DEPARTMENT OF HEALTH

SCHSAC member handbook and operating procedures

STATE COMMUNITY HEALTH SERVICES ADVISORY COMMITTEE

Contents

A note from Commissioner Brooke Cunningham

We all want Minnesota to be a place where no matter where someone lives, no matter their racial or ethnic background, no matter if they live with a disability, they have the same public health protections, and the same opportunity to achieve their best health. For nearly 50 years MDH and SCHSAC have worked in partnership to meet the changing needs of public health – and that partnership has never been more important. We are in the midst of transforming our public health system to meet the needs of Minnesotans today and in the future. It will only happen if our partnership continues to be strong – thank you for being part of it!

Minnesota's public health partnership

What is public health?

Public health is what we build together as a society when we shape our communities so that everyone has what they need for optimal health. Public health focuses on the health needs of the population as a whole, and gives priority to preventing problems over the early detection and treatment of problems.

Public health is about the health of an entire community, not just an individual.

Why is public health important?

Public health increases quality and length of life. Minnesota's public health workforce creates opportunities for Minnesotans to be healthy by working to change systems that impact health. Just like a doctor uses tools like a stethoscope or a blood test to measure a person's health, public health experts diagnose the health of a community by listening to the people who live there, and using data, evidence, and research to offer solutions. Public health also helps bring organizations together in cooperation—schools, businesses, government agencies, and more—to make decisions and take action. Public health also investigates the things that impact our health—food, air, water, and more—to prevent health problems before they start. When it is adequately resourced, organized and supported, public health saves money, improves quality of life, and helps communities thrive – and the children and families that live there.

Public health is essential for building healthy, vibrant communities. Minnesota's quality of life depends on healthy, vibrant communities. The communities where people live provide the building blocks for long-term health and well-being – such as protection from the spread of infectious diseases and environmental threats, clean water, strong schools, sustaining jobs, community connectedness, access to health care, and other important community supports. These conditions shape the daily individual choices that affect health. Minnesota's governmental public health system, working together with community partners, plays an important part in creating and sustaining healthy communities so that the individuals and families that live there can reach their full health potential.

Public health partnership

Neither the Minnesota Department of Health (MDH) nor local public health departments work alone. Public health in Minnesota is a state-local partnership. Because of this partnership, the state has a high level of

communication and cooperation between state and local governments for public health. The seven MDH district offices located around the state work closely with local public health, and vice versa. In addition to governmental public health, there are many organizations that support a strong public health system.

Local Public Health Act

Minnesota's public health system was created with the passage of the Community Health Services Act in 1976, which was subsequently revised in 1987 and 2003 as the Local Public Health Act. This legislation delineates the responsibilities of the state (MDH) and city and county governments in the planning, development, funding, and delivery of public health services. It also created community health boards and SCHSAC - State Community Health Services Advisory Committee.

Communications

Managing information is critical during public health events—there can be quite a difference between reality and the public's perception of an event. MDH will assist your county, city, and community health board in sharing information with the media, your constituents, and your public health system partners when needed. Learn more about the Health Alert Network online at www.health.state.mn.us/han/.

SCHSAC at a glance

The State Community Health Services Advisory Committee (SCHSAC, pronounced like "shack") was created by the Minnesota Legislature in 1976 as a component of the Local Public Health Act.

The purpose of SCHSAC, as described in the Local Public Health Act, is to advise, consult with, and make recommendations to the Commissioner of Health on matters relating to the development, funding, and evaluation of community health services in Minnesota.

SCHSAC meets four times per year; an Executive Committee meets more frequently:

- Agendas and other materials are made available prior to meetings.
- Meetings of the Advisory Committee may be held in-person or virtually.
- The commissioner of health and MDH Executive Office staff attend meetings whenever possible.
- Members are reimbursed for travel and parking; lunches are provided at meetings.
- SCHSAC develops a work plan to focus activities; much of the work plan is accomplished through smaller workgroups.

SCHSAC workgroups engage in problem solving and policy development and submits recommendations to the health commissioner. Recommendations are adopted by community health boards, implemented statewide through guidelines, and used as basis for developing local and state policy.

- Minnesota public health leaders support and sustain SCHSAC through commitment and active participation.
- SCHSAC informs policy development, strengthens state-local relationships and communication, and builds support for public health.
- Members are local elected officials and public health directors and administrators embody the state's commitment to protecting, maintaining, and improving health of all Minnesotans.

Membership and meetings

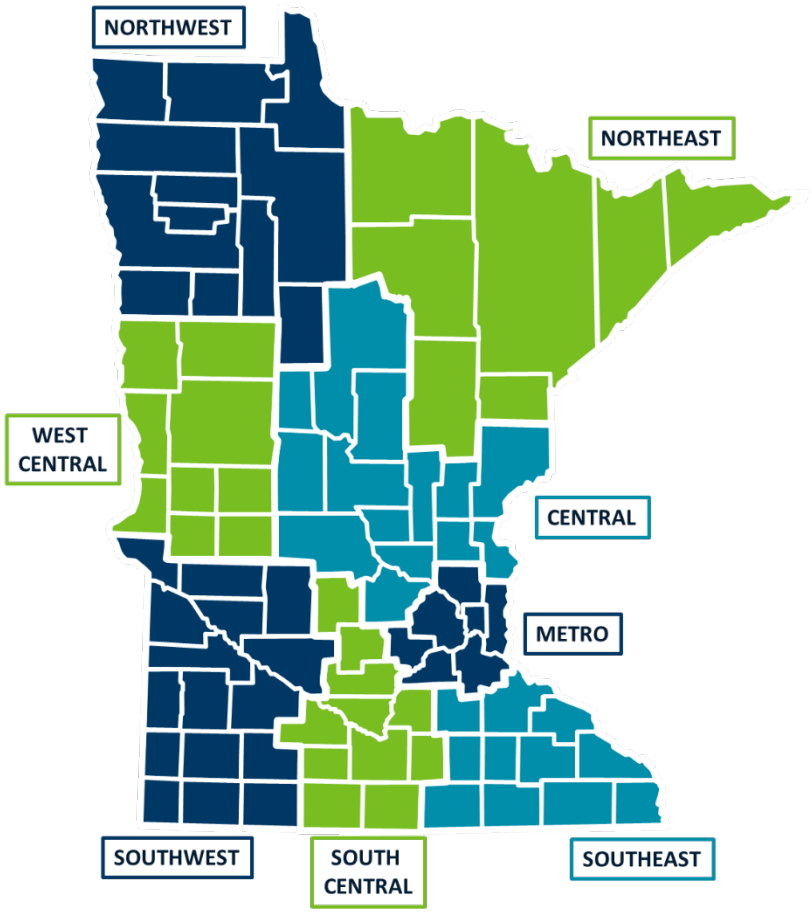
SCHSAC is comprised of one representative from each community health board in Minnesota (see **SCHSAC regions** on the following page). Members are largely local elected officials and local public health directors/ administrators. You can find a list of current members and alternates online at www.health.state.mn.us/schsac.

The main body of SCHSAC meets quarterly with the commissioner of health. Each community health board selects one person to represent their board on SCHSAC, and one alternate. The 11-member SCHSAC Executive Committee consists of representatives from all regions of the state.

SCHSAC conducts the majority of its work through workgroups and subcommittees, which meet between SCHSAC's main quarterly meetings. Each workgroup usually meets for one to three years, depending on its charge and duties. These workgroups identify, discuss and recommend responses to critical public health issues. The workgroups consist of SCHSAC members and other subject matter experts.

You can find meeting agendas and minutes online at www.health.state.mn.us/schsac.

SCHSAC regions



Member and alternate responsibilities

Members and alternates are expected:

- To attend Advisory Committee and other assigned meetings
- To serve on workgroups, subcommittees and review groups as requested by the chair
- To prepare for active participation in discussion and decision-making by consulting with their community health boards and community health services (CHS) staff, and by reviewing meeting materials
- To act as the liaison between the community health board and the Advisory Committee
- To inform the community health board and alternate member on Advisory Committee activities and actions

TIP: Share SCHSAC take-home points and SCHSAC reports with your community health board and county boards.

Simple rules for the state-local partnership

To promote communications and strong working relationships, the State Community Health Services Advisory Committee adopted a set of "simple rules" developed by a 1999 SCHSAC workgroup. The workgroup was convened to discuss the meaning of **partnership** and to explore the complex relationship between the state and local governments.

SCHSAC finds it helpful to keep these rules in mind:

- **Rule 1: Seek first to understand (ask and listen).** Each partner needs to understand the other. Local agencies must seek to understand how the state works and the state must seek to understand how local agencies work. Seeking to understand requires that each understand the perspective of the other partner by asking clarifying questions, listening without judging, removing personal feelings from the situation, and being objective. This rule requires the communication of differences in an atmosphere of trust and respect.
- **Rule 2: Make expectations explicit (tell).** In each situation the partners must make their expectations of the other explicit and clear. Each partner should communicate what they hope to achieve, what concerns they have, what they feel the problems are, and how they would like the problem to be solved. Together they should determine how they expect the issue to be addressed.
- **Rule 3: Think about the part and the whole.** Any decision or action by any one part of the system can significantly impact the whole system. The state and local public health partnership is massively entangled: an action by any part can transform the other parts. The state must consider the impact of its actions on local agencies and citizens, and local agencies must examine the impact of their actions on the state and citizens. If a partner only thinks about one part, their actions can have significant (albeit unintended) consequences for the whole system.

Information about SCHSAC

Members, alternate, CHS Administrators, and local public health directors will receive regular email communications about SCHSAC meetings and other SCHSAC business. Public materials such as agendas, meeting notices and member lists can be found at www.health.state.mn.us/schsac.

Information designated only for the use of SCHSAC Members, Alternates, CHS Administrators, and local public health directors, such as mentorship program materials, can be found on the online Member Portal. Access to the portal can be requested by sending an email to health.schsac@state.mn.us.

Reports

Each year, SCHSAC publishes an annual report for the previous year and a work plan for the coming year. You can find these online at www.health.state.mn.us/schsac.

Upon completion, each workgroup publishes a report with its findings and recommendations. These reports are filed with each workgroup online at www.health.state.mn.us/schsac.

Expense reimbursement

Members are reimbursed for travel and parking; lunches are provided at meetings. Alternates are only reimbursed when they are attending the meeting to represent their CHB in place of an absent Member.

For more information, visit: www.health.state.mn.us/schsac or send an email to health.schsac@state.mn.us

Tips for workgroup chairs

Workgroup and review group members are appointed by the Executive Committee based on their expertise and interest, and to ensure representation from all geographic areas of the state. Workgroups sometimes have MDH staff and other appropriate organizational representatives as members (e.g., Conference Planning, Partnership, and Collaboration Workgroups). In addition, workgroups often invite experts on the subject to participate in workgroup discussions. Workgroups frequently address controversial and complex issues.

Each workgroup chair determines how they would like to manage the group's discussion. In doing so, they must balance the need to hear from all members with the value of getting input from guests, resource persons, and MDH staff (all SCHSAC and workgroup meetings are open to the public). SCHSAC workgroup chairs have often made efforts to be inclusive of guests by inviting them to sit at the table and participate in the workgroup discussions. At times this has caused confusion regarding the role of members versus guests.

Suggestions

The following suggestions may be helpful in allowing members to fully share their expertise and opinions while respectfully considering the opinions and expertise of guests.

Workgroup chairs should determine "norms" for how they intend to manage the group at the beginning of the workgroup process.

When developing these norms, workgroup chairs should consider:

- How will the group most effectively accomplish its charge?
- What structure will best allow for information to be provided to and discussed by members?
- In what way will guests' input be solicited?

- What structure will allow guests the opportunity to share information and opinions while still allowing for full workgroup discussion?

Possible workgroup norms include:

- All of those attending may sit at the table as room permits (priority to workgroup members and staff) **OR** only workgroup members and staff should sit at the table.
- All attendees may participate freely in the discussion **OR** guests should wait until the chair solicits their comments.

These group norms for members and guests should be made clear (as ground rules) at the beginning of the workgroup process.

The chair should discuss with the workgroup staff what role the staff should play in the workgroup (both participation and group management).

During the workgroup meetings, the chair should determine if any deviations from the norms are needed and explicitly share these with staff and members.

Follow SCHSAC operating procedures (e.g., only members are allowed to vote, a quorum must be present, etc.).

Working with your community health board's administrators and directors

Get to know your local health department:

- Tour your local health department.
- Shadow local health department staff for a day.
- Request meetings with your community health services (CHS) administrator or public health director.
- Invite CHS administrator and/or public health director to your community health board meetings.
- Encourage CHS administrator and/or public health director to give updates during your meetings.

Keep up to date with your community health board:

- Not a member of the community health board? Find out who on your county board is.
- Make a point to connect with them regularly to find out what issues the board is addressing and to offer your own issues and ideas.

Be knowledgeable about the health of your community:

- Health assessment and local public health data can be helpful in developing policy and prioritizing issues needing your attention.
- Request to see the results of your county's community health assessment and community health improvement plan.

Minnesota Department of Health/ State Community Health Services Advisory Committee (SCHSAC)
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Updated February 2023. To obtain this information in a different format, call: 651-201-3880.

Appendix: SCHSAC operating procedures

The State Community Health Services Advisory Committee is established in Minn. Stat. § 145A.10, to:

> *Advise, consult with, and to make recommendations to the commissioner of health on matters relating to the development, maintenance, funding and evaluation of community health services and to serve as a forum for the exchange of views and information between state and local public health officials.*

The general functions of the Advisory Committee are:

1. To promote and support the development and maintenance of an integrated system of community health services
2. To identify policies and issues for state and local governments to address jointly
3. To identify, analyze and develop recommendations for the improvement of the community health services system
4. To provide a public forum for discussions among the commissioner of health, staff and community health boards on community health services
5. To make recommendations to the commissioner of health concerning the appropriate and equitable administration of the Local Public Health Act (Minn. Stat. § 145A.01-14) and its supporting rules
6. To share information and resources among community health boards

Operating procedures

I. Membership, appointments, responsibilities

A. Membership
    1. Each community health board may appoint a member to serve on the Committee for a one year term, which will begin on January 1. Members may serve for an unlimited number of terms.
    2. Each community health board represented on the Advisory Committee may appoint one alternate member, whose term coincides with the term of the member. Alternate members may vote and receive reimbursement only when the primary member is absent.
    3. Each community health board must send written notification to the commissioner of health and the chair of the Advisory Committee of all appointments.

B. Terminations, Resignations, Vacancies
    1. A community health board will be notified by the chair of the Advisory Committee if it is not represented by a member or alternate for three consecutive regular meetings of the Advisory Committee.
    2. Members and alternates should communicate in writing their intention to resign to the appointing community health board, the commissioner of health, and the chair of the Advisory Committee. The community health board may appoint a person to serve for the remaining portion of the term.

C. Orientation. An orientation will be provided on a regular basis for newly appointed Advisory Committee members and their alternates and others who wish to participate. Staff will develop the orientation program with the assistance of the Executive Committee.

D. Responsibilities of Advisory Committee Members. Members and alternates are expected to:
    1. Attend Advisory Committee and other assigned meetings.
    2. Serve on workgroups, subcommittees and review groups as requested by the chair.
    3. Prepare for active participation in discussion and decision making by consulting with their community health boards and community health services staff, and by reviewing meeting materials.
    4. Act as the liaison between the community health board and the Advisory Committee.
    5. Inform the community health board and alternate member on Advisory Committee activities and actions.
E. Staff Support
    1. The commissioner of health will make available staff, space, and other resources as appropriate and available to support the work of the Advisory Committee. To the degree feasible, the commissioner of health will attend Advisory Committee meetings or send a representative from the Executive Office.
    2. Staff support for the Advisory Committee will be provided by the director of the Division of Community Health Services, subject to the approval of the commissioner of health.

II. Officers

A. Chair. The duties of the chair are:
    1. To preside at all Advisory and Executive Committee meetings.
    2. To be the principal spokesperson and representative of the Advisory Committee and to represent the Advisory Committee as necessary.
    3. To appoint subcommittees, workgroups, and review groups as needed to carry out the Advisory Committee work plan and to consult with staff to assure that support will be available as needed.
B. Vice Chair. The duties of the Vice Chair are:
    1. To preside at Advisory and Executive Committee meetings in the absence of the chair.
    2. To assist the chair and staff as requested.
C. Past Chair. The duties of the past chair are:
    1. To advise the chair and serve as a resource to the Committee.
    2. To serve as a member of the Executive Committee.
    3. The past chair may attend and receive reimbursement for SCHSAC meetings, but may not vote if not also serving as a representative from his/her community health board.

III. Elections

A. Eligibility for Offices. Persons who are current Advisory Committee members or alternates may be nominated for an office if they have served at least one year on the Advisory Committee. The chair and vice chair must be members of the Advisory Committee during their term of office.
B. Nominating Procedures. Procedures for the nomination of officers consist of the following:
    1. A subcommittee on Nominations and Awards will be appointed no later than June 1 of each year to develop or ratify criteria for selection of nominees and to supervise the nomination process.
    2. Nominations will be requested from the Advisory Committee at least 30 days prior to the selection of nominees.

3. The Nominating and Awards Subcommittee will review proposed nominees for Advisory Committee offices to determine eligibility.
4. The Nominating and Awards Subcommittee will review all nominations and applications submitted with relevant biographical material and related qualifications and select two nominees as candidates for the position. A list of all nominations for the position of chair elect will be forwarded to the Committee.
5. The Nominating and Awards Subcommittee will report its final selection of nominees for offices no less than 15 calendar days prior to the meeting at which voting will occur and will supervise the election of officers during that meeting.

C. Election Procedures
   1. The chair and vice chair will be elected by the membership attending the last regular Advisory Committee meeting of even numbered years.
   2. Prior to voting, an opportunity will be provided for nominations from the floor.
   3. All candidates will be given up to five minutes before the election to present themselves to the Committee.
   4. Election will be by a simple majority of those present and voting. In case of a tie, the winner will be decided by the toss of a coin.

D. Terms of Office
   1. The terms of office of the chair and vice chair are two years; beginning January 1 of the year following election to December 31 of the second year.

IV. Meetings, reimbursement

This section applies to meetings of the Advisory Committee, Executive Committee, subcommittees, workgroups, and review groups unless otherwise noted.

A. Frequency. The Advisory Committee will meet as requested by the chair as frequently as necessary and at least quarterly, as specified in Minn. Stat. § 145A.10.
B. Format. Meetings of the Advisory Committee may be held virtually as requested by the chair.
C. Cancellations. Meetings of the Advisory Committee may be canceled and rescheduled by the Executive Committee or by the commissioner of health in consultation with the chair.
D. Per Diem. In conformance with Minn. Stat. § 145A.10, Advisory Committee members may receive per diem expenses from their community health board as provided for in their Community Health Services Plans or local administrative procedures.
E. Expenses
   1. The Minnesota Department of Health will reimburse Advisory Committee members for travel and other necessary expenses while engaged in their official duties.
   2. Alternate members may receive reimbursement when attending in place of a member.
F. Quorum
   1. The presence of **26 Advisory Committee members or their alternates** constitutes a quorum.
   2. The presence of **6 members of the Executive Committee** constitutes a quorum.
G. Public Meetings. All committee, subcommittee, and workgroup meetings are open to the public.

V. General business

A. Order of Business
   1. The Executive Committee will approve an agenda prior to each Advisory Committee meeting.
   2. The business of the Advisory Committee will be conducted in the following order:
      a. Call to order and introductions;
      b. Review and approval of agenda;
      c. Approval of minutes of the previous meeting;
      d. Chair's remarks;
      e. Remarks of the commissioner of health and staff;
      f. Reports of the Executive Committee, subcommittees, workgroups, and review groups;
      g. Other reports;
      h. Other business; and
      i. Adjournment.
      j. Advisory Committee agendas may deviate from the above format at the request of the Commissioner of health in consultation with the chair and approval of the Committee.

B. Conduct of Business
   1. Agendas will be prepared for all meetings of the Advisory and Executive Committees, subcommittees, workgroups, and review groups and distributed to Committee members and alternates, subcommittee members, workgroup members, and review group members at least one week prior to each meeting.
   2. All proceedings are governed by Robert's Rules of Order, newly revised, except as specified in these operating procedures.
   3. Advisory Committee operating procedures may be suspended for a stated purpose during a single meeting by a two-thirds vote of those present and voting.
   4. Voting on any matter will be by voice vote when SCHSAC meets in-person.
   5. SCHSAC may also conduct voting using technology, such as meeting polls, electronic surveys and email, to provide a method of voting that will enable all the members to vote upon certain matters in a timely way, including between scheduled meetings.
   6. A roll call vote will be recorded on any issue when requested by one or more of those present and voting. Upon request of any member or alternate, the recorder will repeat the motion and the name of the maker and seconder of the motion immediately preceding a vote.
   7. There will be no voting by proxy, and each member is entitled to only one vote on any issue. The chair is a voting member of the Advisory and Executive Committee.
   8. Minutes will be kept of all meetings of the Advisory Committee, Executive Committee, subcommittees, workgroups, and review groups and will be submitted for approval at the subsequent meeting. Summary minutes of all Advisory Committee meetings will be prepared and forwarded to the commissioner of health and Committee members in advance of the meeting.

C. Annual Report and Proposed Work Plan. The Advisory Committee will prepare and present to the commissioner of health prior to the first meeting of the calendar year a brief annual report of activities, projects, concerns, and suggestions for future involvement. A proposed work plan for the upcoming year will also be included in the report.

D. Communication. Advisory Committee members must refrain from writing letters or engaging in other kinds of communication in the name of the Advisory Committee, unless such communication has been specifically authorized by the chair, Executive Committee, or full Committee.

VI. Committees, workgroups, review groups

A. Executive Committee

1. An Executive Committee will be responsible for conducting the interim business of the Advisory Committee and developing recommendations for decision by the State Community Health Services Advisory Committee. As part of its duties, the Executive Committee will host an annual meeting with MDH staff and various organizations (including, but not limited to, the Association of Minnesota Counties (AMC), Local Public Health Association (LPHA), Minnesota Inter-County Association (MICA) to discuss upcoming legislative topics. The Executive Committee will serve as an ongoing forum for providing updates on legislative issues.
2. The Executive Committee will be appointed by the chair using the following method:
    a. The chair and vice chair of the Advisory Committee will respectively be the chair and vice chair of the Executive Committee.
    b. Executive Committee regional members and regional alternates will be elected at the first quarterly meeting of odd-numbered years to serve two years.
    c. One member of the Advisory Committee from each of eight regions defined by the Department of Health will be elected to the Executive Committee by members from that region. Each region will also elect an alternate to the Executive Committee who will serve and vote in the regional representative's absence. (A map of these regions is attached and made a part of these operating procedures.)

       Elections for the Executive Committee representative and alternate will take place at the first Advisory Committee meeting of odd numbered years. During the meeting, time will be set aside for members in each of the eight MDH regions to caucus and then to decide by consensus or a majority vote by written ballot their choice for Executive Committee representative and Executive Committee alternate.

       Each community health board represented on the Advisory Committee and whose member or alternate is present at the meeting will have one vote for its regional representative and alternate on the Executive Committee.
    d. Only members or alternate members of the Advisory Committee may serve on the Executive Committee.
    e. The chair from the previous year will serve as a voting member if they continue to serve as an Advisory Committee member or alternate.
    f. A member who misses more than two meetings in a calendar year without prior notice to the chair and a satisfactory justification will be removed from the Executive Committee. They will be replaced by their alternate. In cases where the alternate is not able to serve or there is no alternate, the member will be replaced by a new member selected by the chair, subject to approval at the next Advisory Committee meeting by the members from the affected region.

g. If an Executive Committee member or alternate resigns or is otherwise unable to serve the full two year term, election of a new member or representative will proceed at the next Advisory Committee meeting, using the method described in Section VI.A.2.(b).

B. Subcommittees
   1. Subcommittees created by the Advisory Committee should be composed of not more than fifteen members or alternates of the Advisory Committee.
   2. Subcommittees must be appointed by the State Community Health Services Advisory Committee chair, subject to Executive Committee approval, and must be given a specified charge and period of time to fulfill that charge.
   3. The composition of subcommittees should, to the extent practical, reflect the overall composition of the Advisory Committee.
   4. The chair, vice-chair (if needed), and members of a subcommittee will be appointed by the Advisory Committee chair, subject to Executive Committee approval. Chairs are encouraged to consult Tips for Workgroup Chairs in thinking about ways to facilitate participation by guests.
   5. Alternates are not permitted for subcommittees. Persons other than members may attend meetings; these individuals may participate in discussions as invited by the subcommittee chair.
   6. Subcommittees will bring all recommendations to the Advisory Committee for approval or action but may report to the Executive Committee when necessary due to time constraints.

C. Workgroups
   1. The chair may, subject to Advisory Committee approval, establish workgroups to assist the Advisory Committee or staff. Workgroups may consist of not more than fifteen members.
   2. The chair, vice-chair (if needed) and members of workgroups will be appointed by the Advisory Committee chair, subject to Executive Committee approval. Chairs are encouraged to consult Tips for Workgroup Chairs in thinking about ways to facilitate participation by guests.
   3. The members of workgroups will serve for specified terms consistent with the workgroup's charge.
   4. Persons who are not Advisory Committee members or alternates may be appointed to workgroups as necessary to fulfill a specialized or technical charge.
   5. Alternates are not permitted for workgroups. Persons other than members may attend meetings; these individuals may participate in discussions as invited by the workgroup chair.
   6. Workgroups will report to the Advisory Committee at regular intervals and may report to the Executive Committee when necessary due to time constraints.

D. Review Groups
   1. The chair may establish, subject to Executive Committee approval, short-term (one to three meetings) review groups to assist the Advisory Committee and staff. The purpose of a review group is to offer advice to the Commissioner on technical issues related to community health services that do not have major policy implications.
   2. The chair, vice-chair (if needed), and members of review groups will be appointed by the Advisory Committee chair, subject to Executive Committee approval.
   3. Persons who are not Advisory Committee members or alternates may be appointed to review groups. Chairs are encouraged to consult Tips for Workgroup Chairs in thinking about ways to facilitate participation by guests.

4. Alternates are not permitted for review groups. Persons other than members may attend meetings; these individuals may participate in discussions as invited by the review group chair.
5. Review groups will present a final report and recommendations to the Advisory Committee or Executive Committee for approval at completion of its charge.

E. Other. Other methods, such as forming short-term informal groups or appointing members to other task forces within MDH or other state agencies, may be utilized at discretion of the Chair and commissioner of health when necessary to accomplish the work plan of the Advisory Committee.

VII. Annual Community Health Services Awards, certificates of recognition

An annual Jim Parker Leadership Award, an annual Commissioner's Award for Distinguished Service in Community Health Services, an annual award for Outstanding Dedication to Local Public Health, an annual Lou Fuller Award for Distinguished Service in Eliminating Health Disparities, and an annual Jack Korlath Partnership Award will be given to individuals or groups who meet the criteria described below. A Community Health Services Certificate of Recognition may also be awarded to an individual or group. The procedure for selection of the recipients of the awards will consist of the following:

1. The Nominating and Awards Subcommittee will supervise the nomination process and select candidates for the Community Health Services Awards. Subcommittee members will not be eligible as candidates or award recipients during the year in which they serve.
2. Criteria for selection of nominees will be approved by the Advisory Committee based on the recommendation of the Nominating and Awards Subcommittee.
3. A letter and a form specifying the nomination procedures and selection criteria will be sent to all State Advisory Committee members, chairs of community health boards, CHS administrators, and Public Health Nursing directors at least 60 days before the Annual Community Health Conference.
4. The Nominating and Awards Subcommittee will review all nominations and select award recipients according to the criteria for selection specified in the letter requesting nominations.
5. The commissioner of health will present the Jim Parker Leadership Award, the Commissioner's Award for Distinguished Service in Community Health Services, Award for Outstanding Dedication to Local Public Health, Lou Fuller Award for Distinguished Service in Eliminating Health Disparities, the Jack Korlath Partnership Award, and the Certificates of Recognition at the Annual Community Health Conference.

A. Jim Parker Leadership Award. An annual Jim Parker Leadership Award will be given to an individual or group who has demonstrated leadership, originality, and innovation in community health services, and has made a significant statewide contribution to community health services in Minnesota. The following principles and procedures will be observed in making this award:
   1. Eligibility for the award is restricted to members of the State Community Health Services Advisory Committee or their alternates, local community health services staff, members of local advisory committees, elected officials, and volunteers.
   2. The recipient of the Jim Parker Leadership Award will have demonstrated leadership in community health services by:
      a. demonstrating originality and innovation in community health services;

b. developing creative solutions to public health problems;
c. promoting collaboration and cooperation between individuals, organizations, and agencies;
d. shaping public health policy and practices with decision-making bodies; and
e. contributing to effective planning and administration of community health services.

B. Commissioner's Award for Distinguished Service in Community Health Services. An annual Commissioner's Award for Distinguished Service in Community Health Services will be given to an individual or group who has demonstrated long-term, outstanding involvement in and commitment to community health services, and will have contributed to the advancement of the public health field.
   1. Eligibility for the Commissioner's Award is restricted to members of the State Community Health Services Advisory Committee or their alternates, local community health services staff, members of local advisory committees, elected officials, volunteers, and past state public health staff (currently employed state staff are not eligible).
   2. The recipient of the Commissioner's Award for Distinguished Service in Community Health Services will have demonstrated long-term commitment to public health through:
      a. Long-term involvement in public health;
      b. Advocacy and being a proponent for public health;
      c. Distinguished service to community health services;
      d. Evidence of statewide effect on public health policy; and
      e. Contributions to advancement in the public health field.

C. Award for Outstanding Dedication to Local Public Health. An annual Award for Outstanding Dedication to Local Public Health will be given to an individual who has made a significant contribution to promoting and implementing local public health in Minnesota. The following principles will be observed in making this award:
   1. Eligibility for the award is restricted to a person who is one of the following: a local elected official, a former or retired elected official, or an appointed representative to a community health board or local board of health. Personnel paid by a community health board or local public health agency are not eligible for this award.
   2. The recipient of this award will have demonstrated outstanding dedication to public health in one or more of the following:
      a. Provide ongoing support to local public health activities;
      b. Serve as a champion for a strong local public health system;
      c. Show significant leadership and advocacy for policies that strengthen local public health;
      d. Promote a strong government public health system through:
         i. Helping to develop or support laws and ordinances which effectively protect and promote the health of the public;
         ii. Supporting funding for state and local public health activities;
         iii. Advocating for individuals, families, and communities at high risk for public health problems;
         iv. Promoting community support for public health at the local level; and
         v. Showing leadership in statewide committees, task forces, etc., which address public health.

D. Jack Korlath Partnership Award. An annual Jack Korlath Partnership Award will be given to an individual or group who has demonstrated a commitment to developing and maintaining close collaborative relationships between state and local public health agencies in Minnesota. The following principles and procedures will be observed in making this award:
    1. Eligibility for the award is restricted to state and local public health staff.
    2. The recipient of the Jack Korlath Partnership Award will have demonstrated leadership through:
        a. Long term involvement in public health;
        b. Advocacy for the value of the state and local partnership in strengthening Minnesota's public health system;
        c. Focusing on implementing effective public health programs;
        d. Support from both state and local public health staff; and
        e. Gaining professional respect for considering differing opinions and approaches to an issue or problems.

E. Lou Fuller Award for Distinguished Service in Eliminating Health Disparities. An annual Lou Fuller Award for Distinguished Service in Eliminating Health Disparities will be given to an individual, group, or organization that has made a significant contribution to the elimination of health disparities in populations of color and American Indians in Minnesota. The following principles and procedures will be observed in making this award:
    1. Eligibility for the award is open to individual, group, or organization. Individuals should be one of the following:
        a. Current or former local elected official
        b. Present or past local public health staff
        c. Present or past state public health staff
        d. Staff person or volunteer with a community organization
    2. The recipient of the Lou Fuller Award for Distinguished Service in Eliminating Health Disparities will have demonstrated distinguished service in one or more of the following ways:
        a. Long-term involvement in eliminating health disparities
        b. Advocacy for involving populations of color and American Indians in the solutions for change
        c. Responsible for identifying a system, policy or environmental change needed to eliminate health disparities and has led the process to change
        d. Responsible for the implementation of a project, program or strategy that reduces a specific health disparity in a defined population or geographic area; data provides evidence of the reduction of disparities

F. Community Health Services Certificates of Recognition. The Nominating and Awards Subcommittee may also select up to three individuals and/or committees, task forces, or other local groups to receive Community Health Services Certificates of Recognition.

G. Certificate of Appreciation to Outgoing SCHSAC Members and Alternates. All SCHSAC members and alternates who serve terms on the State Community Health Services Advisory Committee should receive a Certificate of Appreciation from the commissioner of health. The commissioner will present the Certificate of Appreciation to members after being notified that they no longer serve on the committee.

VIII. Amendments

Amendments of these operating procedures may be made only after notification of the Advisory Committee at least thirty (30) days in advance of a regularly scheduled meeting. Amendment requires a vote of two-thirds of the members present. Suspension of rules or operating procedures does not constitute amendment.

Updated February, 2023