



State Community Health Services Advisory Committee (SCHSAC)

Office of Performance Improvement

Minnesota Department of Health

PO Box 64975

Saint Paul, MN 55164-0975

651-201-3880

2012 Work Plan and 2011 Annual Report

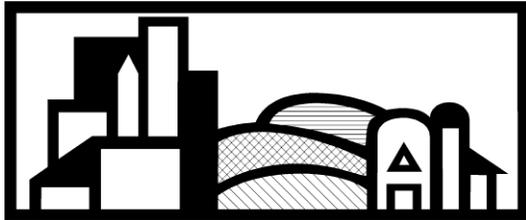
State Community Health Services Advisory Committee

February 2012

2012 Work Plan and 2011 Annual Report

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For more information, contact:

Office of Performance Improvement
Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975

Phone: 651-201-3880

Fax: 651-201-5099

TTY: 651-201-5797

Email: health.ophp@state.mn.us

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2012 Work Plan



State Community Health Services Advisory Committee

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 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.

SCHSAC has 52 voting members, representing the 52 Community Health Boards (CHBs) in the state. Of the 52 boards, 20 are single county/city, 19 are multicounty, 12 are single county Human Services Boards, and one is a multicounty Human Services Board. Each CHB selects one person to serve on SCHSAC.

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

Vision: All Minnesotans have the opportunity to achieve optimal health.

SCHSAC developed a shared vision and visionary goal (see boxes) for Minnesota's public health system, along with goals and strategies to achieve them. A workgroup of state and local health department partners developed a Strategic Plan for 2009-2013 that was approved by 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.

2012 Work Plan Overview

SCHSAC work plan for 2012 is largely drawn from the 2009-2013 SCHSAC Strategic Plan (see graphic summary next page). 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.

SCHSAC Strategic Plan Summary

Vision: All Minnesotans have the opportunity to achieve optimal health.



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.



Goal 1: System
The statewide public health *system* is prepared, strong, and sustainable and receives stable, adequate, and flexible funding.



Goal 2: Partnership
The state and local governmental public health *partnership* is dynamic, resilient, and nimble.



Goal 3: Information
Public health *information* (i.e., data) is leveraged to create the foundation for decision making.



Goal 4: Public and Policymakers
The *public*, including *policymakers*, sees public health initiatives as cost-effective means to addressing today's health issues and preventing tomorrow's problems.



Identify and evaluate governance, organizational and other characteristics of strong and effective local health department and provide discussion tools.

Examine available data to identify and implement steps to define stable and adequate funding for local health departments.

Identify specific actions that the state-local partnership will take to address current and future workforce issues.

Identify issues around voluntary accreditation for MDH and local health departments and develop a framework for implementation.



Strengthen the roles of the SCHSAC Executive Committee to create more purposeful meetings and actions.

Explore methods and create opportunities to increase mutually beneficial dialogue between SCHSAC and members of diverse communities affected by health inequalities.

Improve information flow to and from SCHSAC meetings.

Encourage continuity and inclusivity of SCHSAC membership by identifying ways to increase SCHSAC member investment in the state-local partnership.



Identify, report, and translate for practical applications, appropriate public health research at SCHSAC meetings and SCHSAC workgroups.

Strengthen PPMRS and CHAAP as data sources for decision making.

Maintain an awareness of interoperable data systems initiatives and participate in discussions about advancing integration and interoperability of public health information systems.



Create intentional, systematic methods of collecting and disseminating a variety and different types of public health stories (e.g., case studies).

Develop materials, with a common message and using the public health brand that can be used by MDH, local health departments, and local elected officials to provide education about public health and the state-local partnership to the public and policymakers.

Explore opportunities for local elected officials, local health departments, the Commissioner of Health, and other key MDH leadership to interact.

The table that follows summarizes topics proposed for the 2012 SCHSAC Work Plan. Topics include building capacity for health information exchange among local public health departments, adapting to the effects of climate change, providing guidance and oversight for performance management and emergency preparedness and response within the local public health system, reviewing and updating the Disease Prevention and Control Common Activities, developing a public health policy agenda for mental health, and a “refreshing” of the CHS system.

Topics with potential public health policy or practice implications, but not currently requiring a formal workgroup 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 2012, potential topics include the prevention of alcohol abuse prevention, clean water/Legacy funding/long range project/vision for Minnesota, creating healthy lifestyles and communities for a lifetime, “DoTown” Initiative (Bloomington/ BCBS), early childhood development and public health’s role, evaluating SCHSAC as part of measuring customer satisfaction for MDH’s accreditation process, new trends in immunizations, State Health Improvement Partnership (SHIP) and making system changes in communities, social and economic determinants of health.

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

2012 Work Plan At a Glance

Topic	Description	Activities
New Work		
Review and Update the DP&C Common Activities Framework	The DP&C Common Activities Table was approved by SCHSAC in 1998, and updated in 2003. It set standards for DP&C activities to be carried out at the state and local levels. As this is an important document used in planning DP&C activities for both CHBs and MDH, it should be examined and if needed aligned with the voluntary national accreditation standards.	Ad Hoc Review Group will meet 2-3 times to review and update the document
Mental Health	A SCHSAC workgroup will examine how MDH and local public health can play a leadership role in raising public awareness about mental health disparities and developing a policy agenda with respect to mental health. By clarifying the public health role in mental health, state and local public health officials will be better able to participate and provide leadership in the many discussions taking place.	Workgroup; discussions at SCHSAC and Executive Committee meetings; other methods as needed
“Refresh” of CHS System	Minnesota’s state-local partnership and Community Health Services framework was established in 1976. Since then, much has changed. Grounded by recent SCHSAC recommendations (“Blueprint” and performance improvement and accreditation workgroups), SCHSAC will discuss elements of Minnesota’s system that continue to work well, and aspects that need to be redesigned to ensure the continued strength of Minnesota’s public health infrastructure.	Discussions at SCHSAC and Executive Committee meetings, ad hoc workgroup or other methods as needed
Environmental Health Operations and Maintenance	TBD	Workgroup; discussions at SCHSAC and Executive Cmte. meetings; other methods as needed

Topic	Description	Activities
Continuing Work		
Public Health Emergency Preparedness Oversight Workgroup	This workgroup will: (1) Provide ongoing review of public health emergency preparedness programs and issues; (2) Assure that the policy recommendations made by SCHSAC in 2011 can be implemented to provide ongoing guidance; (3) Oversee the continued development of capacity assessment and related measurement outcomes to provide definition of public health preparedness capacity and achievement in; and (4) Oversee strategic planning for public health emergency preparedness in Minnesota	Oversight Committee began in August 2011 and will continue throughout 2012
Building Health Information Exchange Capacity (HIE)	During 2011, the workgroup accomplished much. It learned about the current level of interoperability and the vast amount of work that has already taken place for the 2015 mandate. The workgroup presented five recommendations for SCHSAC approval: (1) Develop a framework for collaboration between state and local public health, Minnesota based public health software vendors, private partners, and academia; (2) Utilize evidence based practices and methodologies for reporting for population outcomes using data standards; (3) Establish business requirements for bi-directional exchange of health information; (4) Provide an on-going financial commitment to electronic public health systems; and (5) Extend the workgroup so it may continue to identify issues and make recommendations for complying with the 2015 electronic health record mandate and improve public health outcomes.	Workgroup will continue into 2012
Climate Change Adaptation	The workgroup began meeting in August 2011. It reviewed the literature, heard from national experts and conducted surveys of the capacity of local public health to plan for the effects of climate change. The workgroup is developing recommendations to SCHSAC on strategic planning for climate change, and will present them to SCHSAC in May 2012 for final approval.	Workgroup began in August 2011 and will conclude early in 2012
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 SCHSAC Performance Improvement and Accreditation Workgroup, and will advise and/or facilitate the gathering of local input as needed. In particular, during 2012, it will: (1) Develop and adopt new performance measures for PPMRS that align with the national standards and measures (for reporting on 2013 activities in 2014); and (2) Continue aligning Minnesota's performance improvement activities with the national standards, with particular emphasis on performance management (i.e., integration of standards, measures, reporting and quality improvement into core operations).	Steering Committee began in June 2011 and will continue throughout the duration of the CDC Public Health Improvement Initiative Grant

Topic	Description	Activities
Continuing Work		
Issues of Special Interest (see right)	<p>Provide opportunities for SCHSAC to be informed about current public health issues and topics and take local action.</p> <ul style="list-style-type: none"> • Alcohol abuse prevention • Clean water/Legacy funding/long range project/vision for MN • Creating healthy lifestyles and communities for a lifetime • DoTown Initiative (Bloomington/BCBS) • Early childhood development and public health's role • Evaluating SCHSAC as part of measuring customer satisfaction for MDH's accreditation process • New trends in immunizations • SHIP and making system changes in communities • Social and economic determinants of health 	<p>Presentations, guest speakers at SCHSAC meetings, video-conferences</p> <p>SCHSAC representation on advisory committees: Healthy Minnesota Partnership, Research to Action Network, and others</p>
Standing Committees		
Executive Committee	Conduct interim business of SCHSAC; develop recommendations for decisions by SCHSAC; and work on activities to strengthen the partnership and the role of the Executive Committee.	Regular meetings and conference calls
Annual Community Health Conference Planning Workgroup	Select a theme, topic, format, general session speakers, and concurrent session presenters for the 2012 Community Health Conference, and assist staff in hosting the conference.	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.	One to two conference calls per year

Work Plan Topics

New Work

- Review and Update the DP&C Common Activities Framework
- Mental Health
- “Refresh” of CHS System

Continuing Work

- Public Health Emergency Preparedness Oversight
- Building Health Information Exchange Capacity
- Climate Change Adaptation
- Performance Improvement Steering Committee

Issues of Special Interest

Standing Committees

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

New Work: Review and Update the DP&C Common Activities Framework

Charge

The SCHSAC DP&C Common Activities Ad Hoc Review Group will:

- Review the activities in the DP&C Common Activities framework
- Examine the National Public Health Accreditation Standards
- Align the Framework with the national accreditation standards
- Make recommendations for distribution, training and technical assistance

Background

Infectious disease prevention and control (DP&C) includes activities of detecting acute and communicable diseases, developing and implementing prevention of disease transmission, and implementing control measures during outbreaks. Controlling communicable diseases is perhaps the oldest and most fundamental public health responsibility. Yet, the Local Public Health Act (Chapter 145A) and the Department of Health Act (Chapter 144) are ambiguous about respective state and local authorities for conducting disease prevention and control activities.

In 1989, the MDH DP&C Division and SCHSAC formed a workgroup to review roles and responsibilities for conducting disease prevention and control activities at the state and local levels. The outcome was a disease prevention and control cooperative agreement that formalized some of MDH relationships with local public health.

In 1996, another SCHSAC workgroup was formed, which abolished the old agreement and redefined expected roles and responsibilities for disease prevention and control. The final report of the workgroup was approved and released in 1998. This report set standards for disease prevention and control activities to be carried out at the state and local levels in the Communicable DP&C Framework of Common Activities. It also listed suggested activities for private health care providers and health plans in support of public health efforts in the areas of disease prevention and control.

This framework lays out a minimum set of disease prevention and control activities that are to be carried out by all local public health agencies and MDH. These activities are to be reflected in state and local community health assessment and planning efforts. Those agencies that are currently unable to carry out these activities are expected to strive to increase their capacities to do so. MDH activities listed in the framework are to be implemented by MDH Infectious Disease Epidemiology Prevention and Control (IDEPC) Division staff in support of local public health agency disease prevention and control activities. This framework also lists disease prevention and control activities that are conducted jointly by MDH and local public health agencies.

In the fall of 2011, the national voluntary accreditation program began. MDH as well as some CHBs are striving to become accredited in the next few years. As this is an important document, used in planning disease prevention and control activities for both CHBs and MDH, it should be examined and if needed aligned with the voluntary national accreditation standards.

Methods

A SCHSAC Ad Hoc review group will meet two or three times to review and revise the framework to bring it into alignment with the voluntary national accreditation standards.

Products

A revised and updated version of the framework.

Resources

MDH staff with expertise in disease prevention and control will serve as the primary resource for this work, with assistance from the MDH Office of Performance Improvement.

New Work: Mental Health

Charge

The SCHSAC Mental Health Workgroup will:

- Examine current literature on the public health role in the promotion of good mental health and the prevention of mental health problems
- Conduct an environmental scan of current activity to address mental health within the public health arena, and identify gaps across state agencies, including the Departments of Human Services, Education, Veterans, Housing and others as appropriate
- Develop recommendations for needed public health models and/or policies as they relate to mental health across state agencies and their local partners

Background

Mental health is an important public health issue. It is closely related to the health of children, chronic diseases, premature deaths, behavioral issues due to human made and natural disasters as well as poverty, racism, poor housing, and lack of education that are fundamental determinants of health; we can collectively address these issues when we incorporate strategies to address social determinants. The focus of addressing mental health needs across the continuum should incorporate a prevention, treatment and recovery model.

SCHSAC will examine how MDH and local public health can play a leadership role in raising public awareness about mental health issues, including disparities and develop a policy agenda with respect to mental health. By clarifying the public health role in mental health, state and local public health officials will be better able to work collaboratively with other agencies, e.g., health and mental health care, education, human services, community-based organizations to focus “upstream” on primary and secondary prevention activities, and to provide leadership in numerous mental health policy discussions, including:

1. Identifying and strengthening local public health’s role in primary prevention for mental health
2. Integrating mental health and Health Homes, vis à vis the Affordable Care Act section 2703, which are specific to high needs populations, well as the work that Health Care Homes have done to incorporate the needs/certification/payment models for people with chronic conditions in primary care settings
3. Working with the Governor’s Health Reform Task Force to ensure that mental health needs are addressed
4. Participating in the 10 by 10 initiative to reduce premature death/increase the lifespan for persons with a mental illness
5. Working with the Community Transformation Grant that includes system changes to improve mental health outcomes
6. Participating in the Institute for Clinical Systems Improvement (ICSI) Diamond model for treating depression in primary care settings, reimbursing providers and collecting quality measures
7. Reviewing the implications of the findings from the Adverse Childhood Events Study (ACES) to develop public health priorities and inform preventive strategies
8. Implementing the recommendations of the Maternal Child Health (MCH) Taskforce recommendations for infant, child and adolescent mental health
9. Demonstrating productive alliances between public health and mental health systems, e.g., suicide prevention, mobile crisis response teams, environmental health impacts on mental health and DHS’ Strategic Prevention Enhancement (SPE) grant to align mental health prevention with substance abuse prevention and primary care

Methods and Resources

A SCHSAC workgroup will be convened consisting of SCHSAC members, local public health department and other state agency representatives, as well as interested community stakeholders/content experts as needed. The workgroup will be staffed by MDH and will begin meeting in the spring of 2012.

Products

Potential products include the articulation of the role of public health in the promotion of good mental health and the prevention of mental health problems, an environmental scan of current activities to address mental health within the public health arena, and recommendations for needed public health models and/or policies as they relate to mental health.

New Work: “Refresh” CHS System

Charge

The charge for this activity has not yet been written.

Background

Minnesota’s state-local partnership and Community Health Services framework was established in 1976. The state-local partnership for providing public health services means all counties and four cities participate in one of the 52 Community Health Boards. Each Board has a representative on SCHSAC, which provides advice and input to the Commissioner of Health.

Since 1976, much has changed. Declines in federal, state and local funding, changes in population density and diversity, increasing growth in the elderly population, mergers of local health departments with county human services, changes in legislative and county board priorities and health reform create a new landscape for public health programs. New opportunities of a growing public and health care provider attention to prevention and healthy lifestyles, interest in efficiency and evaluation of government services, and the changing nature of healthcare delivery offer timely incentives to review and strengthen the state and local public health system in Minnesota. As resources decline, deliberate and thoughtful changes are needed to protect public health priorities and relationships with community partners. Minnesota’s average age is increasing and the elderly is a larger part of the population. Service delivery needs to adapt to these changing demographics. The role of tribal government in public health has changed tremendously in the last 20 years. MDH decided to become accredited by the national Public Health Accreditation Board (PHAB). A 2010 SCHSAC Workgroup report “Blueprint for Public Health” analyzed the characteristics of a successful local public health organization and recommended strategies for strengthening Minnesota’s public health system. Another 2010 SCHSAC Workgroup recommended that local health departments also consider accreditation and requested MDH assistance to support their application process.

Grounded by these changes as well as recent SCHSAC recommendations, SCHSAC will discuss elements of Minnesota’s system that continue to work well, and aspects that need to be “rebooted” to ensure the continued strength of Minnesota’s public health infrastructure.

Methods

Discussions at SCHSAC and Executive Committee meetings, an ad hoc workgroup, or other methods as needed.

Products

Through its discussions, SCHSAC will provide input and local perspectives into the larger review of the state/local partnership and statutory framework including local health department incentives and needs for technical assistance, and guidance.

Resources

Staff from the MDH Office of Performance Improvement will serve as the primary resource for this work.

New Work: Environmental Health Operations and Maintenance

Charge

The charge for this activity has not yet been written.

Background

The background for this activity has not yet been written.

Methods

Workgroup; discussions at SCHSAC and Executive Committee meetings; other methods as needed

Products

The products for this activity will be developed at a later date.

Resources

The resources for this activity will be announced at a later date.

Continuing Work: Public Health Emergency Preparedness Oversight

Charge

Building on the program evaluation and policy development achievements of the 2010-2011 SCHSAC Public Health Emergency Preparedness Workgroup, the SCHSAC Public Health Emergency Preparedness Oversight Workgroup will become a standing committee under the auspices of SCHSAC to:

- Provide ongoing review of public health emergency preparedness programs and issues
- Assure that the policy recommendations from the 2010-2011 Emergency Preparedness (EP) Workgroup can be implemented to provide ongoing guidance to the state-tribal-local preparedness partnership
- Oversee the continued development of capacity assessment and related measurement outcomes to provide definition of capacity and achievement in Minnesota's public health emergency preparedness programs; and
- Oversee strategic planning for the next five years (2011 through 2016) of public health emergency preparedness in Minnesota

Background

The 2010-2011 SCHSAC Public Health Emergency Preparedness Workgroup met from August 2010 until May 2011. The group reviewed state, local and national public health emergency preparedness and response policies and programs.

One of the recommendations from the EP workgroup was that a state/local/tribal SCHSAC committee be named to provide continuing review of public health emergency preparedness programs and issues and assure that the 2010-2011 recommendations can be accomplished to provide ongoing advice and guidance to the state-local preparedness partnership. It is recommended that the ongoing oversight committee become a standing SCHSAC committee. Current members of the 2010-2011 workgroup, along with others interested in this area, will be invited to apply for membership in the standing committee. Members should be representative of Minnesota's public health regions, and city, county and multi-county structures. Additional members should be recruited to represent tribal government. Members will serve a two-year term, with one-half of the initial membership serving a one year term to assure continuity of the work. Ad-hoc membership from other community sectors that partner with LHD in emergency preparedness should be invited as needed.

Methods

The continuing oversight workgroup will be convened in early summer of 2011 and will meet quarterly or as needed. It is anticipated that the group will meet monthly for the next several months to address the immediate issues identified in the report.

The oversight workgroup will develop strategies to operationalize products from the 2010-2011 SCHSAC PHEP workgroup.

The oversight workgroup will provide oversight to the development of an assessment tool and outcome measures that may combine:

- The Minnesota Tier Assessment
- The Local Technical Assistance Review (LTAR) from the Strategic National Stockpile program
- The national Public Health Preparedness Capabilities
- Other assessment tools that are currently under development

The workgroup will provide evaluation of:

- Existing programs
- Responses to events, incidents, and outbreaks (via After Action Reports and other reviews)
- New directives from the CDC, Assistant Secretary for Preparedness and Response (ASPR), and other preparedness partners

The group will review and provide input on strategic plans related to emergency preparedness.

The group will report back to SCHSAC as part of the regular report of standing committees.

Potential Products

- Implementation Plans for the dissemination and operationalization of the Policy Statements.
- Position Papers that provide programmatic review for state and local emergency preparedness.
- An Assessment Tool that will integrate the Minnesota Tier Assessment categories, the LTAR checklist, and the Public Health Preparedness Capabilities and/or other assessment tools and provide related measurement of outcomes.
- Endorsement of activities that support a strategic plan integrating federal directives, and state, tribal and local priorities.

Resources

The MDH Office of Performance Improvement and the MDH Office of Emergency Preparedness will both provide staff support to this workgroup.

Continuing Work: Building Health Information Exchange Capacity

Charge

1. The charge to this workgroup is as follows:
2. Affirm a vision and principles for the exchange of public health data.¹
3. 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.
4. Determine initial business processes focus
 - a. Review of business process activities
 - b. Determine common processes and different processes
 - c. Define foundational business processes
5. 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 workgroup will develop data content standards for services affecting the maternal and child health population group.
6. Assure communication with stakeholders including the Local Public Health Association (LPHA), e-Health Advisory Committee, and primary vendors of electronic health records for LHDs.
7. Work with the SE Minnesota Beacon grantees to ensure coordination of efforts.
8. Align efforts with the HIT Meaningful Use requirements for exchanging data relating to immunizations, lab reporting, and coordination of care.
9. Utilize the important lessons learned from other data standards projects, such as Planning and Performance Measurement Reporting System (PPMRS) and EHKMP, to guide the process.
10. 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 workgroup 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

¹ Using 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>

work. Since developing 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 MDH Office of Performance Improvement.

Continuing Work: Climate Change Adaptation

Charge

The SCHSAC Climate Change Adaptation Workgroup 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 workgroup will be convened consisting of SCHSAC members and local public health department representatives. The workgroup will be staffed by MDH and began 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 MDH Office of Performance Improvement.

Continuing Work: Performance Improvement Steering Committee

Charge

This steering committee will guide implementation of the roadmap developed by the Performance Improvement and Accreditation Workgroup 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 Workgroup 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 Excellence.³

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

² Riley, W.J., Beitsch, L.M., Parsons, H.M., & Moran, J.W. (2010). Quality improvement in public health: Where are we now? *Journal of Public Health Management and Practice*, 16, 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 MDH received a five year award from the Centers for Disease Control and Prevention (CDC) 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. In particular, during 2012, its products include: (1) new performance measures for PPMRS that align with the national standards and measures (for reporting on 2013 activities in 2014); and (2) increased alignment of Minnesota's performance improvement activities with the national standards, with particular emphasis on performance management (i.e., integration of standards, measures, reporting and quality improvement into core operations).

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 2012. 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. The issues of special interest for 2012 are:

- Alcohol abuse prevention
- Clean water/Legacy funding/long range project/vision for Minnesota
- Creating healthy lifestyles and communities for a lifetime
- “DoTown” Initiative (Bloomington/BCBS)
- Early childhood development and public health’s role
- New trends in immunizations
- State Health Improvement Partnership (SHIP) and making system changes in communities
- Social and economic determinants of health

Standing Committees

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

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

Background

The functions of the Executive Committee are to assist the MDH in preparing issues for discussion by SCHSAC; to assist SCHSAC in managing its business efficiently; and, under special circumstances, to act in the name of SCHSAC – subject to formal approval by 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 MDH 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 Workgroup

Charge

Select a theme, topic, format, general session speakers, and concurrent session presenters for the 2012 Community Health Conference, and assist staff in hosting the conference.

Background

This workgroup determines a theme appropriate for the annual Community Health Conference, selects the general session and concurrent speakers, and assures that these speakers address the needs of the broad public health audience. The 2012 conference will be held on October 3-5, 2012 at the Cragun's Conference Center near Brainerd, Minnesota.

Methods

The workgroup 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 2012.

Resources

The MDH 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 Community Health Service Awards, which are presented at the annual Community Health Conference:
 - Jim Parker Leadership Award
 - Commissioner’s Award for Distinguished Service in Community Health Services
 - Award for Outstanding Dedication to Local Public Health
 - Jack Korlath Partnership Award
 - CHS Certificates of Recognition
- 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 annual Community Health Service awards.

The Nominating and Awards Subcommittee is a standing committee of SCHSAC. The subcommittee may consider changes to the selection criteria for the CHS awards and also may make recommendations to 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 call.

Resources

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

2011 Annual Report



State Community Health Services Advisory Committee

Overview of 2011 SCHSAC Work

In 2011, over 100 people participated in SCHSAC workgroups, ad hoc groups, and standing committees.

The **Public Health Emergency Preparedness Workgroup** began in 2010 and continued until May, 2011. In 2011, its primary focus was to prepare for the new phase of PHEP grant funding from CDC by aligning new grant duties and funding. Additionally, a variety of policy issues related to public health emergency preparedness were addressed. The workgroup's report and recommendations were approved in May 2011. One of the recommendations stated that a Public Health Emergency Preparedness Oversight Workgroup be convened in 2011 to provide continuing review of public health emergency preparedness programs and issues, to assure that the workgroup's recommendations be accomplished, and to provide ongoing advice and guidance to the state-local preparedness partnership.

The **Building Health Information Exchange Capacity (HIE) Workgroup** began its work in August 2010 and continued throughout 2011. In the past 18 months, the workgroup has learned about other states' interoperability efforts, received education on business process analysis, examined local public health's maternal and child health (MCH) business services, and began the task of determining data standards for electronic public health records and data exchange. The task of building a data dictionary for person-centric services started with data collected through Family/Targeted Home visiting. By conducting on-site business analysis sessions with LPH staff, workflow processes and data exchange elements were identified and documented for those individual agencies. Common exchanges and processes were then derived and vetted to provide the base for data and process standards. The workgroup's report and recommendations were approved by SCHSAC in December 2011. One of the recommendations is to extend the workgroup into 2012 so that it may continue to identify issues and make recommendations for complying with the 2015 electronic health record mandate and improve public health outcomes.

The **Climate Change Adaptation Workgroup** had its first meeting in August, 2011. The workgroup invited Dr. Mark Seeley, climatologist from the University of Minnesota Extension, to review the available science on climate change. At the same meeting, Kristin Raab, MDH, presented on the public health impacts of climate change. The workgroup administered a survey at the SCHSAC meeting at the 2011 Community Health Conference in September to assess community health boards' (CHBs) awareness of and preparation for the public health impacts of climate change. The workgroup met again in October to review the survey results. The survey showed that most CHBs are not planning for and/or do not have the capacity or knowledge to plan for the public health impacts of climate change. Survey results were shared with SCHSAC membership at the December 2011 meeting. In response to the findings, the SCHSAC Climate Change Workgroup worked with the MDH Office of Emergency Preparedness (OEP) and the MDH Office of Performance Improvement to include climate change measures and resources into OEP's jurisdictional risk assessment and the Local Public Health Community Health Assessment and Planning Process. The workgroup will meet again in January 2012 to make recommendations to SCHSAC on strategic planning for climate change.

The **Performance Improvement Steering Committee** oversees the implementation of recommendations of the 2010 SCHSAC Performance Improvement and Accreditation Workgroup in its report, *National Public Health Standards and Voluntary Accreditation: Implications and Opportunities for Public Health Performance Improvement in Minnesota*. Issues on which the steering committee focused include: (1) alignment of the local public health performance management system (i.e., Minnesota's Local Public Health Assessment and Planning Process, 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.

Issues of Special Interest

In addition to the above committees, SCHSAC members had rich discussions with the Commissioner of Health throughout 2011, illustrating the state-local partnership in action. These discussions included county and local roles in health reform, the infrastructure of the state-local public health system, effective examples of SHIP in communities, the spring 2011 flood predictions and preparations, and prescription drug abuse in Minnesota. In addition, an orientation to MDH for administrators and directors of local health departments was provided, as was a statewide videoconference orientation to public health for new local elected officials, community health board members, and community health services advisory committee members.

2011 SCHSAC Work Plan at a Glance

The 2011 SCHSAC Work Plan is summarized on the table that follows. Topics include emergency preparedness, building health information exchange capacity, adapting to climate change, performance improvement, issues of special interest and standing committees.

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.	Workgroup 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.	Workgroup 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 effects 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 CDC to facilitate the development of a strategic plan that focuses specifically on the local public health system. This workgroup will make recommendations on the next steps in strategic planning for climate change.</p>	Workgroup began in spring 2011

Topic	Description	Activities
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 SCHSAC Performance Improvement and Accreditation Workgroup, and will advise and/or facilitate the gathering of local input as needed.	Steering Committee convened in spring of 2011 and will continue throughout the duration of the CDC Public Health Improvement Initiative Grant
Issues of Special Interest	<p>Provide opportunities for SCHSAC to be informed about current public health issues and topics and take local action.</p> <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 • Role of public health • Provider Peer Grouping • Health care homes • SHIP funding • Synthetic marijuana • Tobacco issues: <ul style="list-style-type: none"> • Non-smoking grounds • Industry • Smokeless tobacco and new products 	<p>Presentations, guest speakers at SCHSAC meetings, video-conferences</p> <p>Spring 2011 video conference for elected officials</p> <p>SCHSAC representation on advisory committees: Healthy Minnesota Partnership, Maternal Child Health, Research to Action Network, Multi-State Learning Collaborative-3, and others</p>
Standing Committees		
Executive Committee	Conduct interim business of SCHSAC; develop recommendations for decision by SCHSAC; and work on activities to strengthen the partnership and the role of the Executive Committee.	Regular meetings and conference calls
Annual Community Health Conference Planning Workgroup	Select a theme, format, general session speakers and concurrent session presenters for the 2011 Community Health Conference; and assist staff in hosting the conference.	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.	One to two conference calls per year

Work Plan Topics

- Public Health Emergency Preparedness (PHEP)
- Building Health Information Exchange Capacity (HIE)
- Climate Change Adaptation
- Performance Improvement Steering Committee
- Public Health Emergency Preparedness (PHEP) Oversight

Public Health Emergency Preparedness (PHEP)

Charge

The SCHSAC Public Health Emergency Preparedness Workgroup will:

- Review progress 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 grant duties, funding formula, organizational issues, measurement of progress/outcomes, regional projects, and tier classifications.

Summary of Activities

The workgroup began its work in August 2010 and concluded in May 2011. In 2010, the workgroup prioritized policy issues that needed development in four categories: response issues, response partner coordination, reaching the public, and roles/structures/responsibilities. In 2011, it examined issues related to roles, governance and structures, and responsibilities and made recommendations for the next cycle of public health emergency preparedness funding from CDC.

Membership

Bill Montague, Co-Chair	Polk County CHB (Polk County Commissioner)
Ted Seifert, Co-Chair	Goodhue County CHB (Goodhue County Commissioner)
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	Infectious Disease, Epidemiology, Prevention and Control
Arden Fritz	Legal Unit
Aggie Leitheiser	Office of Emergency Preparedness
John Stine	Assistant Commissioner, Executive Office

Minnesota Department of Health Staff to Workgroup

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

Building Health Information Exchange Capacity (HIE)

Charge

The charge to this workgroup is as follows:

1. Affirm a vision and principles for the exchange of public health data.
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 workgroup 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

During 2011, the workgroup accomplished much. It learned about the current level of interoperability and the vast amount of work that has already taken place for the 2015 mandate. The workgroup submitted the following five recommendations to SCHSAC in December 2011 for approval:

- Develop a framework for collaboration between state and local public health, Minnesota-based public health software vendors, private partners, and academia;
- Utilize evidence based practices and methodologies for reporting for population outcomes using data standards;
- Establish business requirements for bi-directional exchange of health information;
- Provide an on-going financial commitment to electronic public health systems; and
- Extend the workgroup so it may continue to identify issues and make recommendations for complying with the 2015 electronic health record mandate and improve public health outcomes.

Membership

Diane Thorson, Co-Chair	Otter Tail CHB
Wendy Bauman	LPHA Informatics Subcommittee Representative
Jill Bruns	Redwood-Renville CHB
Margene Gunderson	Mower County CHB
Diane Holmgren	St. Paul-Ramsey CHB
Dan Jensen	Olmsted County CHB
Betsy Kremser	Anoka County CHB
Donna Lappe/Pat Stewart	Cottonwood-Jackson 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	Center for Health Informatics
Jennifer Fritz	Center for Health Informatics

Minnesota Department of Health Project Staff to Workgroup

Maureen Alms	Office of Performance Improvement
Kathy Grantham	Information System Technology Management
Kari Guida	Center for Health Informatics
Wendy Nelson	Executive Office
Steve Ring	Contract Employee

Plus other staff as needed.

Climate Change Adaptation

Charge

The SCHSAC Climate Change Adaptation Workgroup 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.

Summary of Activities

In February 2011, SCHSAC approved adding the Climate Change Adaptation Workgroup to SCHSAC's 2011 Work plan. A total of 11 SCHSAC members volunteered to participate on the workgroup. The Workgroup invited Dr. Mark Seeley, climatologist from the University of Minnesota Extension, to review the available science on climate change at the Workgroup's first meeting in August 2011. At the same meeting, Kristin Raab, MDH, presented on the public health impacts of climate change. The Workgroup administered a survey at the SCHSAC meeting at the 2011 CHS conference in September to assess community health boards' (CHBs) awareness of and preparation for the public health impacts of climate change. The Workgroup met again in October to review the survey results. The survey showed that most CHBs are not planning for and/or do not have the capacity or knowledge to plan for the public health impacts of climate change. (Survey results will be shared with SCHSAC membership at the December 2011 meeting.) In response to the findings, the SCHSAC Climate Change Workgroup is working with the Office of Emergency Preparedness (OEP) and the Office of Performance Improvement to include climate change measures and resources into OEP's jurisdictional risk assessment and the Local Public Health Community Planning and Assessment Process. The Workgroup will meet again in January 2012 to make recommendations to SCHSAC on strategic planning for climate change.

Membership

Bill Groskreutz, Chair	Faribault-Martin CHB (Faribault County Commissioner)
David Benson	Nobles-Rock CHB (Nobles County Commissioner)
Renee Frauendienst	Stearns CHB
Harlan Madsen	Kandiyohi CHB (Kandiyohi County Commissioner)
RaeAnn Mayer	North Country CHB
Todd Monson	Hennepin CHB
Susan Morris	Isanti-Mille Lacs CHB (Isanti County Commissioner)
Ewald Petersen	Sherburne CHB (Sherburne County Commissioner)
Ted Seifert	Goodhue CHB (Goodhue County Commissioner)
Jim Skoog	Carlton-Cook-Lake-St. Louis CHB
Karen Swenson	Brown-Nicollet CHB

Minnesota Department of Health Staff to Workgroup

Becky Buhler	Office of Performance Improvement
Kelly Muellman	Environmental Health Division
Kristin Raab	Environmental Health Division
Dan Symonik	Environmental Health Division

Performance Improvement Steering Committee

Charge

This steering committee will guide implementation of the roadmap developed by the Performance Improvement and Accreditation Workgroup and inform the development of a statewide performance management system to improve the quality, efficiency and effectiveness of the public health system. Issues which the steering committee will inform 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.

Summary of Activities

In 2011, the Performance Improvement Steering Committee began aligning Minnesota's public health system with the new national standards for local health departments. For example it updated the new Minnesota Local Public Health Assessment and Planning Process and the purpose statement for Minnesota's local public health Planning and Performance Management Reporting System (PPMRS); adopted the definition of performance management used by the Public Health Accreditation Board; and began developing new PPMRS performance measures.

In addition, the Steering Committee met with Patricia Coldwell of the Association of Minnesota Counties to identify and pursue linkages between approaches to performance management in local public health, and related developments in performance management in human services. The Steering Committee also provided input on the 2011-2015 Training and Technical Assistance Plan that will be used to increase the capacity of the public health system to meet national standards and prepare for accreditation; reviewed performance management systems in place in other states and hosted state and local health officials from Washington State, a recognized, national leader in public health performance management; reviewed overall findings from the self-assessment process completed in November, 2011 by most CHBs; and developed a work plan for 2012.

Membership

Bonnie Brueshoff, Chair	Dakota CHB
John Baerg	Watonwan CHB (Watonwan County Commissioner)
Susan Brace-Adkins	Goodhue CHB
Dave Brummel	Hennepin CHB
Pat Butler	White Earth Nation
Allie Freidrichs	Meeker-McCloud-Sibley CHB
Julie Myhre	Carlton-Cook-Lake-St. Louis CHB
Karen Moritz	Brown-Nicollet CHB
Cheryl Schneider	Morrison-Todd-Wadena CHB
Ann Stehn	Kandiyohi CHB
Sandy Tubbs	Horizon CHB
Karen Zeleznak	City of Bloomington CHB

Minnesota Department of Health Participants

Cindy Borgen	Office of Emergency Preparedness
Deb Burns	Office of Performance Improvement
Dee Finley	Community and Family Health Division

Minnesota Department of Health Staff to Steering Committee

Kim Gearin	Andrea Kaminski
Beth Gyllstrom	Kim McCoy
Chelsie Huntley	Office of Performance Improvement (all)

Public Health Emergency Preparedness (PHEP) Oversight

Charge

Building on the program evaluation and policy development achievements of the 2010-2011 SCHSAC Public Health Emergency Preparedness Workgroup, the SCHSAC Public Health Emergency Preparedness Oversight Workgroup will become a standing committee under the auspices of SCHSAC to:

- Provide ongoing review of public health emergency preparedness programs and issues;
- Assure that the policy recommendations from the 2010-2011 EP Workgroup can be implemented to provide ongoing guidance to the state-tribal-local preparedness partnership;
- Oversee the continued development of capacity assessment and related measurement outcomes to provide definition of capacity and achievement in Minnesota's public health emergency preparedness programs; and
- Oversee strategic planning for the next five years (2011 through 2016) of public health emergency preparedness in Minnesota.

Summary of Activities

The SCHSAC Public Health Emergency Preparedness Oversight Group held its first meeting in September, 2011. Many members of the 2010-2011 Public Health Emergency Preparedness Workgroup volunteered to serve on the new group. Members will serve a two-year term, with half of the initial group serving one-year to ensure continuity. The group is developing a vision for the future of Minnesota's public health emergency preparedness system to provide guidance for the new five-year grant cycle.

The CDC introduced Public Health Preparedness Capabilities in 2011. Used together with the Public Health Emergency Preparedness Policy Statements, (developed out of the 2010 H1N1 Summit), the Group will help set the state and local priorities.

At its October meeting, members decided to kick off the new grant cycle at a statewide grantee workshop. The aim was to develop a shared understanding of Minnesota's public health emergency preparedness priorities and direction, and to share tools and ideas. The grantee work shop, "PHEP Rally," was held on December 2, 2011, in St. Cloud. One hundred and sixty eight local public health staff attended the event, and each session was presented by both state and local health department representatives. Evaluation results indicated it was a successful event. The event was recorded and all the materials made available on the Workspace site. The group is currently developing its work plan for the upcoming year.

Membership

Pete Giesen, Co-Chair	Olmsted CHB
Susan Morris, Co-Chair	Isanti-Mille Lacs CHB (Isanti County Commissioner)
Pam Blixt	Minneapolis Department of Health and Family Support
Sharon Braaten	Horizon CHB
Jennifer Deschaine	Scott CHB
Robert Einweck	St. Paul-Ramsey Department of Public Health
Bonnie Engen	North Country CHB
Jim Gangl	Carlton-Cook-Lake-St. Louis CHB
Lowell Johnson	Washington County CHB
Mike Matanich	Stearns CHB
Kathy Krenik Minkler	Isanti-Mille Lacs CHB
Bill Montague	Polk CHB (Polk County Commissioner)
Cheri Lewer	LeSueur-Waseca CHB
Gloria Tobias	Countryside CHB

Minnesota Department of Health Participants

Jane Braun	Office of Emergency Preparedness
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Minnesota Department of Health Staff to Workgroup

Cindy Borgen	Office of Emergency Preparedness
Becky Buhler	Office of Performance Improvement
Mickey Scullard	Office of Emergency Preparedness

Issues of Special Interest

- Public Health Update Video Conference
- Orientation to MDH for Local Public Health Leaders
- Health Equity
- Other Issues of Special Interest

Public Health Update Video Conference

Summary of Activities

On March 28, 2011, a Public Health Update video conference was held as an orientation to public health for newly elected local officials. It was broadcast to 38 sites throughout Minnesota. Among the participants were 37 local elected officials, 35 staff from local health departments and 20 interested 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 following topics: state and local public health governmental partnership given by Ed Ehlinger, Commissioner of Health; the roles and responsibilities regarding public health for local elected officials given by Deb Burns, Director of the MDH Office of Performance Improvement; the State Community Health Advisory Committee, given by Dave Perkins, 2011 SCHSAC Chair and Olmsted County Commissioner; how (as a local elected official) to work with public health, given by Susan Morris, Isanti County Commissioner; and a hot topic presentation titled Public Health Response to Floods, given by Assistant Commissioner Aggie Leitheiser; and time for questions and answers.

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 a topic, floods, that affected many counties throughout Minnesota.

Orientation to MDH for Local Public Health Leaders

Summary of Activities

In conjunction with the meetings of the Local Public Health Association and SCHSAC, an orientation to MDH was held for local public health leaders in May 2011. 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.

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.

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.

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 opportunities to discuss issues related to health equity during the concurrent sessions at the conference.

Other Issues of Special Interest

SCHSAC was informed and had discussions on a number of topics at SCHSAC meetings throughout 2011. Topics included the accreditation, budget issues, climate change, the public health response to floods, various aspects of public health services and systems research (governance and organizational changes, levels of authorities, local public health financing, and SCHSAC attendance), the role of public health and SCHSAC in health reform, SHIP funding, and prescription drug abuse.

SCHSAC continued to have representatives on the State Preventive Health Advisory Committee, the Food Safety Partnership of Minnesota, the Minnesota Public Health Research to Action Network, the Maternal and Child Health Advisory Task Force, and the Healthy Minnesota Partnership.

Standing Committees

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

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 Activities

The major work of the SCHSAC Executive Committee included: supporting an unusually high work load for SCHSAC by approving workgroup charges and memberships including climate change adaptation, performance improvement steering committee, 2011 conference planning and the nomination and awards workgroups, public health emergency preparedness oversight, and developing the 2012 work plan. The Executive Committee also discussed the legislative session, the importance of relationships with tribes, transportation in Greater Minnesota for the elderly, economic development, the environment, the impact of policies on health, the shutdown, MDH strategic initiatives, accreditation, health reform, county-based purchasing, and Governor Dayton's acknowledgements of MDH's 2011 accomplishments.

Membership

Dave Perkins, Chair	Olmsted County CHB - Southeast (Olmsted County Commissioner)
Karen Nordstrom, Chair-Elect	City of Bloomington CHB - Metro (Bloomington City Council Member)
Susan Morris, Past Chair	Isanti-Mille Lacs CHB - Central (Isanti County Commissioner)
Cynthia Bennett	Aitkin-Itasca-Koochiching CHB - Northeast
David Benson	Nobles-Rock CHB - Southwest (Nobles County Commissioner)
Larry Kittelson	Horizon CHB - West Central (Pope County Commissioner)
Bill Groskreutz	Faribault-Martin CHB - South Central (Faribault County Commissioner)
Randy Maluchnik	Carver County CHB - Metro (Carver County Commissioner)
Bill Montague	Polk County CHB - Northwest (Polk County Commissioner)
Ted Seifert	Goodhue County CHB - Southeast (Goodhue County Commissioner)
Wendy Thompson	Kanabec-Pine CHB - Central

Alternate Members

Ewald Petersen	Sherburne County CHB - Central (Sherburne County Commissioner)
Karen Zeleznak	City of Bloomington CHB - Metro
Thomas Clifford	Carlton-Cook-Lake-St. Louis CHB - Northeast (Lake County Commissioner)
Helene Kahlstorf	North Country CHB - Northwest
Jim Berg	Brown-Nicollet CHB - South Central (Brown County Commissioner)
Marcia Ward	Winona County CHB - Southeast (Winona County Commissioner)
Marvin Tinklenberg	Southwest CHB - Southwest (Pipestone County Commissioner)
Neal Folstad	Clay-Wilkin CHB - West Central (Wilkin County Commissioner)

Minnesota Department of Health Staff to Executive Committee

Becky Buhler	Office of Performance Improvement
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Community Health Conference Planning Workgroup

The State Community Health Services Advisory Committee (SCHSAC) Community Health Conference Planning Workgroup was charged to select the format, theme, objectives, and speakers for the 2011 Community Health Conference and to assist Minnesota Department of Health (MDH) staff in hosting the conference.

Summary of Activities

The 2011 Community Health Conference Planning Workgroup worked with MDH staff to organize the format, program, and speakers for the 2011 Community Health Conference in Vesting in our Values and Vision. The conference was held on September 14, 15, 16, 2011 at the Breezy Point Conference Center, Breezy Point, MN.

Two hundred eighty two 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:

- Network with new and old public health colleagues
- Celebrate public health accomplishments and be inspired to meet the public health challenges of the future
- Discuss and provide input on important public health issues with the MDH Executive Team; and
- Gain fresh perspectives by attending concurrent sessions

The conference featured five general sessions:

- Tom Mosgaller, Director of Change Management, University of Wisconsin-Madison – Holding Gains and Framing the Future: Spotlighting the “A” in PDSA” (Plan-Do-Study-Act
- Magda Peck, Associate Dean, College of Public Health, University of Nebraska Medical Center – Powers of Three: Recreation, Resilience, and Resolve
- Petra Marquart, Motivational Speaker – The Power of Service in Public Health
- Peter Menzel, Freelance Photojournalist and Faith D’Aluisio, Editor Material World Books – Calories and Culture: A Worldwide Photographic Journey; and
- Edward Ehlinger, Commissioner of Health – Conference Closing

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

- Sustainable policy, systems and environmental change
- Innovative partnerships
- Embracing accreditation and performance management
- Emerging issues in environmental health
- Addressing the social and economic determinants of health; and the
- Role of technology in advancing local public health practice

Highlights and free time activities during the conference included the yearly community health awards ceremony and reception, public health resources and displays, physical activity sessions (with new activities Zumba and “Ring” the Commissioner horseshoe fundraiser), after dinner conversations with the Commissioner of Health and the MDH Executive Team, and movie night.

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

Membership

Karen Nordstrom, Chair	City of Bloomington CHB (Bloomington City Council Member)
Kenneth Bence	Minnesota Council of Health Plans
Cynthia Bennett	Aitkin, Itasca, Koochiching CHB
David Benson	Nobles-Rock CHB (Nobles County Commissioner)
Sue Hedlund	Washington CHB
Ardis Henriksen	Southwest CHB
Helene Kahlstorf	North Country CHB
Larry Kittelson	Horizon CHB (Pope County Commissioner)
Glen Mathiason	Freeborn CHB (Freeborn County Commissioner)
Susan Morris	Isanti Mille Lacs CHB (Isanti County Commissioner)
Bev Wangerin	Meeker-McLeod-Sibley CHB (McLeod County Commissioner)

Minnesota Department of Health Participants

Gail Gentling	Office of Performance Improvement
José González	Office of Minority and Multicultural Health
Pam Hayes	Health Promotion Chronic Disease
Ann Kinney	Health Policy Division
Brad Krier	Infectious Disease Epidemiology Prevention and Control
Dan Locher	Environmental Health
Janet Olstad	Community and Family Health
Jacob Owens	Office of Emergency Preparedness
Chris Tholkes	Office of Statewide Health Improvement Initiative

Minnesota Department of Health Staff to the Conference Workgroup

Alex Eichman	Office of Performance Improvement
Peggy Malinowski	Office of Performance Improvement
Nicole Parsons	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 email to review the nominating process and to select the recipients for the 2011 Community Health Service (CHS) Awards.

The following individuals and group received awards during the 2011 Community Health Conference on September 14, 2011 at the Breezy Point Conference Center, Breezy Point, MN.

Certificates of Recognition

- HealthyLiving Minneapolis
- Susan Ross, Minnesota Department of Health

Commissioner's Award for Distinguished Service in Community Health Services

- Lois Ahern, Freeborn County Public Health (retired)

Jack Korlath Partnership Award

- Patricia Coldwell, Association of Minnesota Counties

Award for Outstanding Dedication to Local Public Health

- William "Bill" Montague, Polk County Commissioner

Jim Parker Leadership Award

- Deb Smith, Fond du Lac Human Services

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

Membership

John Baerg, Chair	Watonwan CHB (Watonwan County Commissioner)
David Benson	Nobles-Rock CHB (Nobles County Commissioner)
Cynthia Bennett	Aitkin-Itasca-Koochiching CHB
Helene Kahlstorf	North Country CHB
Bev Wangerin	Meeker-McLeod-Sibley CHB (McLeod County Commissioner)

Minnesota Department of Health Staff to Nominating and Awards Workgroup

Peggy Malinowski Office of Performance Improvement

2011 SCHSAC Membership by MDH District

Central

- **Benton:** Jim McMahon
- **Cass:** Reno Wells
- **Chisago:** Jill Briggs
- **Crow Wing:** Rachel Reabe-Nystrom
- **Isanti-Mille Lacs:** Susan Morris
- **Kanabec-Pine:** Wendy Thompson
- **Morrison-Todd-Wadena:** Mark Blessing
- **Sherburne:** Ewald Petersen
- **Stearns:** Donald Otte
- **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
- **Horizon (Douglas-Grant-Pope-Stevens-Traverse):** Larry Kittelson
- **Otter Tail:** Douglas Huebsch

Metropolitan

- **Anoka:** Dan Erhart
- **Bloomington (City of):** Karen Nordstrom
- **Carver:** Randy Maluchnik
- **Dakota:** Nancy Schouweiler
- **Edina (City of):** Cheryl Engelman
- **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:** Don Skarie
- **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
- **Southwest (Lincoln-Lyon-Murray-Pipestone):** Marvin Tinklenberg
- **Nobles-Rock:** David Benson
- **Redwood-Renville:** LaMont Jacobson

State Community Health Services Advisory Committee
2012 Work Plan and 2011 Annual Report



State Community Health Services Advisory Committee (SCHSAC)
Office of Performance Improvement
Minnesota Department of Health
PO Box 64975
Saint Paul, MN 55164-0975
651-201-3880
TTY: 651-201-5797

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February 2012