State Community Health Services Advisory Committee (SCHSAC) overview and orientation

FEBRUARY 2023 PRESENTATION AND SLIDES

This document contains screenshots of the slides from the February 2023 SCHSAC orientation, along with a transcript of the presentation.

Contents

Land acknowledgment 2
Today's agenda 2
What is public health? 3
The health of our communities… 3
Minnesota's governmental public health system 4
1976 passage of Local Public Health Act 4
Governance and organizational structures 5
Tribal sovereignty 5
What is SCHSAC? 6
From the Local Public Health Act… 6
How does SCHSAC work with MDH and community health boards? 6
How we work together: Three simple rules for the state-local partnership 7
Working in partnership with MDH and community health boards 8
Topics covered by SCHSAC: Current and past 8
Our Current Challenge: Transforming the public health system in Minnesota 8
Joint Leadership Team 9
A framework for governmental public health in Minnesota 9
Operating procedures 10
SCHSAC Leadership 11
Expectations 11
SCHSAC Meetings and Reimbursements 12
Resources 13
Questions, thank you, and contact information 13

Land acknowledgment

> *Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.*
>
> *We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*
>
> *This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council.*

It's important for us to understand the history that has brought us today to the land where we live, learn, work, and play, and to understand our place within this history.

We'd like to acknowledge together that some people were brought to this place against their will, some were drawn here from distant homes seeking a better life, and some have lived on this land for more generations than we can count and continue to live here.

Together, we acknowledge that we stand on the ancestral lands of the Dakota people, and we acknowledge the Dakota, Ojibwe, Ho-Chunk, and other nations who have called this place home.

We honor the truth of these experiences, rather than burying them, and invite you to join us in uncovering our past and present at all public events.

Today's agenda

Today, we'll cover two major topics:

- What is public health? Past and current work.
- What is SCHSAC? Expectations and resources.

We hope to have time for questions at the end. If you could, please save your questions until then, or put them into the chat and we can answer them as we're able.

What is public health?

Let's start with: 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. Much like a doctor might use tools like a stethoscope and blood pressure cuff to help measure whether a person is healthy, public health practitioners use data and what they hear from community members to consider a community's health. Public health professionals work together with partners across all different sectors to map out the best ways to move together toward what's healthy.

The health of our communities…

How do we do this together? What actually makes a community healthy?

Well, it helps to think of the health of our communities like a building. A building needs a strong, stable foundation, and a community's health provides the foundation on which we all thrive together.

To keep this foundation solid and the community standing, different pillars of the community work together to reinforce each other—businesses, schools, hospitals, government agencies all strengthen each other and have a role in keeping a community healthy.

If we wait to treat individual health issues one at a time, we ignore some of the structural flaws that keep causing problems, sometimes widespread. Public health professionals help diagnose some of these issues with data, and by meeting with community members, by listening to what's happening, but they

can't fix it alone. But going back to the pillars of our communities—business leaders, educators, community members—everyone who lives, learns, works, and plays in a community has the tools to help keep that community healthy and vibrant.

Public health leverages and elevates community resources for community solutions to prevent structural issues. We work with others in our community to make sure we have things like safe drinking water, access to healthy foods, safe and affordable housing, neighborhoods free from crime and violence, quality education, and more.

Minnesota's governmental public health system

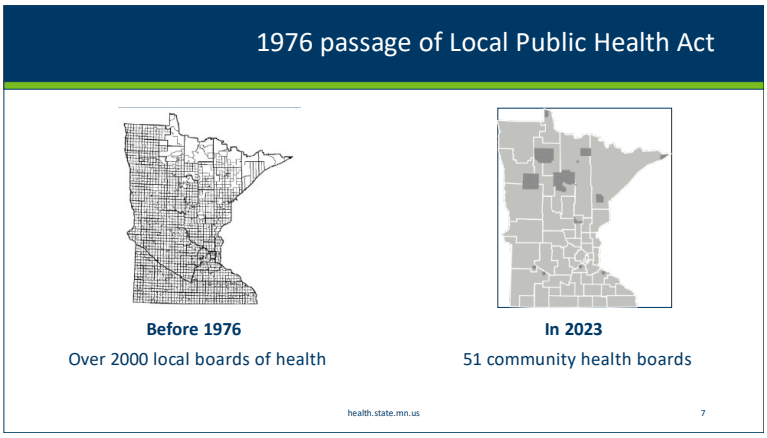
It's also helpful for us to understand a little bit about the history of public health in Minnesota. This is a picture of the first public health lab in Minnesota, still standing in Red Wing today.

Governmental public health has been around since Minnesota became a state. It was so important to Minnesota's first legislators that they addressed public health in their very first session in 1858, providing towns and cities with authorities to control communicable disease. Not long after, nearly every township began establishing local boards of health.

We have a longstanding legacy of health and wellness in Minnesota, and we carry that legacy forward together today.

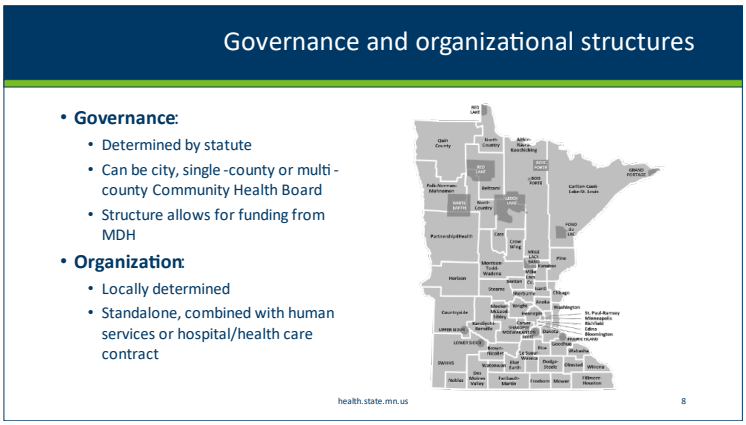
1976 passage of Local Public Health Act

However, over time, Minnesota ran into a different sort of problem: The expansion of public health across the state was so successful that by the mid-1970s, there were over 2,000 local boards of health. The State Board of Health (that is, what's now MDH) was expected to communicate and coordinate with all of those boards—you can see them on the map on the left, in all those tiny squares.



In response, the Minnesota Legislature created our current community health board structure in 1976, which you see on the right side of your screen. This happened through the Local Public Health Act, which is still in place today.

Governance and organizational structures



Let's talk a little bit more about these jurisdictions and how we **govern**, and then **organize**, local health in Minnesota. The way public health is governed is determined by statute; the way public health is organized and actually carries out the work is locally determined.

We have three **governing** structures that are responsible for public health: city, single county and multicounty community health boards. There are several requirements in statute that define the structure and requirements of CHBs. There are currently 51 CHBs. These governing structures also allow for public health to be funded in Minnesota. CHBs are the only governmental entity eligible for funding under the Local Public Health Act grant and other funding from MDH.

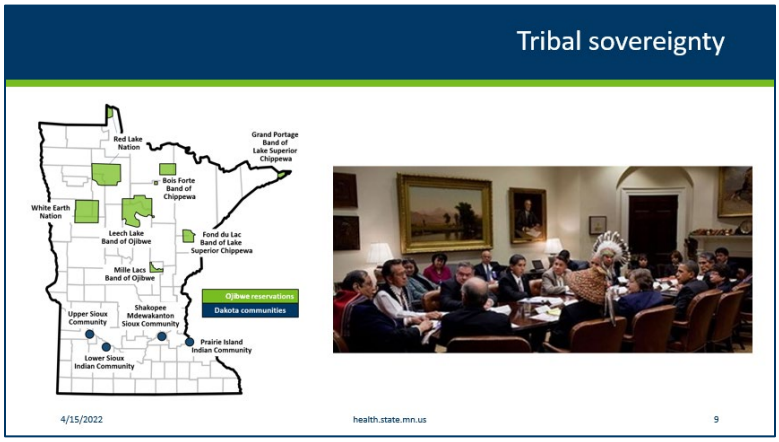
When it comes to how local public health is **organized**, it depends on the location and it's up to them to decide—for example, public health can operate as a standalone department, work with other counties as an integrated health department, can be integrated with another department like human services, or the county may have contract for public health services with a hospital (this is rare).

For a larger map of Minnesota's community health boards (above), visit: Minnesota community health boards and tribes (PDF) (https://www.health.state.mn.us/communities/practice/connect/docs/chb.pdf).

Tribal sovereignty

Let's pause for a moment to address tribal public health.

MDH and local health departments work with tribal health departments to protect and promote health. Tribes are not governed by the Local Public Health Act and current statute does not allow Tribes to become Community Health Boards. For that reason, Tribes do not sit on SCHSAC – which has a representative from each of MN's 51 CHBs.



This is because Minnesota's tribal nations are sovereign and manage their affairs independent of state and federal governing structures, including for public health. Each tribal nation has its own public health authority, and MDH works in relationship with them, not by governing them.

What is SCHSAC?

So now, let's talk more about SCHSAC.

From the Local Public Health Act…

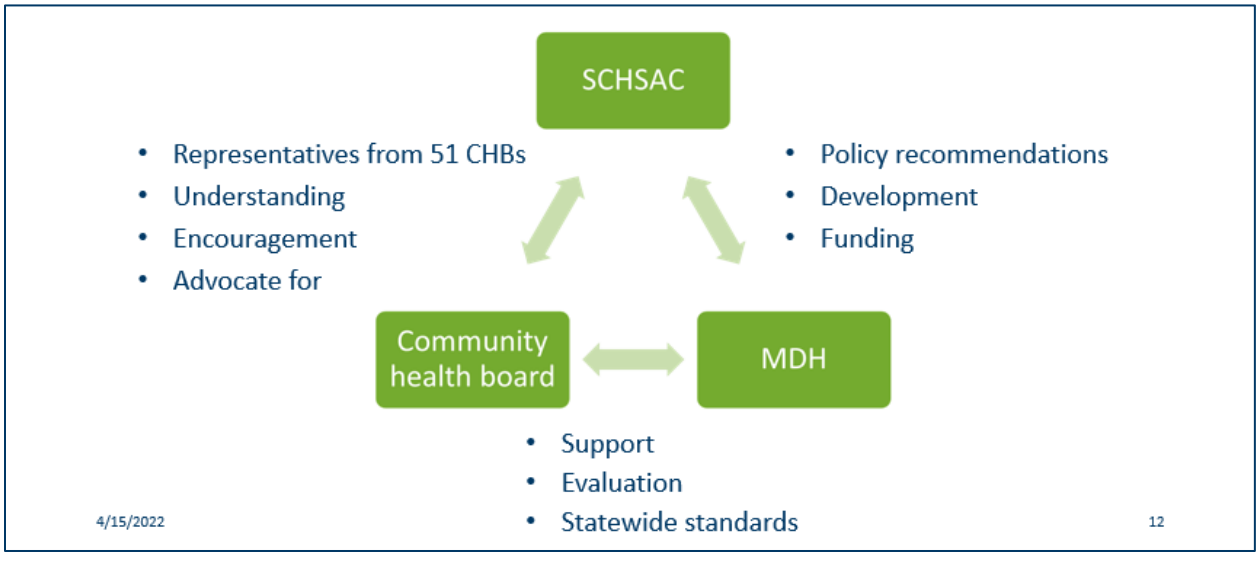
Remember the Local Public Health Act of 1976, where Minnesota moved from over 2000 local boards of health to about 50 community health boards? That legislation also established SCHSAC, and we've been going ever since.

SCHSAC was established to share responsibility between state and local governments when it comes to public health.

SCHSAC is unique in Minnesota. MDH is the only state agency with this kind of committee and relationship.

SCHSAC is also unique nationally. Minnesota is the only state we are aware of that convenes its state and local boards of health in a partnership like SCHSAC.

How does SCHSAC work with MDH and community health boards?



Let's talk about what the work of SCHSAC means when we talk about its role in advising, consulting with, and making recommendations in public health.

This work happens simultaneously with community health boards and with MDH, in an ongoing, continuous way.

As the community health board's representative to SCHSAC, you're bringing local ideas to this statewide advisory council.

You also help form policy and advocate for funding, taking your context as a SCHSAC member back from the state level to your community health boards and members.

Amid this, MDH and community health boards work together to carry out the work of public health in Minnesota.

In the end, you do what community leaders do best—make connections, talk to people, fire them up about what public heath does. You're one of the best monitors for the public health of your communities, and you can see what's being done locally that's really helping, or what's missing in your community and how health suffers. You're a key part of this ongoing collaboration to help keep Minnesotans healthy.

How we work together: Three simple rules for the state-local partnership

One of the keystones to how SCHSAC operates are these three simple rules, which a SCHSAC workgroup launched in 1999 during a time when the relationship between MDH and local health departments was strained. We keep these best practices in mind with everything we do in SCHSAC—you'll even find them printed on agendas and other SCHSAC materials.

These are the things we want SCHSAC to be known for when we work across state, local, and legislative platforms.

We seek first to understand. This means that we ask and listen. This requires that each person understands the perspective of the other by asking clarifying questions, listening without judgment, and by removing personal feelings from the situation.

We make expectations explicit. In doing that, we communicate what we hope to achieve, our concerns, and where we feel problems might lie. Some expectations are longstanding, and we may need to renegotiate some for specific situations.

We think about the part and the whole. Decisions and actions made by one part of the system can impact the whole system. The public health partnership in Minnesota is complex, and action by one part can transform other parts.

Working in partnership with MDH and community health boards

- Develop and adopt statewide standards and guidelines
- Influence policy
- Examine and measure the public health system, to identify gaps in capacity
- Make funding decisions
- Explore emerging and/or controversial issues

SCHSAC's influence is felt in every Minnesota community, as SCHSAC recommendations are not only submitted to the commissioner of health, but are also adopted by community health boards, implemented statewide through guidelines and reporting procedures, and are used as the basis for developing public policy.

SCHSAC also convenes workgroups on many different, timely topics, and encourages discourse when times are challenging or opinions are split.

Topics covered by SCHSAC: Current and past

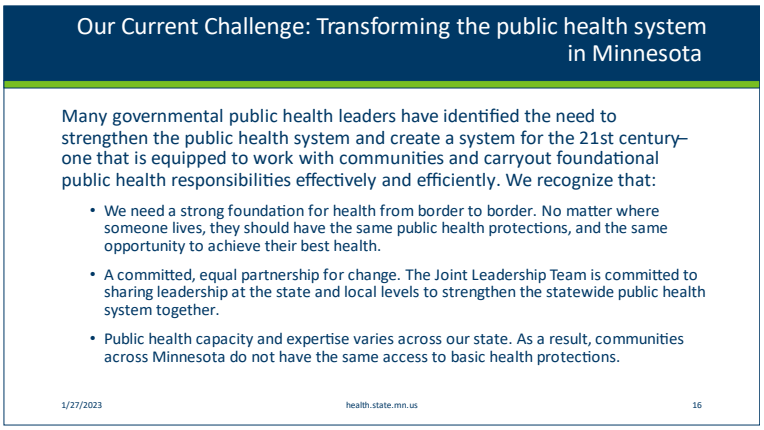
Each year, SCHSAC identifies, develops, and responds to critical public health issues, some of which you see here. This work happens through committees, workgroups, regular communications, and meetings. This happens because of the commitment of hundreds of state and local public health professionals and local elected officials. Some examples include:

- Environmental health
- Disease prevention and control
- Health care reform
- Youth risk behavior
- Emergency preparedness
- Public health accreditation
- Health equity
- Children of incarcerated parents
- Strengthening the public health system

Our Current Challenge: Transforming the public health system in Minnesota

Many governmental public health leaders have identified the need to strengthen the public health system and create a system for the 21st century – one that is equipped to work with communities and carryout foundational public health responsibilities effectively and efficiently. We recognize that:

We need a strong foundation for health from border to border. No matter where someone lives, they should have the same public health protections, and the same opportunity to achieve their best health.

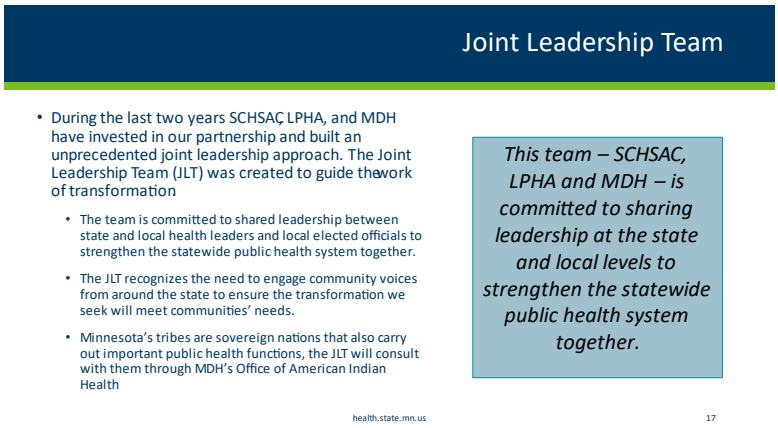


For many reasons, we don't have a strong foundation for health from border to border. **Public health capacity and expertise varies across our state**. As a result, communities across Minnesota do not have the same access to basic health protections.

Joint Leadership Team

During the last two years SCHSAC, LPHA, and MDH have invested in our partnership and built an unprecedented joint leadership approach. The Joint Leadership Team (JLT) was created to guide the work of transformation.

- The team is committed to shared leadership between state and local health leaders and local elected officials to strengthen the statewide public health system together.
- The JLT recognizes the need to engage community voices from around the state to ensure the transformation we seek will meet communities' needs.



- Minnesota's tribes are sovereign nations with their own public health authority. Tribes are currently embarking on their own process to define and strengthen public health infrastructure. The JLT and tribes will learn from each other and make needed connections as the work progresses.

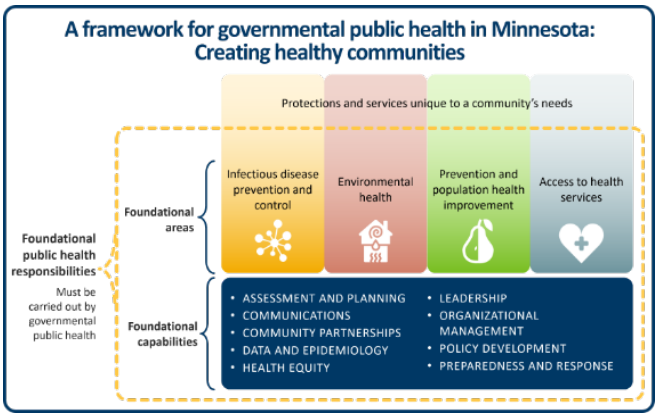
A framework for governmental public health in Minnesota

Where you live should not determine your level of public health protection.

This framework of foundational public health responsibilities represents the work governmental public health must do to meet communities' unique needs statewide, grounded by this shared core value of equity.

Governmental public health must carry out the foundational public health responsibilities as outlined in the dashed yellow rectangle, and the foundational responsibilities must be present in every community across the state to efficiently and effectively promote and protect the health of all people in Minnesota.

A framework for governmental public health in Minnesota



health.state.mn.us 18

A way to think about this is to imagine a home.

It is the foundational capabilities, what you see in the dark blue rectangle, that represent the foundation: All houses need a strong foundation for the rest of the house to function properly.

And it is the foundational Areas, what you see in orange, red, green, and blue, that represent the rooms in the home: We expect a house will have a kitchen, bathroom, bedrooms, etc.

And the protections and services unique to a community's needs, what is outside of the yellow dashed rectangle, represent the unique needs and decisions of each homeowner, like furniture, paint color, fixtures, etc. They are still very important, but are not the same in every house. An example would be providing radon test kits to citizens. That is not a foundational public health responsibility. However, in areas where radon is prevalent, governmental public health may provide radon kits and testing as a unique protection or service.

That is the quick overview. More information can be found…

https://www.health.mn.gov/communities/practice/systemtransformation

Operating procedures

SCHSAC operating procedures

- **Membership**:
  - Each community health board is represented by one member and one alternate
  - Terms begin January 1
  - Members typically serve until someone takes their place
- **Attendance**: SCHSAC will notify community health board if no representation of member or alternate for three consecutive meetings
- **Support**: MDH provides staff and other resources to support the work of the committee
- **Watch for emails from health.schsac@state.mn.us**

health.state.mn.us 19

Let's talk a little bit about the on-the-ground logistics of SCHSAC operations.

Each community health board may appoint a member to serve on SCHSAC for a one-year term, which begins on January 1.

Members may serve for an unlimited number of terms.

Each community health board represented may appoint one alternate,

whose term coincides with the term of the member.

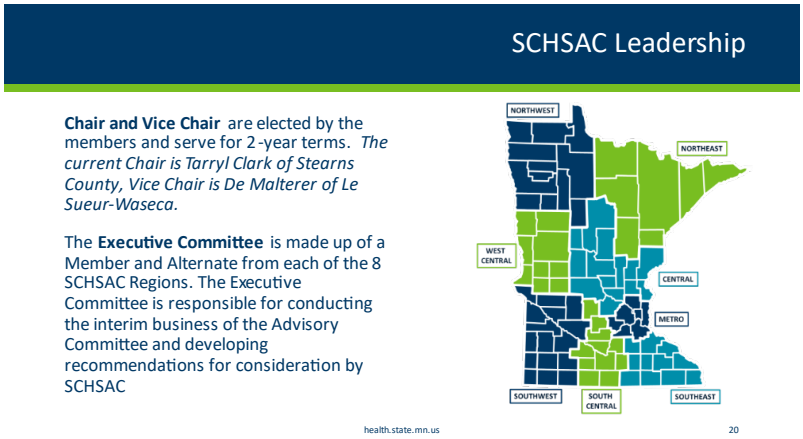
The SCHSAC chair will notify a community health board if it is not represented by a member or alternate for three consecutive regular meetings. **SCHSAC works best when members are present and involved.**

MDH supports SCHSAC by setting and convening meetings, taking meeting notes and distributing them afterward, facilitating workgroups, and developing work plans, among other things. MDH does this in partnership with SCHSAC leadership.

SCHSAC support staff send official SCHSAC communications from the official SCHSAC email address, so watch for emails from health.schsac@state.mn.us

SCHSAC Leadership

SCHSAC is led by a Chair and Vice Chair who are elected by the members to serve a two-year term. They work with the Executive Committee to conduct the business of SCHSAC, set the agenda for the work of SCHSAC and provide guidance and oversight. The Executive Committee is made up of the Chair, Vice Chair, Past Chair and a member and an alternate from each of the 8 SCHSAC Regions.



The current Chair is Tarryl Clark of Stearns County, Vice Chair is De Malterer of LeSeur-Waseca. A list of the Executive Committee can be found on the SCHSAC webpage.

https://www.health.state.mn.us/communities/practice/schsac/members/roster.html

Expectations

Because SCHSAC works best when members are involved and present, we have these expectations for how we work together.

SCHSAC members meet quarterly. In between meetings, SCHSAC members work to continue to understand and advocate for public health in their communities and serve as the connection between SCHSAC and where they live.

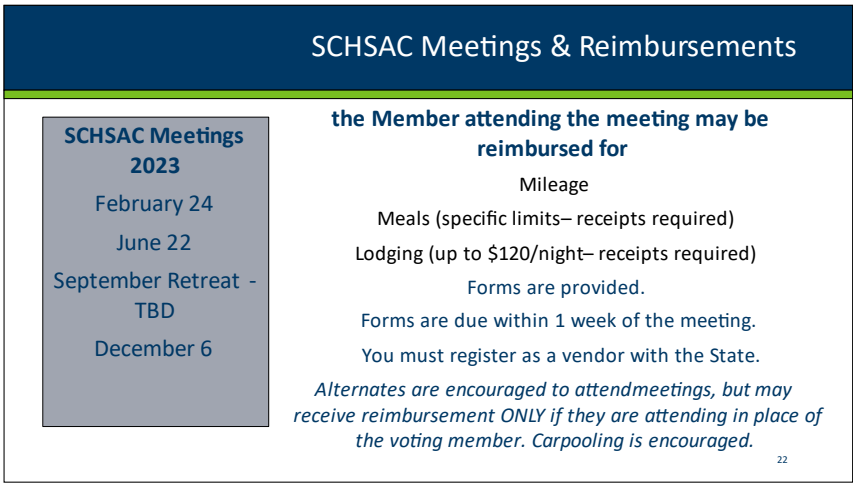
SCHSAC members also serve on workgroups that address ongoing work and address special topics of interest like those we mentioned a few minutes ago. You can find a list of current workgroups on the SCHSAC website, and if you'd like to get involved with a workgroup there's instructions on that page of what to do.

You're also a champion for public health in your community and with your elected peers and other community leaders. As you grow your expertise in your community's health needs, use your voice to make sure public health is represented, heard, and celebrated.

If you're an alternate, you still play a very important role. Alternates should attend quarterly meetings with their member and contribute to SCHSAC discussions and also take the member's place and participate as such when the member cannot attend.

SCHSAC Meetings and Reimbursements

There are a variety of statutes and regulations that cover reimbursements for state advisory bodies like SCHSAC. Generally, the member attending the meeting may be reimbursed for certain expenses such as mileage, meals, and lodging (within certain limits). The rates can change, so MDH support staff provide updated forms at each SCHSAC meeting. Reimbursement requests are due within 1 week of the meeting. In order to get paid by the State, you must be registered as a vendor. MDH staff can help provide information on how to set that up. Only 1 member per CHB is eligible to be reimbursed. Alternates may be reimbursed if they are attending in place of the member.

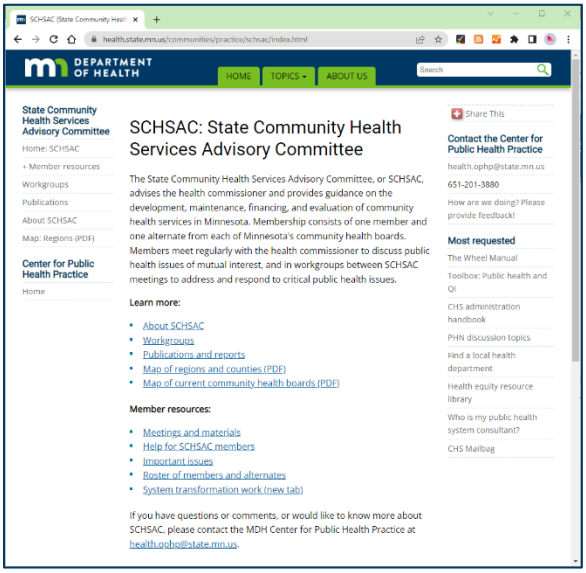


That being said, Alternates and CHS Administrators are always welcome at SCHSAC meetings and we encourage you all to carpool when possible and take advantage of the opportunity to have time together. If you absolutely cannot attend in person, we encourage you to take advantage of the ability to attend virtually when possible.

Please mark your calendar for the 2023 SCHSAC Meetings, most are hybrid meetings, and you are encouraged to attend in person if at all possible.

Resources

Here are a few helpful resources as you move forward:



The first is the SCHSAC website (https://www.health.state.mn.us/schsac), which lives within the overall MDH website. We've heard from members that this can be a little confusing to be co-located with the MDH website, so just keep the URL on this page in mind—go to the MDH website, then add a forward slash and the word "SCHSAC." That will always get you back to where you need to be.

The second is the NALBOH homepage (https://www.nalboh.org/), for the National Association of Local Boards of Health. NALBOH provides resources and national context on issues important to community health boards.

The third resource, perhaps the most important, is your own local public health and community health board staff. They're experts in public health, and like you, they're also experts in the needs of their communities. They're an invaluable partner in your work.

We are also launching a new Mentor Program this year. You should have received an email with instructions about how to sign up and get matched with an experienced SCHSAC member who can help you better understand how to maximize your time as a SCHSAC member or alternate.

Questions, thank you, and contact information

If you would like more information about SCHSAC or have questions, please reach out:

SCHSAC online
https://www.health.state.mn.us/schsac

SCHSAC email
health.schsac@state.mn.us

MDH Center for Public Health Practice
651-201-3880
health.ophp@state.mn.us

Minnesota Department of Health
State Community Health Services Advisory Committee
651-201-3880
health.schsac@state.mn.us www.health.state.mn.us/schsac

January 31, 2023

To obtain this information in a different format, call: 651-201-3880.