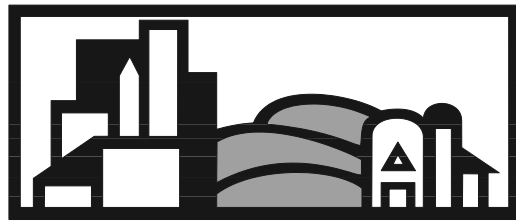


State Community Health Services Advisory Committee



2011 Work Plan and 2010 Annual Report

February 2011



State Community Health Services Advisory Committee

2011 Work Plan and 2010 Annual Report

February 2011



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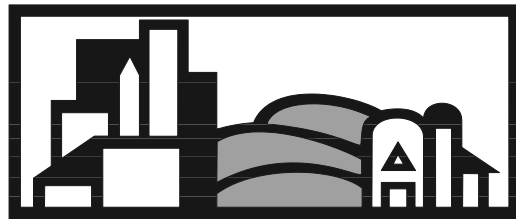
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State Community Health Services Advisory Committee



2011 Work Plan

State Community Health Services Advisory Committee

2011 Work Plan

What is SCHSAC?

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

The purpose of the SCHSAC, as described in the Local Public Health Act, is:

To advise, consult with, and make recommendations to the commissioner of health on matters relating to the development, funding, and evaluation of community health services in Minnesota.

The SCHSAC has 52 voting members, representing the 52 Community Health Boards in the state. Of the 52 boards, 27 are single county boards, four are single 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 2011 Work Plan

The SCHSAC work plan for 2011 is largely drawn from the 2008-2013 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 2011 SCHSAC Work Plan are summarized on the table that follows. Topics include emergency preparedness and response, building capacity for health information exchange among local public health departments, climate change adaptation, providing guidance and oversight for performance management within the local public health system.

Topics with potential public health policy or practice implications, but not currently requiring a formal work group or committee 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 2011, potential topics include the County Health Rankings, public health systems and services research, accreditation, ground saturation, mental health, redesign of local governments, rising health care costs, Statewide Health Improvement Program (SHIP) funding, and emerging trends in substances of abuse, e.g., highly caffeinated beverages, synthetic marijuana and ongoing tobacco issues.

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.

2011 Work Plan At-A-Glance

Topic	Description	Activities
Public Health Emergency Preparedness (PHEP)	A new phase of PHEP grant funding begins in mid 2011 and will necessitate discussions of grant duties and funding. Additionally, a variety of policy issues related to public health emergency preparedness will be addressed.	<ul style="list-style-type: none"> • Work Group began in May 2010 and will conclude in May 2011
Building Health Information Exchange Capacity (HIE)	The 2011 LPH HIE workgroup's primary focus is to complete a detailed business analysis on an aspect of the chosen foundational MCH services: Family Home Visiting referral-intake, client registration or initial visit. This process will begin in early spring and continue throughout the summer and will involve subject matter experts (data entry staff, home visiting nurses, nurse supervisors, etc.) from local public health. Recommendations for both standards and business process changes will be completed by fall. In addition, three Technical Advisory Groups (TAGs) are being created to manage and make recommendations regarding Communications, Technical Data Exchange Issues, and Legal and Privacy Issues. These TAGs will consist of local and state staff and will meet as needed to create and complete their work plans. A report with recommendations will be created and delivered to SCHSAC by November, 2011.	<ul style="list-style-type: none"> • Work Group began in August 2010 and will continue throughout 2011
Climate Change Adaptation	<p>Scientific consensus holds that the global climate is changing with rising surface temperatures, melting ice and snow, rising sea levels, and increasing climate variability. Changing climatic conditions are expected to have substantial direct and indirect affects on public health, including increases in morbidity and mortality attributed to extreme heat events (e.g., heat waves), extreme weather events (e.g., floods, hurricanes), increased air pollution, and changing incidence of vector-borne diseases and other infectious diseases.</p> <p>In 2010 MDH received a grant from the Centers for Disease Control and Prevention (CDC) to facilitate the development of a strategic plan that focuses specifically on the local public health system. This work group will make recommendations on the next steps in strategic planning for climate change.</p>	<ul style="list-style-type: none"> • Work Group will begin in spring 2011
Performance Improvement Steering Committee	Minnesota is in the process of transitioning from an emphasis on quality improvement for individual local health departments to the system-wide implementation of performance management. This Steering Committee will provide ongoing oversight for the implementation of a performance management system, the implementation of related recommendations from the	<ul style="list-style-type: none"> • Steering Committee will convene in spring of 2011 and continue throughout the duration of the CDC Public

Topic	Description	Activities
	SCHSAC Performance Improvement and Accreditation Work Group, and will advise and/or facilitate the gathering of local input as needed.	Health Improvement Initiative Grant
Issues of Special Interest <ul style="list-style-type: none"> • Accreditation • Budget issues • Climate change • Complete Streets – Rochester, Alexandria • County Health Rankings • Ground saturation – Keeping floods on our radar • Highly caffeinated beverages • Mental health • Public Health Services and Systems Research • Redesign of local governments, especially public health and social services, e.g., AMC Futures Project • Retirements and increasing diversity of our population – how to grow the next group of leaders? • Rising health care costs: <ul style="list-style-type: none"> • Role of public health • Provider Peer Grouping • Health care homes • SHIP funding • Synthetic marijuana 	Provide opportunities for SCHSAC to be informed about current public health issues and topics and take local action.	<ul style="list-style-type: none"> • Presentations, guest speakers at SCHSAC meetings, video-conferences • Spring 2011 video conference for elected officials • SCHSAC representation on advisory committees: Healthy Minnesotans 2020, Maternal Child Health, Research to Action Network, Multi-State Learning Collaborative-3, and others

Topic	Description	Activities
<ul style="list-style-type: none"> • Tobacco issues: <ul style="list-style-type: none"> • Non-smoking grounds • Industry • Smokeless tobacco and new products 		
Standing Committees		
Executive Committee	Conduct interim business of the SCHSAC; develop recommendations for decision by SCHSAC; and work on activities to strengthen the partnership and the role of the Executive Committee.	<ul style="list-style-type: none"> • Regular meetings and conference calls
Annual Community Health Conference Planning Work Group	Select a theme, format, general session speakers and concurrent session presenters for the 2011 Community Health Conference; and assist staff in hosting the conference.	<ul style="list-style-type: none"> • Two to three meetings per year
Nominating and Awards Subcommittee	Supervise the nomination and election process for the Chair-Elect; and solicit and select candidates for the annual CHS Awards.	<ul style="list-style-type: none"> • One to two conference calls per year

Work Plan Topics

- Public Health Emergency Preparedness (Continued from 2010)
- Building Health Information Exchange Capacity (Continued from 2010)
- Climate Change Adaptation
- Performance Improvement Steering Committee
- Issues of Special Interest

Public Health Emergency Preparedness (Continued from 2010)

Charge

The SCHSAC Public Health Emergency Preparedness Work Group will:

- Review progress to date in the development of statewide local capacity for responding to public health emergencies
- Provide input and make recommendations on issues related to the next phase of Public Health Emergency Preparedness (PHEP) programs including as grant duties, funding formula, organizational issues, measurement of progress/outcomes, regional projects, and tier classifications.

Background

Since 2002, Minnesota has received funding from the Centers for Disease Prevention and Control (CDC) via the Public Health Emergency Preparedness (PHEP) grant. With nine years of experience with the PHEP grant, and the recent H1N1 response, 2010 will be an opportune time to reexamine elements of Minnesota's approach to public health emergency preparedness. In particular, the work group will prepare for the five-year grant cycle that will begin in 2011. The work group will be convened in August 2010.

Methods

A SCHSAC work group will be convened consisting of SCHSAC members, local public health department representatives, and MDH representatives. The group will meet between August 2010 and June 2011. A kick-off for the committee will occur at the MDH/Local Public Health Association (LPHA) Policy Summit July 7, 8, 2010.

The group will review:

- The 2008 Tiers Project results (a self-assessment of each local health departments capacity)
- The 2010 Tiers Project results (a follow-up self-assessment after 2009, a year of intense response)
- Analysis of the changes between 2008 and 2010
- Accreditation programs used within Minnesota and nationwide as a means of goal-setting for capacity improvement
- Regionalization as a means of accomplishing preparedness goals
- Current and potential funding paradigms
- Response to Minnesota incidents: successes and challenges

Potential Products

- A summary of the current status of public health emergency preparedness in Minnesota and analysis of recent responses
- Recommendations regarding
 - grant duties for the next phase of Minnesota's CDC Public Health Emergency Preparedness funding
 - funding formula factors
 - measurement/accountability
 - coordination with tribal communities
 - coordination with healthcare
 - tiers and regional approaches to public health preparedness
 - organizational approaches to planning and response

Resources: The MDH Office of Emergency Preparedness will serve as a primary resource for this work, with assistance from the Office of Performance Improvement.

Building Health Information Exchange Capacity (Continued from 2010)

Charge

The charge to this work group is as follows:

1. Affirm a vision and principles for the exchange of public health data¹.
2. Collect information on the data standards currently in place in the electronic health records systems used by local health departments (LHDs) and other states such as North Carolina.
3. Determine initial business processes focus
 - a. Review of business process activities.
 - b. Determine common processes and different processes.
 - c. Define foundational business processes.
4. Develop and recommend a set of data standards and resource needs for LHD electronic health record systems that will include standards related to terminology, messaging, and transactions. Due to the diverse type of services provided at LHDs and scope of content, the work group will develop data content standards for services affecting the maternal and child health population group.
5. Assure communication with stakeholders including the Local Public Health Association (LPHA), e-Health Advisory Committee, and primary vendors of electronic health records for LHDs.
6. Work with the SE Minnesota Beacon grantees to ensure coordination of efforts.
7. Align efforts with the HIT *Meaningful Use* requirements for exchanging data relating to immunizations, lab reporting, and coordination of care.
8. Utilize the important lessons learned from other data standards projects, such as PPMRS and EHKMP, to guide the process.
9. Utilize resources available from the Public Health Informatics Institute and the MDH Office of Health Information Technology related to data standards and information systems development.

Scope: What's In and What's Out

The activities surrounding the work of developing data standards can easily lead to expanding the scope of the project and losing focus on the priority decisions. The following outlines what is inside and outside of the scope.

IN

- Data standards for electronic health records used in LHDs when providing maternal and child health services to individuals and families.

OUT

- Information systems based at the MDH, such as WIC HuBERT, MIIC, Child Health Information System, vital statistics, health data statistics, etc.
- Electronic health record systems not used by LHDs.

Methods

This work group will be comprised of SCHSAC members, LHD staff, MDH staff, and community representatives. The members should represent a diverse array of skills and experience in the areas of electronic health records, data standards development, health information exchange technology, development and use of the PPMRS, and current local information systems (e.g. PH-DOC, CHAMPS, CareFacts). When the workgroup is working on content standards for a selected service area, additional representatives who are content experts in that area will be asked to assist in that work. Since developing

¹Using the Minnesota Public Health Information Network (MN-PHIN) 2007 report as a basis for the vision and principles; modify to fit current requirements. See: <http://www.health.state.mn.us/e-health/mnphin/legprpt2007.pdf>

standards can be very specific and detailed work, there may be a need to have small task groups established to keep the work moving forward at a steady pace.

Resources

The Project Manager for the LPH Health Information Exchange Initiative, as well as other MDH staff with expertise in information systems and technology management, business analysis and informatics will serve as the primary resource for this work, with assistance from the Office of Performance Improvement.

Climate Change Adaptation

Charge

The SCHSAC Climate Change Adaptation Work Group will:

- Review available science and literature on climate change and public health,
- Develop and review results from a survey of local public health departments' ability to address climate change, and
- Make recommendations on next steps for strategic planning for climate change.

Background

Scientific consensus holds that the global climate is changing with rising surface temperatures, melting ice and snow, rising sea levels, and increasing climate variability (IPCC 2007; CDC 2008). These global phenomena will likely translate into wide fluctuations in climate variables (e.g., temperature, precipitation) at regional and local levels in the US. Changing climatic conditions are expected to have substantial direct and indirect impacts on public health, including increases in morbidity and mortality attributed to extreme heat events (e.g., heat waves), extreme weather events (e.g., floods, hurricanes), and air pollution, and changes in incidence of vector-borne diseases and other infectious diseases. Uncertainty remains regarding the rate at which these impacts will occur, but climate change has the potential to significantly affect human health.

In 2009 MDH received funding from the Association of State and Territorial Health Officials to develop an MDH Strategic Plan for Adapting to Climate Change. The strategic plan focused primarily on the state health department and did not address local public health. In 2010 MDH received a grant from the Centers for Disease Control and Prevention (CDC) to facilitate strategic planning for climate change at the local level, specifically focusing on the local public health system.

Methods

A SCHSAC work group will be convened consisting of SCHSAC members and local public health department representatives. The work group will be staffed by MDH and will begin meeting in April 2011.

Potential Products

A report that includes recommendations on how to best proceed with strategic planning for the public health impacts of climate change.

Resources

The MDH Division of Environmental Health, Environmental Impacts Assessment Unit, will serve as the primary resource for this work. Additional assistance will be provided by the Office of Performance Improvement.

Performance Improvement Steering Committee

Charge

This steering committee will guide implementation of the roadmap developed by the Performance Improvement and Accreditation Work Group and inform the development of a statewide performance management system to improve the quality, efficiency and effectiveness of the public health system. Issues include: (1) alignment of the local public health performance management system (i.e., CHAAP, PPMRS, Accountability Review) with national public health standards and measures, (2) implementation of Minnesota's Public Health Improvement Initiative activities to build performance management infrastructure and capacity in Minnesota, and (3) identification of performance improvement opportunities and strategies to address them.

Background

In 2010, the SCHSAC Performance Improvement and Accreditation Work Group developed a roadmap for improving public health performance across the state. Managing performance and strengthening accountability have emerged as the prevailing themes confronting public health agencies as expectations continue to rise and resources tighten. Two prominent strategies to strengthen accountability and improve performance across agencies are better measurement of capacity and progress coupled with continuous quality improvement.²

Since Minnesota's state-local public health partnership formed in 1976, it has remained steadfast in a shared commitment to improve health outcomes for all Minnesotans. In recent years, there has been an increased focus on measurement and improvement of system performance to improve public health. The partnership has developed systems and resources to improve local performance and accountability.

Examples include:

- Statewide goals/strategies and outcomes;
- Essential Local Public Health Activities (ELAs);
- Community Health Assessment and Action Planning (CHAAP) process;
- Planning and Performance Measurement Reporting System (PPMRS); and
- An annual accountability review process was developed to assure compliance with statutory requirements of agencies that receive state funds.

Corresponding performance improvement efforts at the state level in Minnesota have ranged from a statutory requirement for all state agencies to submit performance reports to the state legislature, to a statewide website featuring state performance measures, and more recently, the Minnesota Drive to Excellence³.

The SCHSAC Performance Improvement and Accreditation Work Group report included specific recommendations and a vision for statewide improvement:

² Riley, William J. PhD; Beitsch, Leslie M. MD, JD; Parsons, Helen M. MPH; Moran, John W., *Quality Improvement in Public Health: Where Are We Now?*, *Journal of Public Health Management & Practice*, January/February 2010 - Volume 16 - Issue 1 - p 1-2

³ Minnesota Drive to Excellence: <http://www.state.mn.us/portal/mn/jsp/home.do?agency=Excellence>

Vision Statement for Public Health Performance Management in Minnesota

Minnesota's governmental public health system demonstrates accountability, results and efficiency through the ongoing use of performance standards, measures and outcome reports that guide quality improvement efforts and decision-making for the ultimate purpose of improving and protecting the health of Minnesotans.

The Minnesota Department of Health received a 5-year award from the Centers for Disease Control and Prevention for "Strengthening Public Health Infrastructure for Improved Health Outcomes." The program is designed to support innovative changes in key areas that improve the quality, effectiveness and efficiency of the public health infrastructure that will support the delivery of public health services and programs. The program goal is to systematically increase the performance management capacity of public health departments in order to ensure that public health goals are effectively and efficiently met.

Methods

The Steering Committee will be comprised of SCHSAC members, representatives of local and tribal health departments, and representatives of MDH.

Potential Products

"Products" of the Steering Committee include the alignment of the local public health performance management system (i.e., CHAAP, PPMRS, Accountability Review) with national public health standards and measures, the implementation of Minnesota's Public Health Improvement Initiative activities that build performance management infrastructure and capacity in Minnesota, and the ongoing identification of performance improvement opportunities and strategies to address them.

Resources

The MDH Office of Performance Improvement will provide staff support to the Steering Committee

Issues of Special Interest

SCHSAC members identified several important public health topics of interest. As time allows, presentations or video conferences on the following topics or other topics identified by SCHSAC may be offered in 2011:

- Accreditation
- Budget issues
- Climate change
- Complete Streets – Rochester, Alexandria
- County Health Rankings
- Ground saturation – keeping floods on our radar
- Highly caffeinated beverages
- Mental health
- Public health systems and services research
- Redesign of local governments, especially public health and social services, e.g., AMC Futures Project
- Retirements and increasing diversity of our population – How to grow the next group of leaders?
- Rising health care costs:
 - Role of public health
 - Provider Peer Grouping
 - Health care homes
- SHIP funding
- Synthetic marijuana
- Tobacco issues:
 - Non-smoking grounds
 - Industry
 - Smokeless tobacco and new products

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

Standing Committees

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

Executive Committee

Charge

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

Background

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

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

Methods

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

Resources

The Office of Performance Improvement will provide support to this activity, and the MDH Executive Office and senior staff will be involved.

Community Health Conference Planning Committee

Charge

Select a theme, topic, format, general session speakers, and concurrent session presenters for the 2011 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 2011 conference will be held on September 14-16 the Breezy Point Conference Center near Brainerd, Minnesota.

Methods

The work group membership will be comprised of representatives from Community Health Boards, MDH, and related community-based organizations and groups (e.g., Council of Health Plans and Minnesota Public Health Association). Two to three meetings are planned for 2011.

Resources

The Office of Performance Improvement 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.

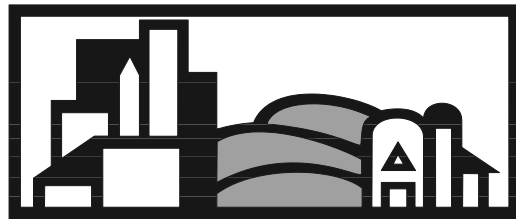
Methods

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 Office of Performance Improvement will provide staff support to this activity.

State Community Health Services Advisory Committee



2010 Annual Report

State Community Health Services Advisory Committee

2010 Annual Report

Overview of 2010 SCHSAC Work

In 2010, over 130 people participated in SCHSAC work groups, ad hoc groups, and standing committees. The Blueprint for Successful Local Health Departments Work Group was initiated in 2009 to examine the characteristics found to support strong, effective, and efficient health department operations. It completed its work in 2010 and its report and recommendations were approved by SCHSAC in September 2010. At that time, SCHSAC asked the work group to reconvene one more time to develop a communication plan so that the recommendations would be better understood, supported and implemented. Similarly, the Performance Improvement and Accreditation Work Group completed its work in 2010 with the approval by SCHSAC in December 2010 of its recommendations and final report. The recommendations of both these work groups support and compliment the others nicely. Considerable work is in progress and will continue over the next few years to implement both sets of recommendations. This work will be guided by the SCHSAC Performance Improvement Steering Committee which will begin its work in 2011.

The Statewide Objectives Work Group represented both SCHSAC and the Maternal Child Health Advisory Task Force, and developed a set of statewide objectives, as directed in Minnesota Statute 145A. The Public Health Emergency Preparedness Work Group began meeting in 2010 and to date has developed several policy statements on issues relevant to emergency preparedness and response. It will complete its work in 2011 looking at new grant duties and funding for local public health.

The MATCH Ad Hoc Work Group (Mobilizing Action Towards Community Health) developed and coordinated communication messages to engage communities in conversation about the County Health Rankings. The CHAAP Ad Hoc Group (Community Health Assessment and Action Planning) reviewed the results of a process evaluation of the CHAAP process and made recommendations for the next CHAAP cycle. The Office of Performance Improvement with input from SCHSAC worked with the Minnesota Medical Association to strengthen the role of Medical Consultants for Community Health Boards.

Each of the three standing committees successfully fulfilled their charges. The Executive Committee provided input on a new communication tool called, SCHSAC Meeting “Take Home Points.” This fulfills a need identified in the SCHSAC Strategic Plan and serves to help SCHSAC members and others in reporting back to their local governing bodies, some of which meet monthly. The Executive Committee also provided input into a long-term research agenda for Minnesota’s Practice Based Research Network. The Community Health Conference Planning Committee sponsored a well-received conference attended by over 308 people. The Nominating and Awards Subcommittee implemented a new way to increase the number of award nominations and recognize individual accomplishments.

In addition to the above committees, SCHSAC members had rich discussions with the Commissioner of Health throughout 2010, illustrating the state-local partnership in action. Key findings from the survey of Top Local Health Officials, which was conducted jointly by the Public Health Research to Action Network and the SCHSAC Blueprint Work Group, were presented and discussed with SCHSAC. The SCHSAC executive committee also participated in a vetting process to help create a research agenda for the network. In addition, an orientation to MDH for administrators and directors of local health departments was provided, as was a videoconference on Minnesota’s Statewide Health Improvement Program (SHIP) for local elected officials, community health board members, and community health services advisory committee members.

2010 Work Plan At-A-Glance

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

Topic	Description	Activities
Community Health Assessment and Action Planning (CHAAP) Process	The 2005-2009 CHAAP cycle was considered a “transition” and “learning” period. MDH staff will be completing an evaluation of the CHAAP process. An ad hoc SCHSAC group will review the process evaluation findings and make recommendations for the next CHAAP cycle.	<ul style="list-style-type: none"> • Ad hoc group to be convened May-June 2010
Support of CHB Medical Consultants	The Minnesota Medical Association (MMA) has expressed interest in exploring ways that they can support CHB medical consultants.	<ul style="list-style-type: none"> • Convene a discussion with MMA and other stakeholders as appropriate
Issues of Special Interest <ul style="list-style-type: none"> • Health Equity • Healthcare Homes • Institutional Racism • Investment in Early Childhood • Support of Veterans/Yellow Ribbon Communities • Immunization Trends • Other 	Provide opportunities for SCHSAC to be informed about current public health issues and topics and take local action.	<ul style="list-style-type: none"> • Presentations, guest speakers at SCHSAC meetings, video-conferences • Spring 2010 Video-conference for elected officials • SCHSAC representation advisory committees: Healthy People 2010, MCH, Research to Action Network, MLC3, and others
Standing Committees		
Executive Committee	Conduct interim business of the SCHSAC; develop recommendations for decision by SCHSAC; and work on activities to strengthen the partnership and the role of the Executive Committee.	<ul style="list-style-type: none"> • Regular meetings and conference calls
Annual Community Health Conference Planning Work Group	Select a theme, format, and concurrent sessions for the 2010 Community Health Conference; and assist staff in hosting the conference.	<ul style="list-style-type: none"> • Two meetings per year (meetings may be restructured in 2010)
Nominating and Awards Subcommittee	Supervise the nomination and election process for the Chair-Elect; and solicit and select candidates for the annual CHS Awards.	<ul style="list-style-type: none"> • One to two conference calls per year

Work Plan Topics

- Blueprint for Successful Local Health Departments
- Performance Improvement and Accreditation
- Public Health Emergency Preparedness
- Statewide Local Public Health Objectives
- Mobilizing Action Towards Community Health (MATCH)
- Community Health Assessment and Action Planning (CHAAP)
Process Evaluation
- Building Health Information Exchange Capacity
- Support of CHB Medical Consultants

Blueprint for Successful Local Health Departments

Charge

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

Summary of Activities

This work group was convened in July 2009 and concluded in July 2010. The work group met eight times during that period. The work group discussed and made recommendations on the following topics: governance, CHS administration, integration, population-size served, and the role of MDH. Addition to the full work group, a subcommittee was convened to discuss the topic of CHS Administration more in depth.

On September 29, 2010 the State Community Health Services Advisory Committee (SCHSAC) reviewed and approved the draft report “Updating Minnesota’s Blueprint for Public Health” and the seventeen recommendations contained therein. At that meeting, SCHSAC requested that the work group be reconvened for one additional meeting in order to develop a communications plan to ensure distribution of the report to key audiences, including county administrators and human services directors. After the SCHSAC meeting, it became clear that the wording of a few of the approved recommendations were causing confusion and concern.

The Blueprint work group was reconvened for a final time on November 15, 2010 to revise the recommendation text and develop a communications plan. The intent of the recommendations did not change, and the revised wording was accepted by SCHSAC at their meeting on December 17, 2010. At that point the final report and recommendations were presented to and accepted by the Commissioner of Health, Sanne Magnan, MD, PhD.

In addition to the final report, work group produced several products, including a background paper on “CHS Administration: What it is and why it matters”. Staff and work group members were active in promoting the efforts of the work group. Examples of outreach include a concurrent session presentation at 2010 Community Health Conference, and participation in a panel discussion at 2010 Association of Minnesota Counties (AMC) conference, as well as participation in various other LPHA and AMC statewide and regional meetings. A product mentioned in the 2009 SCHSAC annual report, “A Discussion Guide for Exploring Public Health Governance and Structure Change” has been widely used by local partners in the past year.

Membership

Larry Kittelson, Chair*
Elizabeth Auch
John Baerg
Ann Bajari*
David Benson
Merrilee Brown

Mid-State CHB
Countryside CHB
Watonwan CHB
Meeker-McLeod-Sibley CHB
Nobles-Rock CHB
Scott CHB

Patricia Coldwell	Association of Minnesota Counties
Christopher Dahlberg	Carlton-Cook-Lake-St. Louis CHB
Renee Frauendienst*	Stearns CHB
Rachel Green*	Quin CHB
Lester Kachinske	Itasca County Human Services
Karen Main	Goodhue CHB
Susan Morris	Isanti-Mille Lacs CHB
Julie Ring	Local Public Health Association
Diane Thorson	Ottertail CHB

MDH Representative

Pat Adams	Assistant Commissioner, MDH
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MDH Staff:

Debra Burns	Office of Performance Improvement, MDH
Mary Rippke	Office of Performance Improvement, MDH
Allison Thrash	Office of Performance Improvement, MDH
Additional OPI staff as needed	

* Denotes participation in the CHS Administration subcommittee

Bonnie Brueshoff*	Dakota County Public Health
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Performance Improvement and Accreditation

Charge

SCHSAC convened the Performance and Accreditation (PIA) work group in February 2010 in the midst of calls for more accountability and efficiency in governmental services, and in anticipation of the upcoming launch of a voluntary national accreditation program for state, local and tribal health departments. The work group was charged to examine national standards developed by the Public Health Accreditation Board (PHAB) for state and local health departments, explore their implications for Minnesota, and make recommendations.

Summary of Activities

To fulfill their charge, work group members:

- Examined and discussed the national standards and measures.
- Examined and discussed the linkages between the national standards and measures and Minnesota's current local public health performance improvement system.
- Completed and discussed organizational self-assessments to help estimate current capacity to meet the national standards in Minnesota.
- Surveyed Local Public Health Association (LPHA) members about their familiarity with the national standards and their expectations related to accreditation.
- Met with national, state, and local public health leaders in performance improvement and accreditation, including some who participated in the voluntary national accreditation beta test.
- Reviewed Minnesota initiatives related to performance improvement and/or accreditation that are recently completed, underway, or planned (e.g., the SCHSAC Blueprint Work Group, the Minnesota Public Health Quality Improvement Collaborative, infrastructure development funding awarded to MDH by the Centers for Disease Control and Prevention [CDC]).
- Presented preliminary recommendations at the September 2010 SCHSAC meeting and to top local public health officials and leaders during the 2010 Community Health Conference.
- Identified points of agreement and a vision statement.
- Developed final recommendations.

The final work group report “National Public Health Standards and Voluntary Accreditation: Implications and Opportunities for Public Health Performance Improvement in Minnesota” and its recommendations were approved by SCHSAC at its December 2010 meeting.

Membership

Pat Adams	Community and Family Health Promotion Bureau, MDH
John Baerg, Co-Chair	Watonwan CHB
David Benson	Nobles-Rock CHB
Linda Bruemmer	Environmental Health, MDH
Dave Brummel	Hennepin CHB
Kris Ehresmann	Infectious Disease Epidemiology, Prevention Control, MDH
Sue Erzar	Aitkin-Itasca-Koochiching CHB
Allie Freidrichs	Meeker-McLeod-Sibley CHB
Rob Fulton, Co-Chair	Ramsey CHB
Cris Gilb	Lincoln-Lyon-Murray-Pipestone CHB
Bill Groskreutz	Faribault-Martin CHB
Sue Hedlund	Washington CHB

Wendy Kvale
Wendy Thompson
Diane Thorson
Mary Wellik
Rae Jean Madsen
Karen Moritz
Wendy Nelson
Karen Zeleznak

Northwest Region
Kanabec-Pine CHB
Otter Tail CHB
Olmsted CHB
Carver CHB
Brown-Nicollet CHB
Information Systems & Technology Management, MDH
Chair, Minnesota's Multi-State Learning Collaborative
Steering Committee

MDH Staff

Kim Gearin
Chelsie Huntley

Office of Performance Improvement, MDH
Office of Performance Improvement, MDH

Public Health Emergency Preparedness

Charge

The SCHSAC Public Health Emergency Preparedness Work Group was convened to:

- Review progress to date in the development of statewide local capacity for responding to public health emergencies
- Provide input and make recommendations on issues related to the next phase of Public Health Emergency Preparedness (PHEP) programs including as grant duties, funding formula, organizational issues, measurement of progress/outcomes, regional projects, and tier classifications.

Summary of Activities

The work group began its work in August 2010 and will conclude its work in May 2011. The work group began by prioritizing policy issues on which to work. It identified issues in four categories: response issues, response partner coordination, reaching the public, and roles/structures/responsibilities. To date, the work group has finalized seven policy statements for response issues and is in the process of finalizing six policy statements for response partner coordination and five for reaching the public. In addition, the work group is in the process of examining issues related to roles, governance and structures, and responsibilities as it recommends funding for the next cycle of public health emergency preparedness funding from CDC.

Membership

Bill Montague, Co-Chair	Polk County CHB
Ted Seifert, Co-Chair	Goodhue County CHB
Pam Blixt	Minneapolis Department of Health and Family Support
Sharon Braaten	Mid-State CHB
Jennifer Deschaine	Scott County CHB
Robert Einweck	St. Paul-Ramsey Department of Public Health
Bonnie Engen	North Country CHB
Jim Gangl	Carlton-Cook-Lake-St. Louis CHB
Pete Giesen	Olmsted County CHB
Lowell Johnson	Washington County CHB
Mary Krebs	Dodge-Steele County CHB
Kathy Krenik Minkler	Isanti-Mille Lacs CHB
Cheri Lewer	LeSueur-Waseca CHB
Karen Nelson	Wadena County CHB
Gloria Tobias	Countryside CHB

Minnesota Department of Health Participants

Jane Braun	Office of Emergency Preparedness
Debra Burns	Office of Performance Improvement
Kris Ehresmann	Director, Infectious Disease, Epidemiology, Prevention and Control
Arden Fritz	Legal Unit
Aggie Leitheiser	Director, Office of Emergency Preparedness
John Stine	Assistant Commissioner

Staff

Cindy Borgen	Office of Emergency Preparedness, MDH
Gail Gentling	Office of Performance Improvement, MDH
Bonnie Holz	Office of Emergency Preparedness, MDH

Statewide Local Public Health Objectives

Charge

This joint SCHSAC and MCH Advisory Task Force work group recommended a new set of statewide local public health objectives to meet the requirements of the Local Public Health Act funding.

Summary of Activities

The Commissioner of Health, in consultation with SCHSAC and the MCH Advisory Task Force, is directed by MN Statutes 145A.12, subdivision 7 (e), to develop a set of statewide public health measures for the local public health system every five years. These statewide LPH objectives are to be based on state and local assessment data regarding the health of Minnesota residents, the essential local public health activities, and Minnesota public health goals. The last set of such measures was developed in 2004 by a SCHSAC work group.

A number of recent initiatives and current processes informed the development of the current set of objectives, including: the establishment of a new local public health measurement reporting system (PPMRS) for Minnesota; the development of national voluntary accreditation standards; the release of County Health Rankings from the University of Wisconsin Population Health Institute measurement project; priority MCH priorities and measures for 2010-2014 based on the Title V Needs Assessment conducted by MDH; MDH strategic planning; and local public health priorities identified through the local Community Health Assessment and Action Planning (CHAAP) process.

The work group identified ten objectives: prevent and reduce alcohol and tobacco use; prevent and reduce obesity; promote optimum mental health; promote healthy child growth and development; improve birth outcomes; prevent and reduce injuries and violence; reduce exposures to environmental health hazards; prevent infectious disease; strengthen public health preparedness; improve access to health services. The work group also identified 20 key indicators to measure progress on the objectives, including measures that are available by race/ethnicity to help identify and make progress on health disparities. In addition to the objectives and key indicators, the work group proposed a number of ways in which the statewide objectives can be used to encourage coordination and collaboration on public health issues, to monitor progress on public health issues, and to communicate effectively with the public and decision makers about public health.

Membership

Nancy Schouweiler, Chair	Dakota County CHB
Jennifer Deschaine	Scott County CHB
Diane Winter	Meeker County Public Health
Karen Adamson	Hennepin County Public Health Department
Julie Jagim	St. Louis County Public Health
Ann Stehn	Kandiyohi County CHB
Carmen Reckard	Human Services of Faribault-Martin Counties
Bev Wangerin	McLeod County Commissioner
Debra Burns	Office of Performance Improvement, MDH
Chris Everson	Infectious Disease Epidemiology, Prevention and Control, MDH
Don Bishop	Health Promotion and Chronic Disease, MDH
April Bogard	Environmental Health, MDH

Staff

Dorothy Bliss	Office of Performance Improvement, MDH
Deanne Finely	Maternal and Child Health, MDH

Mobilizing Action Towards Community Health (MATCH)

Charge

In preparation for the release of the County Health Rankings in early February 2010, the SCHSAC convened a small ad hoc group. The group was charged to promote coordinated communications within Minnesota about the Rankings and equip community health boards with the information and tools necessary to engage in meaningful conversations about the Rankings at the local level.

Summary of Activities

To fulfill their charge, ad hoc members coordinated:

- Communication about the release of the Rankings and available resources to public health stakeholders in Minnesota including CHS Administrators, local public health directors, SCHSAC members, the Local Public Health Association, the Minnesota Medical Association, and the Association of Minnesota Counties.
- A media training for local public health officials and distribution of a media toolkit.
- Provision of technical assistance to local public health in understanding and using the Rankings.
- A statewide press release.
- A presentation by and discussion with Dr. David Kindig, to founder of the Rankings, at SCHSAC

Membership

Jill Briggs	Chisago County Health and Human Services
Rae Jean Madsen	Carver County Public Health
Julie Myhre	Carlton-Cook-Lake-St. Louis CHB
Julie Ring	Local Public Health Association
Cheryl Schneider	Todd County Public Health

MDH Staff

Deb Burns	Office of Performance Improvement
Chelsie Huntley	Office of Performance Improvement
John Stieger	Communications Office
David Stroud	Center for Health Statistics

Community Health Assessment and Action Planning (CHAAP) Process Evaluation

Charge

The CHAAP Process Evaluation ad hoc group was charged to review the findings of the 2005-2009 CHAAP Process Evaluation conducted by Minnesota Department of Health (MHD) staff, and if necessary make recommendations for modification of the next CHAAP process and/or tools for the next five-year CHAAP cycle (2010-2014).

Summary of Activities

To fulfill their charge, ad hoc group members:

- Reviewed and discussed the 2005-2009 CHAAP Process Evaluation.
- Reviewed the national public health standards developed by the Public Health Accreditation Board (PHAB) related to assessment and planning.
- Discussed relevant potential recommendations from the SCHSAC Performance Improvement and Accreditation and Blueprint work groups.
- Developed draft recommendations.
- Held webinars to gather feedback on the draft recommendations.
- Developed final recommendations.

The final work group report “Recommendations for the 2010-2014 CHAAP Cycle” was approved by SCHSAC September 2010.

Membership

Susan Brace Adkins	Goodhue CHB
Ann Bajari	Meeker-McLeod-Sibley CHB
Melanie Countryman	Dakota CHB
Brad Meyer	Nobles-Rock CHB
Julie Myhre	Carlton-Cook-Lake-St. Louis CHB

MDH Staff

Chelsie Huntley	Office of Performance Improvement
Kim McCoy	Office of Performance Improvement

Building Health Information Exchange Capacity

Charge

The charge to this work group is as follows:

1. Affirm a vision and principles for the exchange of public health data⁷.
2. Collect information on the data standards currently in place in the electronic health records systems used by LHDs and other states such as North Carolina.
3. Determine initial business processes focus
 - a. Review of business process activities.
 - b. Determine common processes and different processes.
 - c. Define foundational business processes.
4. Develop and recommend a set of data standards and resource needs for LHD electronic health record systems that will include standards related to terminology, messaging, and transactions. Due to the diverse type of services provided at LHDs and scope of content, the work group will develop data content standards for services affecting the maternal and child health population group.
5. Assure communication with stakeholders including the Local Public Health Association (LPHA), e-Health Advisory Committee, and primary vendors of electronic health records for LHDs.
6. Work with the SE Minnesota Beacon grantees to ensure coordination of efforts.
7. Align efforts with the HIT *Meaningful Use* requirements for exchanging data relating to immunizations, lab reporting, and coordination of care.
8. Utilize the important lessons learned from other data standards projects, such as PPMRS and EHKMP, to guide the process.
9. Utilize resources available from the Public Health Informatics Institute and the MDH Office of Health Information Technology related to data standards and information systems development.

Summary of Activities

Nationally and within Minnesota, there has been an increase in activity in recent years related to health information exchange, particularly the focus on electronic health records. To date most of these efforts have focused on healthcare, but more attention needs to be paid to public health and population health versus individual health. Exchange of health information will not only improve individual health but will provide population health data that can be used to improve the overall health of our communities. The LPHA requested that SCHSAC convene a work group to focus attention on health information exchange in public health. This work group was not part of the 2010 SCHSAC work plan, however SCHSAC members agreed that this was a topic that needed attention.

The work group began its work in August 2010 and has accomplished a tremendous amount since then, including:

- Established a vision for their work
- Developed a work plan and timeline
- Conducted business analysis overview for the workgroup
- Developed and piloted business analysis 101 training
- Identified data exchange partners (existing and desired)
- Identified local public health services
- Chose targeted family home visiting as the foundational service for intensive business analysis
- Defined “targeted family home visiting”

⁷Using the Minnesota Public Health Information Network (MN-PHIN) 2007 report as a basis for the vision and principles; modify to fit current requirements. See: <http://www.health.state.mn.us/e-health/mnphin/legrpt2007.pdf>

- Formed the following technical advisory groups, prepared descriptions of the their work, and are now seeking members: Communications, Technology, and Privacy and Security

Local Health Department Membership

Diane Thorson, Co-chair	Otter Tail County CHB, SCHSAC member
Wendy Bauman	Dakota County CHB, LPHA Informatics subcommittee representative
Diane Holmgren	St. Paul-Ramsey CHB
Dan Jensen	Olmsted County CHB
Margene Gunderson	Mower County CHB
Betsy Kremser	Anoka County CHB
Donna Lappe/Pat Stewart	Cottonwood-Jackson CHB
Jill Bruns	Redwood-Renville CHB
Cheryl M. Stephens	Community Health Information Collaborative

Minnesota Department of Health Membership

Maggie Diebel, Co-chair	Community and Family Health Division
Deb Burns	Office of Performance Improvement
Marty LaVenture/	Informatics
Jennifer Fritz	

Resources

MDH Project Staff: Wendy Nelson, Steve Ring, Kathy Grantham, Maureen Alms, and Kari Guida plus other staff as needed.

Support of CHB Medical Consultants

Minnesota Medical Association (MMA), Twin Cities Medical Society (TCMS), and MDH had a combined interest in supporting the role of the medical consultants for local health departments, a CHB position that is required in the Local Public Health Act 145A. This was an item in this year's SCHSAC workplan. The following stakeholder activities took place this past year:

- Twin Cities Medical Society met with Medical Consultants, CHS Administrators and PH Directors earlier this year and developed a year long plan of action.
- MMA and MDH sponsored a rural Medical Consultant/CHS Administrator/PH Director focus group on May 18th and analyzed the results and developed next steps.
- The results of both rural and metro meetings were similar in the concerns and wishes of those involved, in particular:
 - Need for some formal orientation
 - Need for networking within medical consultant community
 - Wish for education on public health practice and issues

MDH and MMA, along with input from LPH and TCMS, developed a Medical Consultant orientation manual that will be distributed in early 2011 to all Medical Consultants and plan to continue to discuss creative meeting and training options that can be practical and attractive for medical consultants on public health practice.

Issues of Special Interest

- Public Health Update
- Orientation to MDH for Local Public Health Leaders
- Resources for the Public Health System
- Health Equity
- Other Issues of Special Interest

Public Health Update

Summary of Activities

On Tuesday, April 20, 2010, 142 individuals participated in the Public Health Update video conference that was broadcast to 25 sites throughout Minnesota. Among the participants were 36 local elected officials, 50 staff from local health departments, and 56 others. The Update was hosted by State Community Health Services Advisory Committee and the Minnesota Department of Health.

The Public Health Update included an overview of the state and local public health partnership given by Sanne Magnan, M.D., Ph.D., Commissioner of Health; and a hot topic presentation titled “*Creating a Better State of Health: The Statewide Health Improvement Program (SHIP)*”, which included an overview of SHIP’s goals and approach, results from program development, early results from SHIP communities, and time for Q&A.

Background

Because 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, provided a review of the importance of the state-local public health partnership and an update on the statewide SHIP initiative.

Orientation to MDH for Local Public Health Leaders

Summary of Activities

Since MDH and local health departments work together in a statewide public health system, the orientation gave new leaders the opportunity to meet state public health leadership and staff. Various activities included a review of the Minnesota public health system, a “meet and greet” with the MDH executive office, participation in panel discussions with division directors closely connected to local activities, meeting with MDH staff that could be contacted for technical assistance, a tour the MDH Public Health Labs, networking with colleagues, and attending a SCHSAC meeting.

The event was the first of its kind in a number of years and was well received by the local leaders and by the MDH staff that participated. There are plans to continue to offer this orientation yearly.

Background

Changeover in top public health leader positions has been taking place throughout the state and will continue in the coming years. To strengthen the public health workforce, a need for an orientation to MDH for new public health leaders was identified by those in both local and state agencies. In May 2010, MDH, in collaboration with LPHA, delivered an orientation to the new CHS Administrators, Public Health Directors, and other top public health officials. The purpose was to orient them to MDH as an organization and to put faces to names of MDH leadership and staff.

Resources for the Public Health System

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

Highlights from the Local Top Health Officials survey conducted by Minnesota's Public Health Research to Action Network were featured at the May 2010 SCHSAC meeting. This survey was the first of its kind in Minnesota and focused on describing issues related to the governance of local health departments.

Because of its potential to decrease health care costs and its prominence in Minnesota's health care reform package, the SHIP was highlighted at most SCHSAC meetings in 2010.

Health Equity

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

SCHSAC created and/or participated in opportunities for this topic to be addressed, including extending an invitation to all the Eliminating Health Disparities Initiative grantees to attend the annual Community health Conference, and featuring several health equity topics during the concurrent sessions at the conference.

Other Issues of Special Interest

The SCHSAC was informed and had discussions on a number of topics at SCHSAC meetings throughout 2010. Topics included the County Health Rankings, Yellow Ribbon Initiatives, survey results from Minnesota's Top Local Health Officials, current issues with vaccines, STDs and HIV, climate change and Complete Streets.

The SCHSAC continued to have representatives on the State Preventive Health Advisory Committee, the Minnesota Public Health Collaborative for Quality Improvement, the Immunization Practices Advisory Committee, the Food Safety Partnership, the Minnesota Public Health Research to Action Network, the Maternal and Child Health Advisory Task Force, and the Healthy Minnesota 2020 Partnership.

Standing Committees

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

Executive Committee

Charge

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

Summary of Activities

The major work of the SCHSAC Executive Committee included:

- Supporting an unusually high work load for SCHSAC by approving work group charges and memberships, and appointing members to other groups.
- Developing a streamlined communication tool for use after each SCHSAC meeting by SCHSAC members to use with their Board members and constituents.
- Participating in the development of a practice-based research agenda for Minnesota.
- Developing the 2011 work plan.

Membership

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

Alternates

Cynthia Bennett	Aitkin-Itasca-Koochiching CHB (Northeast)
Neal Folstad	Clay-Wilkin (West Central)
Rachel Green	Quin CHB (Northwest)
William Groskreutz	Faribault-Martin CHB (South Central)
Idelle Longman	City of Edina CHB (Metro)
Wendy Lee Thompson	Kanabec-Pine (Central)
Marvin Tinklenberg	Lincoln-Lyon-Murray-Pipestone CHB (Southwest)
Robert Augedahl	Fillmore-Houston CHB (Southeast)

MDH Staff to the Group

Chelsie Huntley	Office of Performance Improvement
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Community Health Conference Planning Committee

The State Community Health Services Advisory Committee (SCHSAC) Community Health Conference Planning Work Group was charged to select the format, theme, objectives, and speakers for the 2010 Community Health Conference and to assist Minnesota Department of Health (MDH) staff in hosting the conference.

Summary of Activities

The 2010 Community Health Conference Planning Work Group worked with MDH staff to organize the format, program, and speakers for the 2010 Community Health Conference *Looking, Leading, Moving Ahead*. The conference was held on September 29, 30, October 1, 2010, at the Cragun's Conference Center in Brainerd, Minnesota.

Three hundred and eight people statewide attended the conference including: local elected officials; local public health administrators, directors and staff; SCHSAC members and alternates; community-based organization leadership and staff; Community Health Board and advisory committee members; MDH leadership and staff; and other public health professionals.

Conference participants had the opportunity to:

- Meet and network with public health colleagues
- Develop an understanding of the public health community's role in the electronic health movement
- Contemplate and consider if you can...or you can't
- Learn about the impact of recent economic and demographic events on Minnesota's future
- Hear about important public health issues from national leaders
- Be inspired to meet the challenges of the future
- Gain fresh perspectives by attending timely concurrent sessions; and
- Receive tips, tools, and resources to assist in "*looking, leading, and moving ahead*"

The conference featured five general sessions:

- Arthur Davidson, MD, Director Public Health Informatics and Preparedness Denver Public Health
Public Health Informatics: What is it? and What Does it Mean for Me?
- Karla Heeter, Motivational Speaker
If You Think You Can!
- Tom Gillaspay, Ph.D., Minnesota State Demographer
Minnesota and the New Normal
- Paul Jarris, MD, Executive Director of the Association of State and Territorial Health Officials, with Bobby Pestronk, MPH, Executive Director of the National Association of County and City Health Officials
Looking, Leading, Moving Ahead: National Perspectives
- Sanne Magnan, MD, Ph.D., Commissioner of Health
Conference Closing Address

In addition, 20 concurrent sessions were offered on the following topic areas:

- Upstream approaches to health promotion
- Partnerships that work
- Embracing quality improvement

- Staying ahead of emerging issues
- Leveraging the social determinants of health

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

2010 Conference Planning Committee

Dave Perkins, Chair	Olmsted County Commissioner
Bev Bales	Douglas County Commissioner
Kenneth Bence	Minnesota Council of Health Plans / Medica
Cynthia Bennett	Aitkin Itasca Koochiching CHB
David Benson	Nobles County Commissioner
Jill Briggs	Chisago County CHS/PHN Service
Patti Constant	MDH, Public Health Labs
Maggie Diebel	MDH, Community and Family Health
Gail Gentling	MDH, Office of Performance Improvement
Samantha Herrington	MDH, Office of Emergency Preparedness
Ardis Henriksen	Lincoln, Lyon, Murray, Pipestone PHS
Jay Jaffee	MDH, Office of Statewide Health Improvement Initiatives
Helene Kahlstorf	North Country CHB
Ann Kinney	MDH, Health Policy
Idelle Sue Longman	City of Edina CHB
Randy Maluchnik	Carver County Commissioner
Karen Nordstrom	City of Bloomington Council Member
Dan Symonik	MDH, Environmental Health
Isaac Triebold	MDH, Infectious Disease Epidemiology Prevention and Control
Eileen Grundstrom/ Nyagatare Valens	MDH, Office of Minority and Multicultural Health
Bev Wangerin	McLeod County Commissioner

Staff to Conference

Chelsie Huntley	MDH, Office of Performance Improvement
Peggy Malinowski	MDH, Office of Performance Improvement
Nicole Parsons	MDH, Office of Performance Improvement

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 2010 Community Health Service (CHS) Awards.

The following individuals received awards at the 2010 Community Health Conference:

- **Award for Outstanding Dedication to Local Public Health**
David Benson, Nobles County Commissioner
- **Commissioner's Award for Distinguished Service in Community Health Services**
Marina McManus, Anoka County
- **Jack Korlath Partnership Award**
Kari Guida, Minnesota Department of Health
- **Jim Parker Leadership Award**
Julie Myhre, Carlton, Cook, Lake, St. Louis Community Health Board
- **Certificates of Recognition**
Steve Simenson, Anoka County
Blue Earth County H1N1 Vaccine Team
Project Harmony, Meeker, McLeod, Sibley Counties

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 in December.

Membership

John Baerg, Chair	Watonwan County Commissioner
Bev Bales	Douglas County Commissioner
Cynthia Bennett	Aitkin-Itasca-Koochiching Public Health Services
Helene Kahlstorf	North Country Community Health Board Member
Idelle S. Longman	Edina Community Health Board Member
Bev Wangerin	McLeod County Commissioner

MDH Staff to the Subcommittee

Peggy Malinowski	Office of Performance Improvement
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2010 SCHSAC Membership by MDH District

Central

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

(South) Central

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

(West) Central

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

Metropolitan

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

Northeast

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

Northwest

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

Southeast

Dodge-Steele DeeAnn Pettyjohn
 Fillmore-Houston..... Chuck Amunrud
 Freeborn..... Glen Mathiason
 Goodhue Ted Seifert
 Mower Margene Gunderson
 Olmsted..... Dave Perkins
 Rice..... Anna Haubrich
 Wabasha Judy Barton
 Winona Marcia Ward

Southwest

Countryside (Big Stone-Chippewa-
 Lac Qui Parle-Swift-Yellow Medicine) . Jeanne Krueger
 Cottonwood-Jackson Rosemary Schultz
 Kandiyohi Harlan Madsen
 Lincoln-Lyon-Murray-Pipestone Marvin Tinklenberg
 Nobles-Rock David Benson
 Redwood-Renville LaMont Jacobson

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