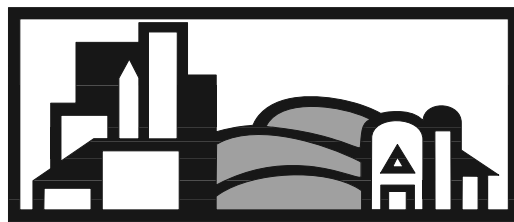


# State Community Health Services Advisory Committee



## 2010 Work Plan and 2009 Annual Report



February 2010  
Office of Public Health Practice  
Community and Family Health Division



# **State Community Health Services Advisory Committee**

## **2010 Work Plan and 2009 Annual Report**

**February 2010**



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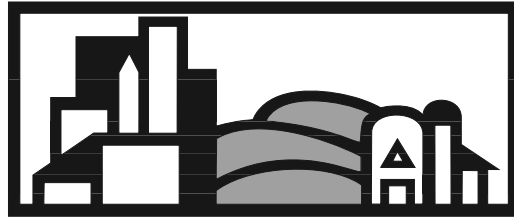
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# **State Community Health Services Advisory Committee**



## **2010 Work Plan**





# State Community Health Services Advisory Committee

## 2010 Work Plan

### What is SCHSAC?

In 1976, the Minnesota Legislature created the State Community Health Services Advisory Committee (SCHSAC) as one component of the Community Health Services (CHS) Act. The CHS Act (later renamed the Local Public Health Act) began a unique partnership between the Minnesota Department of Health (MDH) and local governments. This partnership has since developed into an effective tool for protecting and improving the health of all Minnesotans.

The purpose of the 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.*

The SCHSAC has 53 voting members, representing the 53 Community Health Boards in the state. Of the 53 boards, 28 are single county boards, four are city boards, and 21 are multi-county boards. Each Community Health Board selects one person to serve on the SCHSAC.

Each year, the SCHSAC develops an annual report and work plan to highlight its accomplishments and present a plan for the next year's activities.

***Vision:***

*All Minnesotans have the opportunity to achieve optimum health.*

The SCHSAC has developed a shared vision and visionary goal (see boxes) for Minnesota's public health system, along with goals and strategies to achieving them. A work group of state and local health department partners developed a Strategic Plan that was approved by the SCHSAC and the Commissioner of Health in December 2008.

***Visionary Goal:***

*The public health system in Minnesota is a strong and dynamic partnership of governments fully equipped to address the changing needs of the public's health.*

### Overview of the 2010 Work Plan

The SCHSAC work plan for 2010 is drawn almost entirely from the SCHSAC Strategic Plan. The SCHSAC will continue to focus its work on policies and actions that will strengthen the public health system at the state and local levels. The expectation of mutual accountability for public health between the state and local governments continues to provide the impetus for discussions and activities.

Topics proposed for the 2010 SCHSAC Work Plan are summarized on the table that follows. Topics include governance and organizational structures, performance improvement and accreditation, public health emergency preparedness, the Community Health Assessment and Action Planning (CHAAP) process, and the release of the County Health Rankings. Other issues on the SCHSAC Work Plan include statewide outcomes, and the support of community health board medical consultants. The exact method for addressing those topics will be determined later in the year as the issues become more defined.

Topics with potential public health policy or practice implications, but not currently requiring a formal work group are also included in the SCHSAC Work Plan. Those topics may be explored through presentations or discussions at SCHSAC meetings, one time meetings, special projects, or video conferences. In 2010, these issues include health equity, healthcare homes, institutional racism, investment in early childhood, support of veterans, and immunization trends.

The three standing committees, the Executive Committee, the Community Health Conference Planning Work Group, and the Nominating and Awards Subcommittee will carry out activities that support the SCHSAC and the ongoing partnership between the state and local health departments.

## 2010 Work Plan At-A-Glance

| Topic   | Description  | Activities  |
|---|--|---|
| <b>Governance and Organizational Structures (Continuation)</b>                    | Examine characteristics found to support strong, effective, and efficient health department operations (e.g., governance, organizational structures, size, regional opportunities, and management practices); recommend effective models/practices; and develop tools and resource materials.  | <ul style="list-style-type: none"> <li>• <b>Blue Print Work Group</b> (began July 2009) will continue into 2010</li> <li>• Discussions as needed at SCHSAC meetings</li> </ul>                                    |
| <b>Performance Improvement and Accreditation</b>                                  | Examine the implications of the proposed performance standards and measures and the voluntary national accreditation program and make recommendations for Minnesota's public health system.  | <ul style="list-style-type: none"> <li>• <b>Work Group</b> to begin in Feb 2010</li> <li>• Continued representation on the MLC3 steering committee</li> <li>• Discussions as needed at SCHSAC meetings</li> </ul> |
| <b>Statewide Outcomes</b>   | Existing statewide outcomes for local public health will be reviewed and modified as necessary with the input of SCHSAC and the Maternal Child Health Advisory Task force, as directed in Minnesota Statute 145A.  | <ul style="list-style-type: none"> <li>• <b>Work Group</b></li> </ul>   |
| <b>Public Health Emergency Preparedness</b>                                       | After eight years of work on the Public Health Emergency Preparedness (PHEP) grant, and in light of the current H1N1 response, 2010 will be an opportune time to reexamine elements of Minnesota's approach to public health emergency preparedness. A new phase of PHEP grant funding begins in mid 2010 and will likely necessitate discussions of grant duties and funding. | <ul style="list-style-type: none"> <li>• <b>Work Group</b> to begin in May 2010</li> </ul>  |
| <b>County Health Rankings: Mobilizing Action Towards Community Health (MATCH)</b> | County Health Rankings for each county in the U.S. will be released in February 2010. An ad hoc group will work to coordinate communications/messages related to the rankings in order to promote productive community conversations in Minnesota.   | <ul style="list-style-type: none"> <li>• <b>Ad hoc group</b> to be convened December 2009-March 2010</li> </ul>   |
| <b>Community Health Assessment and Action Planning (CHAAP) Process</b>            | The 2005-2009 CHAAP cycle was considered a "transition" and "learning" period. MDH staff will be completing an evaluation of the CHAAP process. An ad hoc SCHSAC group will review the process evaluation findings and make recommendations for the next CHAAP cycle.  | <ul style="list-style-type: none"> <li>• <b>Ad hoc group</b> to be convened May-June 2010</li> </ul>  |

| <b>Topic</b>  | <b>Description</b>  | <b>Activities</b>   |
|---|---|---|
| <b>Support of CHB Medical Consultants</b>   | The Minnesota Medical Association (MMA) has expressed interest in exploring ways that they can support CHB medical consultants.   | <ul style="list-style-type: none"> <li>• Convene a discussion with MMA and other stakeholders as appropriate</li> </ul>   |
| <b>Issues of Special Interest</b> <ul style="list-style-type: none"> <li>• Health Equity</li> <li>• Healthcare Homes</li> <li>• Institutional Racism</li> <li>• Investment in Early Childhood</li> <li>• Support of Veterans/Yellow Ribbon Communities</li> <li>• Immunization Trends</li> <li>• Other</li> </ul> | Provide opportunities for SCHSAC to be informed about current public health issues and topics and take local action.  | <ul style="list-style-type: none"> <li>• Presentations, guest speakers at SCHSAC meetings, video-conferences</li> <li>• Spring 2010 video conference for elected officials</li> <li>• SCHSAC representation advisory committees: Healthy People 2010, Maternal Child Health, Practice Based Research Network, Multi-State Learning Collaborative-3, and others</li> </ul> |
| <b>Standing Committees</b>  |   |   |
| <b>Executive Committee</b>  | Conduct interim business of the SCHSAC; develop recommendations for decision by SCHSAC; and work on activities to strengthen the partnership and the role of the Executive Committee. | <ul style="list-style-type: none"> <li>• Regular meetings and conference calls</li> </ul>   |
| <b>Annual Community Health Conference Planning Work Group</b>   | Select a theme, format, and concurrent sessions for the 2010 Community Health Conference; and assist staff in hosting the conference.   | <ul style="list-style-type: none"> <li>• Two meetings per year (meetings may be restructured in 2010)</li> </ul>  |
| <b>Nominating and Awards Subcommittee</b>   | Supervise the nomination and election process for the Chair-Elect; and solicit and select candidates for the annual CHS Awards.   | <ul style="list-style-type: none"> <li>• One to two conference calls per year</li> </ul>  |

# Work Plan Topics

- Governance and Organizational Structure for Public Health
- Performance Improvement and Accreditation
- Statewide Outcomes for Local Public Health
- Public Health Emergency Preparedness
- Mobilizing Action Toward Community Health (MATCH) Ad Hoc Group
- Community Health Assessment and Action Planning (CHAAP) Process Evaluation Ad Hoc Group
- Support of Community Health Board Medical Consultants
- Issues of Special Interest



# Governance and Organizational Structures for Public Health

The Blueprint for Successful Local Health Departments Work Group began its work in mid-2009 and will continue in 2010.

## Work Group Charge

This work group was convened to answer the following questions: What makes a strong local public health organization? What factors contribute to its success? How do different “operating environments” (e.g., the unique local mix of politics, finances, and geography) influence public health outcomes for the community? The work group will identify both positive and negative trends in organizational change currently affecting local health departments, and will identify and recommend strategies for maintaining and strengthening public health roles and responsibilities in today’s operating environments.

## Proposed Activities

The work group will continue to identify both positive and negative trends in organizational change currently affecting local health departments, and will identify and recommend strategies for maintaining and strengthening public health roles and responsibilities in today’s operating environments.

There are several topics slated to be addressed by the work group in 2010, including: the role of MDH in the CHS System, now and in the future; recommendations on the optimal population-base served by a local health department; recommendations on the optimal qualifications and role of effective CHS Administrator; and examination of existing CHB organizational structures and model structures.

## Background

Local health departments in Minnesota operate within a wide variety of governance and organizational structures. Some are managed through a Community Health Board, others through a Human Services Board that assumes the duties of a Community Health Board. Some are organized as individual departments, some serve a combination of cities/counties, and others are a part of a larger department (e.g., human services) or organization (e.g., hospitals).

As local elected officials strategize to address budget constraints, some are choosing to restructure public health, human services and other departments. This can present a new kind of challenge for local health department directors, who already are coping with workforce shortages and shrinking budgets. Identifying the characteristics of strong local health departments across organizational structures will help those departments to prepare for change and even to turn organizational change into an opportunity to strengthen public health.

Issues related to governance and organizational structures for public health include:

- Missions, funding, and staffing.
- Leadership and authority.
- Issues posed by potential accreditation.
- Strategies for maintaining focus on the public health mission of primary prevention and population-based practice.
- Impact of various structures on the state/local partnership.
- Best practices/methods for maintaining strong public health functions within various structures.
- Regionalization and/or other models of shared services.

**Methods**

The existing work group will continue to meet. Membership is comprised of representatives from counties all across Minnesota, including those with human services boards, those with hospital contracts for public health, multi-county public health departments, and those with stand-alone local health departments.

**Resources**

The Community and Family Health Division, Office of Public Health Practice, will continue to provide staff support to this activity.



## Performance Improvement and Accreditation

In order to address this topic, the SCHSAC will conduct the following activities in 2010: convene the Performance Improvement and Accreditation Work Group, continue representation on the Multi-State Learning Collaborative (MLC) Steering Committee, and have discussions as needed at SCHSAC meetings and other appropriate venues.

### Charge

Most agree that public health systems around the country will be influenced by a new set of national public health standards and the voluntary national accreditation program scheduled for implementation in 2011. This SCHSAC work group will (1) examine the proposed national performance standards and measures for Minnesota's state and local health departments, (2) explore the implications of these standards and measures for Minnesota, and (3) make recommendations for Minnesota's public health system.

In exploring implications and making recommendations, the work group will consider factors such as:

- Minnesota's current performance improvement and reporting systems and the Essential Local Activities,
- The roles and interdependence of state and local health departments in Minnesota,
- The interdependence of the proposed national standards for state health departments, and the proposed national standards for local health departments,
- Incentives for and benefits of accreditation and/or demonstrated achievement of the standards,
- Barriers to accreditation and/or demonstrated achievement of the standards, and
- Perceived capacity of Minnesota state and local health departments to demonstrate achievement of the national standards.

### Background

In the landmark 1988 report, *The Future of Public Health*, the Institute of Medicine (IOM) proposed that in order to measurably improve population health outcomes, a stronger public health infrastructure and a public health system with substantially greater visibility and credibility were urgently needed. The IOM advocated the creation of a national accreditation system for public health departments as a way to achieve both of these needs.

### Public Health Accreditation Board

After many years of steady progress toward this recommendation, including development of standards and measures, the Public Health Accreditation Board (PHAB) is now in the beta-test phase of a voluntary, national accreditation program for state, territorial, tribal and local public health departments. The goal of the national accreditation program is to improve and protect the health of the public by advancing the quality and performance of state and local public health departments. The PHAB expects to begin accepting applications for accreditation in 2011.

### SCHSAC

In 1998 SCHSAC charged a work group with developing recommendations for how Minnesota's public health systems should engage in national discussion on accreditation, and position itself to respond if a national accreditation program was enacted. The 1998 work group did not recommend accreditation as a means to *ensure acceptable performance*, but agreed that *establishing consistent program performance expectations and related measurable indicators could promote consistent and improved public health practice in Minnesota*. Over the next several years, Minnesota's state and local public health partnership

systematically developed systems and resources designed to improve local public health performance and accountability.

More recently, in the *SCHSAC Strategic Plan 2009-2013*, SCHSAC proposes to *identify issues around voluntary accreditation for MDH and local health departments and develop a framework for implementation*. The SCHSAC subsequently included a Performance Improvement and Accreditation Work Group in its 2009 work plan. This work will carry forward into 2010.

### **Methods**

This work group will be comprised of SCHSAC members, representatives of local and tribal health departments, and representatives of MDH.

### **Resources**

The Community and Family Health Division, Office of Public Health Practice, will provide staff support to the work group.

# Statewide Outcomes for Local Public Health

## **Charge**

At the time of this writing, a charge has not yet been developed.

## **Background**

Minnesota Statutes 145A requires the Commissioner of Health, in consultation with the State Community Health Advisory Committee and the Maternal and Child Health Advisory Task Force to periodically develop statewide outcomes for the local public health grant.

During 2010, a new set of statewide outcomes will be developed. A workgroup consisting of SCHSAC and Maternal and Child Health Advisory Task Force representatives will look at the current statewide outcomes, the Title V Needs Assessment, the County Health Rankings, Public Health Accreditation Board standards, state and national public health goals and objectives, and other currently available sources of information to recommend new statewide outcomes for the local public health grant.

The last set of statewide outcomes was adopted by the Commissioner of Health in December 2004. Since the development of those measures, several significant developments in measures for public health have taken place. These factors include the development in Minnesota of a new local public health measurement reporting system, the release of preliminary national public health performance standards, and the February 2010 release of the national County Health Rankings, which reports on public health indicators for all U.S. counties. Additionally, a new needs assessment for federal Maternal and Child Health Block Grant funds (Title V) and national and Minnesota-specific goals and objectives are in development. It is important to assure that Minnesota's next set of statewide outcomes fits with and complements these other important measurement initiatives.

## **Methods**

A SCHSAC work group will be convened, with additional representation from the Maternal and Child Health Advisory Task Force.

## **Resources**

The Community and Family Health Division, Office of Public Health Practice will provide staff support to this activity.

# Public Health Emergency Preparedness

## **Charge**

At the time of this writing, a charge has not yet been developed.

## **Background**

For eight years, Minnesota has had funding from the Centers for Disease Prevention and Control (CDC) via the Public Health Emergency Preparedness (PHEP) grant. In light of the current H1N1 response as well as increased knowledge and experience in preparing for and responding to emergencies, 2010 will be an opportune time to reexamine elements of Minnesota's approach to public health emergency preparedness. A new phase of PHEP grant funding begins in mid 2010 and will benefit from fresh discussions of grant duties and funding allocations based on the experience of the past eight years.

## **Methods**

SCHSAC will convene a work group.

## **Resources**

The MDH Office of Emergency Preparedness will serve as a primary resource for this work, with assistance from the Community and Family Health Division, Office of Public Health Practice.

# Mobilizing Action Toward Community Health (MATCH) Ad Hoc Group

## Charge

Promote coordinated communications within Minnesota about the County Health Rankings; and equip Community Health Boards with the information and tools necessary to engage in meaningful conversations about the rankings at the local level.

## Background

In January 2009, the University of Wisconsin Population Health Institute began a three-year project, supported by a grant from the Robert Wood Johnson Foundation (RWJF), entitled Mobilizing Action Toward Community Health (MATCH). One of the project's objectives is to increase the awareness of the broad determinants of health. To meet this, the MATCH team is preparing county health rankings for each state in the nation. These rankings will be released early February 2010 in every state in the United States.

The County Health Rankings are based on a model of population health that emphasizes the many factors, clinical care access and quality of care, health behaviors, social and economic factors, and the physical environment that, if improved, can help people lead healthier lives and make communities healthier places to live, work, learn and play.

The rankings are a "Call to Action" for communities to improve their health by developing multi-sector partnerships and innovative strategies to address the broad determinants of health. This model has been used to rank the health of counties in Wisconsin for the past six years. A similar model has also been recently used in Tennessee, Kansas, and New Mexico. The rankings stimulate discussion and action within communities, regardless of how they are ranked, and can lead to policies, programs and other decisions aimed at improving health. Each state's counties will be ranked on both health outcomes (today's health) and health determinants (representing tomorrow's health).

For more information, visit [www.countyhealthrankings.org](http://www.countyhealthrankings.org).

## Methods

The charge and membership of an ad hoc group were approved by the SCHSAC Executive Committee in December, and this work is underway. Members are participating in two to three ad hoc group meetings via phone conference between the months of December 2009 and February 2010. Ideally, members will also participate in three MATCH project webinars (1½ hours each) hosted by the University of Wisconsin Population Health Institute in December 2009, January and February 2010.

## Potential Products

- Key messages about the rankings to be tailored locally.
- Training for local public health.

## Resources

The Community and Family Health Division, Office of Public Health Practice, the Communications Office and the Health Policy Division, Center for Health Statistics will support this activity.

# Community Health Assessment and Action Planning (CHAAP) Process Evaluation Ad Hoc Group

## Charge

This ad hoc group will review the findings of the 2005-2009 assessment and planning cycle process evaluation conducted by Minnesota Department of Health (MHD) staff, and if necessary make recommendations for modification of the process and/or tools for the next five-year assessment and planning cycle (2010-2014).

## Background

Major changes to the Local Public Health Act of 2003 (MN Statutes 145 A.10, Subd. 5a) led to the development of the current CHAAP process and tools. Although similar to the longstanding Community Health Services (CHS) assessment and planning process, CHAAP includes several newly designed components, including a capacity self-assessment and improvement plans for both capacity and community health designed around the six areas of public health responsibility. The 2005-2009 assessment and planning cycle was considered a transition and learning period for local public health departments as well as the MDH.

The intent of the 2005-2009 CHAAP guidelines was to provide sufficient *flexibility* in assessment, planning, and reporting to allow for the varied circumstances of Minnesota's local public health departments, while providing some helpful *structure* to help local decision makers and the general public understand public health responsibilities.

SCHSAC convened an ad hoc group in 2005 to develop the format of and make recommendations for implementation of the action planning portion of CHAAP. Among the recommendations was "SCHSAC should periodically review and modify, if needed, the communitywide assessment, prioritization, planning processes and reporting formats."

MDH staff will be conducting a process evaluation of the CHAAP 2005-2009 cycle between January and May 2010. The evaluation will include the perspectives of local public health, the perspectives of MDH, and a summary of the impact of the national performance standards and the voluntary accreditation program on CHAAP.

## Methods

Ad hoc group members will participate in one ad hoc group meeting via phone conference and one in-person meeting between the months of May and June 2010. Membership will include local public health directors/administrators and local public health staff that have experience with CHAAP.

## Potential Products

- A set of recommended modifications for the 2010-2015 CHAAP cycle to be implemented by MDH.
- A plan for implementing the recommendations.

## Resources

The Community and Family Health Division, Office of Public Health Practice, will provide staff support to this activity.

# Support of Community Health Board Medical Consultants

## Background

Community Health Boards must appoint, employ or contract with a medical consultant to ensure appropriate medical advice and direction for the board of health and assist the board and its staff in the coordination of community health services with local medical care and other health services (MN Statutes 145A.10 Subd. 3.)

“Medical Consultant” is defined in statute as a physician licensed to practice medicine in Minnesota who is working under a written agreement with, employed by, or on contract with a board of health to provide advice and information, to authorize medical procedures through standing orders, and to assist a board and its staff in coordination their activities with local medical practitioners and health care institutions (MN statutes 145A.02 Subd. 15.)

In late 2009, the Minnesota Medical Association (MMA) Public Health Committee expressed interest in exploring ways that they can support CHB medical consultants. Furthermore, a recent discussion of metro area local health directors and medical consultants convened by the Twin Cities Medical Society generated a number of ideas that will be considered for the metro area.

## Methods

SCHSAC will assist in having a similar discussion between MMA, medical consultants and CHS Administrators and directors. Several medical consultants and local health directors from Greater Minnesota will be recruited to engage in a discussion with the MMA, about how MMA can support physicians serving as medical consultants.

## Resources

The MMA Public Health Committee staff and MDH Community and Family Health Division Office of Public Health Practice will serve as resources to this discussion.

## Issues of Special Interest

SCHSAC members identified several important public health topics of interest. As time allows, presentations or video conferences on the following topics or other topics identified by SCHSAC may be offered in 2010:

- Health Equity
- Healthcare Homes
- Institutional Racism
- Investment in Early Childhood
- Support of Veterans through Yellow Ribbon Initiatives
- Immunization Trends

Should the need be identified for SCHSAC to be more fully involved in any of the identified topics, SCHSAC will determine the most appropriate method(s) for its involvement.



## **Standing Committees**

- Executive Committee
- Community Health Conference Planning Work Group
- Nominating and Awards Subcommittee



# Executive Committee

## Charge

- Develop the annual work plan for SCHSAC.
- Conduct interim business of the SCHSAC and develop recommendations for decisions by SCHSAC.
- Examine ways to increase the capacity of SCHSAC.

## Background

The functions of the Executive Committee are to assist the MDH in preparing issues for discussion by the SCHSAC; to assist the SCHSAC in managing its business efficiently; and, under special circumstances, to act in the name of the SCHSAC – subject to formal approval by the SCHSAC at its next meeting. The Executive Committee is responsible for preparing the annual SCHSAC Work Plan.

The Executive Committee has traditionally met briefly before each SCHSAC meeting to make final changes to the agenda and to discuss related issues. Additional Executive Committee meetings are scheduled throughout the year, as needed.

## Methods

There are eleven members, representing the eight Community Health Board (CHB) districts, plus the SCHSAC Chair, Chair-Elect, and Past Chair. A minimum of four meetings are held each year.

## Resources

The Community and Family Health Division, Office of Public Health Practice, will provide staff support to this activity, and the MDH Executive Office and senior staff will be involved.

# Community Health Conference Planning Work Group

## **Charge**

Select a theme, topic, format, general session speakers, and concurrent session presenters for the 2010 Community Health Conference, and assist staff in hosting the conference.

## **Background**

This work group determines a theme appropriate for the annual Community Health Conference, selects the keynote and concurrent speakers, and assures that these speakers address the needs of the broad public health audience. The 2010 conference will be held September 29-30, October 1 at the Cragun's Resort and Conference Center near Brainerd, Minnesota.

## **Methods**

The work group membership will be comprised of representatives from Community Health Boards, MDH, and related community-based organizations and groups (e.g., Council of Health Plans and Minnesota Public Health Association). Two meetings are planned for 2010.

## **Resources**

The Community and Family Health Division, Office of Public Health Practice, will provide staff support for this activity.

## Nominating and Awards Subcommittee

### Charge

- Review the awards process and recommend to the Executive Committee modifications, as necessary, to fulfill the intent of the awards.
- Solicit and select nominees for the Jim Parker Leadership Award, Commissioner's Award for Distinguished Service in Community Health Services, Award for Outstanding Dedication to Local Public Health, the Jack Korlath Partnership Award, and the Certificates of Recognition, to be presented at the annual Community Health Conference.
- Prepare a ballot for the election of the SCHSAC Chair-Elect in December.

### Background

The Nominating and Awards Subcommittee is responsible for establishing a nominating process and selecting recipients for the annual Community Health Service awards; the Jim Parker Leadership Award; the Commissioner's Award for Distinguished Service in Community Health Services; the Award for Outstanding Dedication to Local Public Health; the Jack Korlath Partnership Award; and the CHS Certificates of Recognition.

The Nominating and Awards Subcommittee is a standing committee of the SCHSAC. The subcommittee may consider changes to the selection criteria for the CHS awards and also may make recommendations to the SCHSAC for new awards. The SCHSAC Operating Procedures provide guidance on the awards and nomination process.

The Nominating and Awards Subcommittee is also responsible for supervising the nominations and election of the Chair-Elect, as specified in the SCHSAC Operating Procedures.

### Methods

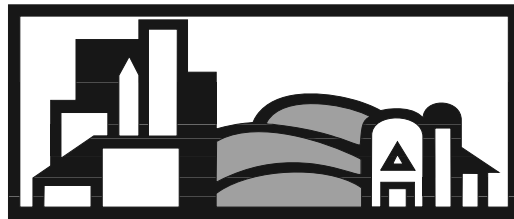
Membership will consist of three to five representatives of community health boards. The subcommittee will meet two to three times via conference calls.

### Resources

The Community and Family Health Division, Office of Public Health Practice, will provide staff support to this activity.



# **State Community Health Services Advisory Committee**



## **2009 Annual Report**





# State Community Health Services Advisory Committee

## 2009 Annual Report

### Overview of 2009 SCHSAC Work

In 2009, over 70 people participated in SCHSAC work groups, ad hoc groups, and standing committees. The Blueprint for Successful Local Health Departments Work Group, initiated to examine the characteristics found to support strong, effective, and efficient health department operations, published a discussion guide which is currently being used by several Community Health Boards. The Statewide Health Improvement Program (SHIP) Ad Hoc Work Group, which was initiated in 2008, provided additional input into the roll out of the Statewide Health Improvement Program (SHIP).

Each of the three standing committees successfully fulfilled their charges and in some cases, met new challenges. The Executive Committee was called on for quick review and decision making for the preparation for and response to H1N1 influenza. The Community Health Conference Planning Committee creatively adjusted the conference format in response to budgetary and travel concerns, and sponsored a well-received conference attended by over 363 people. The Nominating and Awards Subcommittee looked at ways to increase the number of award nominations and recognize individual accomplishments.

In addition to the above committees, SCHSAC members had rich discussions with the Commissioner of Health throughout 2009, illustrating the state-local partnership in action. An orientation for newly local elected officials to public health in Minnesota was provided for local elected officials, community health board members, and community health services advisory committee members.



## SCHSAC 2009 Work Plan At-A-Glance

2/10/09

| Topic  | Purpose   | Methods  |
|--|---|--|
| <b>Governance and Organizational Structures</b> (aka Blueprint for Successful Local Health Departments Work Group) | Examine characteristics found to support strong, effective, and efficient health department operations (e.g., governance, organizational structures, size, regional opportunities, and management practices); recommend effective models/practices; and develop tools and resource materials.                     | Work Group   |
| <b>Statewide Health Improvement Program (SHIP)</b>   | Provide input and local perspective into Statewide Health Improvement Program (SHIP) planning and implementation.   | 2008 Work Group will continue through spring 2009                              |
| <b>Statewide Outcomes</b>  | The next set of statewide outcomes (for 2010-2014) will be developed by December 31, 2009 with the input of SCHSAC and the Maternal Child Health Advisory Task force, as directed in Minnesota Statute 145A.  | TBD  |
| <b>Orientation for Newly Local Elected Officials to Public Health in Minnesota</b>                                 | Provide overview of Minnesota's public health system; local and states role and responsibilities; how state and local health department officials work together; and provide an opportunity for new local elected officials to ask questions.   | Video conference: April 13   |
| <b>Effective Communication about State and Local Roles and Responsibilities to Protect and Promote Health</b>      | Develop or adapt messages and materials to clearly describe public health roles, responsibilities, accomplishments, and value to policymakers, community partners and the public. Resources to be used include national and state data, as well as success stories generated by local health departments and MDH. | Work Group   |
| <b>Resources for the Public Health System</b>  | Continue discussions that have begun about the level, mix, and uses of funding for public health in Minnesota.  | TBD  |
| <b>Performance Improvement and Accreditation</b>   | Examine national accreditation program and Minnesota's current performance improvement constructs (ELAs, PPMRS measures, CHAAP). Recommend next steps for Minnesota, including any modifications of current performance improvement efforts.  | Work Group (in late 2009 or in 2010), discussions as needed at SCHSAC meetings |
| <b>Health Equity</b>   | Explore opportunities for dialogue between SCHSAC and communities affected by health inequities on issues that stretch beyond the boundaries of governmental public health.   | Presentations, guest speakers at SCHSAC meetings                               |

|   |   |   |
|---|---|---|
| <b>Issues of Special Interest</b>                             | Learn about and discuss issues of interest such as healthcare transformation, public health information, environmental health (e.g., biomonitoring projects); behavioral health and public health roles; workforce issues; healthy aging; infectious disease issues in Minnesota. | Presentations, guest speakers at SCHSAC meetings, video-conferences |
| <b>Standing Committees</b>                                    |   |   |
| <b>Executive Committee</b>                                    | Conduct interim business of the SCHSAC; develop recommendations for decision by SCHSAC; and work on activities to strengthen the partnership and the role of the Executive Committee.   | Regular meetings and conference calls                               |
| <b>Annual Community Health Conference Planning Work Group</b> | Select a theme, format, and concurrent sessions for the 2009 Community Health Conference; and assist staff in hosting the conference.   | Two meetings per year   |
| <b>Nominating and Awards Subcommittee</b>                     | Supervise the nomination and election process for the Chair-Elect; and solicit and select candidates for the annual CHS Awards.   | One to two conference calls per year                                |

# Work Groups

- Blueprint for Successful Local Health Departments Work Group
- Statewide Health Improvement Program (SHIP) Ad Hoc Work Group
- Effective Communication about State and Local Roles and Responsibilities to Protect and Promote Health
- Performance Improvement and Accreditation Work Group



# Blueprint for Successful Local Health Departments Work Group

## Charge

This work group was convened to answer the following questions: What makes a strong local public health organization? What factors contribute to its success? How do different “operating environments” (e.g., the unique local mix of politics, finances, and geography) influence public health outcomes for the community? The work group will identify both positive and negative trends in organizational change currently affecting local health departments, and will identify and recommend strategies for maintaining and strengthening public health roles and responsibilities in today’s operating environments.

## Summary of Activities

This work group started in July 2009 and is expected to continue meeting through July of 2010. To date the work group has discussed the increasing trend toward of reorganization of local health departments; reviewed the factors known to influence performance (i.e., the effect of population size served, staffing, spending, funding, local tax, on the performance of local health departments); reviewed available Minnesota data related to the performance factors; and revisited the foundational principles of the original CHS Act, to evaluate their applicability to the future success of local health departments and Minnesota’s CHS System as a whole.

In 2009 the work group produced several products, including writing and disseminating the “Discussion Guide for Exploring Public Health Governance and Structure Change” a tool for local elected officials. Staff and work group members have been active in promoting the efforts of the work group. Examples of outreach include a concurrent session presentation at 2009 Community Health Conference, and participation in a panel discussion at 2009 Association of Minnesota Counties (AMC) conference. The process of the work group has received attention from partners, including two news articles in the AMC newsletter; and discussion at the 2009 AMC regional meetings.

There are several topics slated to be addressed by the work group in 2010, including: the role of MDH in the CHS System, now and in the future; recommendations on the optimal population-base served by a local health department; recommendations on the optimal qualifications and role of effective CHS Administrator; and examination of existing CHB organizational structures and model structures.

## Membership

|                        |                                   |
|------------------------|-----------------------------------|
| Larry Kittelson, Chair | Mid-State CHB                     |
| Elizabeth Auch         | Countryside CHB                   |
| John Baerg             | Watonwan CHB                      |
| Ann Bajari             | Meeker-McLeod-Sibley CHB          |
| David Benson           | Nobles-Rock CHB                   |
| Merrilee Brown         | Scott CHB                         |
| Patricia Coldwell      | Association of Minnesota Counties |
| Christopher Dahlberg   | Carlton-Cook-Lake-St. Louis CHB   |
| Renee Frauendienst     | Stearns CHB                       |
| Rachel Green           | Quin CHB                          |
| Lester Kachinske       | Itasca County Human Services      |
| Karen Main             | Goodhue CHB                       |
| Susan Morris           | Isanti-Mille Lacs CHB             |
| Julie Ring             | Local Public Health Association   |
| Diane Thorson          | Ottertail CHB                     |

**MDH Representative**

Pat Adams

Assistant Commissioner, MDH

**MDH Staff:**

Debra Burns

Office of Public Health Practice, MDH

Mary Rippke

Office of Public Health Practice, MDH

Allison Thrash

Office of Public Health Practice, MDH

Additional OPHP staff as needed



# Statewide Health Improvement Program (SHIP) Ad Hoc Work Group

## Charge

This ad hoc work group provided input and local perspective into the planning and implementation of the Statewide Health Improvement Program (SHIP).

## Summary of Activities

The 2008 Health Reform Bill, Chapter 358, Senate File 3780 establishes and funds SHIP to reduce the percentage of Minnesotans who are obese or overweight and reduce the use of tobacco, using policy, system and environmental change interventions. The legislature appropriated a total of \$47 million for this activity in fiscal years 2010 and 2011.

Prior to the SCHSAC SHIP Ad Hoc Work Group's first meeting, six internal working groups within MDH were developed to complete the planning and implementation of SHIP. With the exception of the request for proposal (RFP) working group, each had representation from local public health. The six internal working groups conducted work in the following areas:

- Development of the SHIP RFP (this group did not have local public health representation),
- Compilation of the interventions and supporting materials that would be implemented by the SHIP grantees,
- Development of the evaluation and data collection processes that would be used,
- Development of a plan for providing technical assistance and help to the SHIP grantees,
- Development of methods of communication with the SHIP grantees, and
- Determination of methods of integrating similar initiatives with SHIP.

Between late 2008 and fall 2009, the SCHSAC SHIP Ad Hoc Work Group met three times. Each of the SCHSAC SHIP Ad Hoc Work Group's meetings was focused on providing input and local perspectives into specific issues of these internal working groups as they relate to local public health and tribes, e.g., the menu of interventions and additional information that would be helpful, community engagement, specific data sources used in the SHIP assessments, specific components of a technical assistance plan, effective communication methods for SHIP grantees, and roll out of the RFP. The input and feedback from the SCHSAC SHIP Ad Hoc Work Group was integrated into the final components and implementation of SHIP, as well as into the framework for the 2010 Legislative Report.

## Membership

|                       |  |
|-----------------------|--|
| Lowell Johnson, Chair | Washington County Public Health and Environment                            |
| Ann Bajari            | Meeker-McLeod-Sibley CHS   |
| Patty Bowler          | City of Minneapolis Department of Health and Family Support, Steps Program |
| Pat Butler            | White Earth Reservation  |
| Rina McManus          | Anoka Community Health and Environmental Health Services                   |
| Lisa Mueller          | Hennepin County Human Services and Public Health Department                |
| Julie Myhre           | Carlton-Cook-Lake-St. Louis CHB  |
| Ruth Pierce           | Aitkin-Itasca-Koochiching CHB  |
| Cheryl Schneider      | Morrison-Todd-Wadena CHB   |
| Julie Seiber          | St. Paul-Ramsey County Department of Public Health, Steps Program          |
| Deb Smith             | Fond du Lac Reservation  |
| Pat Splett            | St. Paul-Ramsey County Department of Public Health, Steps Program          |
| Ann Stehn             | Kandiyohi County Public Health, Steps Program                              |

|                |  |
|----------------|--|
| Judy Voss      | Olmsted County Public Health Services, Steps Program |
| Karen Zeleznak | City of Bloomington Division of Public Health        |
| Kara Zoller    | Sherburne County Public Health                       |

**Other Interested Participants**

|                   |   |
|-------------------|---|
| Pat Adams         | Assistant Commissioner, MDH                           |
| Don Bishop        | Center for Health Promotion, MDH                      |
| Debra Burns       | Office of Public Health Practice, MDH                 |
| Patricia Caldwell | Association of Minnesota Counties                     |
| Claudia Fercello  | Tobacco Prevention and Control, MDH                   |
| Mary Manning      | Division of Health Promotion and Chronic Disease, MDH |
| Julie Ring        | Local Public Health Association                       |
| Martha Roberts    | Chronic Disease Risk Reduction Unit, MDH              |
| Sharon Smith      | Tribal Health Liaison, MDH                            |

**MDH Staff to Committee**

|                 |                                       |
|-----------------|---------------------------------------|
| Cara McNulty    | Steps and SHIP Programs, MDH          |
| Brooke Ahlquist | Steps and SHIP Programs, MDH          |
| Gail Gentling   | Office of Public Health Practice, MDH |

# **Effective Communication about State and Local Roles and Responsibilities to Protect and Promote Health**

## **Summary of Activities**

No work group was convened around this topic. Due to staffing limitations the Community and Family Health Division, Office of Public Health Practice was not able to provide staff support to this activity.

## **Background**

The public generally understands the functions of a fire department, police department, or a school district. And they understand that those services have important effects on their quality of life. Surveys indicate that the public values clean water, safe food, and swift, accurate responses to dangerous and stressful events such as disease outbreaks and natural or manmade disasters. However, many Minnesotans, including local and state policy makers, do not understand that state and local health departments play a key role in those functions. Several strategies to strengthen communication were identified in the 2008–2013 SCHSAC strategic plan and include improving information flow to and from SCHSAC meetings; using available data to explain the benefits of public health, developing materials with a common message that can be used statewide to talk about public health, and the state-local partnership, and identifying opportunities for state and local partners to interact.

# **Performance Improvement and Accreditation Work Group**

## **Summary of Activities**

SCHSAC continued to have representation on and receive regular updates from the Multi-State Learning Collaborative (MLC) steering committee. In the SCHSAC 2009 Work Plan, this work group was slated to begin in late 2009 or early 2010. It will be convened in February 2010 and will run simultaneous to the Public Health Accreditation Board's (PHAB) beta test of the Voluntary National Accreditation Program.

## **Background**

Most agree that uniform national standards will influence the practice of public health nationally and in Minnesota. This SCHSAC workgroup will help prepare Minnesota's public health system for the voluntary accreditation system expected to roll out nationally in 2011.

## **Standing Committees**

- Executive Committee
- Community Health Conference Planning Committee
- Nominating and Awards Subcommittee



## Executive Committee

### Charge

- Develop the annual work plan for the SCHSAC.
- Conduct interim business of the advisory committee and develop recommendations for decisions by the SCHSAC.
- Provide input to the Commissioner of Health upon request.

### Summary of Activities

The major work of the SCHSAC Executive Committee included:

- Responding to H1N1 influenza by making decisions about Public Health Emergency Response funding and duties.
- Development of the 2010 work plan.

### Membership

|                           |   |
|---------------------------|---|
| Bev Bales, Chair          | Douglas County CHB (West Central)           |
| Gary Sorenson, Past Chair | Cottonwood-Jackson CHB (Southwest)          |
| Susan Morris, Chair Elect | Isanti-Mille Lacs CHB (Central)             |
| John Baerg                | Watonwan County CHB (South Central)         |
| David Benson              | Nobles-Rock CHB (Southwest)                 |
| Tom Clifford              | Carlton-Cook-Lake-St. Louis CHB (Northeast) |
| Renee Frauendienst        | Stearns County CHB (Central)                |
| Larry Kittelson           | Midstate CHB (West Central)                 |
| Randy Maluchnik           | Carver County CHB (Metro)                   |
| William Montague          | Polk County CHB (Northwest)                 |
| Dave Perkins              | Olmsted County CHB (Southeast)              |

### Alternates

|                    |   |
|--------------------|---|
| Cynthia Bennett    | Aitkin-Itasca-Koochiching CHB (Northeast)     |
| William Groskreutz | Faribault-Martin CHB (South Central)          |
| Vonna Henry        | Sherburne County CHB (Central)                |
| Helene Kahlstorf   | North Country CHB (Northwest)                 |
| Idelle Longman     | City of Edina CHB (Metro)                     |
| Marvin Tinklenberg | Lincoln-Lyon-Murray-Pipestone CHB (Southwest) |
| Marcia Ward        | Winona County CHB (Southeast)                 |

### MDH Staff to the Group

|                 |   |
|-----------------|---|
| Chelsie Huntley | Office of Public Health Practice, Community and Family Health |
|-----------------|---|

## Community Health Conference Planning Work Group

A SCHSAC Community Health Conference Planning Work Group selected a format, theme, objectives, and speakers for the 2009 Community Health Conference and assisted MDH staff in hosting the conference.

### Summary of Activities

This work group worked with MDH staff to organize the format, program and speakers for the Minnesota Department of Health's 2009 Community Health Conference: *Surviving and Thriving in Difficult Times* which was held on October 1-2 at the Cragun's Conference Center in Brainerd, Minnesota. In response to budgetary and travel concerns the work group "trimmed down" the conference by condensing the conference into two days; waiving the registration fee; moving to electronic registration and handouts; and eliminating scheduled free-time activities. In addition, community health alumni were invited to attend the conference. In spite of the challenging economic environment and overly full workloads, 363 people from around the state attended the conference.

Sanne Magnan, M.D., Ph.D., Commissioner of Health opened the conference with a SCHSAC sponsored town hall meeting about response to H1N1.

The conference featured four general sessions:

- *Public Health 2009: Celebrating Our Achievements and Embracing the Challenge*, Linda Olson Keller;
- *Leading from Your Soul (Instead of a Position of Authority)*, Robin Getman;
- *Institutional Racism: What Is It? Why Is It Important?*, Diana Dunn and John Morrin;
- *Closing Comments*, Sanne Magnan, M.D., Ph.D., Commissioner of Health.

In addition, 16 concurrent sessions were offered on the following topics: public health infrastructure, social determinants of health, risk behaviors, communications, mental health, and environmental health.

Conference participants had the opportunity to:

- Meet new and network with old public health colleagues;
- Discuss and provide input on important public health topics with the Commissioner of Health;
- Learn about past public health achievements, celebrate recent accomplishments and be inspired to meet the challenges of the future;
- Grow their leadership skills by examining leadership, power, and meaningful interaction;
- Develop an understanding of institutional racism and its contribution to health disparities;
- Gain fresh perspectives by attending timely concurrent sessions; and
- Receive tips, tools, and resources to assist in "*surviving and thriving in difficult times.*"

Conference participants continue to see value in the annual Community Health Conference; "networking" continues to be the most frequent participant response to the question "what did you like most about this conference."



**Membership**

|                      |   |
|----------------------|---|
| Susan Morris, Chair  | Isanti-Mille Lacs CHB                                       |
| Kenneth Bence        | Minnesota Council of Health Plans                           |
| Cynthia Bennett      | Aitkin, Itasca, Koochiching Counties CHS                    |
| David Benson         | Nobles-Rock CHB   |
| Sharon Smith         | MDH, Office of Minority and Multicultural Health            |
| Maggie Diebel        | MDH, Community and Family Health                            |
| Ardis Henriksen      | Lincoln, Lyon, Murray, Pipestone PHS                        |
| Jay Jaffee           | MDH, Health Promotion Chronic Disease                       |
| Kim Jeppesen         | MDH, Infectious Disease Epidemiology Prevention and Control |
| Michelle Jordan      | MDH, Office of Emergency Preparedness                       |
| Ann Kinney           | MDH, Health Policy  |
| Helene Kahlstorf     | North Country CHB   |
| Idelle Sue Longman   | City of Edina CHB   |
| Julie Myhre          | Carlton Cook Lake St. Louis Counties CHS                    |
| Mike Nordos          | MDH, Environmental Health                                   |
| Rachel Reabe Nystrom | Crow Wing CHB   |
| Mary Sheehan         | Chisago County Health and Human Services                    |
| Gary Sorenson        | Cottonwood-Jackson CHB                                      |
| Bev Wangerin         | Meeker, McLeod, Sibley CHB                                  |

**MDH Staff to the Work Group**

|                  |   |
|------------------|---|
| Peggy Malinowski | Office of Public Health Practice, Community and Family Health |
| Chelsie Huntley  | Office of Public Health Practice, Community and Family Health |

## Nominating and Awards Subcommittee

### Charge

- Review the awards process and recommend modifications to the Executive Committee to fulfill the intent of the awards.
- Solicit for nominations and select awardees for the four community health awards and certificates of recognition to be presented at the annual Community Health Conference.
- Prepare a ballot for the election of the SCHSAC Chair-Elect in December.

### Summary of Activities

The Nominating and Awards Subcommittee communicated by conference call to review the nominating process and to select the recipients for the 2009 Community Health Service Awards.

The following individuals received awards at the 2009 Community Health Conference:

- *Award for Outstanding Dedication to Local Public Health*  
Helene Kahlstorf, North County Community Health Board Member
- *Commissioner's Award for Distinguished Service in Community Health Services*  
Del Hurt, (retired) Carver County Public Health
- *Jack Korlath Partnership Award*  
Mary Rippke, (retired) Minnesota Department of Health
- *Jim Parker Leadership Award*  
Sue Hedlund, Washington County Public Health and Environment
- *Certificates of Recognition*  
Homegrown Minneapolis  
Rita Dovre, Lincoln, Lyon, Murray, Pipestone Counties Public Health Nurse  
Terry Stoltzman, Anoka County Emergency Services

In addition to the CHS Awards, the Nominating and Awards Subcommittee prepared a slate of nominees and supervised the election of the new SCHSAC Chair-Elect.

The subcommittee also met to review the current nomination process and to propose modifications and additions to the Certificate of Recognition award category.

### Membership

|                   |                               |
|-------------------|-------------------------------|
| John Baerg, Chair | Watonwan CHB                  |
| Bev Bales         | Douglas CHB                   |
| Cynthia Bennett   | Aitkin-Itasca-Koochiching PHS |
| Helene Kahlstorf  | North Country CHB             |
| Bev Wangerin      | Meeker, McLeod, Sibley CHB    |

### MDH Staff to the Subcommittee

|                  |   |
|------------------|---|
| Peggy Malinowski | Office of Public Health Practice, Community and Family Health |
|------------------|---|

## **Related Issues**

- Statewide Outcomes for Local Public Health
- Orientation for Newly Local Elected Officials to Public Health in Minnesota



## **Statewide Outcomes for Local Public Health**

### **Summary of Activities**

The Commissioner of Health reviewed and extended the current statewide outcomes for public health. SCHSAC and the Maternal and Child Health (MCH) Advisory Committee will be asked to examine the statewide outcomes for public health and identify any necessary revisions, additions or deletions during 2010, based on the most current national, state and local public health data.

## **Orientation for Newly Local Elected Officials to Public Health in Minnesota**

### **Summary of Activities**

Eighty-two individuals attended the Orientation for Newly Local Elected Officials to Public Health in Minnesota via video conference. Among them were forty local elected officials, community health board members, and community health services advisory committee members.

The orientation included an overview of the state and local public health partnership given by Sanne Magnan, M.D., Ph.D., Commissioner of Health; a description of the governing roles and responsibilities related to local public health; an overview of SCHSAC given by Bev Bales, 2009 SCHSAC Chair; a hot topic presentation titled “*Unraveling the Mystery: The Peanut-Salmonella Outbreak*”; and tips for working with public health from the 2008 SCHSAC Chair, Gary Sorenson.

### **Background**

Because newly elected local officials have a broad range of responsibilities, they must learn about many topics in order to be able to make informed decisions. Public health may be a new topic area for some local elected officials. This opportunity, presented statewide via video conference provides an overview of Minnesota’s public health system, the importance of the state-local public health partnership, and the public health roles and responsibilities of local elected officials, as designated in state statute.



## Issues of Special Interest

- Resources for the Public Health System
- Health Equities
- Other Issues of Special Interest





## **Resources for the Public Health System**

### **Background**

Concerns about the cost of health care provide an opportunity to discuss the value and cost-effectiveness of primary prevention. Strong evidence exists that shows investments in prevention can reduce health care costs. Moreover, because of its population-based perspective, the state and local governmental public health system is often charged with serving as the focal point for new and ongoing initiatives (e.g., Statewide Health Improvement Program).

SCHSAC participated in several discussions about the level, mix, and uses of funding for public health in Minnesota, including a conference call with the Executive Committee and the MDH Commissioner about funding from the Local Public Health Grant, discussions at SCHSAC meetings, and a concurrent session at the 2009 Community Health conference on the Cost Model for Local Public Health in Minnesota.

## **Health Equities**

### **Background**

One of the strategies of the 2008-2013 SCHSAC Strategic Plan Goal 2, “The state and local governmental public health partnership is dynamic, resilient, and nimble,” is to explore opportunities for mutually beneficial dialogue between SCHSAC and communities about health equity issues that stretch beyond the boundaries of governmental public health.

SCHSAC created and/or participated in several venues for this topic to be addressed, including a plenary session at the 2009 Community Health Conference on institutional racism, extending an invitation to all the Eliminating Health Disparities Initiative grantees to attend the conference, and featuring several health equity topics during the concurrent sessions at the conference.

## **Other Issues of Special Interest**

The SCHSAC was informed and had discussions on a number of topics at SCHSAC meetings throughout 2009. Topics included the Birth Defects Information System; the Nurse-Family Partnership Initiative; healthcare transformation; progress of the Public Health Accreditation Board; H1N1 influenza; cancer; environmental health tracking and biomonitoring; and Minnesota Clean Indoor Act enforcement.

The SCHSAC continued to have representatives on the Food Safety Partnership; the Immunization Practices Advisory Committee; the Maternal and Child Health Advisory Task Force; the State Preventive Health Advisory Committee; and the Minnesota Public Health Collaborative for Quality Improvement. SCHSAC also choose to have representatives on two additional groups in 2009, the Minnesota Public Health Practice Based Research Network and the Evaluating the Healthy People 2020 Framework Grant.



# 2009 SCHSAC Membership

Listed by Community Health Board and Minnesota Department of Health District

## Central District

Benton ..... Jim McMahon  
Cass ..... Ane Rogers  
Chisago ..... Lora Walker  
Crow Wing ..... Rachel Reabe Nystrom  
Isanti-Mille Lacs ..... Susan Morris  
Kanabec-Pine ..... Wendy Thompson  
Morrison-Todd-Wadena ..... Don Meyer  
Sherburne ..... John Riebel  
Stearns ..... Renee Frauendienst  
Wright ..... Don Mleziva

## South Central District

Blue Earth ..... Mark Piepho  
Brown-Nicollet ..... Jim Berg  
Faribault-Martin ..... Bill Groskreutz Jr.  
LeSueur-Waseca ..... Cheri Lewer  
Meeker-McLeod-Sibley ..... Bev Wangerin  
Watonwan ..... John Baerg

## West Central District

Clay-Wilkin ..... Neal Folstad  
Douglas ..... Bev Bales  
Grant-Pope-Stevens- Traverse ..... Larry Kittelson  
Otter Tail ..... Diane Thorson

## Metropolitan District

Anoka ..... Robyn West  
Bloomington (City of) ..... Karen Nordstrom  
Carver ..... Randy Maluchnik  
Dakota ..... Nancy Schouweiler  
Edina (City of) ..... Idelle Sue Longman  
Hennepin ..... Gail Dorfman  
Minneapolis (City of) ..... Cam Gordon  
Ramsey/St. Paul ..... Janice Rettman  
Richfield (City of) ..... Jennifer Turrentine  
Scott ..... Barbara Marschall  
Washington ..... Lowell Johnson

## Northeast District

Aitkin-Itasca-Koochiching ..... Cynthia Bennett  
Carlton-Cook-Lake-St. Louis ..... Tom Clifford

## Northwest District

Becker ..... Harry Salminen  
Beltrami-Clearwater-Hubbard-  
Lake of the Woods ..... Helene Kahlstorf  
Kittson-Marshall-Pennington-  
Red Lake-Roseau ..... Rachel Green  
Norman-Mahnomen ..... Jamie Hennen  
Polk ..... Bill Montague

## Southeast District

Dodge-Steele ..... DeeAnn L. Pettyjohn  
Fillmore-Houston ..... Robert Augedahl  
Freeborn ..... Glen Mathiason  
Goodhue ..... Ted Seifert  
Mower ..... Margene Gunderson  
Olmsted ..... Dave Perkins  
Rice ..... Mary Ho  
Wabasha ..... Judy Barton  
Winona ..... Marcia Ward

## Southwest District

Big Stone-Chippewa-Lac Qui Parle-  
Swift-Yellow Medicine ..... Jeanne Krueger  
Cottonwood-Jackson ..... Gary Sorenson  
Kandiyohi ..... Harlan Madsen  
Lincoln-Lyon-Murray-  
Pipestone ..... Marvin Tinklenberg  
Nobles-Rock ..... David Benson  
Redwood-Renville ..... Bruce Tolzmann

12/2009





**February 2010**



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