

# State Community Health Services Advisory Committee (SCHSAC) Work Plan

BI-ANNUAL 2025-2026

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**Definitions**

- A **goal** is a desired result you want to achieve and is typically broad and long-term.
- An **objective** is a measurable, tangible, mid to short term action that must be taken to achieve the overall goal.
- An **activity** further breaks down the objective in a precise plan of action.

**SCHSAC 2025-2026 work plan**

**Goal #1: Equip members to be effective advocates for public health.**

| Objectives (you may include key activities if relevant)   | Timeframe   |
|---|---|
| <p>Provide meaningful educational activities to increase knowledge of SCHSAC, public health and system transformation.</p> <ul style="list-style-type: none"> <li>a) Activity: Host four Coffee, Conversations &amp; Considerations each year on relevant public health topics.</li> <li>b) Activity: Embed at least one learning topic or activity into each SCHSAC meeting and the annual retreat.</li> <li>c) Activity: Conduct new member orientation.                             <ul style="list-style-type: none"> <li>• Formal orientation event held in the first quarter of 2025 with a recording and materials available to all members.</li> <li>• Ongoing orientation available for new members as they join.</li> </ul> </li> <li>d) Activity: Hold an Executive Committee Retreat early in 2025 to orient, educate and engage newly selected Executive Committee.</li> </ul> | <ul style="list-style-type: none"> <li>a) Quarterly</li> <li>b) Quarterly at each meeting</li> <li>c)                             <ul style="list-style-type: none"> <li>• Spring, 2025</li> <li>• Ongoing</li> </ul> </li> <li>d) Spring 2025</li> </ul> |

SCHSAC WORK PLAN 2025-2026

| Objectives (you may include key activities if relevant)  | Timeframe  |
|--|--|
| <p>Facilitate members’ role as an advocate for public health.</p> <ul style="list-style-type: none"> <li>a) Activity: Ensure that policy and legislative updates are provided regularly and that talking points for members are developed and shared after each update.</li> <li>b) Activity: Provide clear talking points and action steps after each SCHSAC meeting in the meeting notes.</li> <li>c) Activity: Include an opportunity at two or more SCHSAC meetings a year to share examples of successful public health work. Focus on those that can be replicated and those that have a strong equity lens.</li> <li>d) Activity: Ensure that members can effectively use the “Inspiring Partners to Strengthen Public Health in Minnesota” Message Toolkit by providing access to training and ongoing support.</li> </ul> | <ul style="list-style-type: none"> <li>a) At each quarterly meeting</li> <li>b) After each quarterly meeting</li> <li>c) Two or more meetings each year</li> <li>d) TBD</li> </ul> |

## Goal #2: Strengthen the state-local partnership for public health

| Objectives (you may include key activities if relevant)   | Timeframe  |
|---|--|
| <p>Deepen relationships between state and local partners.</p> <ul style="list-style-type: none"> <li>a) Activity: Host an annual SCHSAC Retreat.</li> <li>b) Activity: Create opportunities for fun and relationship building at each SCHSAC Meeting, Executive Committee Meeting, and retreat.</li> </ul>  | <ul style="list-style-type: none"> <li>a) Fall 2025 and fall 2026</li> <li>b) Ongoing</li> </ul> |
| <p>Convene workgroups that include members from state and local public health. Including:</p> <ul style="list-style-type: none"> <li>• Infectious Disease Continuous Improvement Board (IDCIB)</li> <li>• Environmental Health Continuous Improvement Board (EHCIB)</li> <li>• Public Health Emergency Preparedness Oversight Group (PHEP)</li> <li>• Foundational Public Health Responsibility Workgroup</li> <li>• Performance Measurement Workgroup</li> </ul> | <p>Ongoing</p>   |

SCHSAC WORK PLAN 2025-2026

| Objectives (you may include key activities if relevant)  | Timeframe |
|--|-----------|
| <p>Planning and operation of SCHSAC are done in partnership between SCHSAC leadership and MDH staff.</p> <p>a) Activity: Monthly meetings including SCHSAC Chair, Vice Chair, and MDH support staff to facilitate joint planning.</p> <p>b) Activity: Co-creation of leadership, SCHSAC Executive, and SCHSAC agendas and 2-year work plans.</p> | Ongoing   |

### Goal #3: Advance meaningful changes to Minnesota’s public health system

| Objectives (you may include key activities if relevant)   | Timeframe                  |
|---|----------------------------|
| <p>Convene workgroups related to defining and measuring our public health system. Including:</p> <ul style="list-style-type: none"> <li>• Performance Measurement Workgroup</li> <li>• Foundational Public Health Responsibilities Workgroup</li> </ul>   | Ongoing                    |
| <p>SCHSAC Leadership represents SCHSAC on the Joint Leadership Team (JLT) in partnership with MDH and Local Public Health Association (LPHA).</p> <p>a) Activity: SCHSAC Chair, Vice Chair and Past Chair attend Joint Leadership Team meetings.</p> <p>b) Activity: SCHSAC leadership will engage SCHSAC in activities that advance and support system transformation efforts as identified through the Joint Leadership Team.</p> | Ongoing                    |
| <p>Bring public health priorities to AMC policy processes</p> <p>a) Activity: Develop materials for members to use for AMC regional meetings to help increase understanding and support for public health among Commissioners.</p>  | June and October each year |

SCHSAC WORK PLAN 2025-2026

| Objectives (you may include key activities if relevant)   | Timeframe |
|---|-----------|
| <p>Increase member understanding and support for foundational public health responsibilities (FPHR).</p> <ul style="list-style-type: none"> <li>a) Activity: Identify and share educational resources about FPHR work with SCHSAC members. This may include webinars, reports or other resources.</li> <li>b) Activity: Put a focus on increasing understanding and support for health equity as part of foundational public health responsibilities.</li> </ul>  | Ongoing   |
| <p>Advise and promote projects from the State Infrastructure Fund and Foundational Public Health Responsibility (FPHR) funds.</p> <ul style="list-style-type: none"> <li>a) Activity: Review progress and advise on next phases of funding.</li> <li>b) Activity: Provide talking points and information to SCHSAC members to facilitate them promoting the grants when the funding opportunities open and when there are results from the work to report.</li> <li>c) Activity: Provide opportunity at least one SCHSAC meeting or retreat each year to highlight learning and outcomes from infrastructure fund grants and FPHR funds.</li> </ul> | TBD       |
| <p>SCHSAC will increase our knowledge and understanding of the Tribal public health system.</p> <ul style="list-style-type: none"> <li>a) Activity: Host a speaker or training at a SCHSAC meeting.</li> <li>b) Activity: Identify an opportunity for relationship building with Tribal public health leaders in partnership with MDH’s Office of American Indian Health and representatives from Tribal public health.</li> </ul>  | TBD       |

### Evaluation plan

Progress on each objective will be tracked by staff throughout the year and will be reported on during the creation of the annual report at the end of calendar years 2025 and 2026. As the information for the 2025 annual report is being gathered, gaps in performance will be identified and the work plan will be reviewed by the Executive Committee for possible changes for 2026.

## Foundational Public Health Responsibility (FPHR) Workgroup

### Co-Chairs:

- Joanne Erspamer, Carlton County (Carlton, Cook, Lake, St. Louis CHB)
- Ann Zukoski, MDH

### Members:

- Sarah Reese, Polk County (Polk, Norman, Mahnomen 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

Support staff: Linda Kopecky and Ann March

### Workgroup 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.

The need for a set of minimum standards to assess implementation of foundational public health responsibilities was identified in response to the Minnesota legislature's allocation of new funds to community health boards to fulfill foundational public health responsibilities, and the stipulation that funds can be used for community priorities if a community health board can demonstrate fulfilling foundational public health responsibilities.

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.

Tribes also received funding to fulfill foundational public health responsibilities. SCHSAC does not make recommendations to MDH related to tribes.

\* In this context, the term "standard" means a measure of quality or attainment to deem responsibilities fulfilled.

## Circumstances and background

This is a recently formed and short-term workgroup. The charter indicates the workgroup should report their recommendations to SCHSAC by December 2025.

## Work plan

**Goal #1: Develop a recommendation for set of minimum standards by which full implementation of foundational public health responsibilities (areas and capabilities) can be assessed.**

### Rationale:

The need for a set of minimum standards to assess implementation of foundational public health responsibilities was identified in response to the Minnesota legislature's allocation of new funds to community health boards to fulfill foundational public health responsibilities, and the stipulation that funds can be used for community priorities if a community health board can demonstrate fulfilling foundational public health responsibilities. 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.



SCHSAC WORK PLAN 2025-2026

| Objectives (you may include key activities if relevant)   | Timeframe  | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)? | Indicate estimated timing for SCHSAC action |
|---|--|---|---|
| <p>1. Clarify and develop a shared language and understanding of foundational public health responsibilities.</p> <p>2. Identify a minimum set of standards by which full implementation of foundational public health responsibilities can be assessed.</p> <p>Key activities:</p> <ul style="list-style-type: none"> <li>• Discuss and agree upon shared language and meaning for key terms.</li> <li>• Engage in a process, with subject matter experts*, to review current FPHR definitions to endorse or edit the related elements.</li> <li>• Engage in a process, with subject matter experts*, to research, discuss, and decide on standards for each responsibility that measures the quality or attainment to deem responsibility is fulfilled to the level all Minnesotans deserve. (*Subject matter experts will include, but not be limited to, representatives from other SCHSAC workgroup such as IDCIB, EHCIB, etc.)</li> <li>• Identify criteria to distinguish between responsibilities that are foundational in every community statewide and those that are community-specific.</li> <li>• Consider local public health and Minnesota Department of Health roles and responsibilities associated with the foundational responsibilities.</li> <li>• Consult with relevant SCHSAC workgroups to ensure alignment.</li> <li>• Ensure recommendations for standards resonate across the state.</li> <li>• Develop recommendation and rationale for recommendation for SCHSAC.</li> </ul> | <p>Research and small group work with subject matter experts: Present to February 2025</p> <p>Review drafts of recommendations: March-June 2025</p> <p>Clarify and fine-tune: July-September 2025</p> <p>Finalize recommendations: October-November 2025</p> | <p>Consideration of and voting on recommendations</p>                                 | <p>December 2025</p>                        |

## Evaluation plan

The workgroup will review the work plan each quarter to monitor progress and ensure adherence to timelines. Goals, objectives, and key activities will be reviewed, discussed and adjusted as needed.

## Infectious Disease Continuous Improvement Board (IDCIB)

Chair or Co-Chairs: Kristin Sweet (MDH co-chair) and Kristi Goos (LPH co-chair)

Members:

- Fran Tougas (NW, Quinn CHB),
- Jenny Barta (NE, Carlton-Cook-Lake-St Louis CHB)
- Kristi Goos (WC, Partnership4Health CHB)
- Renee Lukkason (Central, Cass CHB)
- Nora Moore (Metro, St Paul-Ramsey CHB)
- Jaimee Brand (SC/SW, Brown-Nicollet CHB)
- Deb Purfeerst (SE, Rice County CHB)

Support staff: Ellen Hill (IDEPC) and Linda Kopecky (CHD)

## Workgroup charge

The SCHSAC Infectious Disease Continuous Improvement Board's (ID CIB's) charge is to ensure an effective and efficient state-local partnership in the "*prevent the spread of communicable disease*" area of public health responsibility. The ID CIB will serve as a forum for regular communication, identification of issues, and joint problem solving. The ID CIB will also ensure the Disease Prevention and Control Common Activities Framework remains a relevant, useful document.

## Circumstances and background

The work of the ID CIB depends on collaboration among MDH IDEPC and local public health (LPH) staff. The main benefits of this collaboration are increased understanding of the various perspectives around an issue to be resolved or a decision to be made and increased buy-in when co-creating solutions. Impacting this collaborative work are a number of circumstances, including:

- Timeliness of input from areas of the IDEPC division and other areas of MDH (e.g., legal) that will affect how 'deep' we can dive into a project,
- Staff workloads who support the work behind the scenes (e.g., collecting background/foundational information, drafting agendas, taking notes, keeping track of decisions that have been made, drafting content for discussion/review),
- Grant funding to hire contracted facilitation for some projects (e.g., if the workloads of regular staff are too full to take on the facilitation work, if a project would come to a more acceptable resolution if a neutral party were facilitating), and
- How full ID CIB quarterly meeting agendas are.

## Work plan

*Note: as needed, the ID CIB will establish sub-groups working under the umbrella of the ID CIB to lead work on projects and activities.*

### **Goal #1: Evaluate the purpose and structure of the ID CIB.**

#### **Rationale:**

The ID CIB has been meeting since 2018. One of the main foci of the group has been rewriting the Disease Prevention and Control Common Activities Framework. Now that the project is completed, the charge needs to be reviewed and updated. This is also a good time to do a larger evaluation of the ID CIB and determine what other changes may need to be considered.

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| Objectives<br>(you may include key activities if relevant)  | Timeframe  | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)? | Indicate estimated timing for SCHSAC action                                    |
|---|--|---|--|
| 1. Evaluate the effectiveness of the ID CIB as a forum for regular communication, identification of issues, and joint problem solving and determine adjustments that might need to be made. | 1 <sup>st</sup> and 2 <sup>nd</sup> Quarter 2025 | None  | NA   |
| 2. Revise ID CIB charge as needed.  | 3 <sup>rd</sup> and 4 <sup>th</sup> Quarter 2025 | Approval of revised charge  | Either late 1 <sup>st</sup> half of 2025 or early 2 <sup>nd</sup> half of 2025 |

**Goal #2: Provide input on infectious disease-related topics that impact LPH agencies.**

**Rationale:**

The charge of the ID CIB states that the group is “to ensure an effective and efficient state-local partnership” and “a forum for regular communication, identification of issues, and joint problem solving” in the area of infectious disease for the governmental public health system in Minnesota. These objectives support the continuous work required to actively sustain that state-local partnership.

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| Objectives (you may include key activities if relevant)  | Timeframe  | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)? | Indicate estimated timing for SCHSAC action |
|--|--|---|---|
| <p>1. Review and prioritize topics needing more discussion<br/> <i>These topics come from ID CIB meetings, MIDOG development (2023-2024), topical deep dives (e.g., case investigation deep dive [2023]), and MDH IDEPC or LPH staff.</i></p> <ul style="list-style-type: none"> <li>a. Activity: Initial triaging/clarification</li> <li>b. Activity: Prioritization decisions</li> </ul> <p>Minnesota Infectious Disease Operations Guide: <a href="https://www.health.state.mn.us/communities/practice/schsac/dpcframework.html">About the Minnesota Infectious Disease Operations Guide</a><br/> <a href="https://www.health.state.mn.us/communities/practice/schsac/dpcframework.html">(https://www.health.state.mn.us/communities/practice/schsac/dpcframework.html)</a></p> | <p>Activity 1a: ongoing</p> <p>Activity 1b: during quarterly meetings, as needed</p> | <p>None</p>   | <p>NA</p>                                   |
| <p>2. Representing LPH agencies, provide input and feedback to MDH on updated MDH district epidemiologist position descriptions.</p>   | <p>August 2025</p>   | <p>None</p>   | <p>NA</p>                                   |
| <p>3. Provide input on a standard framework for onboarding and training LPH staff working on infectious diseases and directors.</p>  | <p>To be determined<br/> <i>(Proposal: end of 2025)</i></p>                          | <p>None</p>   | <p>NA</p>                                   |
| <p>4. Provide input on MDH IDEPC distribution list management plan.</p>  | <p>1<sup>st</sup> half 2025</p>  | <p>None</p>   | <p>NA</p>                                   |

**Goal #3: Maintain and as needed, improve the Minnesota Infectious Disease Operations Guide (MIDOG) to keep it as a relevant, useful document.**

**Rationale:**

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The charge of the ID CIB states that the workgroup will “ensure the Disease Prevention and Control Common Activities Framework remains a relevant, useful document.” Now that the MIDOG has been implemented, this directive shifts and the ID CIB needs to ensure that the MIDOG is a relevant, useful document.

*Note: as additional deep dives or other relevant decisions are made, additional line items will be added to this goal.*

| Objectives (you may include key activities if relevant)  | Timeframe  | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)?   | Indicate estimated timing for SCHSAC action |
|--|--|---|---|
| 1. As needed, incorporate miscellaneous updates (e.g., misspellings, broken weblinks, additional clarifications needed). | Ongoing  | To be determined<br><i>(Need guidance on what the threshold to determine when changes to the MIDOG need to go to SCHSAC.)</i> | NA  |
| 2. Conduct an implementation evaluation of the MIDOG.  | July 1, 2025: Rollout evaluation tool                      | None  | NA  |
| 3. Conduct an annual evaluation of the MIDOG.  | January 1, 2026: Rollout evaluation tool                   | None  | NA  |
| 4. As relevant, incorporate decisions from case investigation deep dive.   | 1st half 2025  | To be determined<br><i>(Need guidance on what the threshold to determine when changes to the MIDOG need to go to SCHSAC.)</i> | NA  |
| 5. As relevant, incorporate decisions from deep dives or other projects.   | To be determined as deep dives and projects get completed. | To be determined<br><i>(Need guidance on what the threshold to determine when changes to the MIDOG need to go to SCHSAC.)</i> | NA  |

**Goal #4: Improve sharing of infectious disease data.**

**Rationale:**

Referring to the statement from the ID CIB’s charge from SCHSAC to “a forum for...identification of issues and joint problem solving”, ID CIB members have heard from local public health staff that “data” is a broad topical area where the partnership needs to be reevaluated. Local public health data needs have changed, and the expectations of local elected officials and local residents have changed. Within the legal parameters of state and federal data privacy and confidentiality legal provisions, the ID CIB will work with MDH IDEPC and local public health staff to unpack this area.

*The objectives listed here are preliminary thoughts on a possible sequence of discrete steps in this overall goal. The needs assessment in the first objective will help determine subsequent objectives in this goal area.*

| Objectives (you may include key activities if relevant)  | Timeframe  | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)? | Indicate estimated timing for SCHSAC action |
|--|--|---|---|
| 1. Data-related needs assessment.  | To be determined but will be sometime in 2025.       | TBD   | TBD   |
| 2. Co-create recommendations around data access and data sharing between MDH and LPH agencies. | To be determined but will be sometime in 2025.       | TBD   | TBD   |
| 3. Needs assessment around data visualization.   | To be determined once goal 4, objective 1 completed. | TBD   | TBD   |
| 4. Needs assessment examining using data to support infectious disease work.                   | To be determined once goal 4, objective 1 completed. | TBD   | TBD   |

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| Objectives (you may include key activities if relevant)   | Timeframe  | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)? | Indicate estimated timing for SCHSAC action |
|---|--|---|---|
| 5. Needs assessment around access to aggregated data from EHRs for LPH agencies. <ul style="list-style-type: none"> <li>a. Activity 1: ID CIB work to clarify and flesh out the ‘ask’ from LPH on this objective.</li> <li>b. Activity 2: Based on outcome of activity 1, ID CIB determine next steps.</li> </ul> | Activity 5a: To be determined once goal 4, objective 1 completed.<br><br>Activity 5b: To be determined once goal 4, objective 5, activity 1 completed. | TBD   | TBD   |

**Goal #5: Maintain alignment between the MIDOG and Foundational Public Health Responsibilities.**

**Rationale:**

Local public health agencies are shifting to tracking work using the FPHRs. The recently implemented MIDOG includes information about how infectious disease responsibilities fit within the FPHRs. The objectives in this goal area ensure that the MIDOG information is staying up-to-date and relevant and that the ID CIB is working with other workgroups to ensure that infectious disease-related information is accurately incorporated into larger FPHR work.

| Objectives (you may include key activities if relevant)   | Timeframe  | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)? | Indicate estimated timing for SCHSAC action |
|---|--|---|---|
| 1. Incorporate applicable FPHR-related feedback from first 12 months of MIDOG use.                        | To be determined once MIDOG is fully implemented.      | TBD   | TBD   |
| 2. Work with SCHSAC FPHR workgroup and incorporate outcomes from FPHR workgroup into MIDOG modifications. | To be determined in collaboration with FPHR Workgroup. | TBD   | TBD   |



## Evaluation plan

MDH staff supporting the ID CIB will review this work plan regularly to determine if timelines are being met and if projects are still aligning with the goals and objectives originally set out. If adjustments need to be made to timelines, goals, or objectives, MDH staff supporting the ID CIB will work with ID CIB co-chairs and groups working on projects the ID CIB will be providing input on, to draft updates for the full ID CIB to review.

## Member Development Workgroup

Chair: Joan Lee, Polk County

Members:

- Michelle Clasen, Washington County
- Michelle Ebbers, Des Moines Valley HHS
- Jeanne Holland, Wright County

Support staff: Deanna White

## Workgroup charge

This workgroup will lead efforts to educate and develop SCHSAC members and will assist Minnesota Department of Health (MDH) staff in conducting member development activities.

## Work plan

### **Goal #1: Deepen the connection SCHSAC members and alternates feel with one another.**

#### **Rationale:**

SCHSAC is most successful when its members are engaged fully as critical partners in the public health system. Members are most engaged when they feel connected to others and supported in their participation.

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| Objectives (you may include key activities if relevant)                                     | Timeframe                                  | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)? | Indicate estimated timing for SCHSAC action |
|---|--|---|---|
| 1. Oversee Coffee, Conversation and Consideration program                                   | Quarterly                                  | No action   | NA  |
| 2. Provide suggestions and support for networking activities at SCHSAC meetings and retreat | Quarterly Meetings and annually at Retreat | No action   | NA  |

**Goal #2: Increase SCHSAC members and alternates understanding of SCHSAC and their role in it.**

**Rationale:**

SCHSAC membership is constantly changing as members, alternates and administrators come and go. SCHSAC can be complicated to understand without assistance. Having members engaged in designing systems that support a better understanding of SCHSAC is critical.

| Objectives (you may include key activities if relevant)                        | Timeframe                         | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)? | Indicate estimated timing for SCHSAC action |
|--|-----------------------------------|---|---|
| 1. Assist in new member Orientation  | First quarter of 2025             | No action   | NA  |
| 2. Provide oversight and support for the Mentorship Program                    | 2025, determine if needed in 2026 | No action   | NA  |
| 3. Advise staff on ways to orient and connect new members throughout the year. | First half of 2025                | No action   | NA  |

**Evaluation plan**

Progress will be tracked through analysis conducted after each event and annually during the creation of the annual report.

## Performance Measurement Workgroup

Chair or Co-Chairs:

- Chera Sevcik (Faribault-Martin)
- Amy Bowles (Beltrami)

Members:

- Amy Bowles, Beltrami County Public Health Director
- Susan Michels, Carlton, Cook, Lake, St. Louis Community Health Board
- Angie Hasbrouck, Horizon Public Health
- Janet Goligowski, Stearns County Health and Human Services
- Amina Abdullahi, City of Bloomington Public Health
- Michelle Ebbers, DesMoines Valley Health and Human Services
- Chera Sevcik, Health and Human Services, Faribault and Martin Counties
- Meaghan Sherden, Olmsted County Public Health
- Rodney Peterson, Dodge County Commissioner
- Mark Dehen, Nicollet County Commissioner
- Chris Brueske, Minnesota Department of Health, Office of Data Strategy and Interoperability
- Kristin Osiecki, Minnesota Department of Health, Center for Health Equity
- Ann Zukoski, Minnesota Department of Health, Health Promotion and Chronic Disease Division, Center for Health Promotion
- Mary Orban, Minnesota Department of Health, Community Health Division, Center for Public Health Practice

Support staff: Ann March and Ghazaleh Dadres

## Workgroup charge

The Performance Measurement Workgroup leads efforts to measure and assess the performance of Minnesota's governmental public health system and its capacity to carry out public health responsibilities. This workgroup:

- Develops and recommends, to SCHSAC, a set of performance measures for Minnesota's governmental public health system.
- Sets and monitors performance-related goals for Minnesota's governmental public health system.
- Analyzes data to assess the performance of Minnesota's governmental public health system.
- Develops system performance reports and communicates findings to SCHSAC, LPHA, and MDH.
- Issues recommendations for continued system performance improvement and accountability to SCHSAC, LPHA, and MDH.

- Engages subject matter experts and other interested parties, including other SCHSAC workgroups, and the Joint Leadership Team, for feedback and discussion about performance measures, goals, analysis, and recommendations related to system performance measurement.
- Considers health equity in all aspects of its' work.
- Advocates for performance management and using data for decision-making.

## Work plan

### **Goal #1: Develop and recommend a set of performance measures for the state and local governmental public health system.**

#### **Rationale:**

To ensure that Minnesota's governmental public health system has relevant metrics to evaluate performance and guide continuous improvement and accountability. It is also a requirement in MN Statute 145a for community health boards to annually report on a set of performance measures and a performance-related accountability requirement (subset of performance measures) for community health boards receiving the Local Public Health grant. Statute states performance measures and the performance-related accountability requirement are determined by the Commissioner of Health, in consultation with SCHSAC.

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| Objectives (you may include key activities if relevant)  | Timeframe  | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)? | Indicate estimated timing for SCHSAC action |
|--|--|---|---|
| <p>1. Each year, identify key performance measures for community health boards and MDH and identify a performance-related accountability requirement for community health boards.</p> <p>Key Activities:</p> <ul style="list-style-type: none"> <li>• Research, planning, and discussion</li> <li>• Engagement of subject matter experts; alignment with other SCHSAC workgroups (ie. IDCIB, EHCIB, PHEP)</li> <li>• Gather feedback from regions and MDH</li> <li>• Prioritization and decision-making of measures to include in the recommendation; ensure measures reflect foundational public health work happening across the state and aligns with system transformation efforts.</li> </ul> | <p>Research and planning January-July each year.</p> <p>Recommendations developed between August-October 2025 and 2026</p>   | <p>Consideration of and voting on recommendations</p>                                 | <p>December 2025</p> <p>December 2026</p>   |
| <p>2. Each year, present recommendations to SCHSAC.</p> <p>Key Activities:</p> <ul style="list-style-type: none"> <li>• Develop report, which includes rationale for the measures selected.</li> <li>• Share recommendations with SCHSAC</li> </ul>  | <p>Report development in September-October each year</p> <p>Recommendations presented to SCHSAC in December of each year</p> | <p>Consideration of and voting on recommendations</p>                                 | <p>December 2025</p> <p>December 2026</p>   |

**Goal #2: Collect performance data**

**Rationale:**

A current system is in place for the collection of performance data from Community Health Boards, however a process needs to be established for the collection of performance data from MDH.

SCHSAC WORKGROUP WORK PLANS 2025-26

| Objectives (you may include key activities if relevant)  | Timeframe  | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)? | Indicate estimated timing for SCHSAC action |
|--|--|---|---|
| <p>1. Establish a process and develop instruments for the annual collection of performance data.</p> <p>Key activities:</p> <ul style="list-style-type: none"> <li>• Inform data collection instrument development.</li> <li>• Develop clear guidelines for data collection for consistency in response.</li> <li>• Evaluate the data collection, analysis, and reporting tool (instrument)</li> </ul> | By end of January 2025, reviewed and adjusted annually | No action   | NA  |

**Goal #3: Analyze Performance Data and Issue Reports**

**Rationale:**

Analyzing data and reporting findings provides insights that can drive informed decision-making and improvements.

| Objectives (you may include key activities if relevant)  | Timeframe                                     | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)? | Indicate estimated timing for SCHSAC action |
|--|---|---|---|
| <p>1. Develop communication plan and key messages/visuals</p> <p>Key activities:</p> <ul style="list-style-type: none"> <li>• Identify audiences (SCHSAC, legislature, local public health, MDH, others)</li> <li>• Identify roles/responsibilities of workgroup members in disseminating information</li> </ul> | By March 2025, reviewed and adjusted annually | No action   | NA  |

SCHSAC WORKGROUP WORK PLANS 2025-26

| Objectives (you may include key activities if relevant)   | Timeframe   | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)? | Indicate estimated timing for SCHSAC action |
|---|---|---|---|
| <p>2. Each year, report to SCHSAC on findings from data collected (CY2024 and CY2025 performance measures).</p> <p>Key Activities:</p> <ul style="list-style-type: none"> <li>• Data review and discussion among workgroup members, partners, and subject matter experts</li> <li>• Report development</li> <li>• Workgroup approval of final report</li> </ul> | <p>Data review, July 2025 and 2026</p> <p>Report development July-September 2025 and 2026</p> <p>Report shared and posted, December 2025 and 2026</p> | <p>No action</p>  | <p>NA</p>                                   |

**Goal #4: Set and Monitor Performance-Related Goals for the Public Health System**

**Rationale:**

Establishing clear performance goals ensures that all interested parties have a shared understanding of the expectations and benchmarks for success.

SCHSAC WORKGROUP WORK PLANS 2025-26

| Objectives (you may include key activities if relevant)  | Timeframe                      | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)? | Indicate estimated timing for SCHSAC action |
|--|--------------------------------|---|---|
| <p>1. Establish goals for system performance measures.</p> <p>Key Activities:</p> <ul style="list-style-type: none"> <li>• Review baseline data</li> <li>• Discuss and determine feasible goals.</li> <li>• Engage subject matter experts to ensure goal alignment.</li> <li>• Annually review progress towards goals.</li> <li>• Identify system-level actions that may be needed to ensure individual agencies are able to meet performance goals.</li> <li>• Consider annually if goals are realistic and if adjustments are needed.</li> </ul> | <p>January-March each year</p> | <p>No action</p>  | <p>NA</p>                                   |

### Evaluation plan

The workgroup will review the work plan each year in June/July to monitor progress and ensure adherence to timelines. Goals, objectives, and key activities will be reviewed, discussed and adjusted as needed.

### Public Health Emergency Preparedness Oversight Group (PHEP)

Co-Chairs:

- David Brummel, Washington CHB
- Bill Groskreutz, Faribault County Commissioner

Members:



- Kathy Burski (Kanabec)
- Nicole Ruhoff (Sherburne)
- David Brummel (Washington)
- Lia Roberts (Dakota)
- Nick Kelley (Bloomington)
- Stacey Durgin-Smith (Aitkin)
- Sarah Kjono (Polk-Norman-Mahnomen)
- Megan Kirby (LeSueur)
- Bill Groskreutz (Faribault County Commissioner)
- Amy Evans (Dodge)
- Carol Biren (SWHHS)
- Ann Stehn (Horizon)
- Joanne Erspamer (Carlton)
- Cheryl Petersen-Kroeber, MDH
- Deb Radi, MDH
- Sandra Hanson, MDH
- Amy Smith, MDH

Support staff:

- Katie Triebold, Central Region PHPC, Emergency Preparedness and Response Division
- Linda Kopecky, Systems Transformation Planner, Center for Public Health Practice

## Workgroup charge

The SCHSAC Public Health Emergency Preparedness Oversight Workgroup will continue as a standing committee under the auspices of SCHSAC to:

- Advise on strategic planning for local and tribal health preparedness activities of public health emergency preparedness in Minnesota.
- Provide ongoing review of local and tribal public health emergency preparedness programs and issues;
- Oversee the continued development of capacity assessment and related measurement outcomes for Minnesota's local and tribal public health emergency preparedness programs; and
- Advocate for resources that sustain and maintain local and tribal public health emergency preparedness capabilities.

## Circumstances and background

The PHEP Oversight Workgroup was established in 2010. Early public health emergency preparedness workgroups indicated value in a state-local-tribal SCHSAC workgroup to provide a forum for discussion and continuing review of local and tribal public health emergency preparedness programs and issues. The committee serves an important role in helping maintain a strong state-local-tribal preparedness partnership by providing ongoing advice and guidance, helping create long-term direction, and rapid input on short-term opportunities.

Recent responses have highlighted the opportunity to enhance public health emergency preparedness and response readiness. Based on findings from past responses, changes have been made to CDC's Public Health Emergency Preparedness (PHEP) Cooperative Agreement and new preparedness funding for state, local, and tribal partners was provided the Minnesota State Legislature. The CDC's 2024-2028 Public Health Emergency Preparedness (PHEP) Cooperative Agreement introduced the *Response Readiness Framework* which describes 10 cross-cutting program priorities. In 2023, the Minnesota State Legislature allocated funds to the Minnesota Department of Health, Community Health Boards, and Tribal Health to support response sustainability and a response ready workforce, aligning the funding with CDC's *Public Health Emergency Preparedness and Response Capabilities*. These developments provide the opportunity for the PHEP Oversight Workgroup to take a fresh look at emergency preparedness, response, and recovery. The PHEP Oversight Workgroup participated in a strategic planning session on July 31, 2024. Priority areas that emerged during strategic planning session included (1) community engagement and relationship building, (2) building capacity and capability in the public health preparedness workforce, (3) enhanced data use and understanding for decision-making, (4) communicating the public health emergency preparedness and response Foundational Public Health Responsibilities to internal and external audiences, and (5) taking a system transformation approach to planning for preparedness and response. These strategic priorities were incorporated into this two-year work plan.

**Goal #1: The PHEP Oversight Workgroup will foster the development and sustainment of a robust, flexible, and equitable preparedness and response foundational public health capability that will adapt to changing situations and conditions and intersect with the other foundational public health capabilities, foundational areas, and community specific services.**

### Rationale:

PHEP Oversight Workgroup members are preparedness and response subject matter experts and leaders who can inform and contribute to systems transformation work to ensure the Preparedness and Response Foundational Capability supports a response ready workforce and governmental public health system.

SCHSAC WORKGROUP WORK PLANS 2025-26

| Objectives (you may include key activities if relevant)  | Timeframe                          | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)? | Indicate estimated timing for SCHSAC action |
|--|------------------------------------|---|---|
| 1. The PHEP Oversight Workgroup will identify preparedness and response data needs for use in decision-making during preparedness, response, and recovery. This will be achieved through discussions and review of recent responses, incorporating regional input.   | January 2025 through December 2025 | No action   | NA  |
| 2. The PHEP Oversight Workgroup will develop a framework for collecting and sharing data, employing equity principles, during responses. This will be informed by the discussions completed in Year 1.   | January 2026 through December 2026 | Review and concurrence of Response Data Collection and Sharing Framework.             | December 2026                               |
| 3. The PHEP Oversight Workgroup will participate in defining local public’s roles and responsibilities, including intersection points with MDH, during responses. This will be informed by the Public Health Foundational Capabilities, Foundational Areas, and Community Specific Services.   | January 2025 through December 2026 | Review and concurrence of roles, responsibilities, and intersection points.           | December 2026                               |
| 4. The PHEP Oversight Workgroup will work with communication experts to increase public health professionals’, partners’, and the community’s understanding of the interconnectedness of Preparedness and Response to the other Foundational Public Health Capabilities, Foundational Areas, and Community Specific Services (FPHS). | January 2025 through December 2026 | Review and concurrence of communication plan and branding for emergency preparedness  | December 2026                               |
| 5. The PHEP Oversight Workgroup will examine staff preparedness and response capability needs and recommend approaches to achieve a response ready workforce.  | January 2025 through December 2025 | No action   | NA  |

**Goal #2: The PHEP Oversight Workgroup will cultivate authentic community engagement principles and practices for equitable and effective efforts with partners and communities when preparing for, responding to, and recovering from emergencies with a public health impact.**

**Rationale:**

Strong relationships with community and trusted messengers are vital during emergency response and recovery.

| Objectives (you may include key activities if relevant)  | Timeframe                          | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)? | Indicate estimated timing for SCHSAC action |
|--|------------------------------------|---|---|
| 1. The PHEP Oversight Workgroup will explore how the Public Health Emergency Preparedness (PHEP) grant and the Response Sustainability Funding (RSG) support equitable community engagement efforts for preparedness and response. | January 2025 through December 2025 | No action   | NA  |
| 2. The PHEP Oversight Workgroup will explore ways to build local public health staff’s community engagement skills in public health emergency preparedness and response.   | January 2025 through December 2026 | No action   | NA  |
| 3. The PHEP Oversight Workgroup will leverage community engagement expertise and activities in other public health programs to further public health emergency preparedness efforts.   | January 2025 through December 2026 | No action   | NA  |

**Evaluation plan**

These goals and objectives will be revisited annually by the PHEP Oversight Workgroup to ensure progress is being made. Adjustments will be made based on input from group members.

## Environmental Health Continuous Improvement Board (EHCIB)

### Co-Chairs:

- Amanda Buell, Hennepin County
- Tom Hogan, MDH

### Members:

- Lisa Brodsky, Scott County
- Andrea Demmer, Otter Tail County
- Sarah Grossheusch, Wright County
- Jesse Harmon, Nicollet County
- Jason Newby, City of Brookly Park
- Rick Toms, MDH
- Denise Schumacher, MDH
- Dan Symonik, MDH
- Kim Carlton, Dept. of Agriculture
- Bill Groskreutz, Faribault County

Support staff: Linda Kopecky, Diana Ditsch

## Workgroup charge

Fundamentally advance Minnesota's state-local partnership in Environmental Health (EH)

## Circumstances and background

The Environmental Health Continuous Improvement Board (Board) was chartered by the Local Public Health Association (LPHA) and the Minnesota Department of Health (MDH) to fundamentally advance Minnesota’s state-local partnership in Environmental Health (EH). The Board will initially work on current Food, Pools and Lodging Services (FPLS) challenges and then work more broadly to monitor and advance state-local work in EH.

## Work plan

### Goal #1: Update and build out the Minnesota Environmental Health (EH) Framework to align with the Foundational Public Health Responsibilities (FPHR)

#### Rationale:

The work of the EH CIB is to provide oversight and continuous improvement to smaller, action-oriented, workgroups and to align all activities and understanding of the functions and elements of EH with the Foundational Public Health Framework and public health system transformation efforts.

| Objectives (you may include key activities if relevant)   | Timeframe | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)? | Indicate estimated timing for SCHSAC action |
|---|-----------|---|---|
| Mobile Food Unit workgroup<br><br>Develop a consistent license and inspection structure for MFU across MN through monthly workgroup meetings of regulators from MDH, MDA, and local agencies as well as food truck industry leaders | 2024-2025 | TBD   | 2025 at earliest                            |

SCHSAC WORKGROUP WORK PLANS 2025-26

| Objectives (you may include key activities if relevant)   | Timeframe | What action will be required by SCHSAC (acceptance of recommendations, report, etc.)? | Indicate estimated timing for SCHSAC action |
|---|-----------|---|---|
| <p>Delegation workgroup</p> <p>Develop a platform for delegation agreement information and tools for LPH agencies through reviewing agreement elements, onboarding and offboarding, processes to develop a delegation agreement, and identifying the potential of the delegation agreement format for the EH system</p> | 2024-2026 | TBD   | TBD   |
| <p>Water Quality</p> <p>Review the current water quality framework and determine if still applicable</p>  | 2025      | TBD   | TBD   |
| <p>Public Health Nuisance</p> <p>Develop objectives and action items necessary to build out the framework around PHN (as part of a fulsome EH Activities Inventory)</p>   | 2024-2025 | TBD   | TBD   |
| <p>Complete EH Activities Inventory</p> <p>Review, collect, organize, and define essential activities necessary to perform EH functions across the Minnesota public health system to complement and support public health system transformation efforts</p>   | 2024-2026 | TBD   | TBD   |

## Evaluation plan

Systematic development of a framework that is usable across delegated and non-delegated agencies in MN is the overarching evaluation for the current goal.



SCHSAC WORKGROUP WORK PLANS 2025-26

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