

# LPH Data Modernization SCHSAC Workgroup Meeting Minutes

**DATE: AUGUST 4<sup>TH</sup>, 2025**

**MINUTES PREPARED BY: GABBY CAHOW, MDH DATA MODERNIZATION PLANNER**

**LOCATION: VIRTUAL, MICROSOFT TEAMS**

## Attendance

### ▪ Members

**De Malterer-Le Sueur**- Waseca Counties SCHSAC Elected, **Shelly Aalfs**-Countryside Public Health, **Tarryl Clark**- Stearns County SCHSAC Elected, **Angie Hasbrouck- Melanie Countryman**-Dakota County Public Health, **Lisa Klotzbach**-Dakota County Public Health, **Alyssa Johnson**-Faribault-Martin CHB, **Tina Jordahl**-Olmsted County Public Health Services, **Richard Scott**-Carver County Public Health, **Rob Prose**-St. Louis County Public Health, **Joel Torkelson** (alternate for Sarah Grosshuesch)-Wright County Public Health, **Angel Korynta**-Polk-Norman-Mahnomen Public Health

### ▪ MDH Subject Matter Experts

**Jessie Carr**-MDH Environmental Health Division, **Vidhu Srivastava**-MDH Agency Project and Planning (APP), **Nila Hines**-Office of Data Analytics, **Abby Stamm**-MDH Office of Data Strategy and Interoperability (DSI), **Kari Guida**-MDH Center for Health Information Policy and Transformation (CHIPT), **An Garagiola**- MDH Office of American Indian Health (OAIH)

### ▪ Facilitators/Guest Attendees

**Gabby Cahow**-MDH Public Health Strategy and Partnership Division (PHSP), **Linda Kopecky**-MDH Center for Public Health Practice (PHP), **Heather Myhre**- MDH Center for Public Health Practice (PHP), **Chelsie Huntley**-MDH Public Health Strategy and Partnership Division (PHSP)

## Purpose

- The main purpose of the August 2025 LPH Data Modernization SCHSAC Workgroup meeting is to create a shared understanding of the Foundational Public Health Responsibilities (FPHR) related to data and informatics. A key deliverable of this workgroup is to advocate for co-created solutions, resources, and technical assistance to ensure LPH is able to meet foundational data and informatics capabilities, so it is essential that this group understand the foundational data capabilities, have a sense of the current data capacity across the system, and explore the needs and opportunities to improve LPH foundational data capacity to use data for public health practice. Additionally, the Workgroup began to discuss and

develop group norms. It's essential to this group's success that we create a space that supports collaboration, trust, and engagement. Group norms can help the members of the Workgroup participate in a way that meets the needs of the members individually and the goals of the workgroup as a whole. Additionally, defining our group norms and decision-making processes are important components of the Workgroup Charter.

## Agenda

- Meeting Kick-Off
- Continuing Introductions and Ice Breaker
- Group Norms Activity
- Foundational Public Health Responsibilities (FPHR)
  - Overview-Linda Kopecky, MDH Center for Public Health Practice
  - Examples Across the System- Heather Myhre, MDH Center for Public Health Practice
  - FPHR Discussion

## Decisions made

- The Workgroup Chairs approved the membership application of Angie Hasbrouck from Horizon Public Health to represent the West Central Local Public Health Association (LPHA), Region III.
  - Membership approval will be sent to SCHSAC Executive for the final approval and updated on the Workgroup Charter.

## Action items

- If you missed the meeting or just needed more time to brainstorm around Group Norms, please visit this MURAL and add your thoughts to help shape the way work together: [LPHDMSW Group Norms Activity • Data Modernization Planner](#)
- As we inch closer and closer to moving into our “prioritization” phase of this work, I would encourage you to revisit the [LPHDMSW July 2025 Topic Brainstorm](#) Padlet and add ideas to the new section named, “What governmental public health data system/infrastructure issues do you need to understand more about in order to be able to set priorities?”
- Use or share the talking points below with your region or division.
  - Consider asking your region or division how the assessment and surveillance capabilities and data responsibilities in the foundational areas are or aren’t being met.

- Ask for feedback on how the governmental public health system may be supporting or hindering FPHR data work.

## Talking Points

- A primary deliverable of the LPH Data Modernization SCHSAC workgroup is to advocate for co-created solutions, resources, and technical assistance to ensure LPH is able to meet the Foundation Public Health Responsibilities (FPHR) related to data and the informatics capabilities that intersect with data.
- In addition, to the Assessment and Surveillance capabilities, each public health area of responsibility (Communicable Disease Control, Chronic Disease & Injury Prevention, Environmental Public Health, Maternal, Child, & Family Health, Access to & Linkage to Clinical Care) includes data responsibilities specific to that area. Some of the informatics capabilities related to data (Assessment and Surveillance) can be found under the Organizational Competencies capabilities.
- Fulfilling the FPHR Framework is the responsibility of the entire governmental public health system (MDH, LPH, & TPH working in partnership).
- LPH has been leveraging their FPHR grant dollars to increase their data capacity with 75% of LPH reporting using FPHR funding on Assessment and Surveillance Activities in 2024.
- The LPH Data Modernization SCHSAC Workgroup supports the transformation of the governmental public health system to enable and ensure that LPH can access, collect, analyze, interpret, use, and share population health data to improve the health of their communities. The Workgroup can use the FPHR Framework to guide the process to identify priorities, set goals, and develop a workplan.

## Meeting notes

- Group Norms

The workgroup was broken into small groups of 2-4 people to think about, discuss, and identify group norms related to values/ways of being, communication, decision-making, and conflict resolution that are important to them. They added these ideas to a virtual white board (MURAL). Below are the brainstormed ideas from the small group activity:

- Values/Ways of Being
  - 7 Grandfather Teachings: love, respect, bravery, truth, honesty, humility, and wisdom.
  - Be prepared and present
  - Practical

- Keep the whole system in mind
- Measured risk- be willing to try some things that are new
- Communication
  - Appreciate agenda items ahead of time and setting expectations of what will be covered/staying on topic
  - When possible, cameras on, try to eliminate distractions so can focus on the work. (it's also lovely seeing everyone).
  - Interactive Technology is great but can be an overload of input, so having enough quiet space while together can be helpful
  - Recognize different communication styles: blend of introverts and extroverts; processors + quick decision-makers. Allow time to process.
  - Avoid groupthink - make sure all have opportunity to voice opinions even if they are different than the majority.
  - Allow time for all voices to be heard - some are extroverts, others are introverts
  - Create opportunities for all voice to be heard and feel heard
  - Share the time and air
- Decision-Making
  - Clear process on decision making to avoid spinning of wheels
  - Recognize that we are making decisions in a transformative process, and willingness to make decisions and commitments and try them and see how they work
  - What are the decisions we can make together- clarity around this and where we can have the most impact.
    - Authority around decision making.
  - There will generally be more than one "correct" answer so allowing for creativity and different approaches. Don't disregard different ideas.
- Conflict Resolution
  - Start with the WHY- helps avoid a narrative of 1 vs another.
  - Anchor decisions on shared values

- The ideas will be organized into themes and summarized by the Workgroup Facilitator (Gabby Cahow), shared with Workgroup Chairs (Melanie Countryman, Tarryl Clark, and Shelly Aalfs) for feedback and approval, and then sent out to the Workgroup via email for feedback and final approval.
- **Foundational Public Health Responsibilities (FPHR): Data and Informatics Related Capabilities**
  - **Overview: Linda Kopecky, MDH Center of Public Health Practice (PHP)**
    - **Foundational Public Health Responsibilities and Framework - MN Dept. of Health**
    - **Foundational Public Health Responsibilities: National Framework, Minnesota Activities**
    - **Foundation Public Health Responsibilities SCHSAC Workgroup**
  - **Examples from the System: Heather Myhre, MDH Center of Public Health Practice (PHP)**
    - **FPHR Funding Timeline**
      - 2024 grant year: 1/1/2024 –12/31/2024
        - February –March: workplans and budgets
        - Quarterly reporting
        - Carryforward funds through 6/30/2025
      - 2025 grant year: 1/1/2025 –12/31/2025
        - January –February: workplans and budgets
        - Bi-annual reporting
        - Carryforward funds through 6/30/2026
    - **Percentage of CHBs Reporting on Assessment & Surveillance Activities**
      - 2024: 69%
      - 2025: 75%
    - **Examples of Assessment & Surveillance Activities Across the State**
      - Community Health Needs Assessment
        - Strengthened intentional community engagement

- Utilize GIS to map community needs and resources
- Community Health Improvement Plans
- Staffing
  - Health Informatics Technician
  - Community Health Strategist
  - Planner/Communications Specialist
- Contractor to compile data metrics, review existing data, and technical assistance to interpret and utilize data in current work
- Assessment and surveillance contractor to assist in development of data infrastructure
- Assess and analyze data on the disparities in the distribution of disease and social determinants of health to assist program staff in identifying groups experiencing health disparities
- Build internal capacity to gather accurate and comprehensive data to support public health strategy and decision-making
- Equity integration from how data is collected and interpreted to how communities are engaged in shaping priorities.
- Utilize technology/software for effective data collection, analysis, strategic planning tools
  - Power BI, MAPP 2.0, RBA, SOAR, Clear Impact Scorecards
- Investments in workforce capacity, technology, and regional collaboration are accelerating use of real-time data for decision-making
- Data dashboards within the county and for regional partners
- **Discussion Summary**
  - **Cross-cutting Application of Data Work:**
    - The framework helps clarify how data and informatics intersect across domains and responsibilities.

- Emphasis was placed on **data's dual role**: supporting outward-facing community health work and internal performance measurement within Community Health Boards.
- **Reflections from Local Public Health:**
  - **Gabby Cahow** noted local public health's increasing focus on data capabilities, especially as reflected in 2024 reporting.
  - **De Malterer** and others highlighted how the framework makes it easier to prioritize efforts and identify system-wide synergy.
- **Local Examples:**
  - **Heather Myhre** emphasized the benefit of structured support for smaller local health boards lacking data capacity.
  - **Rob Prose** and **Tina Jordahl** shared use cases of **syndromic surveillance** to identify community needs (e.g., suicide clusters), leveraging partnerships with medical examiners and school districts for prevention and education.
    - These examples demonstrated the real-world value of near-real-time data and informed cross-sector collaboration.
- **Data Validation and Governance:**
  - Discussion around how to determine when data is "good enough" for action versus needing further validation.
  - **Kari Guida** urged practical action based on available, credible data rather than perfectionism.
  - **Linda Kopecky** added that data validation also includes community interpretation and integrating qualitative input.
- **System-Level Challenges and Opportunities**
  - **Barriers to Data Sharing:**
    - Interest was expressed in **API access** to MDH data systems to streamline local access.
    - Primary obstacle is **data governance and policy**, not technology. Regulatory/statutory complexity (e.g., family home visiting data) was cited as a current hurdle.
- **Proposal for Pilot Approaches:**

- **Jessie Carr** suggested piloting data-sharing with one specific dataset (e.g., death records) to navigate statutory and governance concerns in a focused way.
- Participants supported the idea of forming small workgroups to explore these pilots.

## Garden Plot

The “Garden Plot” is a place for topics, ideas, and questions that came up during the meeting that still need to be “tended” to at a future meeting.

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## Next meeting

**Date:** Tuesday, September 2<sup>nd</sup>, 2025

**Time:** 10:05am-11:30am

**Location:** Virtual, Microsoft Teams

**Agenda items:** EHR data for public health action: Health Trends Across Communities (HTAC) and MDH Syndromic Surveillance.

(If there are additional agenda items, please email them to [gabby.cahow@state.mn.us](mailto:gabby.cahow@state.mn.us))

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