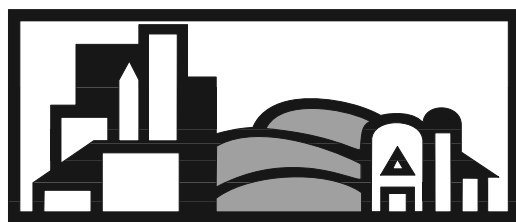


# State Community Health Services Advisory Committee



## 2009 Work Plan and 2008 Annual Report



February 2009  
Office of Public Health Practice  
Community and Family Health Division



# **State Community Health Services Advisory Committee**

## **2009 Work Plan and 2008 Annual Report**

**February 2009**



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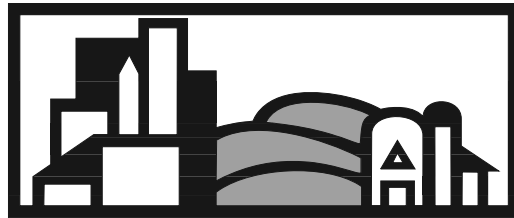
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# **State Community Health Services Advisory Committee**



## **2009 Work Plan**





# State Community Health Services Advisory Committee

## 2009 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 government public health agencies. 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 2009 Work Plan

The SCHSAC work plan for 2009 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 2009 SCHSAC Work Plan are summarized on the table that follows. Topics include governance and organizational structures, performance improvement and accreditation, and the Statewide Health Improvement Program (SHIP). Other issues that SCHSAC will potentially address include statewide outcomes, effective communication about state and local roles and responsibilities to protect and promote health, and resources for the public health system. 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 2009, these issues include a new county commissioner orientation to public health, health equity, healthcare transformation, public health information, environmental health (e.g., biomonitoring project), workforce issues, behavioral health and public health roles, healthy aging, and infectious disease issues in Minnesota.

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.

Charges are presented for the Governance and Organizational Structures and the Performance Improvement and Accreditation work groups and for the three standing committees.

## 2009 Work Plan At-A-Glance

| Topic   | Purpose   | Methods  |
|---|---|--|
| <b>Governance and Organizational Structures</b>   | Examine characteristics found to support strong, effective, and efficient health department operations (e.g., governance, organizational structures, size, regional opportunities, 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 MCH 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.   | Videoconference: 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 Plan Topics

## Governance and Organizational Structures for Public Health

### Charge

This work group will review and discuss the common characteristics that are related to high-quality performance in local health departments and examine those across a variety of governance and organizational structures. The work group will solicit perspectives from local health departments that operate within different structures, and will discuss issues such as:

- The various governance and organizational structures in use in Minnesota and nationally.
- The pros and cons of those different structures.
- Relevant findings from the literature.
- The factors that enhance or inhibit the effective functioning of local health departments.

### 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. 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 and 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

A work group will be convened, with membership 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 provide staff support to this activity.

# **Statewide Health Improvement Program (SHIP) 2008-2009**

## **Charge**

The SCHSAC Statewide Health Improvement Program (SHIP) Ad Hoc Work Group will continue to provide input and local perspective into the planning and implementation of the Statewide Health Improvement Program (SHIP).

## **Background**

Section 145A.10 subdivision 10 of the 2007 Health and Human Services Omnibus Bill required the development of a plan for comprehensive statewide health promotion. The legislation emphasized the need for sustainable, community-level health promotion initiatives to reduce the burden of preventable disability, chronic conditions and diseases, and resulting medical expenditures.

The 2007 SCHSAC Ad Hoc Group for a Statewide Health Promotion Plan provided input and local perspectives for the development of the comprehensive statewide health promotion plan, which was presented to the Health Care Transformation Task Force and subsequently included in the 2008 health care reform legislation as SHIP, the Statewide Health Improvement Program.

The 2008 Health Care Reform Bill, Chapter 358, Senate File 3780 established and appropriated funds for SHIP to reduce the percentage of Minnesotans who are obese or overweight, and reduce the use of tobacco, using policy and environmental change interventions.

## **Methods**

Continue the ad hoc SCHSAC work group comprised of SCHSAC members, community health services agency and local health department administrators and staff, tribal representative(s) and MDH staff. This ad hoc work group primarily conducts work on an “as needed” basis through conference calls and emails.

## **Resources**

The Health Promotion and Chronic Disease Division, Center for Health Promotion, will provide staff support to this activity, with assistance from the Office of Public Health Practice.

## Statewide Outcomes for Local Public Health

### Background

Minnesota Statutes 145A states that: “By December 31, 2004, and every five years thereafter, the commissioner, in consultation with the State Community Health Advisory Committee... and the Maternal and Child Health Advisory Task Force... shall develop statewide outcomes for the local public health grant.”

The next set of statewide outcomes (for 2010-2014) will be developed by December 31, 2009 with the input of SCHSAC and the Maternal and Child Health (MCH) Advisory Task force. These will be developed by examining the current statewide outcomes and identifying any necessary revisions, additions or deletions based on the most current state and local public health data, essential local public health activities, and public health goals.

A recommendation of the 2006 Public Health Goals Review Group was to identify a limited number of sentinel or key indicators for each area of the *Healthy Minnesotans: Public Health Improvement Goals* framework. These indicators would be used to engage a statewide audience to help achieve public health goals. The work done to develop the 2010-2014 statewide outcomes for local public health would be an important contribution to the potential development of the sentinel indicators for *Healthy Minnesotans*.

### Methods

SCHSAC will be asked to participate in discussions to develop the statewide outcomes for local public health.

### Resources

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

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

### 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, will provide 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.

### Methods

Video conference sites will be made available statewide. The video conference will be recorded and distributed, as requested.

### Resources

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

# Performance Improvement and Accreditation Work Group

## Charge

A SCHSAC work group will (1) examine the proposed national performance standards and measures for state and local health departments, and (2) explore the implications of these standards and measures for Minnesota. Products will include:

- A “crosswalk” to assess alignment of national voluntary performance standards and measures with Minnesota’s existing performance improvement and reporting systems (e.g., CHAAP and PPMRS).
- A report outlining the potential implications of the national standards and accreditation as they relate to factors such as:
  - The size and structure of Minnesota local health departments (LHDs).
  - Minnesota’s existing performance improvement and reporting systems in Minnesota.
  - Direct and indirect costs of pursuing accreditation.
  - Documentation systems available and needed to demonstrate achievement of the standards.
  - Incentives and rewards for accreditation and/or demonstrated achievement of the standards.

This report will also identify barriers to achieve the national standards, as well as recommendations to overcome those barriers.

## Background

Minnesota’s current performance improvement system is based on the National Association of City and County Health Officials (NACCHO) operational definition of a functional local health department, the National Public Health Performance Standards, and other state performance measures and accreditation programs. During creation of the goals and standards that have been set for Minnesota, every effort has been made to ensure that local health departments in Minnesota are well-positioned to participate in future voluntary accreditation opportunities.

In 2008, Minnesota used funding from the Robert Wood Johnson Foundation to initiate the Minnesota Public Health Collaborative for Quality Improvement (“QI Collaborative” also known as “MLC-3”). This collaborative is a partnership of the Minnesota Local Public Health Association, the Minnesota Department of Health, and the University of Minnesota’s School of Public Health. The QI collaborative seeks to build quality improvement capacity and performance throughout Minnesota’s public health system.

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.

## Methods

This workgroup will be comprised of SCHSAC members, representatives of local health departments, and representatives of MDH. The workgroup will convene with staff support to examine the proposed national performance standards and measures for state and local health departments, and explore the implications of these standards and measures for Minnesota.

## Resources

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



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

### **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.

### **Methods**

SCHSAC volunteers will be sought for a work group that will shape communications materials.

### **Resources**

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

## **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 show 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).

### **Methods**

SCHSAC will continue discussions that have begun about the level, mix, and uses of funding for public health in Minnesota.

### **Resources**

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

## 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.

### Methods

SCHSAC will participate in discussions around health equities and identify opportunities for dialogue.

### Resources

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

## Issues of Special Interest

SCHSAC members identified several important public health topics of interest. These topics have been integrated into a list of possible presentations and discussions at SCHSAC meetings and/or for videoconferences. As time allows, presentations or videoconferences on the following topics listed below or other topics identified by SCHSAC may be offered in 2009:

- Healthcare transformation.
- Public health information.
- Work force issues (recruitment and retention, succession planning, generational issues).
- Environmental health, (water quality, climate change, biomonitoring projects).
- Behavioral health and public health roles.
- Healthy aging.
- Healthcare systems issues and public health implications.
- Minority and multicultural health issues.

Should the need for more in-depth work in any of those areas be identified, SCHSAC will determine the most appropriate way to be involved.

# Standing Committees

## 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 2009 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 2009 conference will be held September 30, October 1-2 at Cragun's Resort and Conference Center in 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 2009.

## **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

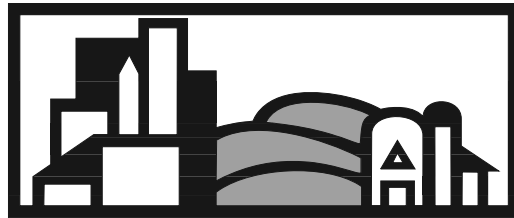
Membership will consist of three to five representatives of community health boards. The subcommittee will meet two to three times via conference calls.

### 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**



## **2008 Annual Report**





# State Community Health Services Advisory Committee

## 2008 Annual Report

### Overview

In 2008, over 60 people participated in two SCHSAC work groups and over 40 people participated in the work of the standing committees. Major work focused on updating the three to five year SCHSAC strategic plan, implementing previous SCHSAC work on public health emergency preparedness, and providing input into the Statewide Health Improvement Program (SHIP).

The Executive Committee, the Community Health Conference Planning Work Group, and the Nominating and Awards Subcommittee successfully completed their charges, enabling SCHSAC to continue to function efficiently.

SCHSAC members had rich discussions with the Commissioner of Health at 2008 meetings, illustrating the state-local partnership in action. Members were regularly updated about the Minnesota Public Health Collaborative for Quality Improvement and SHIP. A well attended video conference was held in March, *Ten Things You Should Know About Drinking Water in Minnesota*.



# Work Groups

## MDH-Local Public Health Preparedness Committee

### A SCHSAC MDH-LHD Preparedness Committee:

- Pilot tested and revised the public health emergency preparedness tiers.
- Began describing the MDH emergency preparedness roles and responsibilities that support local health departments in planning, response and recovery.
- Reviewed remaining four Blue Print priorities to assure progress.
- Reviewed the Emergency Preparedness Essential Local Activities.
- Discussed funding of state and local public health emergency preparedness activities.

### Summary of Activities

In 2006, the SCHSAC MDH-Local Public Health Preparedness Committee created a strategic plan for state and local public health emergency preparedness, called a “Blue Print”. The Blue Print had six priorities. For 2007, the Committee chose to focus on two priorities and formed a subcommittee for each priority. In 2008, both subcommittees worked on implementation.

The Public Health Emergency Preparedness Communications Subcommittee implemented new and revised communication tools and protocols and developed an educational presentation on Minnesota State Statutes Chapter 13, which addresses data privacy and sharing of information.

The Public Health Roles and Responsibilities Subcommittee identified a three-tiered system of responsibilities for local health department (LHD) and developed a complementary LHD Incident Lifecycle Map to MDH’s Incident Lifecycle Map. The tiered system was pilot tested in all eight SCHSAC regions and revisions were made based on the feedback obtained. The 2008-2009 emergency preparedness grant contracts and duties included assessing tier levels and undertaking tasks based on tier assignment.

### Members

|                   |   |
|-------------------|---|
| Bev Wangerin      | Meeker-McLeod-Sibley Community Health Board   |
| Nancy Schouweiler | Dakota County Community Health Board          |
| Mary Wellik       | Olmsted County Community Health Board         |
| Jane Norbin       | St. Paul-Ramsey County Community Health Board |
| Patricia Adams    | Dakota County Community Health Board          |
| Sandy Tubbs       | Douglas County Community Health Board         |
| Ann Bajari        | Meeker-McLeod-Sibley Community Health Board   |
| Lynn Theurer      | Winona County Community Health Board          |

### Alternates

|                   |  |
|-------------------|--|
| Bruce Tolzmann    | Renville-Redwood County Community Health Board     |
| Karen Nordstrom   | City of Bloomington Community Health Board         |
| Jim Gangl         | Carlton-Cook-Lake-St. Louis Community Health Board |
| Susan Palchick    | Hennepin County Community Health Board             |
| Carolyn Schmidt   | Carver County Community Health Board               |
| Bette Friederichs | Chisago County Community Health Board              |
| Carmen Reckard    | Faribault-Martin Community Health Board            |
| Kathleen Evers    | Wabasha County Community Health Board              |

## **MDH Representatives**

### **Members**

|                  |   |
|------------------|---|
| Aggie Leitheiser | Office of Emergency Preparedness                        |
| John Stine       | Environmental Health                                    |
| Norm Crouch      | Public Health Laboratory                                |
| Pat Bloomgren    | Infectious Disease, Epidemiology Prevention and Control |
| Debra Burns      | Community and Family Health                             |
| Margaret Kelly   | Executive Office  |
| Buddy Ferguson   | Public Information Office                               |
| Ralph Morris     | District Offices  |

### **Alternates**

|                  |   |
|------------------|---|
| Jane Braun       | Office of Emergency Preparedness                        |
| David Wulff      | Environmental Health                                    |
| Chris Everson    | Public Health Laboratory                                |
| Craig Acomb      | Infectious Disease, Epidemiology Prevention and Control |
| Maggie Diebel    | Community and Family Health                             |
| Carol Woolverton | Executive Office  |
| John Stieger     | Public Information Office                               |
| Laurel Briske    | District Offices  |

### **MDH Staff to the Committee**

|                 |   |
|-----------------|---|
| Mickey Scullard | Office of Public Health Practice, Community and Family Health |
|-----------------|---|

## Strategic Plan Update Work Group

### A SCHSAC Strategic Plan Update Work Group:

- Reviewed the 2003 SCHSAC Strategic Plan.
- Identified additional topics and issues to include in the 2008-2013 SCHSAC Strategic Plan.
- Updated the strategic plan for the next three to five years.

### Summary of Activities:

The Work Group met three times to develop an update for the long-range strategic plan to strengthen the infrastructure of the statewide CHS system so that it is better able to continue to improve the health of the public. The work group used two key questions to guide its work: *What do you want to accomplish in the next three to five years?* and, *What do you want the system/organization to look like in the next three to five years?*

The work group reviewed the 2003 SCHSAC Strategic Plan, information from SCHSAC meetings, Executive Committee discussions, and conducted a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. They made slight revisions to the vision and visionary goal. They reduced the number of goals from six to four, and developed strategies to guide the work of SCHSAC for the next three to five years.

### Membership:

|                  |  |
|------------------|--|
| David Benson     | Nobles-Rock Community Health Board                 |
| Ben Brunsvold    | Clay-Wilkin Community Health Board                 |
| Bonnie Engen     | North Country Community Health Board               |
| Lowell Johnson   | Washington County Community Health Board           |
| Cheri Lewer      | Le Sueur-Waseca Community Health Board             |
| Susan Morris     | Isanti-Mille Lacs Community Health Board           |
| Julie Myhre      | Carlton-Cook-Lake-St. Louis Community Health Board |
| Joyce Mueller    | Crow Wing Community Health Board                   |
| DeeAnn Pettijohn | Dodge-Steele Community Health Board                |
| Ann Stehn        | Kandiyohi Community Health Board                   |
| Sandy Tubbs      | Douglas Community Health Board                     |
| Marcia Ward      | Winona Community Health Board                      |

### MDH Representatives

|                   |   |
|-------------------|---|
| Jeanne Danaher    | Deputy Commissioner                                     |
| Patricia Adams    | Assistant Commissioner                                  |
| Craig Acomb       | Chief Financial Officer                                 |
| Kristen Ehresmann | Infectious Disease Epidemiology, Prevention and Control |
| Mary Manning      | Health Promotion Chronic Disease                        |
| Maggie Diebel     | Community and Family Health                             |

### MDH Staff to the Work Group

|                 |   |
|-----------------|---|
| Mickey Scullard | Office of Public Health Practice, Community and Family Health |
| Gail Gentling   | Office of Public Health Practice, Community and Family Health |
| Debra Burns     | Office of Public Health Practice, Community and Family Health |

# Standing Committees

## 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:

- Providing orientation for new SCHSAC members.
- Conducting interim business to ensure smooth operations.
- Sponsoring a successful, well attended statewide video conference, *“Ten Things You Should Know About Drinking Water in Minnesota: A video conference for Local Elected Officials”* in March.
- Initiating an update of the SCHSAC Strategic Plan.

### Membership

|                         |   |
|-------------------------|---|
| Gary Sorenson, Chair    | Cottonwood-Jackson CHB (Southwest)          |
| Marcia Ward, Past Chair | Winona County CHB (Southeast)               |
| Bev Bales, Chair Elect  | Douglas County CHB (West Central)           |
| Susan Morris            | Isanti-Mille Lacs CHB (Central)             |
| Karen Nordstrom         | City of Bloomington CHB (Metro)             |
| Tom Clifford            | Carlton-Cook-Lake-St. Louis CHB (Northeast) |
| William Montague        | Polk County CHB (Northwest)                 |
| John Baerg              | Watonwan County CHB (South Central)         |
| Dave Perkins            | Olmsted County CHB (Southeast)              |
| David Benson            | Nobles-Rock CHB (Southwest)                 |
| Ben Brunsvold           | Clay-Wilkin CHB (West Central)              |

### MDH Staff to the Committee

|                 |   |
|-----------------|---|
| Mickey Scullard | 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 theme, objectives, format, and speakers for the 2008 Community Health Conference and assisted MDH staff in hosting the conference.

### Summary of Activities

This work group organized the program and speakers for the Minnesota Department of Health's 2008 Community Health Conference: *Fostering Hope and Facilitating Change: Public Health in the 21<sup>st</sup> Century* which was held on October 1-3, 2008 at the Breezy Point Resort and Conference Center in Breezy Point, Minnesota. 432 people from around the state attended the conference.

The conference featured four general session speakers - Robin Getman (Laugh! For the Health of It), Mark Seeley (Climate Change – Implications for Public Health), Donna Zimmerman (The Itasca Project – How Business Leaders are Working to “Close the Gap”); and Commissioner of Health Sanne Magnan, M.D., Ph.D. (Closing Address). The conference also offered 20 concurrent sessions on the following topics: public health infrastructure, social determinants of health, risk behaviors, communications, mental health, and environmental health.

Conference participants:

- Received up-to-date information on a wide array of public health programs and topics.
- Gained an appreciation for the proven health benefits of laughter, while learning how to ensure helpful, not harmful, humor in their workplaces.
- Heard about the effects of climate change and its potential impact on public health.
- Discovered how leaders in Minnesota's business community are working to address social determinants such as disparities in race, geography and education to ensure the future of Minnesota's workforce.
- Were enlightened with highlights for a hopeful future for Minnesota's public health system.

Highlights and free time activities during the conference included the yearly community health awards ceremony and reception (the award recipients are listed in the nominating and awards subcommittee report), public health resources and displays, physical activity sessions, after dinner conversations with Commissioner Dr. Sanne Magnan, and movie night.

### Membership

|                  |  |
|------------------|--|
| Bev Bales, Chair | Douglas County Commissioner                      |
| Kenneth Bence    | Minnesota Council of Health Plans                |
| David Benson     | Nobles County Commissioner                       |
| Mary Cahill      | MDH, Compliance Monitoring                       |
| Mitchell Davis   | MDH, Office of Minority and Multicultural Health |
| Maggie Diebel    | MDH, Community and Family Health                 |
| Gail Gentling    | MDH, Community and Family Health                 |
| Ardis Henriksen  | Lincoln, Lyon, Murray, Pipestone Public Health   |
| Tom Hogan        | MDH, Environmental Health                        |
| Jay Jaffee       | MDH, Health Promotion Chronic Disease            |
| Ann Kinney       | MDH, Health Policy                               |

|                    |   |
|--------------------|---|
| Helene Kahlstorf   | North Country CHB   |
| Idelle Longman     | City of Edina CHB   |
| Julie Myhre        | Carlton, Cook, Lake, St. Louis CHB                          |
| Susan Morris       | Isanti County Commissioner                                  |
| Karen Nordstrom    | City of Bloomington Councilmember                           |
| Jacob Owens        | MDH, Office of Emergency Preparedness                       |
| Asa Schmit         | MDH, Information Systems and Technology                     |
| Mary Sheehan       | Chisago County Community and Public Health                  |
| Kristen Tharaldson | MDH, Health Policy  |
| Lynn Theurer       | Winona County Community Health Services                     |
| Bev Wangerin       | McLeod County Commissioner                                  |
| Amy Westbrook      | MDH, Infectious Disease Epidemiology Prevention and Control |

**MDH Staff to the Work Group**

|                  |   |
|------------------|---|
| Peggy Malinowski | Office of Public Health Practice, Community and Family Health |
| Allison Thrash   | 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 2008 Community Health Service Awards.

The following individuals received awards at the 2008 Community Health Conference:

- *Award for Outstanding Dedication to Local Public Health*  
Marcia Ward, Winona County Community Health Board
- *Commissioner's Award for Distinguished Service in Community Health Services*  
Becky Felling, (retired) McLeod County Public Health
- *Jack Korlath Partnership Award*  
John Clare, (retired) Minnesota Department of Health
- *Jim Parker Leadership Award*  
Karen Zeleznak, City of Bloomington Division of Public Health
- *Certificates of Recognition*  
Minneapolis / Hennepin County Childhood Lead Poisoning Prevention Work Group

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.

### Membership

|                   |  |
|-------------------|--|
| John Baerg, Chair | Watonwan County Commissioner                       |
| Cynthia Bennett   | Aitkin-Itasca-Koochiching Public Health Supervisor |
| Helene Kahlstrof  | North Country Community Health Board Member        |
| Bev Wangerin      | McLeod County Commissioner                         |
| Katy Wortel       | Blue Earth County Commissioner                     |

### MDH Staff to the Subcommittee

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

## Related Issues

### **The Minnesota Public Health Collaborative for Quality Improvement (QI Collaborative):**

The QI Collaborative is a partnership between the Local Public Health Association (LPHA), the Minnesota Department of Health (MDH), and the University of Minnesota, School of Public Health (SPH). Funded by the Robert Wood Johnson Foundation, the QI Collaborative is intended to provide resources, tools, technical assistance, and training on quality improvement techniques to local public health departments. A steering committee, comprised of representatives from LPHA, MDH, and SPH, is guiding this initiative.

### **Training on Quality Improvement Tools and Techniques**

- The Quality Improvement Showcase and Training Conference in April 2008 featured national and state quality improvement experts who provided 1.5 days of training in quality improvement tools and techniques. Approximately 150 state and local public health professionals attended the conference.
- In July 2008, the Public Health Foundation conducted a 2.5-day training for the Office of Public Health Practice and a number of Community and Family Health division staff in order to improve technical assistance to local health departments for quality improvement.
- In November 2008, approximately 80 state and local public health staff participated in a quality improvement webinar on the Model for Improvement, process mapping and cause and effect analysis.

### **QI Projects in Local Public Health Departments**

- The eight local public health quality improvement projects that were initiated in 2007 completed their work in 2008. Each of the health departments gained expertise in quality improvement and most achieved substantial improvement on their projects. For example:
  - Carver County reduced the amount of staff time spent testing delivery of health alerts by 70 percent.
  - Sherburne County increased their rate of on-time PCA reassessments from 61 percent to 100 percent.
  - The counties in the Northeast Region implemented a dental varnish program and treated 104 children.
- Each of the projects presented their work at the Quality Improvement Showcase and Training Conference in April 2008.
- A new quality improvement collaborative was launched on November 10, 2008 to train local public health to use quality improvement tools to improve their community engagement capacity. Forty community health boards (57 local health departments) are participating.

### **State and National Consultations**

- Grace Gorenflo from the National Association of City and County Health Officials and Rob Fulton from St. Paul-Ramsey Health Department conducted a concurrent session on accreditation at the Community Health Conference.
- The Public Health Accreditation Board is planning to release draft accreditation standards and measures in February for public vetting.

## **Issues of Special Interest**

The SCHSAC was informed throughout the year about a number of topics during 2008. Topics included tele-health, regular updates on the Statewide Health Improvement Program, alcohol and binge drinking, quality improvement in public health practice, disease investigation in Minnesota, accreditation, cost of delivering public health, family home visiting, tuberculosis, and an update on the eliminating health disparities grant.

The SCHSAC also was informed throughout the year about efforts by other groups that have SCHSAC representatives including: the Diabetes Steering Committee; the Food Safety Partnership; the Immunization Practices Advisory Committee; the Maternal and Child Health Advisory Task Force; and the State Preventive Health Advisory Committee.



# 2008 SCHSAC Membership

## Listed by Community Health Board and Minnesota Department of Health District

### Central District

Benton ..... Duane Walter  
Cass ..... Dorothy Opheim  
Chisago ..... Ben Montzka  
Crow Wing ..... Rachel Reabe Nystrom  
Isanti-Mille Lacs ..... Susan Morris  
Kanabec-Pine ..... Wendy Thompson  
Morrison-Todd-Wadena ..... Orville Meyer  
Sherburne ..... Ewald Petersen  
Stearns ..... Renee Frauendienst  
Wright ..... Don Mleziva

### South Central District

Blue Earth ..... Katy Wortel  
Brown-Nicollet ..... Anita Hoffmann  
Faribault-Martin ..... Bill Groskreutz Jr.  
LeSueur-Waseca ..... Cheri Lewer  
Meeker-McLeod-Sibley ..... Bev Wangerin  
Watonwan ..... John Baerg

### West Central District

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

### Metropolitan District

Anoka ..... Rhonda Sivarajah  
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) ..... Betsy Osborn  
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 ..... Stafford Hansen  
Freeborn ..... Glen Mathiason  
Goodhue ..... Ted Seifert  
Mower ..... Margene Gunderson  
Olmsted ..... Dave Perkins  
Rice ..... Galen Malecha  
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

12/2008





**February 2009**



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