

State Community Health Services Advisory Committee Annual Report, 2017

FEBRUARY 2018



State Community Health Services Advisory Committee Annual Report, 2017

State Community Health Services Advisory Committee
Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-3880
health.ophp@state.mn.us
www.health.state.mn.us

Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording. Printed on recycled paper.

Contents

Overview of 2017 Work	3
Environmental Health Continuous Improvement Board	4
Infectious Disease Continuous Improvement Board	6
Strengthening Public Health in Minnesota Workgroup	8
Performance Improvement Steering Committee	10
Public Health Emergency Preparedness Oversight Group	11
MDH Technical Assistance Ad Hoc Group	13
Public Health Videoconference	15
Orientation to MDH for Local Public Health Leaders	16
SCHSAC Executive Committee	17
Community Health Conference Planning Workgroup	18
Nominating and Awards Workgroup	21
Appendix A. 2017 SCHSAC Members by Region	22
Appendix B. Map of SCHSAC Regions	23
Appendix C. 2017 SCHSAC Work Plan at a Glance	24
2017 Strategic Priority	24
New Work	24
Issues of Special Interest.....	25
Continuing Work	25
Issues of Interest.....	26
Standing Committees.....	26
SCHSAC Representatives.....	26

Overview of 2017 Work

In 2017, State Community Health Services Advisory Committee (SCHSAC) workgroups, and standing committees engaged local public health leaders, local elected officials, state department leadership and staff, and community partners.

The highlight of the year was bringing a new set of ideas to longstanding local capacity challenges. This included the creation of the SCHSAC Strengthening Public Health in Minnesota Workgroup and the continuing efforts to improve the state-local partnership by the Environmental Public Health Continuous Improvement Board. A new SCHSAC Infectious Disease Continuous Improvement Board formed for 2018.

SCHSAC developed its 2017 work plan to implement the overarching strategic priorities of the 2014-2018 SCHSAC Strategic Plan. The SCHSAC Executive Committee determined that SCHSAC should direct additional resources toward the priority: Engage local elected officials to support public health. Several activities, including the annual SCHSAC Interactive Videoconference, *Be a Public Health Policy Maker*, sought to increase engagement of local elected officials. The annual videoconference, held April 25, 2017, invited county commissioners and city officials to participate in a discussion about the Minnesota public health system and their role as local elected officials. Featured speakers included SCHSAC Executive Committee members and 30 sites around the state participated.

Throughout 2017, SCHSAC members discussed aspects of the state-local partnership and public health issues with the Commissioner of Health and his staff at quarterly meetings and conference calls. SCHSAC members provided input into the Statewide Health Assessment and discussed water quality improvement, public health's role in preparing for the Super Bowl in Minneapolis, vulnerable adults legislation, family home visiting, infectious disease outbreaks, advancing health equity, and the costs of chronic disease. One example of SCHSAC addressing timely issues occurred at the March meeting when Susan Morris, Isanti Community Health Board, brought a resolution supporting family home visiting in the Minnesota legislature to the SCHSAC Executive Committee. Executive Committee members gave their support to the resolution and added the item to the full SCHSAC agenda. SCHSAC voted to approve its own resolution and individual community health boards were encouraged to approve their own resolutions and share them with legislators. SCHSAC also held orientation for new local public leaders, coordinated the Community Health Conference, and hosted Community Health Awards to recognize outstanding public health work. SCHSAC continued to have representatives on the State Preventive Health Advisory Committee, the Maternal and Child Health Advisory Task Force, and the Healthy Minnesota Partnership. For more information, visit: [MDH Committees with SCHSAC Representation](#).

Beginning on the following page, the reader will find each workgroup's charge, membership, and a brief summary of 2017 activities. The 2017 work plan at a glance is in [Appendix C](#).

Environmental Health Continuous Improvement Board

Charge

Charge approved on March 24, 2017.

The Environmental Health Continuous Improvement Board (EHCIB) will fundamentally advance Minnesota's state-local partnership in the Environmental Health area of public health responsibility by:

- Developing an Environmental Public Health Framework for Minnesota
- Developing and monitoring statewide annual performance measures for the environmental health area of public health responsibility
- Overseeing the development and implementation of the new Food, Pools, and Lodging Services program evaluation process

Background

In 2013 concerns about MDH and local public health collaboration on Food, Pools, and Lodging Services (FPLS) were expressed to the MDH executive leadership team by the Local Public Health Association. The concerns led to the establishment of the Environmental Health Continuous Improvement Board (EHCIB).

The EHCIB, chartered by the Local Public Health Association and MDH, began meeting in 2014 "to fundamentally advance Minnesota's state-local partnership in Environmental Health." The EHCIB agreed to initially work on FPLS challenges and then work more broadly to monitor and advance state-local work in the broader area of environmental health. As of March 24, 2017, the EHCIB became a SCHSAC workgroup.

Since 2014, the EHCIB has made progress on FPLS challenges including a better state-local relationship, the development of a new program evaluation process, and the development of statewide annual performance measures for FPLS. The EHCIB is now expanding its focus and beginning to develop an environmental public health framework for Minnesota.

Summary of 2017 Activities

The EHCIB held six EHCIB meetings in 2017, covering the following key topics and decisions:

Redesigning the Food, Pools, and Lodging Services (FPLS) program evaluation process: The re-design of the FPLS Program Evaluation Process was done in partnership emphasizing sharing, collaboration, and continuous improvement. A pilot test of new FPLS program evaluation tools and templates occurred in early 2017 indicating the need to revise the tools and test again. The second pilot began in December 2017.

Piloting Food, Pools, and Lodging Services (FPLS) statewide performance measures: The collection of FPLS statewide performance measures is a way to collaboratively assess statewide performance and identify statewide opportunities for improvement. The EHCIB piloted the FPLS statewide performance measures and data collection process in 2017. It was the first time local FPLS programs and the Minnesota Departments of Health (MDH) and Agriculture (MDA) aggregated their retail food data. Local summary reports were provided to local FPLS programs

and community health boards and a statewide summary report is available online: [Food, Pools, and Lodging Services in Minnesota: 2016 Statewide Performance Measures \(PDF\)](#).

Developing an environmental public health framework for Minnesota: The framework is intended to further define the environmental health area of public health responsibility and outline the various roles, responsibilities, stakeholders, expectations, and communication channels. The framework may also help identify strengths and gaps in environmental public health services across Minnesota; help assure Minnesotans receive the environmental public health services they should; and help improve partnership and coordination in the delivery of environmental public health services.

2017 EHCIB Membership

** County Commissioners*

Dawn Beck (Olmsted County; non-metro community health board, locally run)

Jeff Brown (City of Edina; metro community health board, locally run)

Daniel Disrud (Anoka County; metro community health board, locally run)

Bill Groskreutz* (Faribault County Commissioner; SCHSAC)

Tom Hogan (Minnesota Department of Health)

Jeff Luedeman (Minnesota Department of Agriculture)

Sarah Reese (Polk County; non-metro community health board, state run)

Diane Thorson (representing Becker County; non-metro community health board, state run)

John Tracy (Stearns County; non-metro community health board, locally run)

John Weidner (Lake County; non-metro community health board, locally run)

John Weinand (City of Minnetonka; city EH program)

MDH Staff to EHCIB

Megan Drake-Pereyra (Center for Public Health Practice)

Infectious Disease Continuous Improvement Board

Charge

Charge as approved on March 24, 2017.

The SCHSAC Infectious Disease Continuous Improvement Board's (CIB) charge is to ensure an effective and efficient state-local partnership in the “prevent the spread of communicable diseases” area of public health responsibility. The Infectious Disease CIB will serve as a forum for regular communication, identification of issues, and joint problem solving. The Infectious Disease CIB will also ensure the Disease Prevention & Control (DP&C) Common Activities Framework remains a relevant, useful document.

Background

In 2016, SCHSAC convened the MDH Technical Assistance Ad Hoc Group to

1. Describe the current level of state-local interaction and technical assistance primarily, but not exclusively, at the district (regional) level
2. Engage in conversations to gain a shared understanding of current capacity and roles at the state, regional and local level
3. Identify strategies for how state and local public health can best work together at the regional level

Among a number of recommendations to bolster MDH technical assistance and state-local collaboration, the Ad Hoc Group recommended that SCHSAC establish a Continuous Improvement Board (CIB) for Infectious Disease Prevention and Control (DP&C) to provide a forum for regular communication, identification of issues, and joint problem solving. The Ad Hoc Group further recommended that the new Continuous Improvement Board should update the Disease Prevention and Control Framework paying particular attention to clarifying roles and communication channels.

The DP&C Common Activities Framework, first approved by SCHSAC in 1998, is the foundation for local public health providing disease surveillance, prevention, and control resources and services as mandated by Minn. Stat. § 145A (the Local Public Health Act).

Its intent is to provide structure for the infectious disease prevention and control activities of detecting acute and communicable diseases, for developing and implementing prevention of disease transmission, and for implementing control measures during outbreaks. It sets out the minimum roles and expectations for both local public health agencies and MDH to meet this mandate. It has been updated several times and was last reapproved by SCHSAC in July 2015.

Summary of 2017 Activities

Due to the extensive measles outbreak in 2017, SCHSAC delayed the formation of the Infectious Disease CIB until the end of the year; the group held its first meeting on January 31, 2018.

2017-2018 Infectious Disease Continuous Improvement Board Membership

South Central SCHSAC Region: Allie Elbert (Meeker-McLeod-Sibley)

West Central: Jamie Hennen (Partnership4Health)

Southwest/South Central: Mary Hildebrandt (Brown-Nicollet)

Metro: Dave Johnson (Hennepin)

Southeast: Deb Purfeerst (Rice)

Northeast: Amy Westbrook (Carlton-Cook-Lake-St Louis)

Central: Mary Zelenack (Stearns)

Northwest: TBD

MDH: Kris Ehresmann (Infectious Disease Prevention and Control Division)

MDH Staff to Infectious Disease Continuous Improvement Board

Ellen Hill, NE Region District Epidemiologist (Infectious Disease Prevention and Control Division)

Strengthening Public Health in Minnesota Workgroup

Charge

Charge approved on September 27, 2017.

SCHSAC will convene a broad set of stakeholders of governmental public health to identify, examine, and recommend a set of promising strategies to assure that: 1) required local public health activities are in place in all parts of Minnesota; and 2) Minnesota's public health system is evolving to meet modern community health issues.

Background

The Local Public Health Act, first passed in 1976 as the Community Health Services Act, laid out a vision for a public health system in Minnesota. The Local Public Health Act has been updated several times with relatively minor changes, and SCHSAC has produced a number of reports with recommendations for strengthening the system. Some of those recommendations have been implemented, and others have not.

Currently, community health boards in Minnesota struggle against persistent resource constraints that prevent effective response to current public health threats and challenges. There is also wide variability among community health boards related to performance and resources. This means that where a person lives may have a significant impact on the level, range, and quality of public health services available in their community.

In their own words, Minnesota's public health practitioners are concerned that the state's public health infrastructure is crumbling and that it is an imminent threat both to the integrity of our public health system, and ultimately the health of all Minnesotans. The long-term public health focus on prevention is often lost in the many pressing, near-term issues and mandated services counties must prioritize.

To date, the concerns and potential solutions have been discussed primarily by public health practitioners, through SCHSAC workgroups, Local Public Health Association committees, and MDH. Those conversations need to broaden to include perspectives of other stakeholders interested in protecting and improving the health of Minnesota residents.

Summary of 2017 Activities

The workgroup met twice in 2017, with its final meeting set for January 5, 2018. At the first meeting, members received information on Minnesota's governmental public health system, including: how public health is organized in Minnesota, the role of state and local public health agencies, the public health partnership, and the capacity of local public health departments to carry out a set of core public health activities.

At the second meeting, members received more in-depth information regarding the differences in local public health department's capacity to meeting required public health activities. Workgroup members then met in small groups to further discuss topics raised in the first meeting. This included decision-making, leadership, state and local roles, and resources.

The objective of the final meeting is to identify and prioritize options for strengthening public health in Minnesota to pursue in 2018.

2017 Strengthening Public Health in Minnesota Workgroup Membership

** County Commissioners*

Co-chair: Susan Morris* (Isanti County)

Richard Anderson* (Beltrami County)

Steven Belton (Minneapolis Urban League)

Sen. Michelle Benson, R-Ham Lake (Health & Human Services Finance and Policy Committee)

Kodjo Bossou (Goodhue County)

Patrick Boyle* (St. Louis County)

Charles Bransford (Washington County)

Drew Campbell* (Blue Earth County)

Jill DeBoer (University of Minnesota Center for Infectious Disease Research & Policy)

Renee Frauendienst (Stearns County)

Rep. Mike Freiberg, D-Golden Valley (Health & Human Services Reform Committee)

Rachel Hardeman (University of Minnesota School of Public Health)

Kelly Harder (Dakota County)

Doug Huebsch* (Otter Tail County)

Mónica Hurtado (Voices for Racial Justice)

Lowell Johnson (Washington County)

Sheila Kiscaden* (Olmsted County)

Deatrick LaPointe (St. Paul-Ramsey County Community Health Board Advisory Committee)

Warren Larson (Sanford Health)

Harlan Madsen* (Kandiyohi County)

Todd Patzer* (Lac qui Parle County)

Rep. Nels Pierson, R-Stewartville (Health & Human Services Finance Committee)

Michael Plante (Wabasha County)

Cyndy Rastedt (White Earth Nation)

Sarah Reese (Polk-Norman-Mahnomen Community Health Board)

Nate Sandman (Fond du Lac Band of Lake Superior Chippewa)

Chera Sevcik (Faribault-Martin Community Health Board)

Ann Stehn (Kandiyohi County)

Sandy Tubbs (Horizon Community Health Board)

Wendy Underwood (Minnesota Dept. of Human Services)

PaHoua Vang (Minnesota Public Health Association)

Sen. Melissa Wiklund, D-Bloomington (Health & Human Services Finance & Policy Committee)

Michael Williams (Stearns County)

MDH Staff to Strengthening Public Health in Minnesota Workgroup

Chelsie Huntley (Center for Public Health Practice)

Performance Improvement Steering Committee

Charge

Originally approved February 18, 2011. Revised charge approved March 24, 2017.

The Performance Improvement Steering Committee leads efforts to improve the quality, effectiveness, efficiency and equity of Minnesota's governmental public health system through the implementation of a systematic performance management process as outlined in the Local Public Health Act (Minn. Stat. § 145A, subd. 5a). The committee also ensures alignment of Minnesota's public health system with national public health standards; advocates for the use of performance management and quality improvement; and provides input on efforts to strengthen and improve Minnesota's public health system.

Summary of 2017 Activities

In 2017, SCHSAC took action to address the Committee's continued concerns about the ability of the local public health system to meet key measures of performance. In light of those efforts, the Committee focused on monitoring performance data and identifying performance strengths and challenges. The Committee anticipates future work to refine and improve performance measures in 2018.

2017 Performance Improvement Steering Committee Membership

Chair: Mary Hildebrandt (Brown-Nicollet)

Lisa Brodsky (Scott)

Joanne Erspamer (Carlton-Cook-Lake-St. Louis)

Renee Frauendienst (Stearns)

Deb Jacobs (Partnership4Health)

Sarah Kjono (Polk-Norman-Mahnomen)

Nicole Ruhoff (Benton)

Chera Sevcik (Faribault-Martin)

Sue Yost (Freeborn)

MDH Performance Improvement Steering Committee Representatives

Linda Bauck-Todd (Center for Public Health Practice)

Mickey Scullard (Center for Emergency Preparedness and Response)

MDH Staff to Performance Improvement Steering Committee

Phyllis Brashler (Center for Public Health Practice)

Public Health Emergency Preparedness Oversight Group

Charge

Originally approved May 20, 2011. Revised charge approved March 24, 2017.

The SCHSAC Public Health Emergency Preparedness Oversight Group will continue as a standing committee under the auspices of SCHSAC to:

- Advise on strategic planning for local and tribal health preparedness activities of public health emergency preparedness in Minnesota
- Provide ongoing review of local and tribal public health emergency preparedness programs and issues
- Oversee the continued development of capacity assessment and related measurement outcomes for Minnesota's local and tribal public health emergency preparedness programs
- Advocate for resources that sustain and maintain local and tribal public health emergency preparedness capabilities

Summary of 2017 Activities

The PHEP Oversight Group continued to provide advice and perspectives on local health department public health preparedness issues during 2017. Group members reviewed the reports from the 2016 World Café and advised on dissemination strategies. The group advised MDH on grant-related activities for local health departments for the 2017-2018 budget year. Group members had robust discussions about volunteer management, shared preparedness work that occurred at the state and local levels for Super Bowl LII, and emergency preparedness performance measures: "What does it look like if local health department preparedness is going well?"

Members were introduced to the [National Health Security Preparedness Index](#), a tool that may be useful in community discussions to discuss strengths and gaps in "the protections needed to keep people safe and healthy."

The group received updates about the work of the SCHSAC Strengthening Public Health in Minnesota Workgroup and the programmatic strategic planning conducted by the MDH Center for Emergency Preparedness and Response. It reviewed the preliminary results from the previous budget period's three assessments, and discussed the data and formats best for distribution.

2017 Public Health Emergency Preparedness Oversight Group Membership

* *County Commissioners*

Co-chair: Susan Morris* (Isanti)

Co-chair: Bonnie Brueshoff (Dakota)

Pam Blixt (Minneapolis)

Cynthia Borgen (Beltrami)

Dave Brummel (Washington)

Stacey Durgin (Aikin-Itasca-Koochiching)

Allie Elbert (Meeker-McLeod-Sibley)

Bonnie Engen (North Country)

Bill Groskreutz* (Faribault-Martin)

Mike Matanich (Stearns County)
Amy Roggenbuck (Dodge-Steele)
Gloria Tobias (Countryside)
Sandy Tubbs (Horizon)

MDH Public Health Emergency Preparedness Oversight Group Representatives

Cheryl Petersen-Kroeber (Center for Emergency Preparedness and Response)
Deb Radi (Center for Emergency Preparedness and Response)
Sandra Hanson (Center for Emergency Preparedness and Response)

MDH Staff to Public Health Emergency Preparedness Oversight Group

Mickey Scullard (Center for Emergency Preparedness and Response)

MDH Technical Assistance Ad Hoc Group

Charge

Charge approved on June 24, 2016.

The SCHSAC MDH Technical Assistance Ad Hoc Group will:

- Describe the current level of state-local interaction and technical assistance primarily, but not exclusively, at the district (regional) level
- Engage in conversations to gain a shared understanding of current capacity and roles at the state, regional and local level
- Identify strategies for how state and local public health can best work together at the regional level

Background

At the March 2016 SCHSAC meeting, local public health leaders expressed a desire to begin a conversation about their interaction and collaboration with MDH regional offices and MDH district staff. It was noted that this conversation would be an opportunity to address workforce challenges and improve collaboration and coordination. SCHSAC added an ad hoc group to examine the topic and amended its 2016 work plan accordingly.

Summary of 2017 Activities

The Ad Hoc Group completed its work in 2016. The group intended to present its final report and recommendations to SCHSAC at the December 16, 2016, quarterly meeting. Due to inclement weather, the December meeting was shortened and held via conference call/webinar.

The Ad Hoc Group shared its recommendations at the March 24, 2017 SCHSAC meeting. The recommendations were approved by the committee. The Ad Hoc Group fulfilled its charge and did not meet in 2017.

2016-2017 MDH Technical Assistance Ad Hoc Group Membership

Local Public Health

Jill Bruns (Kandiyohi-Renville; Southwest Region)
 Kelly Chandler (Aitkin-Itasca-Koochiching; Northeast Region)
 Bonnie Engen (North Country; Northwest Region)
 Allie Freidrichs (Meeker-McLeod-Sibley; South Central Region)
 Pete Giesen (Olmsted; Southeast Region)
 Lowell Johnson (Washington; Metro Region)
 Lisa Kocer (Mower; Southeast Region)
 Nicole Ruhoff (Benton; Central Region)
 Sandy Tubbs (Horizon; West Central Region)

Minnesota Department of Health

Deb Burns (Centers for Health Equity and Community Health)

Maggie Diebel (Community and Family Health Division)

Kris Ehresmann (Infectious Disease, Epidemiology, Prevention, and Control Division)

Tom Hogan (Environmental Health Division)

Diane Rydrych (Health Policy Division)

MDH Staff to MDH Technical Assistance Ad Hoc Group

Chelsie Huntley (Center for Public Health Practice)

Public Health Videoconference

Background

Every year SCHSAC and MDH present an interactive videoconference for local elected officials. The format varies between an orientation to public health and the state-local partnership and in depth learning about a public health issue of concern to local public health leaders.

Summary of 2017 Activities

The annual videoconference for local elected officials, held on April 25, 2017, was titled “Be a Public Health Policy Maker: A Videoconference for All Local Elected Officials.” SCHSAC Chair Doug Huebsch of Partnership4Health Community Health Board explained the state-local public health partnership and how the Advisory Committee provides input on policy decisions. Health Commissioner Ed Ehlinger discussed what creates health to remind local elected officials that they are public health policy makers all the time. Commissioner Ehlinger led a panel discussion with SCHSAC members showing how governmental public health can help local elected officials deal with pressing issues in other sectors and encourage them to see the value of public health. Topics included positive mental health/resiliency; broadband and access to care; infectious disease outbreaks; mental health in jails, out of home placement and relationship to opioid use, emergency preparedness and the role of community health assessment data. The interactive videoconference featured these local elected officials: Bill Groskreutz, Susan Morris, Beth Olson, Kim Vlasisavljevich, and Drew Campbell.

SCHSAC broadcast the videoconference to 30 sites throughout Minnesota. SCHSAC and the MDH Center for Public Health Practice hosted the videoconference. Evaluations show that local elected officials and local public health administrators and directors value the opportunity to connect with MDH and SCHSAC. Sometimes technical interactive video challenges can take away from the experience. MDH continually seeks new ways to improve this event while maintaining the ability for community health board members to share and discuss the experience as a group rather than participate individually.

Orientation to MDH for Local Public Health Leaders

Background

Top public health leader positions throughout the state have experienced changeover, and this will continue in the coming years. Local and state agencies identified a need for new public health leaders to receive orientation to the Minnesota Department of Health. In June 2017, MDH delivered an orientation to the new CHS administrators, public health directors, and other top public health officials. The purpose was to introduce them to MDH as an organization, and to help them put faces to names of MDH leadership and staff.

Summary of 2017 Activities

SCHSAC held an orientation to MDH for 18 local public health leaders on June 15 and 16, 2017.

Orientation activities for 2017 included:

- MDH Public Health Lab tour
- Minnesota public health system review
- Panel discussions with MDH division and office directors closely connected to local activities participation
- MDH executive team members meet and greet
- MDH technical assistance meet and greet
- Colleagues networking
- Attending a SCHSAC meeting

Local leaders and participating MDH staff continue to appreciate the orientation.

SCHSAC Executive Committee

Charge

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

Summary of 2017 Activities

The major work of the SCHSAC Executive Committee included approving workgroup charges, supporting ongoing committees, and developing the work plan. The Executive Committee also discussed the legislative session, the local public health system infrastructure, health reform, advancing health equity, and other public health issues.

2017 Executive Committee Membership

** Elected Officials*

Leadership

Chair: Doug Huebsch* (Partnership4Health)
 Chair-elect: Drew Campbell* (Blue Earth)
 Past chair: Karen Ahmann* (Polk-Norman-Mahnomen)

Northeast Region

Beth Olson*(Carlton-Cook-Lake-St. Louis)
 Alt: Lester Kachinske (Aitkin-Itasca-Koochiching)

Northwest Region

Helene Kahlstorf (North Country)
 Alt: Karen Ahmann* (Polk-Norman-Mahnomen)

West Central Region

Larry Kittelson* (Horizon)
 Alt: Todd Johnson* (Horizon)

MDH Staff to Executive Committee

Becky Buhler (Center for Public Health Practice)

Central Region

Susan Morris* (Isanti)
 Alt: Warren Peschl* (Benton)

Metro Region

Kim Vlaisavljevich * (Bloomington)
 Alt: Lowell Johnson (Washington)

Southeast Region

Marcia Ward* (Winona)
 Alt: Mitch Lenz* (Fillmore-Houston)

South Central Region

Bill Groskreutz* (Faribault-Martin)
 Alt: Allie Elbert (Meeker-McLeod-Sibley)

Southwest Region

David Lieser* (Countryside)
 Alt: Jim Salfer* (SWHHS)

Community Health Conference Planning Workgroup

Charge

SCHSAC charged the Community Health Conference Planning Workgroup with selecting the format, theme, objectives, and speakers for the 2016 Community Health Conference, and assisting MDH staff in hosting the conference.

Summary of 2017 Activities

The 2017 Community Health Conference Planning Workgroup worked with MDH staff to organize the format, program, and speakers for the 2017 Community Health Conference: *Be Part of the Conversation: Our Stories, Our Communities, Our Health*. The conference occurred on September 27, 28, and 29 at the Breezy Point Conference Center in Breezy Point, Minnesota.



Four hundred-fifty statewide public health leaders and professionals attended the conference. Attendees included local elected officials, local public health administrators, directors and staff, SCHSAC members and alternates, Tribal leadership and staff, community-based organization leadership and staff, community health board and advisory committee members, health plan staff, MDH management and staff, and other public health professionals. About one-fourth of participants were attending for the first time.

The Community Health Conference is a long-standing, annual event for Minnesota's public health community. First held in 1978, it serves to strengthen the unique state-local governmental public health partnership created by the 1976 Community Health Services Act. Designed to build knowledge, skill and capacity in Minnesota's public health system, the conference provides an opportunity to share and celebrate the innovative work occurring in communities throughout the state.

During the conference, participants could:

- **Unite** across partnerships, communities, cultures and organizations to improve health for all
- **Share** best practices, knowledge and lessons learned from our successes and failures
- **Engage** in networking, listen to new ideas and have courageous conversations to build understanding
- **Inspire** by encouraging each other and celebrating our efforts

The conference was facilitated by Tane Danger and these featured general sessions:

- David C. Mann, professional performance specialist: *Our Stories: Telling Our Public Health Stories*
- Abigail Echo-Hawk, Director, Urban Indian Health Institute: *Our Communities: How Do You Say Equity in Your Language?*

- Tane Danger and The Theater of Public Policy: *Our Health* with conversation participants Drew Campbell, Mark Campell, DeAndre Morris, Amy Roggenbuck, Nichole Ruhoff, and Jacki Trelawny
- Commissioner of Health Ed Ehlinger: Conference Closing

In addition, 23 concurrent sessions, 23 learning stations, and two story-telling workshops by David C. Mann were offered on the following themes:

- Engaging youth and schools to get the message out
- Public health integrating with communities
- Public health partnering with health care
- Telling the story of public health
- Public health as catalyst and convener
- Policy, systems, and environmental change in action
- Promoting sexual health with those impacted
- Using technology and data

Several concurrent sessions reached full capacity. Participants appreciated the variety and quality of the presentations and benefitted by learning from colleagues and partners.

Highlights during the conference included the yearly community health awards ceremony and reception, opportunities to network with public health colleagues, and examples of starting the difficult conversations related to health inequities. Conference participants continue to see value in this annual conference.

2017 Community Health Conference Planning Workgroup Membership

** County Commissioners*

Chair: Drew Campbell* (Blue Earth)

Jordyn Adeboye (CLUES)

Ken Bence (Minnesota Public Health Association)

Nicole Brown (MDH Community and Family Health Division)

Mark Campbell (YWCA Minneapolis)

Marisol Chiclana-Ayala (MDH Center for Public Health Practice)

Jackie Dionne (MDH Director of American Indian Health)

Sandra Hanson (MDH Center for Emergency Preparedness and Response)

Bobbie Harder* (Meeker-McLeod-Sibley)

Mohamed Hassan (MDH Center for Health Equity)

Doug Huebsch* (Partnership4Health)

Amy Kenzie (MDH Health Promotion & Chronic Disease Division)

Ann Kinney (MDH Center for Health Statistics)

Larry Kittelson* (Horizon)

Sarah Kjono (Polk-Norman-Mahnomen)

Roxana Linares (Centro Tyrone Guzman)

Amy Michael (MDH Office of Statewide Health Improvement Initiatives)

Karen Moritz (Brown-Nicollet)

Yoonju Park (Korean Service Center)

Margaret Peyton (CLUES)

Frieda von Qualen (MDH Environmental Health Division)
Bridget Roby (MDH Center for Health Equity)
Amy Roggenbuck (Dodge-Steele)
Nicole Ruhoff (Benton County)
Richard Scott (Carver County)
Becky Sechrist (MDH Center for Public Health Practice)
Jacki Trelawny (Family Tree Clinic)

MDH Staff to Community Health Conference Planning Workgroup

Liz Arita (Center for Public Health Practice)
Becky Buhler (Center for Public Health Practice)

Nominating and Awards Workgroup

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 community health awards and certificates of recognition for presentation at the annual Community Health Conference
- Prepare a ballot for the election of the SCHSAC chair-elect in December

Summary of 2017 Activities

The Nominating and Awards Workgroup met via conference call in August to review the nominating process and to select the recipients for the 2017 Community Health Service Awards. The following individuals and group received a 2017 Community Health Award during the Community Health Conference on September 27, at Breezy Point Conference Center.

- **Award for Outstanding Dedication to Local Public Health:**
Susan Morris, Isanti County Commissioner
- **Commissioner’s Award for Distinguished Service in Community Health Service:**
Mary Heckman, Deputy Director, Goodhue County Health and Human Services
- **Jack Korlath Partnership Award:**
Cynthia Hickman, Metro District Epidemiologist, Minnesota Department of Health
- **Jim Parker Leadership Award:**
Cindy Pederson, Director, Wadena County Public Health
- **Lou Fuller Award for Distinguished Service in Eliminating Health Disparities:**
Anne Walaszek, Health Programs Manager, American Indian Cancer Foundation
- **Certificates of Recognition:**
Marna Canterbury, Director of Community Health, Lakeview Health Foundation
Minneapolis Health Department Food, Lodging, and Pools Division
C.A.R.E. Clinic Volunteers, C.A.R.E. Clinic, Red Wing

In addition to the Community Health Service Awards, the Nominating and Awards Workgroup prepared a slate of nominees and supervised the election of the new SCHSAC chair-elect during the December 2017 SCHSAC meeting.

2017 Nominating and Awards Workgroup Members

** Elected Official*

Chair: Lowell Johnson (Washington)	Renee Frauendienst (Stearns)
Bonnie Brueshoff (Dakota)	Helene Kahlstorf (North Country)
Sara Chute (MDH Center for Health Equity)	Larry Kittelson * (Horizon)

MDH Staff to Nominating and Awards Workgroup

Becky Buhler (Center for Public Health Practice)
Megan Drake-Pereyra (Center for Public Health Practice)

Appendix A. 2017 SCHSAC Members by Region

As of December 2017

** Elected Official*

Central Region

Barb Becker* (Morrison-Todd-Wadena)
Barbara Burandt* (Sherburne)
Kathy Burski (Kanabec)
Stephen Hallan* (Pine)
Christine Husom* (Wright)
Susan Morris* (Isanti)
Steve Notch* (Stearns)
Rachel Nystrom* (Crow Wing)
Warren Peschl* (Benton)
Michelle Piprude (Cass)
Genny Reynolds* (Mille Lacs)
Courtney Wehrenberg (Chisago)

Metro Region

Joe Atkins* (Dakota)
Lisa Brodsky (Scott)
Mike Gamache* (Anoka)
Cam Gordon* (Minneapolis)
Marion Greene* (Hennepin)
Lowell Johnson (Washington)
Rose Jost (Richfield)
Alison Pence (Edina)
Janice Rettman* (St. Paul-Ramsey)
Richard Scott (Carver)
Kim Vlavisavljevich* (Bloomington)

Northeast Region

Lester Kachinske (Aitkin-Itasca-Koochiching)
Beth Olson* (Carlton-Cook-Lake-St. Louis)

Northwest Region

Karen Ahmann* (Polk-Norman-Mahnomen)
Richard Anderson* (Beltrami)
Helene Kahlstorf (North Country)
Betty Younggren* (Quin County)

South Central Region

Anton Berg* (Brown-Nicollet)
Sarah Berry (Le Sueur-Waseca)
Drew Campbell* (Blue Earth)
William Groskreutz* (Faribault-Martin)
Bobbie Harder* (Meeker-McLeod-Sibley)
Kathleen Svalland* (Watonwan)

Southeast Region

Paul Drotos* (Goodhue)
Tammy Fiedler (Wabasha)
Sheila Kiscaden* (Olmsted)
Lisa Kocer (Mower)
Glen Mathiason* (Freeborn)
Debra Purfeerst (Rice)
Amy Roggenbuck (Dodge-Steele)
Teresa Walter* (Fillmore-Houston)
Marcia Ward* (Winona)

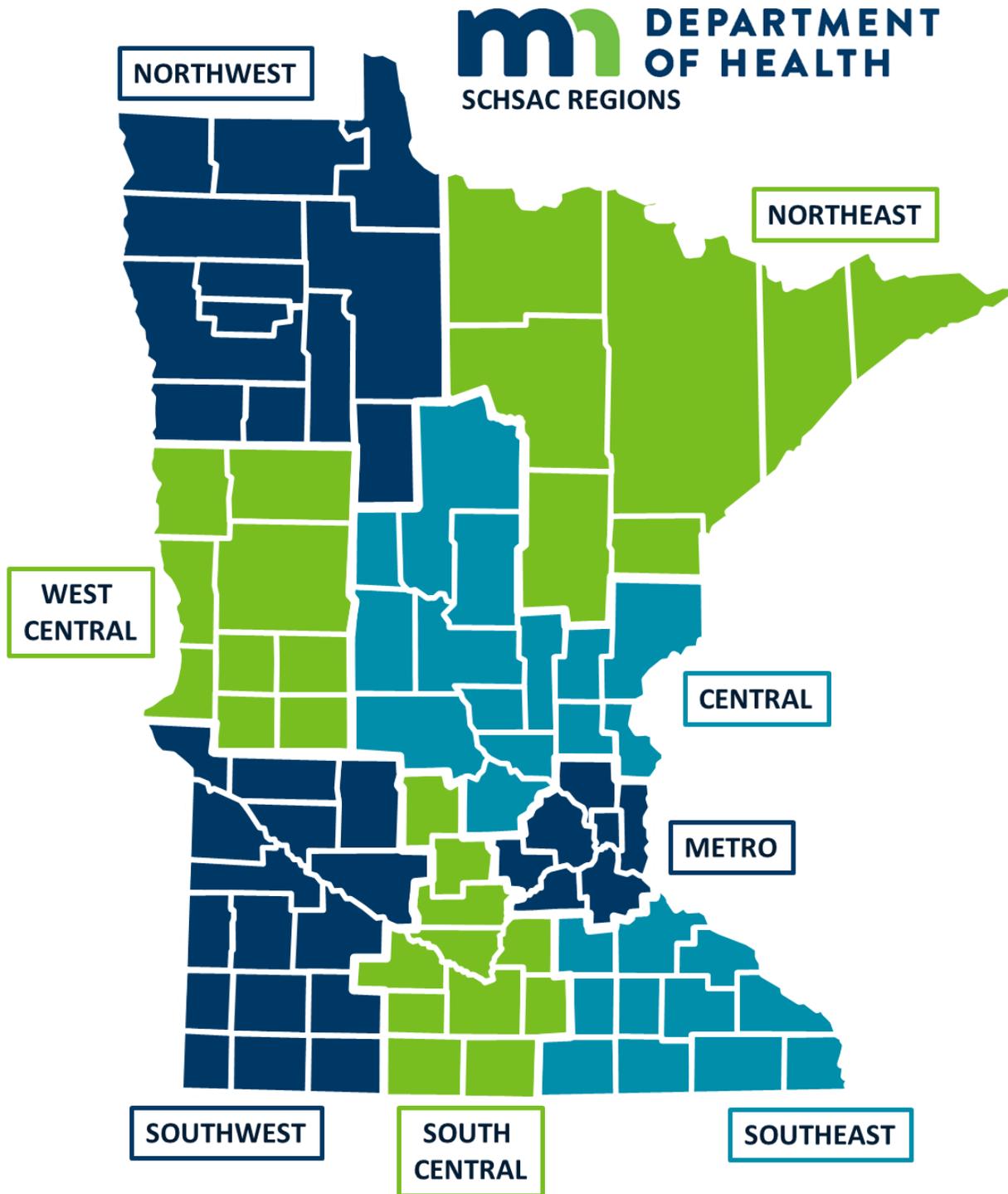
Southwest Region

Dave Lieser* (Countryside)
Harlan Madsen* (Kandiyohi-Renville)
Jim Salfer* (SWHHS)
Kevin Stevens* (Des Moines Valley)
Matthew Widboom* (Nobles)

West Central Region

Douglas Huebsch* (Partnership4Health)
Larry Kittelson* (Horizon)

Appendix B. Map of SCHSAC Regions



Appendix C. 2017 SCHSAC Work Plan at a Glance

The 2017 SCHSAC work plan, approved in March 2017, is summarized on the following pages. Topics include emergency preparedness, performance improvement, the local public health system, issues of special interest, and standing committees.

2017 Strategic Priority

Engage Local Elected Officials to Support Public Health: MDH and Executive Committee will develop special projects and strategies to engage local elected officials in SCHSAC and other opportunities to support public health policy. One example: SCHSAC booth at annual Association of Minnesota Counties December Conference.

New Work

Environmental Health Continuous Improvement Board

Recommendations from the MDH Technical Assistance Ad Hoc Group, and the desire of the existing Environmental Health Continuous Improvement Board (EHCIB) led to move from a group with a SCHSAC representative to a SCHSAC workgroup.

The EHCIB was initially chartered by the LPHA and MDH to fundamentally advance Minnesota's state-local partnership in environmental health. Under the auspices of SCHSAC, the EHCIB will develop an Environmental Public Health Framework for Minnesota; develop and monitor statewide annual performance measures for the environmental health area of public health responsibility; and oversee the development and implementation of the new Food, Pools, and Lodging Services program evaluation process.

Infectious Disease Continuous Improvement Board

This new workgroup is a result of recommendations from the MDH Technical Assistance Ad Hoc Group. The Infectious Disease Continuous Improvement Board will work to ensure an effective and efficient state-local partnership in the “prevent the spread of communicable disease” area of public health responsibility. The group will serve as a forum for regular communication, identification of issues, and joint problem solving. The group will also ensure the SCHSAC Disease Protection and Control (DP&C) Common Activities Framework remains a relevant, useful document.

Strengthening Public Health in Minnesota Workgroup

This new workgroup is a result of recommendations from the MDH Technical Assistance Ad Hoc Group and Performance Improvement Steering Committee; and conversations with SCHSAC,

MDH, and local public health about Minnesota's local public health system. The workgroup charge is in development and will be presented to SCHSAC Executive Committee this summer.

SCHSAC and Commissioner Ehlinger will convene a group of local government officials and other key stakeholders to address urgent concerns about Minnesota's local public health infrastructure. This group will affirm expectations for essential local public health activities and identify concrete action steps to assure that all community health boards are equipped to provide these essential activities in their communities.

Issues of Special Interest

SCHSAC will explore issues that influence public health across the state through presentations, small group discussions, videoconferences, and other means. Issues of concern to SCHSAC members include mental health, healthy aging, water quality and quantity, workforce, jail health and addiction.

Continuing Work

MDH Technical Assistance Ad Hoc Group

At the March 2016 SCHSAC meeting, local public health leaders expressed a desire to begin a conversation about their interaction and collaboration with MDH regional offices and MDH district staff. It was noted that this conversation would be an opportunity to address workforce challenges and improve collaboration and coordination. SCHSAC created an ad hoc group to examine the topic. The ad hoc group met in 2016 and presented its final report and recommendations on March 24, 2017. No additional work is planned for 2017.

Public Health Emergency Preparedness Oversight Group

This SCHSAC workgroup will continue in 2017 to review the state/local/tribal distribution for the federal Public Health Emergency Preparedness Grant, grant duties, continue development of capacity assessment and related measurement outcomes; and strategic planning for public health emergency preparedness.

Performance Improvement Steering Committee

Throughout 2017, this steering committee will continue to focus on leading efforts to improve Minnesota's governmental public health system through the ongoing use of performance standards, measures, and outcome reports that guide quality improvement efforts and decision-making.

Issues of Interest

Hot Topics: SCHSAC will explore issues that impact public health across the state through presentations, small group discussions, videoconferences, and other means. Issues of concern to SCHSAC members include mental health, healthy aging, water quality and quantity, workforce, the opioid epidemic, and public health, and health care policy.

Standing Committees

Executive Committee

The Executive Committee will conduct any interim business of SCHSAC, develop recommendations for decisions by SCHSAC, and work on activities to strengthen the state-local partnership and the role of the executive committee. The Executive Committee is scheduled to meet by conference call/webinar one month prior to in-person quarterly meetings.

Annual Community Health Conference Planning Workgroup

The workgroup is responsible for selecting a theme, topic, format, general session speakers, and concurrent session presenters for the 2017 Community Health Conference, and will assist MDH staff in hosting the conference.

Nominating and Awards Workgroup

The workgroup will supervise the nomination and election process for SCHSAC chair-elect; and will solicit and select candidates for the annual Community Health Awards.

SCHSAC Representatives

SCHSAC provides members and alternates with opportunities to represent SCHSAC on other public health advisory committees.

Healthy Minnesota Partnership

The Healthy Minnesota Partnership brings community partners and the Minnesota Department of Health together to improve the health and quality of life for individuals, families, and communities in Minnesota.

SCHSAC representative: TBD

State Preventive Health Advisory Committee

The State Preventive Health Advisory Committee is a federally mandated committee associated with the Preventive Health and Health Services Block Grant, chaired by the commissioner of health.

SCHSAC representative: Marcia Ward, Winona County Commissioner.

Maternal and Child Health Advisory Task Force

The Maternal and Child Health (MCH) Advisory Task Force was created by the Minnesota Legislature in 1982 to advise the commissioner of health on the health care services/needs of maternal and child health populations in Minnesota, on the use of funds for maternal and child health and children with special health needs administered through MDH, and the priorities and goals for maternal and child health activities.

SCHSAC representative: Susan Morris, Isanti County Commissioner.

Minnesota Public Health Research to Action Network Steering Committee

The Minnesota Public Health Research to Action Network is a partnership of the SCHSAC, LPHA, University of Minnesota School of Public Health, and MDH. The network was created to produce important new insights and relevant findings that can be used by practitioners and local elected officials to improve public health services, organizations and systems to ultimately improve the health of Minnesotans.

Update: The Steering Committee will no longer meet monthly. Representatives of SCHSAC and other key stakeholders will convene as needed to serve as advisors to develop and execute projects. Meanwhile, the Research to Action Network will continue to share practice-based research findings with SCHSAC.