

State Community Health Services Advisory Committee (SCHSAC) Annual Report

YEAR 2024

State Community Health Services Advisory Committee (SCHSAC) Annual Report

Minnesota Department of Health
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Message from 2023-24 Chair Tarryl Clark

In 2024, SCHSAC embraced a year of both stability and growth, building on the momentum and change we experienced in 2023. This past year, we were able to take the time to connect with one another, learn together, and see our workgroups flourish and do the work they are designed to do.

For the first time since 2019, we worked together to create a work plan that will move us forward. At the same time, we accomplished a great deal of work that will lay the foundation for future progress.

This report reflects the hard work, dedication and creativity of the many people who serve as part of our governmental public health system in Minnesota. It is a moment to celebrate our accomplishments and recognize the impact of our efforts for the people of Minnesota.

Thank you to everyone who had a part in making 2024 a successful year for SCHSAC and for Minnesota's public health system.

Our Vision:

We envision a seamless, responsive, publicly-supported public health system that works closely with the community to ensure healthy, safe, and vibrant communities. This system of state, local, and tribal health departments will help Minnesotans be healthy regardless of where they live.

Summary of activities and recommendations

Meetings

In 2024, SCHSAC held four meetings: March 8 (hybrid), June 13 (hybrid), October 9 (in person), and December 12 (hybrid). Additionally, SCHSAC hosted its third annual retreat on October 9 and 10 in St. Cloud, MN. Average meeting attendance was 134 individuals representing 43 community health boards.

Meeting take-home notes are available online for up to one year: [Meetings and materials for SCHSAC members - MN Dept. of Health](#). They can also be found in the SCHSAC Member Portal.

The Executive Committee held six virtual meetings: January 11, March 14, May 9, August 8, September 19, and November 14. The Executive Committee is made up of elected representatives from the eight SCHSAC regions as well as the Chair, Vice Chair and Past Chair. Copies of the meeting notes are available in the SCHSAC Member Portal or upon request.

Workgroups

Much of SCHSAC's work is done through workgroups in collaboration with local public health and MDH. In 2024, SCHSAC had an Executive Committee and a total of six workgroups. The new Local Public Health (LPH) Data Modernization Workgroup was approved at the December 2024 meeting.

Workgroup charges and activities can be found on page 3.

SCHSAC recommendations approved by the Commissioner of Health

As an advisory body to the Commissioner, one of the roles of SCHSAC is to make recommendations to the Commissioner of Health for her consideration. In 2024 there were several recommendations put forth by SCHSAC that were approved by the Commissioner. They included:

- **Minnesota Infectious Disease Operations Guide:** On June 13, 2024, SCHSAC approved the Minnesota Infectious Disease Operations Guide (MIDOG) which is the successor to the Disease Prevention and Control Common Activities Framework. The MIDOG outlines the roles and responsibilities of MDH and local public health (LPH) agency staff for the full spectrum of public health infectious disease work in Minnesota.
- **Performance measures and accountability requirement:** On December 12, 2024, SCHSAC approved 2024 performance measures and CY2025 performance-related accountability reporting requirement:

Performance measures: Performance measures for community health boards and the Minnesota Department of Health Community health boards and the Minnesota Department of Health self-report on their ability to meet 46 national measures. This base of measures will be reported in March 2025, looking back on calendar year 2024, and annually thereafter.

Include data from major grant programs in future reports Include system-level data already collected through grant reporting such as the Statewide Health Improvement Partnership (SHIP), Response Sustainability Grant, and Public Health Emergency Preparedness Grant in future performance reports.

Calendar year 2025 performance-related accountability requirement: Community health boards will demonstrate their ability to meet the following national measure from the Public Health Accreditation Board:

Measure 2.2.5 Maintain a risk communication plan and a process for urgent 24/7 communication with response partners.

Community health boards will submit information about their risk communication plan and process in March 2026, completed in calendar year 2025. The information will be used to assess how well they meet the measure.

More information about the performance measures and accountability requirement can be found online under the workgroup: [Standing and active SCHSAC workgroups - MN Dept. of Health \(state.mn.us\)](https://www.health.state.mn.us/workgroups/standing-active)

Programming and events

Coffee, Conversation and Consideration

Four Coffee, Conversation and Consideration (CCC) events were held in 2024. A total of 169 people attended the events. Attendees were a mix of SCHSAC members, alternates, and other local public health leaders from across Minnesota. The events were:

- January 18, 2024: “Housing and public health” hosted by Commissioner Mandy Meisner (Anoka) with guest speaker Chris LaTondresse, Beacon Interfaith Housing
- April 11, 2024: “Transportation and public health” hosted by CHS Administrator Michelle Ebbers (DesMoines Valley) with guest speaker Haila Maze, Bolton & Menk
- July 25, 2024: “Opioids, Fentanyl and public health” hosted by Commissioner Terry Lovgren (Pine) with guest speakers Deepa McGriff and Pearl Evans, MDH
- September 26, 2024: Mental Health and public health” hosted by Commissioner Joan Lee (Polk) with guest speaker Anna Lynn, MDH

SCHSAC Retreat

The third SCHSAC Retreat was held in St. Cloud on October 9 and 10. More than 100 people attended the event, which focused on deepening connections, building collective knowledge and inspiring all who attended. The Retreat featured Dr. Brian Castrucci, CEO of the deBeaumont Foundation and much of the agenda was focused on helping attendees communicate more effectively about public health and better tell their own stories. Special guests Pam Pontones and Rachel Swartwood from the Indiana Department of Health also helped provide insight and inspiration from the work happening in their state to transform their public health system.

Reports from workgroups

Environmental Health Continuous Improvement Board (EHCIB)

Charge: To fundamentally advance Minnesota’s state-local partnership in environmental health. EHCIB works under the guiding principles of continuous improvement, forward thinking, customer focus, inclusivity, accountability, and partnership.

Activities:

Food Pools Lodging Evaluation: The workgroup conducted an evaluation of standards 3 [Inspection Program based on HACCP Principles] & 8 [Program Support and Resources]. Meetings were held with delegated programs through February 2024. The final report is completed and a follow up survey has been sent to participants. Planning and communication is underway on evaluation of standards 5 [Illness Investigation and Response] and 7 [Industry and Community Relations].

Charter review: The workgroup launched a review of their charter, including a review of membership criteria. The charter was last updated in 2019. They expect to complete this work in 2025.

Activities Inventory: The workgroup will resume and reshape activities started prior to the pandemic related to an inventory of environmental health (EH) activities, similar to the Infectious Disease Continuous Improvement Board’s Minnesota Infectious Disease Operating Guide (IDCIB MIDOG) project.

The goal is to have a complete listing of EH activities across the state that are informed by and inform the Foundational Public Health Responsibilities and delineates roles and responsibilities clearly. First is drinking water and public health nuisance.

Mobile Food Units Subgroup: The workgroup has restarted work that was paused during the pandemic related to streamlining the regulatory process for Mobile Food Units (MFU). The subgroup meets monthly and includes regulation and industry experts. The subgroup is working on a data sharing system and consistent MFU applications.

Delegation workgroup: Launched in October 2024. The workgroup is working to define the scope of work. Objective will include a platform for all aspects of delegation agreements.

Foundational Public Health Responsibility Workgroup (FPHR)

Charge:

The FPHR Workgroup will develop for consideration and approval by the full State Community Health Services Advisory Committee (SCHSAC) a recommendation to the Commissioner of Health that includes, but is not limited to, a set of minimum standards by which full implementation of foundational public health responsibilities (areas and capabilities) can be assessed. These standards will inform the development of a process by which Minnesota Department of Health can determine that foundational public health responsibilities are fully implemented in any given jurisdiction requesting use of funds outside of foundational responsibilities.

Activities: This workgroup is one of the newest workgroups. The workgroup spent time getting organized (identifying workgroup agreements, principles, and process for decision-making, communication, and transparency), and developing a phased timeline and identifying activities to develop recommendation for a set of standards for implementing foundational public health responsibilities that reflect what Minnesotans deserve from their public health system.

The workgroup developed small working teams for each capability and area (13 teams total). Subject matter experts will be engaged in these subgroup discussions. Over 50 individuals will be involved in these small teams, operating between October 2024 and February 2025. The small groups will be clarifying activities for each responsibility and developing draft standards based on the direction of the workgroup.

The workgroup began reflecting on distinctions between foundational in every community and community-specific activities by looking at topics through the lens of what is foundational as described in the documents and description that accompanied the adopted FPHR framework.

Infectious Disease Continuous Improvement Board (IDCIB)

Charge: To ensure an effective and efficient state-local partnership in the infectious disease area of public health responsibility. The group serves as a forum for regular communication, identification of issues, and joint problem-solving. The group also ensures the Disease Prevention and Control Common Activities Framework (DP&C CAF) remains a relevant, useful document.

Activities:

Common Activities Framework (CAF) Rewrite: The Minnesota Infectious Disease Operations Guide (MIDOG), was approved by SCHSAC on June 13 and MDH Commissioner Cunningham gave approval to implement on August 21. The MIDOG was created with input obtained from LPH and MDH IDEPC staff on the responsibility content. Implementation of the MIDOG was started on September 10. The goal is to have it fully implemented by January 1, 2025.

Case Investigation Deep Dive: The workgroup developed guidance materials for jurisdictions wanting to take on some case investigation work and will pilot test the guidance documents and review process. Case investigation metrics developed during phase one are also being implemented by the MDH Vaccine Preventable Disease Surveillance Unit.

Member Development Workgroup

Charge: To lead efforts to educate and develop SCHSAC members and assist Minnesota Department of Health staff in conducting member development activities.

Activities: This year, the Member Development workgroup focused on building the programs launched in 2024 and preparing for 2025. The workgroup developed and hosted four successful Coffee, Conversation, and Consideration events. (see p. 2 for details) This included identifying topics and speakers and hosting the event itself. The workgroup continued to serve its role as a resource for SCHSAC leadership in providing support for networking activities at SCHSAC meetings and, particularly by creating and leading a networking activity at the SCHSAC Retreat in October.

The workgroup spent significant time reviewing the feedback from the 2023 Mentorship program in preparation for launching the program in 2025. The workgroup provided direction to staff on format and content and will provide ongoing program support. The workgroup also provided input and guidance to staff on providing orientation to new members who join “mid-year”.

Performance Measurement Workgroup

Charge: To lead efforts to measure and assess the performance of Minnesota’s governmental public health system and its capacity to carry out public health responsibilities. This includes but is not limited to: (1) developing and recommending to SCHSAC a set of performance measures for Minnesota’s governmental public health system; (2) setting and monitoring performance-related goals for Minnesota’s governmental public health system; and (3) analyzing data to assess the performance of Minnesota’s governmental public health system.

Activities: In 2024, the workgroup focused on four areas of work and made progress on each of the identified goals:

1. **Develop and recommend, to SCHSAC, a set of performance measures for MN’s governmental public health system.** The workgroup finalized recommendations that SCHSAC approved in December 2024. There are three recommendations: A set of 46 national measures for community health boards and MDH to report on annually; a recommendation to include existing data collected through some of the major grant programs in future reports; and the performance-related accountability requirement

focused on communication, which is a requirement for community health boards who receive the local public health grant.

2. **Collect and analyze data; set goals to monitor progress on measures.** Local Public Health Act annual reporting closed early April. The workgroup has finalized the report on CY2023 data.
3. **Develop report and communicate findings.** The workgroup provided a written report on to SCHSAC, along with a high-level presentation of key findings and observations from the workgroup. A copy of the report can be found here: [Perf Meas Annual Reporting 2023 SCHSAC Report.FINAL](#)
4. **Provide input to contribute and inform related efforts.** Members helped inform the Local Public Health Act annual reporting plan for shifting finance and staffing to align with the foundational public health responsibility framework.

Public Health Emergency Preparedness (PHEP) Oversight Workgroup

Charge: To advise on strategic planning for local and tribal health preparedness activities of public health emergency preparedness in Minnesota. To provide ongoing review of local and tribal public health emergency preparedness programs and issues. To oversee the continued development of capacity assessment and related measurement outcomes for Minnesota's local and tribal public health emergency preparedness programs. And to advocate for resources that sustain and maintain local and tribal public health emergency preparedness capabilities.

Activities: In March 2024, a subgroup of interested members from the PHEP Oversight workgroup and other interested local public health directors/PHEP Coordinators met three times to provide input in the PHEP Budget Period 1 (BP1) 2024-2025 grant duties. Following those meetings, the PHEP Oversight workgroup reviewed the discussion from the subgroup and provided additional feedback on future PHEP grant duties. They were instrumental in developing grant duties and providing direction to PHEP grant work over the next five years.

PHEP Oversight Workgroup Charter was updated. Updates included changes that 1) expand the role of the PHEP Oversight workgroup to reflect both state and federal grant guidance; 2) include use of data for assessment; and 3) outline and expand membership, including expanding greater Minnesota representation.

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*

Appendix

SCHSAC Executive Committee 2023-24 (by region)

Regional information found here:

[Map: SCHSAC regions and member community health boards \(state.mn.us\)](https://www.health.state.mn.us/communities/practice/connect/docs/schsac.pdf)

[\(https://www.health.state.mn.us/communities/practice/connect/docs/schsac.pdf \)](https://www.health.state.mn.us/communities/practice/connect/docs/schsac.pdf)

Region and Position	Member and Community Health Board
Chair	Tarryl Clark, Stearns
Vice Chair	DeAnne (De) Malterer, LeSueur-Waseca
Past Chair	Sheila Kiscaden, Olmsted
Northwest Member	Joan Lee, Polk-Norman-Mahnomen
Northwest Alternate	Bonnie Engen, North Country
Northeast Member	Shelley Fredrickson, Carlton-Cook-Lake-St. Louis
Northeast Alternate	Lester Kachinske, Aitkin-Itasca-Koochiching
West Central Member	Gordon (Gordy) Wagner, Horizon
West Central Alternate	Frank Gross, Partnership4Health
Central Member	Terry Lovgren, Pine
Central Alternate	Steve Heinen, Benton
Metro Member	Mandy Meisner, Anoka
Metro Alternate	Jenna Carter, Bloomington
Southwest Member	Dave Lieser, Countryside
Southwest Alternate	Steve Gardner, Kandiyohi-Renville
South Central Member	William Groskreutz, Faribault-Martin

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Region and Position	Member and Community Health Board
South Central Alternate	Nathan Schmalz, Meeker-McLeod-Sibley
Southeast Member	Marcia Ward, Winona
Southeast Alternate	Mitchell Lentz, Fillmore-Houston

SCHSAC Members and Alternates (by Community Health Board)

Community Health Board	Member	Alternate
Aitkin-Itasca-Koochiching	Lester Kachinske	Ricky Roche
Anoka	Mandy Meisner	Jonelle Hubbard
Beltrami	Joe Gould	Amy Bowles
Benton	Steve Heinen	Jaclyn Litfin
Bloomington	Jenna Carter	Nick Kelley
Blue Earth	Kelley Haeder	Erika Sletten
Brown-Nicollet	Mark Dehen	Anton Berg
Carlton-Cook-Lake-St. Louis	Shelley Fredrickson	Annie Harala
Carver	Richard Scott	John Fahey
Cass	Brian Buhmann	Renee Lukkason
Chisago	Marlys Dunne	Courtney Wehrenberg
Countryside	David Lieser	Liz Auch
Crow Wing	Steve Barrows	TBD
Dakota	Laurie Halverson	Coral Ripplinger
Des Moines Valley	Phil Nasby	Michelle Ebbers

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Community Health Board	Member	Alternate
Dodge-Steele	Rodney Peterson	Amy Evans
Edina	Tracy Nelson	Jeff Brown
Faribault-Martin	William Groskreutz	Kathy Smith
Fillmore-Houston	Mitch Lentz	Dewey Severson
Freeborn	Brad Edwin	Susan Yost
Goodhue	Susan Betcher	Brad Anderson
Hennepin	Angela Conley	Sara Hollie
Horizon	Gordon Wagner	Ann Stehn
Isanti	Maureen Spike	Bill Berg
Kanabec	Kathy Burski	Rick Mattson
Kandiyohi-Renville	Steve Gardner	Greg Snow
Le Sueur-Waseca	De Malterer	Dave Preisler
Meeker-McLeod-Sibley	Nathan Schmalz	Beth Oberg
Mille Lacs	Dan Whitcomb	Kristine Klopp
Minneapolis	Damon Chaplin	Heidi Ritchie
Morrison-Todd-Wadena	Barb Becker	Jacquelyn Och
Mower	Pam Kellogg-Marmsoler	Polly Glynn
Nobles	Robert Paplow	Stacie Golombiecki
North Country	Bonnie Engen	John Nelson
Olmsted	Laurel Podulke-Smith	Sheila Kiscaden

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Community Health Board	Member	Alternate
Partnership4Health	Wayne Johnson	Frank Gross
Pine	Terry Lovgren	Samantha Lo
Polk-Norman-Mahnomen	Joan Lee	Sarah Reese
Quin	Theresia Gillie	Jeanna Kuvajo
Rice	Debra Purfeerst	Galen Malecha
Richfield	Pixie Pixler	Jennifer Anderson
Saint Paul-Ramsey	Mai Chong Xiong	Rena Moran
Scott	Barb Weckman Brekke	Lisa Brodsky
Sherburne	Lisa Fobbe	Gary Gray
Southwest Health & Human Services	Jim Salfer	Dan Wildermuth
Stearns	Tarryl Clark	Steve Notch
Wabasha	Tammy Fiedler	Don Springer
Washington	Michelle Clasen	David Brummel
Watonwan	Dillon Melheim	Barbara Salmela-Lind
Winona	Marcia Ward	Chris Meyer
Wright	Jeanne Holland	Sarah Grosshuesch

Workgroup membership

Environmental Health Continuous Improvement Board (EHCIB)

- Amanda Buell, Hennepin County (co-chair)
- Tom Hogan, MDH (co-chair)
- Lisa Brodsky, Scott County
- Andrea Demmer, Otter Tail County
- Bill Groskreutz, Faribault County Commissioner
- Sarah Grosshuesch, Wright County
- Jesse Harmon, Nicollet County
- Angel Korynta, Polk County
- Jason Newby, City of Brooklyn Park

MDH Workgroup Staff

- Linda Kopecky, MDH Center for Public Health Practice

Foundational Public Health Responsibility Workgroup (FPHR)

- Sarah Reese, Polk County (Polk, Norman, Mahnomon CHB), Northwest Region
- Joanne Erspamer, Carlton County (Carlton, Cook, Lake, St. Louis CHB) Northeast Region
- Jody Lien, Ottertail County (Partnership 4 Health CHB), West Central Region
- Samantha Lo, Pine County CHB, Central Region
- Katherine Mackedanz, Todd County (Todd, Morrison, Wadena CHB), Central Region
- Elizabeth Auch, Countryside CHB, Southwest Region
- Sagar Chowdhury, Olmsted County CHB, Southeast Region
- Rodney R. Peterson, Dodge/Steele CHB, SCHSAC
- Kiza Olson, Meeker, McLeod, Sibley CHB , South Central Region
- Jeff Brown, City of Edina CHB, Metro Region
- Gabriel McNeal, Saint Paul-Ramsey County CHB, Metro Region
- Mary Navara, MDH, Health Protection Bureau, Environmental Health Division
- Ann Zukoski, MDH, Health Improvement Bureau, Health Promotion & Chronic Disease Division
- David Kurtzon, MDH, Health Systems Bureau, Health Policy Division
- Odi Akosionu-DeSouza, MDH, Health Equity Bureau, Health Equity Strategy & Innovation Division

MDH Workgroup Staff

- Ann March, MDH Center for Public Health Practice
- Linda Kopecky, MDH Center for Public Health Practice

Infectious Disease Continuous Improvement Board (IDCIB)

- Kristi Goos, Partnership4Health (co-chair)
- Kristin Sweet, MDH (co-chair)
- Jenny Barta, Carlton-Cook-Lake-St. Louis
- Jaimee Brand, Brown-Nicollet
- Nora Moore, St. Paul-Ramsey
- Deb Purfeerst, Rice County
- Fran Tougas, Quin County
- Kristi Wentworth, Partnership4Health

MDH Workgroup Staff

- Ellen Hill, MDH Infectious Disease Epidemiology, Prevention and Control Division
- Kristin Sweet, MDH Infectious Disease Epidemiology, Prevention and Control Division
- Linda Kopecky, MDH Center for Public Health Practice

Member Development Workgroup

- Joan Lee, Polk-Norman-Mahnomen (chair)
- Michelle Clasen, Washington County
- Michelle Ebbers, Des Moines Valley
- Jeanne Holland, Wright County
- Terry Lovgren, Pine County
- Mandy Meisner, Anoka County

MDH Workgroup Staff

- Deanna White, MDH Center for Public Health Practice

Performance Measurement Workgroup

- Amy Bowles, Beltrami County (co-chair)
- Chera Sevcik, Faribault-Martin (co-chair)
- Amina Abdullahi, Bloomington
- Chris Brueske, MDH
- Mark Dehen, Nicollet County
- Michelle Ebbers, Nobles County

- Janet Goligowski, Stearns County
- Susan Michels, Carlton-Cook-Lake-St. Louis
- Mary Orban, MDH
- Kristin Osiecki, MDH
- Rodney Peterson, Dodge County
- Amanda Schueler, Horizon
- Meaghan Sherden, Olmsted County
- Ann Zukoski, MDH

MDH Workgroup Staff

- Ann March, MDH Center for Public Health Practice
- Ghazaleh Dadres, MDH Center for Public Health Practice

Public Health Emergency Preparedness Oversight Group (PHEP)

- Dave Brummel, Washington County (co-chair)
- Bill Groskreutz, Faribault-Martin (co-chair)
- Carol Biren, Southwest Health and Human Services
- Kathy Burski, Kanabec County
- Stacey Durgin-Smith, Aitkin-Itasca-Koochiching
- Joanne Erspamer, Carlton County
- Amy Evans, Dodge County
- Nick Kelley, Bloomington
- Megan Kirby, Le Sueur County
- Sarah Kjono, Polk-Norman-Mahnomen
- Lia Roberts, Dakota County
- Nicole Ruhoff, Sherburne County
- Ann Stehn, Horizon
- Sandra Hanson, MDH
- Cheryl Petersen-Kroeber, MDH
- Deb Radi, MDH

MDH Workgroup Staff

- Amy Smith, MDH Emergency Preparedness and Response Division
- Katie Triebold, MDH Emergency Preparedness and Response Division
- Linda Kopecky, MDH Center for Public Health Practice

SCHSAC representation to other advisory committees

Joint Leadership Team

The Joint Leadership Team are the architects and stewards of transforming the public health system in Minnesota. This happens through representative membership; shared leadership; and consistent dialogue and trust-building. In 2024 SCHSAC was represented on the Joint Leadership Team by Chair Tarryl Clark (Stearns), Vice Chair DeAnne Malterer (LeSueur-Waseca) and Past Chair Sheila Kiscaden (Olmsted)

Healthy Minnesota Partnership

The Healthy Minnesota Partnership brings community partners and Minnesota Department of Health together to improve the health and quality of life for individuals, families, and communities in Minnesota. SCHSAC appointed Mai Chong Xiong (St. Paul-Ramsey) to serve as Representative and Jenna Carter (Bloomington) to serve as Alternate to the Healthy Minnesota Partnership.

Document Links

[Meetings and materials for SCHSAC members - MN Dept. of Health \(state.mn.us\)](https://www.health.state.mn.us/communities/practice/schsac/members/meetings.html)
(<https://www.health.state.mn.us/communities/practice/schsac/members/meetings.html>)

[SCHSAC Member Portal \(basecamp.com\)](https://3.basecamp.com/4024985/projects/31129333)
(<https://3.basecamp.com/4024985/projects/31129333>)

[Standing and active SCHSAC workgroups - MN Dept. of Health \(state.mn.us\)](https://www.health.state.mn.us/communities/practice/schsac/workgroups.html)
(<https://www.health.state.mn.us/communities/practice/schsac/workgroups.html>)

[Perf Meas Annual Reporting 2023 SCHSAC Report.FINAL](https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/perfmeaskeyfindingscy2023.pdf)
(<https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/perfmeaskeyfindingscy2023.pdf>)