.
    5. Lack of transparency related to data quality assurance methodology and information on available data accuracy and completeness.
    6. Lack of clarity of roles and responsibilities on maintenance of state data infrastructure, data tools, and IT systems between public health data staff/data stewards and county-based IT/MN-IT.

- **Data Capacity**: Local, Tribal, and state public health agencies have the knowledge, skills, staffing, tools, and funding to effectively collect, analyze, interpret, share, and use data to identify and take action around community health priorities and emerging health issues.

1. Capacity and expertise in data storytelling and communication is lacking across the system reducing the impact and usefulness of data for public health action.
2. The capacity to meet the Foundational Public Health Responsibilities related to data and informatics varies across the governmental public health system and while a responsibility/capability may best delivered/met locally (LPH or TPH) or centrally (state), the partner may be unable to do so due to a lack of capacity.
3. When data modernization opportunities are identified, there may be insufficient capacity to implement the changes.
4. Lack of formal workforce development opportunities and strategies to increase knowledge and skills around public health data science and informatics across the governmental public health system.
5. Lack of capacity to support community access, use and understanding of public health data and information.

- **Shared Governance:** Local, Tribal, and state public health agencies work within a mutually developed governance structure that ensures decisions about data policies, processes, and standards are transparent and made and implemented collaboratively.
  1. There are no shared data governance/decision-making bodies that include Tribal, local, SCHSAC, and state representation with the authority or dedicated resources (staffing/time/funding) to determine governmental public health shared data modernization priorities, policies, or implementation approaches.
  2. Updating and maintaining modern IT infrastructure at the local, Tribal, and state level to enable interoperability requires dedicated funding.
  3. Updating and upgrading data systems, process, and policies requires a significant investment of resources and there is no governmental public health system approach (Tribal, local, and state) to making decisions about what and how data modernization priorities are funded.
  4. The siloed nature of public health funding has caused data collection, assessment, surveillance, and sharing to be disjointed, funding specific/dependent, and has made a whole system approach to data challenging.
  5. Current funding approaches allocate limited resources for staffing, data tools/software, and training which are foundational for building data capacity.
     a. Notes for recommendations: Funding Issue Statements can be connected or combined, but the Workgroup felt it was important to address each of these unique aspects of funding challenges.

- **Relationships:** Local, Tribal, and state public health agencies are rooted in shared history and embrace working across systems and with partners to build trust, communication, and collaboration supporting progress towards improving the health of Minnesotans.
  1. There is a lack of clarity and understanding of the roles and responsibilities of each partner (Tribal, local, and state) in carrying out the Foundational Public Health Responsibilities related to data and informatics.
  2. Differences between government-to-government relationships between Tibal, local, and state partners means there is no-one-size-fits all approach to data modernization.
  3. There is a need to understand the perceptions of liability and risk tolerance around data collection and sharing that may be contributing to the data access and sharing issues felt across the governmental public health system.
     a. Notes for recommendations: Maybe goal is to get to shared understanding/transparency, if not full agreement on varying perceptions.
  4. There are insufficient channels of data communication across public health agencies.
  5. County Boards and the state legislature do not understand the value and importance in investing in public health data infrastructure and foundational data capacity which forces governmental public health agencies to try to fund data modernization efforts through a patchwork of funding sources.

- **Our Journey So Far and What's Next**
  - Review of LPH Data Modernization SCHSAC Workgroup process and progress:
    - The LPH Data Modernization SCHSAC Workgroup started meeting in June 2025.
      - The first six months were focused on exploring different public health data system topics to help the Workgroup get a shared understanding of the strengths and opportunities that already exist to prepare for strategic planning.
        - Examples of topics covered during the "Shared Learning" Phase:
          - Assessment and Surveillance Foundational Public Health Responsibilities,
          - Overview of two different Electronic Health Record data systems; Syndromic Surveillance and Health Trends Across Communities (HTAC)
          - Completed an Environmental Scan around data access and sharing

        - Data communication and engagement discussion.
- Strategic planning began with an in-person in February 2026 and continued through the May 2026 meeting.
    - The Workgroup developed Vision Statements that will act as a guide as they draft recommendations. The Vision Statements identify the overall direction of LPH data modernization and the underlying values and principles that will be integrated into recommendations.
    - In May, the Workgroup achieved their next big milestone by finalizing the issue statements that they will use to draft recommendations. These issue statements are the "what", by connecting them to the vision statements it will illuminate the "so what", and the recommendations will serve as the "now what".

- What's Next: The Recommendation Writing Process.
    - The Workgroup will break into subgroups, with each small group taking 2 areas. Workgroup members will indicate which subgroup they would like to serve on.
        - Subgroups can expand to include "non-workgroup members" and the subgroup will be asked to consider who else from across the governmental public health system should be involved in the recommendation writing process.
        - As the Workgroup moves into subgroups, full Workgroup meetings will be shortened and/or moved to every other month and used to gather full group feedback and perspectives.
        - The expected timeline for the recommendation writing phase is from June 2026-October 2026
        - The Workgroup will develop a final draft of recommendations to be shared with LPH partners to get broader feedback and to help generate buy-in.

- What's Next: Gathering and Incorporating Feedback
    - The final draft of recommendations will be shared with LPH partners and relevant MDH and TPH partners. The Workgroup will identify the methods of engagement and determine the process for collecting and incorporating feedback.

- Once key partners have had the opportunity to provide feedback, the Workgroup will review and revised the recommendations to incorporate that feedback.
- The tentative timeline for this engagement phase is November 2026-January 2027

- What's Next: SCHSAC approval
  - The final recommendations will be shared/presented to SCHSAC and they will have a vote to determine if the recommendations are approved.
  - Tentative target: March 2027

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: Thursday, June 18, 2026

Time: 1:05pm-2:30pm

Location: Virtual, Microsoft Teams

Agenda items: Finish the combined matrix discussion, vote on priorities, and finalize priorities for recommendations. (If there are additional agenda items, please email them to gabby.cahow@state.mn.us)

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Public Health Strategy and Partnership Division

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