



Minnesota Department of Health
Office of Performance Improvement
PO Box 64975
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Saint Paul, MN 55164-0975
Phone: (651) 201-3880
Online: www.health.state.mn.us

STATE COMMUNITY HEALTH SERVICES ADVISORY COMMITTEE

Wednesday, September 14, 2011

1:00 PM – 4:30 PM

Breezy Point Conference Center

FINAL Meeting Summary

Members or Alternates

Present:

Aitkin-Itasca-Koochiching

Cynthia Bennett

Anoka

Dan Erhart

Becker

Don Skarie

Benton

Jim McMahon

Bloomington

Karen Nordstrom

Brown-Nicollet

Karen Moritz (alt)

Carlton-Cook-Lake-St. Louis

Tom Clifford

Carver

Marcee Shaughnessy
(alt)

Cass

Reno Wells

Chisago

Jill Briggs

Clay-Wilkin

Neal Folstad

Cottonwood-Jackson

Rosemary Schultz

Crow Wing

Rachel Reabe Nystrom

Dakota

Nancy Schouweiler

Faribault-Martin

Bill Groskreutz, Jr.

Fillmore-Houston

Chuck Amunrud

Freeborn

Susan Yost (alt)

Goodhue

Ted Seifert

Hennepin

Todd Monson (alt)

Horizon (*Grant-Pope-Stevens-
Traverse-Douglas*)

Larry Kittelson

Isanti-Mille Lacs

Susan Morris

Kanabec-Pine

Wendy Thompson

Kandiyohi

Harlan Madsen

LeSueur-Waseca

Cheri Lewer

Meeker-McLeod-Sibley

Bev Wangerin

Morrison-Todd-Wadena

Mark Blessing

Mower

Margene Gunderson

Nobles-Rock

David Benson

Norman-Mahnomen

Jamie Hennen

North Country (*Beltrami-
Clearwater-Hubbard-Lake
of the Woods*)

Helene Kahlstorf

Olmsted

Pete Giesen (alt)

Otter Tail

Douglas A. Huebsch

Polk

Sheri Altepeter (alt)

Quin County (*Kittson-
Marshall-Pennington-Red Lake-
Roseau*)

Rachel Green

Ramsey (St. Paul)

Janice Rettman

Redwood-Renville

LaMont Jacobson

Rice

Anna Haubrich

Scott

Jennifer Deschaine (alt)

Sherburne

Ewald Petersen

**Southwest Health and Human
Services** (*Lincoln-Lyon-Murray-
Pipestone*)

Cris Gilb (alt)

Stearns

Don Otte

Wabasha

Judy Barton

Washington

Lowell Johnson

Watowan

John Baerg

Winona

Marcia Ward

Wright

Don Mleziva

Members Not Present:

Blue Earth

Mark Piepho

Countryside (*Big Stone-
Chippewa-Lac qui Parle-Swift-
Yellow Medicine*)

Jeanne Krueger

Dodge-Steele

Dee Ann L. Pettyjohn

Edina

Cheryl Engelman

Minneapolis

Cam Gordon

Richfield

Jennifer Turrentine



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Others in Attendance:

Craig Acomb
 Pat Adams
 Marty Aleman
 Terri Allen
 Chuck Amunrud
 Kathy Anderson
 Jeanne Ayers
 Ellen Benavides
 Laura Bennett
 Sharon Braaten
 Merrilee Brown
 Michelle Brown
 Bonnie Brueshoff
 Jill Bruns
 Deb Burns
 Patricia Coldwell
 Susan Congrave
 Nancy Dahlin
 Barb Dalbec
 Ken Ebel
 Ed Ehlinger
 Alex Eichman
 Bonnie Engen
 Sue Erzar
 Christine Everson
 Erica Fishman
 Renee Frauendienst

Allie Freidrichs
 Gail Gentling
 Jose Gonzalez
 Tanya Hagre
 Merrily Hazelton
 Sue Hedlund
 Ardis Henriksen
 Cythia Hickman
 Kelly Hughes
 Chelsie Huntley
 Debra Jacobs
 Daniel Jensen
 Kim Jeppeson
 Cheryl Johnson
 Duane Johnson
 Lester Kachinske
 Kim Koppel
 Brad Krier
 Joni Kristenson
 Wendy Kvale
 Kathy Landwehr
 Gail Larson
 Aggie Leitheiser
 Pam LeMaster
 Gwen Lewis
 Peggy Malinowski
 Mary Manning
 Marie Margitan

Raeann Mayer
 Kim McCoy
 Kathy McKay
 Marina McManus
 LuAnne McNichols
 Brenda Menier
 Don Meyer
 Kathy Minkler
 Gretchen Musicant
 Nancy Nelson
 Wendy Nelson
 Wendy Ness
 Gina Nolte
 Linda Norland
 Kathy Nowak
 Carol Oldowski
 Janet Olstad
 Dave Orren
 Julie Pahlen
 Bonnie Paulsen
 Cindy Pederson
 Guy Peterson
 Kristin Raab
 Jeannette Raymond
 Carmen Reckard
 Laura Reid
 Julie Ring
 Terry Ristinen
 Carol Schefers

Jeff Schilling
 Cheryl Schneider
 Janelle Schroeder
 Linda Schwichtenberg
 Cindy Shaughnessy
 Mark Sizer
 Christopher Sorenson
 Ann Stehn
 Lantha Stevens
 Pat Stewart
 John Stieger
 Ronda Stock
 Stacy Sundve
 Karen Swenson
 Diane Thorson
 Allison Thrash
 Sandy Tubbs
 Cindy Urbaniak
 Tom Wenzel
 Kathy Werk
 Amy Westbrook
 Ihleen Williams
 Diane Winter
 Leslie Witte
 Karen Zeleznak
 Kara Zoller

CALL TO ORDER AND INTRODUCTIONS

Karen Nordstrom, Chair-Elect, called the meeting to order. She welcomed SCHSAC members, SCHSAC alternates, and guests. Ms. Nordstrom relayed Dave Perkins’ greetings and his regrets that he was not able to chair the September meeting. She asked those around the table to introduce themselves by saying one good thing about fall.

REVIEW AND APPROVAL OF SEPTEMBER 14, 2011 AGENDA

Reno Wells, Cass County, made a motion to approve the September 14, 2011, agenda. Mark Blessing, Morrison-Todd-Wadena CHB, seconded the motion. Motion carried.

REVIEW AND APPROVAL OF MAY 20, 2011 MEETING SUMMARY

Ewald Peterson made a motion to approve the May 20, 2011 meeting summary. Jim McMahan, Benton CHB, asked a question about the approval of the PHEP Oversight Group’s charge, and then seconded the motion to approve. Motion carried.



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CHAIR'S REMARKS

Ms. Nordstrom reflected on her career as a nurse that led to involvement in community health issues, and eventually to a seat on the Bloomington City Council. She extended a warm welcome noting that everyone at the meeting had interesting backgrounds that lead to their interest in local public health and to their current participation in SCHSAC.

COMMISSIONER'S REMARKS

Ms. Nordstrom welcomed Edward P. Ehlinger, MD, MSPH, Commissioner of Health, and invited him to address SCHSAC. Commissioner Ehlinger invited everyone to participate in the horseshoe tournament Thursday evening to raise money for the U of M scholarship fund honoring Jim Rothenberger, an outstanding educator in the field of public health.

He encouraged SCHSAC members, alternates, and other conference attendees to take advantage of the opportunity to speak with him and his executive team during their time at Breezy Point.

The Commissioner reflected that at the last SCHSAC meeting, MDH was preparing for a possible shutdown. That shutdown occurred in July. He acknowledged that that was a difficult time for MDH and for local public health. Commissioner Ehlinger thanked everyone for working with MDH to prepare for its limited functioning and to resume activities after the shutdown. He commented that the meeting and the Community Health Conference to follow are great kickoffs to a new public health season.

Commissioner Ehlinger introduced Assistant Commissioner Craig Acomb to review the legislative session. Mr. Acomb remarked that the three days of negotiating for the final budget deal to end the state shutdown were bleak, with MDH looking at severe reductions. Fortunately the final deal kept funding intact for all except SHIP, which was reduced but allowed to continue.

The SHIP program is recognized as a model for its focus on systems, policies, and environments. New legislation instructs the Commissioner of Health to work with hospitals and health plans to develop a plan to incorporate SHIP activities into community benefit and collaboration plans. SHIP must also demonstrate results and cost savings in health care spending. These requirements change how the program will be evaluated and present new challenges and opportunities.

Mr. Acomb also informed the group about the Sunset Commission that was created to review all state agencies. MDH will be reviewed in 2013. He commented that MDH will need help from local public health partners to tell the story of public health going forward.

Commissioner Ehlinger then revealed four initiatives that MDH will be working on as part of its strategic planning activities. The initiatives have components related to local public health and to MDH.

1. **Community-Oriented Prevention and Primary Care:** Focused on enhancing primary care and a community-oriented delivery system
2. **Public Health Infrastructure:** Focused on maintaining a strong state and local public health system
3. **SHIP and Community Benefit/Collaboration Plans:** Focused on incorporating SHIP activities into community benefit and collaboration plans.
4. **Children's Initiative:** On hold until the Governor's Children's Cabinet begins meeting, which will include the Departments of Education, Human Services, and Health



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Governor's Health Subcabinet

Commissioner Ehlinger introduced Assistant Commissioner Ellen Benavides, as the lead for the MDH Community-Oriented Prevention and Primary Care Initiative and efforts related to health reform. Ms. Benavides is also representing MDH on the Governor's Health Subcabinet, focusing on 2008 health reform efforts and implementing the Affordable Care Act. The Governor's subcabinet is comprised of the Commissioners and Assistant Commissioners of Health, Human Services, Commerce, Management/Budget and the Lieutenant Governor. Assistant Commissioner Benavides stated that the Governor's Subcabinet has six principles to guide their work:

1. Implement state and federal health reforms across all markets, both public and private.
2. Collaborate with consumers, the public sector and the private sectors at all stages.
3. Simplify and integrate public health, medical care and insurance systems to be more accessible, consumer-friendly and value-based.
4. Increase transparency and accountability for health care dollars and resources.
5. Reduce the use and cost of the health care system by preventing key risk factors that lead to chronic disease.
6. Maximize opportunities to build on existing state reforms, Minnesota's unique health care culture and forthcoming changes to the health care system.

The Health Subcabinet has five work groups. Ms. Benavides introduced Assistant Commissioner Jeanne Ayers to discuss her role with the **Public Health/Prevention work group** focused on system change and grant opportunities for incentives and wellness programs for public programs, employers, and the individual insurance market.

Ms. Ayers stated that the group's focus is to strengthen the connection between medical care and public health, increase incentives for workplace wellness starting in 2014 and ensure that funds to support national Public Health/Prevention strategies are in alignment with local public health priorities. Ms. Ayers announced that she just learned that MDH was awarded a grant for best-evidence diabetes prevention focused on incentives.

Ms. Benavides then spoke about her role on the **Quality/Payment Reform work group**. She stated that the goal is to align public program, government employee and commercial purchasing to include a consistent set of quality measures, outcomes and incentives to maximize health care dollars. The expansion of health care homes and development of Accountable Care Organizations (ACOs) through DHS health care demonstration projects are examples of interagency collaboration to create and test new models of service delivery and payment.

She noted that there has been a delay in the request for proposal process for ACOs, which will be launched in January. The input deadline to DHS is now November. There is an opportunity to shake DHS's thinking of what's possible and needed for communities.

The **Exchange work group's** goal is to create a health care exchange that streamlines Minnesota's public health care programs and bridges the transition between public and private coverage through a "one stop shopping" portal for individuals, small business and Medicaid that assists consumers with making informed choices. Issues of interest to counties include consumer engagement, program integration, eligibility and role of county staff as navigators. SCHSAC members were encouraged to apply to be on the advisory task force being created for this topic. (*Note: Information on this was sent out following the conference.*)

The Workforce work group is looking at the diversity of providers. The ACA increases reimbursements for primary care and incentives for serving in underserved communities through the National Health Service Corps. MDH/DEED/DHS and the Office of Higher Ed are strategizing about how to ensure that we have adequate workforce supply and support training/capacity building, particularly in medically underserved areas, with an



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emphasis on identifying the types and numbers of primary care, mental health and long term care practitioners needed for the next decade.

The final work group, **Stakeholder Engagement/Communications** will set up an interagency website, speaker's bureau and ongoing opportunities for stakeholders to help shape how ACA is implemented in Minnesota.

MDH Initiatives

Ms. Benavides then discussed her role as the lead on MDH's new initiative, **Community-Oriented Prevention and Primary Care**. She stressed that we need to make primary care known as the public good that it is. MDH needs to integrate public health and medical services to create a community-oriented prevention and primary care delivery system that realigns payments systems and outcome measurements to improve both individual and community health status.

Commissioner Ehlinger interjected that nationally \$8,000 is spent per person, per year, on medical care. Only \$250 of that is spent on primary care. MDH wants to increase the investment in primary care and link it with public health and social services.

Assistant Commissioner Aggie Leitheiser was introduced to tell SCHSAC about her role as the lead for the **Public Health Infrastructure Initiative**. This group will be reaching out to local public health for help in aligning MDH's role in providing guidance, support, and evaluation with local health department needs and available resources, and working to streamline reporting requirements.

MDH's efforts to achieve national accreditation by PHAB are also included in this initiative, as well as preparing for MDH's review by the Legislative Sunset Commission. There will be an increased focus on eliminating health disparities throughout all divisions of the department. In addition, the role of tribal government in public health has changed tremendously in the last 20 years, and strengthening the relationship falls within this initiative.

Assistant Commissioner Jeanne Ayers, the lead for **SHIP and Community Benefit/Collaboration Plans**, spoke next. The 2011 Special Session SHIP legislative language encourages closer alignment of public health and health care activities and a closer link of programs addressing health disparities and tobacco control with community based programs. SHIP and its focus on policy, system, and environmental change will be a model for other grant programs.

The Affordable Care Act requires hospitals to conduct a community needs assessment every 3 years beginning in 2013. This assessment is an opportunity for local public health to collaborate with the hospitals. It is also an opportunity to align the community benefit that nonprofit hospitals and health plans must provide with the needs of the community as identified in the hospital's community needs assessment as well as the CHB's community health assessment.

Next Deputy Commissioner Jim Koppel updated SCHSAC on expanded waivers for health care for kids and adults. Minnesota is beginning early implementation of the Affordable Care Act's Medicaid expansion to draw down more federal funds and offset state money spent. All kids in Minnesota under 200% of poverty will be covered with no premiums and no waiting period. Other changes include foster children covered under Minnesota Care from age 18 to 21 and a change to the reporting of farm income that allows more people to be eligible for coverage.

Mr. Koppel also reminded SCHSAC members of the fourth initiative, which will focus on children's health and will be led by the Governor's Children's Cabinet.



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The Commissioner invited SCHSAC members to ask questions. Todd Monson, Hennepin CHB, proposed that MDH focus on primary prevention for kids ages 0-3 because that is a critical time for brain growth. A SCHSAC member asked whether there was data that shows that having health insurance impacts a person's health. Commissioner Ehlinger stated that the data supports the theory. Next followed a discussion about how the alignment of SHIP and hospital's community benefit requirement will work. Jeanne Ayers encouraged SCHSAC members to begin conversations with the nonprofit hospitals in their communities. Rina McManus, St. Paul/Ramsey CHB, requested that MDH contact local public health ahead of other community partners about community strategies, so that local public health can bring relationships that they have cultivated with hospitals to the table. She suggested that local public health carry the message to the community with MDH and that LPH be involved in collaboration planning.

Ms. Nordstrom thanked the Commissioner and the Executive Team for their remarks.

COMMITTEE REPORTS

A. Executive Committee Report

Karen Nordstrom reported that the Executive Committee approved the membership of the SCHSAC Public Health Emergency Preparedness Oversight Group.

B. Public Health Emergency Preparedness Oversight Group

The PHEP Oversight Group's co-chair, Susan Morris, Isanti-Mille Lacs CHB, informed SCHSAC members that the newly formed oversight group had met once by phone and once in person. The group will be carrying out the recommendations of the PHEP Work Group's Final Report, May 2011. Pete Giesen, Olmsted CHB, also serves as co-chair.

C. Performance Improvement Steering Committee

Chair Bonnie Brueshoff, Dakota CHB, reported that the Performance Improvement Steering Committee began meeting in June and didn't miss its July meeting despite the shutdown. The Steering Committee is carrying out the recommendations of the SCHSAC Performance Improvement and Accreditation Work Group.

Steering Committee member, Karen Moritz, Brown-Nicollet CHB, presented the group's recommendation to revise the requirements from the Minnesota Local Public Health Assessment and Planning Process (formerly known as CHAAP) to better align with the national voluntary public health standards. The committee asked SCHSAC to approve its proposal for Community Health Boards to submit a Community Health Improvement Plan, an organizational Strategic Plan, and an organizational Quality Improvement in lieu of the previous recommendation made by the CHAAP Evaluation Ad Hoc Work Group to submit three improvement plans. Ms. Moritz discussed the value of the three plans to local public health, the connection between the plans, and support that MDH will provide to CHBs.

Todd Monson, Hennepin CHB, made the motion for approval. Cynthia Bennett, Aitkin-Itasca-Koochiching CHB, seconded the motion. The motion carried.

D. Building Health Information Exchange Capacity Workgroup

Co-chair Diane Thorson, Otter Tail CHB, presented the goals and the process of the work group. The group mapped the data exchanges of nine family home visiting sites using business process analysis. She encouraged everyone to use this tool to map what is going on in their own organizations and find unproductive busy-ness.



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The group is asking the questions: Can we standardization data collection for family home visiting across LPH agencies? Can we connect across state systems such as lead exposure and vaccinations? What are the common data elements needed throughout the system?

This is a great time to be addressing these questions because according to PPMRS, 67% of local health departments are upgrading or looking for new data systems. Ms. Thorson made the point that systems have capacity for secure data exchanges. The federal government is also looking at ways to share data and connect medical and public health information. Minnesota urgently needs to address this. It will foster collaboration.

She told county commissioners in the audience that they need to accept that electronic health records (EHRs) are part of the budget now, just like snowplows. In December, the HIE Work Group will issue its recommendations, including a request for the group to continue.

E. Climate Change Adaptation Work Group

Chair Bill Groskreutz, Faribault-Martin CHB, informed the SCHSAC members about the first meeting of the Climate Change Adaptation Work Group. The group discussed how climate changes may impact public health and ways to assess local public health departments' readiness to plan for climate change events. He then asked those in attendance to complete a brief survey about climate change. The survey will inform the work of the group and results will be reported back at the next SCHSAC meeting.

F. Nominating and Awards Sub-committee

Chair John Baerg, Watonwan CHB, instructed SCHSAC members to complete the yellow Call for Nomination form in their packets. At the December 16th meeting, members will vote on the new SCHSAC Chair-Elect for 2012 (who will be Chair in 2013). He then reminded everyone to attend the Awards Ceremony that evening.

G. Conference Planning Workgroup

Karen Nordstrom, Bloomington CHB, and Chair of the Conference Planning Work Group asked all those on the planning group to stand and be recognized. She reported that almost 300 people registered for the Community Health Conference this year. She applauded the work by MDH staff, Peggy Malinowski, Alex Eichman, and Nicole Parsons, for their work on the conference.

OTHER DEPARTMENT REPORTS

Ms. Nordstrom invited the following MDH Division Directors to address SCHSAC.

Janet Olstad, Assistant Director, Community and Family Health, shared the following update. Her remarks illustrate the MDH goal: "*Promote health throughout the lifespan.*"

- From October 2011 through August 2013, the Minnesota Department of Health will distribute approximately \$2.7 million in grant awards to ten institutions of higher education to start new or maintain existing student parent help centers. Institutions include tribal colleges, MnSCU's technical and community schools, universities and a private college. Funding is from the Patient Protection and Affordable Care Act, via the Office of Adolescent Health, U.S. Department of Health and Human Services.
- Interest in Health Care Homes is growing with 1.8 million patients already represented.
- A RFP will be out soon for a new federal grant to decrease risk factors and increase protective factors to prevent pregnancies in at-risk MN youth.



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Christine Everson, Assistant Director, Infectious Disease Epidemiology, Prevention and Control Division, shared these updates with SCHSAC members. Her remarks illustrate the MDH goal: *“Prevent the occurrence and spread of disease.”*

- Ms. Everson stated that MDH values our partners and relationships. There are eight field epidemiologists in the district offices. She asked them to please stand and be recognized.
- In August, a Florida man was hospitalized in northern Minnesota. The cause of his illness was anthrax. The resulting investigation attributed the case to environmental exposure on his vacation to South Dakota, North Dakota, Montana and Wyoming. The attending physician at Lake Region Hospital and their laboratory played a critical role in saving this patient’s life.
- New measles cases were reported in Hennepin County and Dakota County. The initial cases were contracted in Kenya by unvaccinated children.
- Fourteen cases of pertussis, average age 11 years, have been reported on the Iron Range. This highlights the importance and value of Tdap vaccine for adolescents.
- FluSafe is MDH’s program to promote influenza vaccination of health care personnel by publically recognizing hospitals and nursing homes reaching coverage rates of 70%, 80% and 90%. Hospitals and nursing homes can register for 2011-2012 influenza vaccination season by December 1, 2011, click FluSafe link on www.mdhflu.com.
- The movie “Contagion” is worth seeing. The situation is plausible, but the reaction is not so good. The movie doesn’t capture the reality of state, local and national preparedness.

Mary Manning, Director, Health Promotion and Chronic Disease Prevention, spoke about her division’s activities related to the MDH goal: *“Promote health throughout the lifespan.”*

- The “I CAN Prevent Diabetes” Program works to identify people with pre-diabetes and help prevent the development of diabetes through lifestyle changes of diet, physical activity, and weight loss. One million Minnesota adults have pre-diabetes, and of those, each year 5-10% will develop diabetes. Community Health Workers will be providing this program in 10 communities across Minnesota experiencing health disparities. The cost effectiveness of this incentive program is being studied. Diabetes costs Minnesota \$2.7 billion per year or \$12,000 per patient per year.
- Minnesota is receiving grant money to encourage Medicaid beneficiaries of all ages to participate in chronic disease prevention programs and take steps to improve their health.
- There are state funds for Alzheimer’s disease. The Affordable Care Act provides for cognitive abilities assessments after 65.

Ms. Manning said she was just notified by email that MDH just received some funds for chronic disease prevention activities.

Pat Adams, Director, Office of Statewide Health Improvement Initiatives, presented information about the Statewide Health Improvement Program (SHIP) related to the MDH goal: *“Promote health throughout the lifespan”*.

- Planning is in the works for SHIP 2.0. Legislative funding to the program was cut and new emphases were added, so they are planning for a different model with reduced money and increased evaluation.
- The SHIP grants are extended through December this year to maintain the infrastructure.
- No new strategies will be used in SHIP 2.0. They are working on identifying the high impact strategies. The evaluation will be state-directed to fulfill legislative request for cost savings analysis.
- The RFP will be out by the end of September for 30 days. Funding decisions will be made by Thanksgiving. Funding starts January 1, 2012.



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Ms. Adams asked for feedback on key questions about the program and then answered questions. Suggestions were made for statewide application of the grant with recipients located in various regions of the state, requirements to address health disparities, and connections with hospital community benefit assessments.

GENERAL REPORTS

Ms. Nordstrom encouraged SCHSAC members, alternates, and guests to read the General Reports which provide an update on advisory committees that include SCHSAC representation.

ADJOURN

Ms. Nordstrom adjourned the meeting at 4:30 p.m.