

LPH Data Modernization SCHSAC Workgroup July 2026 Meeting Minutes

INTEROPERABILITY & DATA ACCESS: MONDAY AUGUST 10TH, 2026 | 10:00AM-11:00AM

DATA QUALITY/USABILITY & DATA CAPACITY: WEDNESDAY AUGUST 5TH, 2026 | 3:00PM-4:00PM

SHARED GOVERNANCE & DATA RELATIONSHIP: THURSDAY AUGUST 10TH, 2026 | 11:05AM-12:00PM

MINUTES PREPARED BY: GABBY CAHOW, MDH DATA MODERNIZATION PLANNER
LOCATION: VIRTUAL, MICROSOFT TEAMS

Attendance

- Interoperability & Data Access Subgroup:
Members

Melanie Countryman-Dakota County Public Health, **Rob Prose**-St. Louis County Public Health

MDH Subject Matter Experts

Kari Guida-MDH Center for Health Information Policy and Transformation (CHIPT), **Dawn Huspeni**-MDH Infectious Disease Epidemiology, Prevention, and Control (IDEPC) Division

Facilitators/Guest Attendees

Gabby Cahow-MDH Public Health Strategy and Partnership Division (PHSP)

- Data Quality/Usability & Data Capacity Subgroup:
Members

Shelly Aalfs-Countryside Public Health , **Angel Korynta**- Polk-Norman-Mahnomen Public Health

MDH Subject Matter Experts

Abby Stamm-MDH Office of Data Strategy and Interoperability (DSI), **Emily Styles**-MDH Health Promotion Chronic Disease (HPCD)

Facilitators/Guest Attendees

Gabby Cahow-MDH Public Health Strategy and Partnership Division (PHSP)

- **Shared Governance & Data Relationship Subgroup:**

- Members**

- De Malterer**-Le Sueur- Waseca Counties SCHSAC Elected, **Tina Jordahl**-Olmsted County Public Health Services, **Richard Scott**-Carver County Public Health, **Sarah Grosshuesch**-Wright County Public Health

- MDH Subject Matter Experts**

- An Garagiola**, MDH Office of American Indian Health (OAIH), **John Li**- MDH Chief Data & Analytics Officer Executive Office

- Facilitators/Guest Attendees**

- Gabby Cahow**-MDH Public Health Strategy and Partnership Division (PHSP), **Chelsie Huntley**- MDH Public Health Strategy and Partnership Division (PHSP),

Purpose

- In August 2026 the Workgroup met in Subgroups to continue to brainstorm ideas for recommendations.

Agenda

- Meeting Kick-Off
- Recommendation Idea Generation
- Meeting Wrap-Up

Decisions made

- None at this time

Action items

- **Interoperability & Data Access Subgroup:**
 - Visit the MURAL Board to add ideas ahead of next subgroup meeting
 - Review the first draft of recommendations for Data Access (Sent separately to subgroup)

- **Data Quality/Usability & Data Capacity Subgroup:**
 - Visit the MURAL Board to add ideas ahead of next subgroup meeting
 - Review the first draft of recommendations for Data Capacity (Sent separately to subgroup)
- **Shared Governance & Data Relationship Subgroup:**
 - Visit the MURAL Board to add ideas ahead of next subgroup meeting
 - Review the first draft of recommendations for Data Relationship (Sent separately to subgroup)

Talking Points

- The LPH Data Modernization SCHSAC Workgroup members met in Subgroups to continue to generate ideas and draft language for recommendations for the issue statements identified under each topic area/vision statement.

Meeting notes

- Recommendation Idea Generation
- **Background/Context:**
 - Members were asked to consider the following prompts as they were brainstorming ideas for recommendations:
 - What system-level change do we want to see to address this problem and achieve our vision?
 - Changes can include things like implementing programs, projects, policies, initiatives, activities, events, ventures, plans, systems, and models.
 - Who is implementing that change? MDH, LPH, TPH? MDH & LPH together? SCHSAC?
 - What processes need to be initiated or what decisions need to be made to address this issue and achieve our vision?
 - Once the Subgroup has completed generating ideas for one vision area, the facilitator will take the information collected during the brainstorm and the subsequent discussion and draft recommendations for the Subgroup to provide feedback and edit once idea generation is complete.

- **Below are the Issue Statements for each vision statement/topic area.**

- **Interoperability:** Data flows and is integrated securely and seamlessly across systems and organizations ensuring shared information is available for timely insight, coordinated action, and supporting measurably healthier communities.
 1. Challenges to creating an interoperable governmental public health data system includes technical issues (ex. differences in interoperability capabilities and IT infrastructure across LPH, TPH, and MDH) and policy issues (ex. data privacy, security, legal, and regulatory compliance).

- Recommendation Ideas:

2. The scope and focus of public health interoperability efforts has been between public health and healthcare organizations and has yet to include or address the importance of expanding interoperability efforts with social needs serving entities.

- a. Recommendation Ideas:

- i.

3. Buy-in across the system for investment in interoperable systems has been impacted by a lack of understanding the value of interoperability

- a. Recommendation Ideas:

- i.

4. Resources and expertise have already been invested in sustaining and improving legacy IT systems that may not have interoperable functionalities.

- a. Recommendation Ideas:

- i.

5. In order to create interoperable systems local, Tribal, and state health agencies would need to develop shared standards and/or align with existing standards such as FHIR or HL-7.

- a. Recommendation Ideas:

- **Data Access:** Data are shared and accessed easily, enabling consistent, reliable, and timely access to locally relevant information across state, local, and Tribal public health
 1. There are no transparent policies and standards for data access and sharing which creates a lack of shared understanding why some data may be unavailable to governmental public health partners when requested.
 - a. Recommendation Ideas:
 - i.
 2. Public data dashboards, tables, Public Use Files (PUFs), don't always include technical notes on data collection and analysis methodology, data limitations, bias within data, and interpretation guidance which make it difficult for data requestors/users to understand how to correctly and effectively use the data for public health action.
 - a. Recommendation Ideas:
 3. The current state of data access and sharing between governmental public health partners lacks transparent and consistent/standardized ways to know what data is available and how to access or request data, because data access and request processes vary program to program and may require users to navigate multiple platforms and methods for request/accessing data.
 - a. Recommendation Ideas:
 4. Data use agreements and data sharing processes between Tribal, local, and state partners are inconsistent and burdensome both the data requester and the data steward.
 - a. Recommendation Ideas:
- **Data Quality & Usability:** All stages of the data lifecycle are transparent, rigorous, and responsive to the needs of the public health system, communities, and partners. Data systems are designed with end users in mind and data are available in user-friendly and easy to understand formats.
 1. Data priorities and needs across the governmental public health system haven't been assessed to identify the most important and relevant data from existing data sets and sources.

- a. Recommendation Ideas:
- 2. Significant lags in data timeliness limits its useability for public health decision-making and action.
 - a. Recommendation Ideas:
- 3. Governmental public health partners (LPH, TPH, and MDH) have shared data needs and data needs that are unique to their role in the public health system, which prevents a one-size-fits all approach to data usability.
 - a. Recommendation Ideas:
- 4. Limited data user engagement during the data design process impacts useability for governmental public health partners.
 - a. Recommendation Ideas:
 - i.
- 5. Lack of transparency related to data quality assurance methodology and information on available data accuracy and completeness.
 - a. Recommendation Ideas:
 - i.
- 6. Lack of clarity of roles and responsibilities on maintenance of state data infrastructure, data tools, and IT systems between public health data staff/data stewards and county-based IT/MN-IT.
 - a. Recommendation Ideas:
 - i.
- **Data Capacity:** Local, Tribal, and state public health agencies have the knowledge, skills, staffing, tools, and funding to effectively collect, analyze, interpret, share, and use data to identify and take action around community health priorities and emerging health issues.

1. Capacity and expertise in data storytelling and communication is lacking across the system reducing the impact and usefulness of data for public health action.
 - a. Recommendation Ideas:
2. The capacity to meet the Foundational Public Health Responsibilities related to data and informatics varies across the governmental public health system and while a responsibility/capability may best delivered/met locally (LPH or TPH) or centrally (state), the partner may be unable to do so due to a lack of capacity.
 - a. Recommendation Ideas:
3. When data modernization opportunities are identified, there may be insufficient capacity to implement the changes.
 - Recommendation Ideas:
 4. Data knowledge and skills vary among governmental public health data requestors, and data requestors may not understand what data and how that data should be used to meet their needs.
 - a. Recommendation Ideas:
 - i. Data stewards provide public versions of their data with PHI removed to help understand what data exists and how to work with it before getting access to more detailed data
 - ii. Based on statutes and data rules (ie: retention), need a resource guide developed.
 - iii. Datasets need data dictionaries and metadata that clearly define what they contain
 - iv. Make the MDH data catalog available to LPH/TH
 - v. Trainings on data sets available and how to use them
 - vi. giving information on how to interpret the data (Example: Age adjusted vs crude, how to interpret trend data)
 - vii. Automated and immediate method to access updated data
 1. Note: May relate more to data access, but the workgroup acknowledged that the capacity to use data hinges on the ability to access data

- viii. Developing core competencies (knowledge and skills they should have) for roles like data analysts, public health strategist, informaticians
 - ix. Developing consistent and equitable data capacity knowledge and skills across the system
 - x. Sharing codes and scripts (level setting/sharing essential informatics knowledge)
 - xi. Clear documentation/information accessible on Data Use Agreements/ Data Sharing Agreements

- 5. Lack of formal workforce development opportunities and strategies to increase knowledge and skills around public health data science and informatics across the governmental public health system.
 - a. Recommendation Ideas:
 - i. data validation training
 - ii. Training on data suppression/ small numbers, especially valuable to rural public health agencies or health equity data
 - iii. Bring university work into reality (leverage knowledge, skills, and research from universities in partnership with LPH)
 - iv. Work with universities to create affordable training through PH institutes/Mentorship programs
 - v. Provide presentations/education to interest holders regarding the value/need of SME.

- 6. Lack of capacity to support community access, use and understanding of public health data and information.
 - a. Recommendation Ideas:
 - i. Regional Data Models or Regional Data Partnerships to bring the SME/capacity
 - ii. Ensuring that local community has access to the data they need (Public health as a partner/community health strategist role)
 - iii. the ability/capacity to be responsive to data requests/needs of community partners on emerging community needs and priorities

1. This is a next step, once LPH has the capacity, knowledge, skills, and access to data
- **Shared Governance:** Local, Tribal, and state public health agencies work within a mutually developed governance structure that ensures decisions about data policies, processes, and standards are transparent and made and implemented collaboratively.
 1. There are no shared data governance/decision-making bodies that include Tribal, local, SCHSAC, and state representation with the authority or dedicated resources (staffing/time/funding) to determine governmental public health shared data modernization priorities, policies, or implementation approaches.
 - a. Recommendation Ideas:
 - i. Shared data governance to address Tribal Data Sovereignty issues
 1. Examples: Data catalog and Tribal data in program and grant data
 2. Updating and maintaining modern IT infrastructure at the local, Tribal, and state level to enable interoperability requires dedicated funding.
 - a. Recommendation Ideas:
 3. Updating and upgrading data systems, process, and policies requires a significant investment of resources and there is no governmental public health system approach (Tribal, local, and state) to making decisions about what and how data modernization priorities are funded.
 - a. Recommendation Ideas:
 - i. Review systems to identify areas of investment
 4. The siloed nature of public health funding has caused data collection, assessment, surveillance, and sharing to be disjointed, funding specific/dependent, and has made a whole system approach to data challenging.
 - a. Recommendation Ideas:
 - i.

5. Current funding approaches allocate limited resources for staffing, data tools/software, and training which are foundational for building data capacity.

- a. Recommendation Ideas:

- **Relationships:** Local, Tribal, and state public health agencies are rooted in shared history and embrace working across systems and with partners to build trust, communication, and collaboration supporting progress towards improving the health of Minnesotans.

1. There is a lack of clarity and understanding of the roles and responsibilities of each partner (Tribal, local, and state) in carrying out the Foundational Public Health Responsibilities related to data and informatics.

- a. Recommendation Ideas:

- i. Must be done in consultation with Tribal Partners
 - ii. Clarify the value of data and the need to modernize
 - iii. minimal set of information/data available to LPH/TPH related to the foundational areas. -Include in data catalog
 - iv. Potentially crossover in data usability or data access
 - v. Define the roles and responsibility of MDH to support the capacity and modernization of TPH and smaller capacity CHBs
 - vi. Identify who should be responsible for carrying out the FPHR by adding a data-specific supplement to the FPHR fulfillment standards.
 - vii. Create statewide competencies and training for data & informatics roles.
 1. Crossover to Data Capacity
 - viii. need to address MDH's role in cross-state data sharing
 1. Potential cross over to Data Sharing

2. Differences between government-to-government relationships between Tribal, local, and state partners means there is no-one-size-fits all approach to data modernization.

- a. Recommendation Ideas:

- i. Work at the speed of trust and building relationship with Tribes. More transparency, adequate time for the process

- ii. Clarifying who can have access- Consideration for LPH and TPH
 - iii. tier access to Tribal Data (more limited to LPH and MDH) -meta data tags in data catalog
 - 1. Crossover to Data Capacity
 - iv. As the state implements Tribal Data Sovereignty and DUA with Tribes, mirrored processes with LPH
 - 1. Potential crossover to Data Sharing
- 3. There is a need to understand the perceptions of liability and risk tolerance around data collection and sharing that may be contributing to the data access and sharing issues felt across the governmental public health system.
 - a. Recommendation Ideas:
 - i. regional data model
 - 1. crossover to data capacity and data sharing
 - 2. Identify and articulate the needs of data sharing across counties/CHBs
- 4. There are insufficient channels of data communication across public health agencies.
 - a. Recommendation Ideas:
 - i. Data Catalog- to be able to easily communicate what data are available
 - 1. Crossover to Data Capacity or Data Sharing
 - ii. Data engagement and communication across multiple groups
 - iii. Clear list of data resources and groups- must be communicated out. Example: Part of onboarding
 - iv. within MDH develop a more centralized communication pathway to ensure crucial data updates and data system updates reach intended LPH and TPH audience
 - v. Onboarding at MDH and LPH- included basics of data sharing, LPH-MDH-TPH relationships, value of data, data stewardship,

5. County Boards and the state legislature do not understand the value and importance in investing in public health data infrastructure and foundational data capacity which forces governmental public health agencies to try to fund data modernization efforts through a patchwork of funding sources.

- a. Recommendation Ideas:

- i. Create consistent statewide messaging across Tribal, local, and state partners for talking to electeds- Public health infrastructure is an economic investment, not a cost.
 1. governance of data vs data for governance
- ii. Communicate value of near real-time data and the need to invest in it
- iii. Use case studies (e.g., HTAC) to illustrate consequences of underfunding.
- iv. Make data modernization a permanent fixture on legislative agendas.
- v. Present clear, understandable funding models to show impact of fragmentation.
- vi. Tie Minnesota's needs to national priorities to increase credibility.
- vii. Engage policymakers through regular briefings and relationship-building.

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.

Next meeting

Subgroup Meetings:

Agenda items: Continue recommendation brainstorm

- Interoperability and Data Access: Monday, September 14th | 10:00am-11:00am | Virtual, Microsoft Teams
- Data Usability/ Quality and Data Capacity Subgroup: Wednesday, September 2nd | 3:00pm-4:00pm | Virtual, Microsoft Teams
- Shared Governance and Relationship Subgroup: Monday, September 14th | 11:05am-12:00pm | Virtual, Microsoft Teams

- Full LPH Data Modernization SCHSAC Workgroup: Thursday, September 17th | 1:05pm-2:30pm

Minnesota Department of Health
Public Health Strategy and Partnership Division

625 Robert Street N
St. Paul, MN 55164
health.schsac@state.mn.us
www.health.state.mn.us