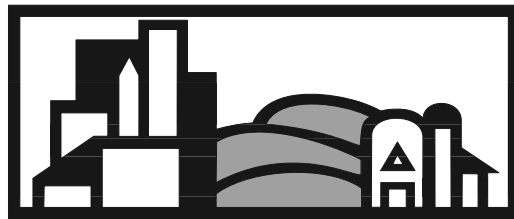


State Community Health Services Advisory Committee



2007 Annual Report and 2008 Work Plan

Community and Family Health Division
Office of Public Health Practice
Statewide Standards and Practice Unit



**State Community Health Services
Advisory Committee**

**2007 Annual Report
and
2008 Work Plan**



Office of Public Health Practice
Community and Family Health Division
Golden Rule Building
85 East 7th Place
P.O. Box 64882
Saint Paul, MN 55164-0882

651-201-3880
TDD/TTY: 651-201-5797

State Community Health Services Advisory Committee 2007 Annual Report and 2008 Work Plan

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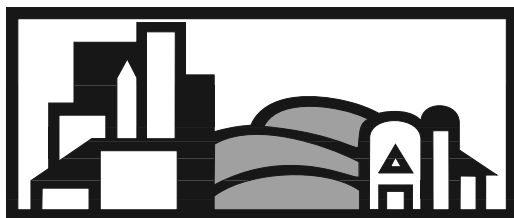
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State Community Health Services Advisory Committee



2007 Annual Report

State Community Health Services Advisory Committee

2007 Annual Report

What is SCHSAC?

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

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

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

The SCHSAC has 53 voting members, representing the 53 Community Health Boards in the state. Of the 53 boards, 28 are single county boards, four are city boards, and 21 are multi-county boards. Each Community Health Board selects one person to represent their board on the SCHSAC.

Each year, the SCHSAC prepares a report the SCHSAC Annual Report and Work Plan, to highlight its accomplishments and present a plan for the next year's activities.

The SCHSAC has developed a shared vision statement (see box) for Minnesota's public health system. The vision was developed by a SCHSAC strategic planning work group of state and local public health partners and was approved by the SCHSAC and the Commissioner of Health in 2003.

The vision for the public health system in Minnesota is of a strong and dynamic partnership of governments fully equipped to address the changing needs of the public's health.

Overview of 2007 SCHSAC Work

In 2007, over 60 people participated in two SCHSAC work groups. The work focused on the strategic direction of public health emergency preparedness and on the development of a statewide health promotion plan. In addition, SCHSAC leadership participated in national site visits focused on Minnesota's Local Public Health Performance Improvement System.

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

SCHSAC members discussed several public health-related topics during 2007, focusing on the state-local partnership in action and on eliminating health disparities. Members were regularly updated about the newly formed Minnesota Public Health Collaborative for Quality Improvement. Two well attended video conferences were held. The first, *An Orientation to Public Health for New County Commissioners*, was held in April. The second video conference *Community Strategies That May Delay or Reduce the Impact of a Pandemic: Non-Pharmaceutical Interventions (NPI)* was held in June.

2007 Work Plan Status At-A-Glance

2/15/08

Work Groups/Topics	Purpose/Methods	Outcomes
<p>State/Local Preparedness</p> <p>MDH-LPH Preparedness Committee (11/06 – 12/07)</p>	<p>A SCHSAC MDH-LPH Preparedness Committee will:</p> <ul style="list-style-type: none"> • Articulate shared state and local preparedness priorities for three to five years; • Describe the roles that local health departments and MDH should play in achieving the priorities; • Establish measurable outcomes; and • Monitor performance over time. 	<p>Products include:</p> <ul style="list-style-type: none"> • A 3-5 year “Blue Print” that identified six public health emergency preparedness priorities: 1) local health department and MDH roles and responsibilities; 2) local health department and MDH communications; 3) preparedness plan templates; 4) integrated exercise plan; 5) education and training; and 6) public communication; • Tiered responsibilities for local health department; • Communication tools and protocols; and • Communication issues discussion tool.
<p>Next Steps in Quality Improvement</p> <p>Minnesota Public Health Collaborative for Quality Improvement (2/07 – 2/08)</p> <p><i>(Partners include the University Minnesota, MDH, and the Local Public Health Association)</i></p>	<p>SCHSAC activities to strengthen Minnesota’s quality improvement framework will include:</p> <ul style="list-style-type: none"> • Participation in the national discussion on accreditation for local public health departments; • Site visit for the Multi-state Learning Collaborative 2 Grant (MLC-2) with CDC, NACCHO, ASTHO, and RWJ Foundation representatives; • Expert review of the quality improvement framework (MLC-2 grant activity); • Quarterly written or verbal updates on MLC-2 activities; and • Review of 2006 PPMRS data. 	<p>Activities included:</p> <ul style="list-style-type: none"> • Eight local public health quality improvement projects identified areas for improvement, collected data, designed and tested interventions, and are implementing solutions (plan-do-check-act). The projects will wrap-up in February, with a showcase planned for the spring; • Three ITV trainings were attended by over 115 local public health professionals from more than 40 agencies. A session offered at the CH Conference had 70+ attendees; • Washington State consultation, October 31 and November 1; included a discussion about estimating funding gaps; • National expert review, December 11; provided a national perspective on MN’s performance improvement system, and also provided perspective on where Minnesota is positioned relative to national accreditation efforts; and • An update was provided at each 2007 SCHSAC meeting.
<p>Eliminating Health Disparities</p>	<p>SCHSAC will improve understanding of health disparities in Minnesota among local elected officials, and state and local public health staff; and identify and apply strategies to eliminate those disparities in everyday public health practice. Activities will include:</p> <ul style="list-style-type: none"> • Examining statewide demographic trends; • Collecting and sharing stories about current and innovative efforts; • Hosting presentations and participating in discussions about health disparities and strategies to eliminate them; and • Reviewing the CLAS standards to develop a tool for public health application. 	<p>Activities focused on looking at health disparities included:</p> <ul style="list-style-type: none"> • February, 2007: State Demographer Presentation, “Changing Face of Minnesota”; • Panel Presentation: “In the Groove: Obesity Prevention in Your Community” included programs in four counties as well as the MDH walkable communities training; and • A grant application was submitted to support work on the CLAS standards and development of tools for public health application; funding was not received.

<p>Video Conference Series: Hot Topics in Public Health</p>	<p>SCHSAC will host two video conferences intended to keep local elected officials (and when appropriate, community partners) appraised of important public health issues.</p>	<p><i>Video conference #1: March 2007</i> Public Health in Minnesota: An Orientation for new County Commissioners</p> <ul style="list-style-type: none"> • 18 sites and 40 participants • Well-received by participants <p><i>Video conference #2: June 2007</i> Community Strategies That May Delay or Reduce the Impact of a Pandemic: Non-Pharmaceutical Interventions (NPIs) An Orientation for County Commissioners and Other Elected Officials</p> <ul style="list-style-type: none"> • 42 sites and 276 participants • Video/DVD available through the MDH library and has been requested several times • Well-received by participants
<p>Special Issue of Interest: Minnesota Public Health Goals</p>	<p>SCHSAC will review and provide input on the development of potential sentinel indicators for each of the six statewide public health goals.</p>	<p>Sentinel indicators were not developed, so SCHSAC input wasn't needed.</p>
<p>Special Issue of Interest: Tele-health</p>	<p>SCHSAC will explore the implications of tele-health on public health practice through a presentation and discussion at a SCHSAC meeting.</p>	<p>Not addressed this year.</p>
<p>Special Issues of Interest addressed which were not in the 2007 Work Plan</p>	<p>Not listed in the 2007 Work Plan</p> <ul style="list-style-type: none"> • Comprehensive Statewide Health Promotion Ad Hoc Group • Childhood Obesity • Radon • Asthma • WIC • Public Health preparedness topics: workforce issues, codeReady, and flooding in Southeast Minnesota 	<p>Several activities/topics not included in the 2007 Work plan were addressed:</p> <ul style="list-style-type: none"> • The SCHSAC Comprehensive Statewide Health Promotion Ad Hoc Group provided input into and a local perspective for the development of a legislatively required comprehensive statewide health promotion plan. • Childhood Obesity (see Eliminating Health Disparities), illustrating MDH and local health department collaborations with community members and organizations. • “Public Health Emergency Response: Will your workforce be on the job?” presentation by Johns Hopkins University faculty, illustrating local health departments engaged in research. • Public health response to the floods in the South East region. • Statewide emergency preparedness public education campaign • Local health department and MDH collaborative projects showcased included presentations on Radon, Asthma, WIC.

SCHSAC’s Standing Committees include: the *Executive*, the *Annual Community Health Conference Planning*, and the *Nominating and Awards Committees*. The *Executive Committee* conducted interim business of the Advisory Committee, including approving charges and work group membership, and developed recommendations for decision by the full SCHSAC. The *Nominating and Awards Committee* supervised the nomination and election process and selected the candidates for the CHS Awards and for the SCHSAC Chair-Elect. The *Community Health Conference Planning Committee* selected a theme, *Prevent. Promote. Protect. Public Health at the Crossroads*, the format for the 2007 Community Health Conference and assisted staff in hosting the conference.

2007 SCHSAC Work Groups

SCHSAC MDH-Local Public Health Preparedness Committee

Charge

- Articulate the strategic direction and shared Local Public Health - MDH preparedness priorities for three to five years; describe the roles that local health departments and MDH should play in achieving them; establish measurable outcomes; and monitor performance over time.
- Present a report of their activities, accomplishments and recommendations at the September 2007 SCHSAC meeting, including a recommendation whether to continue the group and a proposed charge and work products for the coming year if the recommendation is to continue.

Summary of Activities

In 2006, the SCHSAC MDH-Local Public Health Preparedness Committee created a strategic plan for state and local public health emergency preparedness, called a “Blue Print”. The Blue Print had six priorities. For 2007, the Committee chose to focus on two priorities. A subcommittee was formed for each priority. The Public Health Emergency Preparedness Communications Subcommittee identified communication strategies and activities that are working and areas needing improvement. They developed and/or adapted several tools and protocols to address the identified gaps. The subcommittee drafted a discussion document based on several communication scenarios and described perspectives of MDH and LHDs. The subcommittee also identified a need for training on Minnesota State Statutes Chapter 13, which addresses data privacy and sharing of information. The Committee recommended adoption of the tools, protocols, discussion document, and the training.

The Public Health Roles and Responsibilities Subcommittee focused on identifying local health department (LHD) roles and responsibilities. A complementary LHD Incident Lifecycle Map to MDH’s Incident Lifecycle Map was drafted and was followed by the creation of a tiered system of responsibilities based on an LHD’s capacity and capabilities. The Committee recommended adoption of the LHD Incident Lifecycle Map, the tiered system and pilot testing of the tiered system. The Committee recommended continuation of the work group in order to address MDH roles and responsibilities and funding issues.

Members

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

Alternates

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

MDH Representatives**Members**

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

Alternates

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

Staff to Committee

Mickey Scullard	Office of Public Health Practice, Community and Family Health Division
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Ad Hoc Work Group

2007 SCHSAC Ad Hoc Group for a Statewide Health Promotion Plan

Charge

Provide input and local perspective for a statewide plan to implement and fund an ongoing comprehensive health promotion program for Minnesota.

Summary of Activities

In response to legislation passed in early 2007, the Minnesota Department of Health convened a SCHSAC ad hoc work group to advise and provide local input on the development of a comprehensive statewide plan for health promotion (the Plan). The SCHSAC ad hoc work group met twice during the month of August to review drafts of the Plan. The group contributed to the layout, content, and focus areas (nutrition, physical activity, tobacco, and alcohol use) of the Plan. The ad hoc group provided valuable insight about the potential roles, responsibilities, and accountability of both Community Health Boards (CHBs) and the state agency charged with administering the Plan. The group also helped devise the funding structure and formula for the Plan. As per the legislation, the ad hoc work group approved a final draft before being presented to the entire SCHSAC group at the end of September. SCHSAC and the Commissioner of Health were required to approve the Plan before being submitted to the Health Care Access Commission.

Membership

Todd Monson, Chair	Hennepin County Community Health Board
Stafford Hansen	Fillmore-Houston Community Health Board
Larry Kittelson	Mid-State Community Health Board
Susan Morris	Isanti-Mille Lacs Community Health Board
Helene Kahlstorf	North Country Community Health Board
Marina McManus	Anoka County Community Health Board
Brad Meyer	Nobles-Rock Community Health Board
Patty Bowler	City of Minneapolis Community Health Board
Sandra Driscoll	Morrison-Todd-Wadena Community Health Board
Leslie Frank	Minnesota Council of Health Plans and Medica
Eileen O'Connel	City of Bloomington Community Health Board
Amie Queensland	Winona County Community Health Board

MDH Representatives

Carol Woolverton	Assistant Commissioner
Maggie Diebel	Community and Family Health
Pati Maier	Health Promotion Chronic Disease
Don Bishop	Health Promotion Chronic Disease
Debra Burns	Community and Family Health
Gail Gentling	Community and Family Health

Staff to Committee

Cara McNulty	Health Promotion Chronic Disease
Brooke Ahlquist	Health Promotion Chronic Disease

Standing Committees

Executive Committee

Charge

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

Summary of Activities

The major work of the SCHSAC Executive Committee included:

- Providing orientation for new SCHSAC members;
- Conducting interim business to ensure smooth operations;
- Sponsoring two successful, well attended statewide video conferences (*An Orientation to Public Health for New County Commissioners*, in April and *Community Strategies That May Delay or Reduce the Impact of a Pandemic: Non-Pharmaceutical Interventions [NPI]*) in June.

Membership

Marcia Ward, Chair	Winona County Community Health Board
John Baerg	Watonwan County Community Health Board
David Benson	Nobles-Rock Community Health Board
Ben Brunsvold	Clay-Wilkin Community Health Board
Stafford Hanson	Fillmore-Houston Community Health Board
Don Mleziva	Wright County Community Health Board
Karen Nordstrom	City of Bloomington Community Health Board
Bill Montague	Polk County Community Health Board
Gary Sorenson	Cottonwood-Jackson Community Health Board
Cindi Korpela	Aitkin-Itasca-Koochiching Community Health Board
Bev Wangerin	Meeker-McLeod-Sibley Community Health Board

MDH Staff to the Committee

Mickey Scullard	Office of Public Health Practice, Community and Family Health Division
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Community Health Conference Planning Work Group

Charge

Select a theme, objectives, format, and speakers for the 2007 Community Health Conference and assist MDH staff in hosting the conference.

Summary of Activities

This Work Group organized the program and speakers for the Minnesota Department of Health 2007 Community Health Conference: *Prevent. Promote. Protect. Public Health at the Crossroads* held September 26-28, 2007 at Cragun's Resort and Conference Center in Brainerd, Minnesota. Nearly 360 people from around the state attended the conference.

Conference goals focused on learning about the current state of public health nationally; discussing the roles and responsibilities of public health leaders and considering what can be done to support and nurture the next generation of leaders; and thinking creatively about the growing diversity in our Minnesota communities.

The conference featured keynote speaker Patrick Libbey, the National Association of County and City Health Officials Executive Director, who spoke on the new national public health brand identity and ways to help promote it. There were three general session presenters. Deputy State Chaplain Major John Morris, of the Minnesota Army National Guard, spoke about the support activities planned for returning veterans and ways communities could become involved. Janet Porter, Harvard University, shared strategies to achieve effective partnerships. The concluding conference speaker was Tou Ger Xiong, a diversity consultant, comedian, storyteller, rapper and actor who taught culture through laughter. Nineteen concurrent sessions focused on topics that included leadership and workforce issues, holistic health, chronic disease prevention, Freedom to Breathe legislation, children's mental health, storytelling, drug use, and community gardening.

The community health awards and reception once again celebrated some of Minnesota's outstanding public health programs and leaders. The award recipients are listed in the Nominating and Awards Subcommittee report.

Membership

Gary Sorenson, Chair	Cottonwood-Jackson Community Health Board
David Benson	Nobles-Rock Community Health Board
Carol Berg	Minnesota Council of Health Plans
Ben Brunsvold	Clay-Wilkin Community Health Board
Lowell Johnson	Washington County Community Health Board
Helene Kahlstorf	Beltrami-Clearwater-Hubbard-Lake of the Woods Community Health Board
Idelle Longman	City of Edina Community Health Board
Julie Myhre	Carlton-Cook-Lake-St. Louis Community Health Board
Joyce Mueller	Crow Wing Community Health Board
Bev Wangerin	Meeker-McLeod-Sibley Community Health Board
Diane Winter	Meeker-McLeod-Sibley Community Health Board
Marcia Ward	Winona County Community Health Board

MDH Representatives

Debra Burns	Community and Family Health
Kim Edelman	Healthy Policy
Erica Fishman	Health Promotion Chronic Disease
Kathy Grantham	Information Systems and Technology
Larry Gust	Environmental Health
Cynthia Hickman	Infectious Disease Epidemiology, Prevention and Control
Janice Jones	Compliance Monitoring
Ann Kinney	Health Policy
Marcia Robert	Office of Emergency Preparedness
Kristen Tharaldson	Health Policy

MDH Staff to the Work Group

Peggy Malinowski	Office of Public Health Practice, Community and Family Health Division
Allison Thrash	Office of Public Health Practice, Community and Family Health Division

Nominating and Awards Subcommittee

Charge

- Review the awards process and recommend modifications to the Executive Committee to fulfill the intent of the awards.
- Solicit and select nominees for the Jim Parker Leadership Award, Commissioner's Award for Distinguished Service in Community Health Services, Award for Outstanding Dedication to Local Public Health, the Jack Korlath Partnership Award, and the Certificates of Recognition, to be presented at the annual Community Health Conference.
- Prepare a ballot for the election of the SCHSAC Chair-Elect in December.

Summary of Activities

The Nominating and Awards Subcommittee communicated by conference call to review the nominating process and to select the recipients for the 2007 Community Health Service Awards.

The following individuals received awards at the 2007 Community Health Conference:

- *Award for Outstanding Dedication to Local Public Health*
Karen Pfeifer, Nobles-Rock Community Health Board
- *Commissioner's Award for Distinguished Service in Community Health Services*
Lieutenant Phil Bartusek, Albert Lea Police Department
- *Jack Korlath Partnership Award*
Sandy Macziewski, Countryside Public Health
- *Jim Parker Leadership Award*
Amy Wilde, Meeker County Commissioner
- *Certificates of Recognition*
 - Rich Peter, Olmsted County Public Health Services
 - Lincoln-Lyon-Murray-Pipestone Emergency Preparedness Advisory Team
 - Doris Cogelow, Kandiyohi County Public Health
 - Bill Carlson, Isanti County Active Living

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

Membership

Bev Bales, Chair	Douglas County Community Health Board
John Baerg	Watsonwan County Community Health Board
Cynthia Korpela	Aitkin-Itasca-Koochiching Community Health Board
Bev Wangerin	McLeod County Community Health Board
Katy Wortel	Blue Earth County Community Health Board

MDH Staff to the Subcommittee

Peggy Malinowski Office of Public Health Practice, Community and Family Health Division

Related Issues

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

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

Training on quality improvement tools and techniques

- Over the summer and fall of 2007, the QI Collaborative provided three video conference trainings, led by SPH faculty, as well as a special training session on QI at the Community Health Conference, led by Stacy Baker of the Public Health Foundation.
- The video conference trainings were attended by over 115 local public health professionals from more than 40 local health departments. A session at the conference, with trainer Stacy Baker, had over 70 participants.
- The trainings provided a valuable introduction to quality improvement methods and principles for local public health.

QI projects in local public health departments

- Eight local public health quality improvement projects were initiated under the grant.
- Monthly conference calls and progress reports provided an opportunity for the project teams to share their successes and lessons learned as they apply different quality improvement tools and techniques to their work.
- The SPH graduate students assigned to each project provided invaluable assistance to the grantees, particularly with research and data collection and analysis.

State and national consultations

- Washington State consultation
On October 31, 2007 Rita Schmidt from the Washington Department of Health and Torney Smith of the Spokane Regional Health District met with the QI Collaborative. Washington was invited to present because they have a comprehensive set of state and local public health standards in place, and has been engaged in performance measurement efforts for a number of years. The components of Minnesota's and Washington's respective systems were described and compared and insights were shared.

On November 1, 2007 Rita Schmidt shared Washington's experience with estimating the gap between current funding for public health and funding needed to implement essential public health activities. She also explained how the Department of Health obtained \$20 million from the Washington legislature to begin to narrow that gap.

- National expert review
On December 11, 2007 Les Beitsch and Lee Thielen, consultants to the Multistate Learning Collaborative 2 (MLC-2) Program of the Robert Wood Johnson Foundation visited Minnesota. Presentations and discussion centered on the progress of the local quality improvement projects funded under the MLC-2 grant. They provided a national perspective on Minnesota's performance improvement system, and as well as perspective on Minnesota's current position relative to the national accreditation movement.

Discussions continue at the national level on accreditation for public health departments. Minnesota will continue to monitor these discussions, as we continue moving forward with our performance improvement efforts. Ongoing SCHSAC involvement may be needed to assure that this work reflects the perspective and interests of local government.

Eliminating Health Disparities

SCHSAC learned about health disparities in Minnesota and heard about several successful initiatives including:

- A presentation by a demographer from the Minnesota State Demographer's Office, highlighting the changing demographics of Minnesota
- A panel presentation focused on reducing obesity initiatives around the state with representatives from the Minnesota Steps to a HealthierUS (STEPS) initiative, the Eliminating Health Disparities grantees, the National Governor's Association Worksite Wellness Toolkit, and the statewide Walkable Communities initiative.

Special Issues of Interest

The SCHSAC was informed throughout the year on a number of topics during 2007. Topics included legislative issues, radon, asthma, WIC, pandemic influenza planning, codeReady, emergency preparedness work force issues, and the southeastern Minnesota flood response.

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

2007 SCHSAC Membership

Listed by Community Health Board and Minnesota Department of Health District

Central District

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

South Central District

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

West Central District

Clay-Wilkin Ben Brunsvold
Douglas Bev Bales
Grant-Pope-Stevens-Traverse Larry Kittelson
Otter Tail Sydney Nelson

Metropolitan District

Anoka Rhonda Sivarajah
Bloomington (City of) Karen Nordstrom
Carver Jim Ische
Dakota Nancy Schouweiler
Edina (City of) Idelle Sue Longman
Hennepin Gail Dorfman
Minneapolis (City of) Scott Benson
Ramsey/St. Paul Janice Rettman
Richfield (City of) Betsy Osborn
Scott Barbara Marschall
Washington Lowell Johnson

Northeast District

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

Northwest District

Becker Harry Salminen
Beltrami-Clearwater-Hubbard-
Lake of the Woods Helene Kahlstorf
Kittson-Marshall-Pennington-
Red Lake-Roseau Kristin Eggerling
Norman-Mahnomen Jamie Hennen
Polk Bill Montague

Southeast District

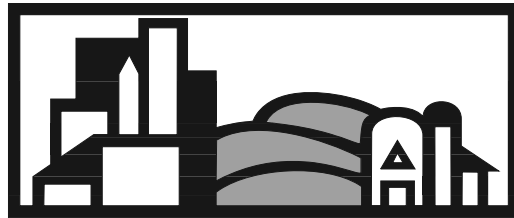
Dodge-Steele DeeAnn L. Pettyjohn
Fillmore-Houston Stafford Hansen
Freeborn Glen Mathiason
Goodhue Ted Seifert
Mower Dave Tollefson
Olmsted Dave Perkins
Rice Galen Malecha
Wabasha Judy Barton
Winona Marcia Ward

Southwest District

Big Stone-Chippewa-Lac Qui Parle-Swift-
Yellow Medicine Jeanne Krueger
Cottonwood-Jackson Gary Sorenson
Kandiyohi Harlan Madsen
Lincoln-Lyon-Murray-Pipestone . John D. Schuh
Nobles-Rock David Benson
Redwood-Renville Bruce Tolzmann

12/2007

State Community Health Services Advisory Committee



2008 Work Plan

State Community Health Services Advisory Committee

2008 SCHSAC Work Plan

Summary

The SCHSAC will continue to focus its work on policies and actions that will strengthen the public health system at the state and local levels. The expectation of mutual accountability for public health between the state and local governments continues to provide the impetus for discussions and activities.

Work Groups

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

In 2008, a SCHSAC work group called the Minnesota Department of Health-Local Public Health (MDH-LPH) Preparedness Committee will continue to work on state and local roles and responsibilities, examine integration of healthcare system roles into the tiered system, review the remaining four Blue Print priorities, review the Emergency Preparedness Essential Local Activities, and begin a discussion about funding of state and local public health emergency preparedness activities.

In 2008, SCHSAC will update the 2003 SCHSAC Strategic Plan by reviewing the progress made on of the recommendations, updating the plan, and identifying new priorities for the next 3-5 years. The focus of the 2003 work was to develop a long-range strategic plan to define the CHS system infrastructure needed to statewide to improve the health of the public. Many of the recommendations have been put into place and it is now time to identify the next steps in the development and refinement of the CHS system infrastructure.

Related Issues

Issues with potential public health policy or practice implications, but not currently requiring a formal work group are included in the SCHSAC Work Plan. This year, these issues include quality improvement and accreditation, the cost of providing public health services, and potentially revision of the Minnesota Public Health Goals.

Issues of Interest

Several public health issues will be examined by SCHSAC through presentations and discussions. Those issues include:

- Environmental health, (water quality, climate change, bio-monitoring projects)
- Tele-health and public health implications
- Behavioral health and public health roles
- Healthy aging
- Comprehensive Statewide Health Promotion Plan progress updates
- Alcohol use, specifically binge-drinking of college students/21 “rite of passage”
- Healthcare systems issues and public health implications
- Minority and multicultural health issues

2008 Work Plan At-A-Glance

2/15/08

Work Groups	
State/Local Preparedness	<p>A SCHSAC MDH-LHD Preparedness Committee will:</p> <ul style="list-style-type: none"> • Describe the MDH emergency preparedness roles and responsibilities that support local health departments in planning, response and recovery; • Pilot test the public health emergency preparedness tiers and revise as needed; • Integrate healthcare system roles into tiers; • Review remaining four Blue Print priorities to assure progress; • Review the Emergency Preparedness Essential Local Activities and if needed, develop recommendations for change; and • Discuss funding of state and local public health emergency preparedness activities.
SCHSAC Strategic Planning	<ul style="list-style-type: none"> • A SCHSAC Strategic Planning Team will review and update the 2003 SCHSAC Strategic Plan.
Issues of Interest	<p>SCHSAC will explore several issues through presentations and discussions at SCHSAC meetings or through video conferences.</p>
<p><i>Video conferences:</i> SCHSAC will host at least two video conferences intended to keep local elected officials (and when appropriate, community partners) appraised of important public health issues and potential policy implications.</p>	<p>Possible topics include:</p> <ul style="list-style-type: none"> • Environmental health, (water quality, climate change, biomonitoring projects) • Tele-health and public health implications • Behavioral health and public health roles • Healthy aging • Statewide Health Promotion Plan progress updates • Alcohol use, specifically binge-drinking of college students/21 “rite of passage” • Healthcare systems issues and public health implications • Minority and multicultural health issues
Related Issues	<p>SCHSAC involvement is important, but does not require a formal work group at this time.</p>
Quality Improvement/Accreditation	<p>SCHSAC will participate, as needed, in activities to strengthen Minnesota’s quality improvement framework and explore issues around accreditation, which may include:</p> <ul style="list-style-type: none"> • Participation in the national discussion on accreditation for state and local public health departments; • Review proposed national standards, measures, and other products and compare to Minnesota products and perspectives; • Participate on the Minnesota Public Health Collaborative Steering Committee; • Learn about the quality improvement projects completed by local health departments; and • Identify SCHSAC-related work for the 2009 Work Plan.
Cost of public health services	<ul style="list-style-type: none"> • Participate in and review ongoing efforts to estimate the cost of needed resources to perform the essential local activities.
Minnesota Public Health Goals	<p>SCHSAC will participate, if needed, in Healthy Minnesota Public Health Goals discussions and work.</p>

Standing Committees	
Executive Committee	The Executive Committee will: <ul style="list-style-type: none"> • Conduct interim business of the SCHSAC; • Develop recommendations for decision by SCHSAC.
Annual Community Health Conference Planning Committee	The Annual Community Health Conference Planning Committee will: <ul style="list-style-type: none"> • Select a theme and format for the 2008 Community Health Conference; • Assist staff in hosting the conference.
Nominating and Awards Committee	The Nominating and Awards Committee will: <ul style="list-style-type: none"> • Supervise the nomination and election process for the Chair-Elect; • Solicit and select candidates for the CHS Awards.

Standing Committees

Executive Committee

Charge

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

Background

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

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

Methods

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

Resources

The Community and Family Health Division, Office of Public Health Practice, will provide staff support to this activity, and the MDH Executive Office and senior staff will be involved.

Community Health Conference Planning Work Group

Charge

Select a theme, topic, and format for the 2008 Community Health Conference and assist staff in hosting the conference.

Background

This work group determines a theme appropriate for the annual Community Health Conference, selects the keynote and concurrent speakers, and assures that these speakers address the needs of the broad public health audience. The 2008 conference will be held October 1-3 at the Breezy Point Resort, Breezy Point, Minnesota.

Methods

The work group membership will be comprised of representatives from Community Health Boards, MDH, and related community-based organizations and groups (e.g. Council of Health Plans and MPHA). Two meetings are planned for 2008.

Resources

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

Nominating and Awards Subcommittee

Charge

- Review the awards process and recommend to the Executive Committee modifications, as necessary, to fulfill the intent of the awards;
- Solicit and select nominees for the Jim Parker Leadership Award, Commissioner's Award for Distinguished Service in Community Health Services, Award for Outstanding Dedication to Local Public Health, the Jack Korlath Partnership Award, and the Certificates of Recognition, to be presented at the annual Community Health Conference; and
- Prepare a ballot for the election of the SCHSAC Chair-Elect in December.

Background

The Nominating and Awards Subcommittee is responsible for establishing a nominating process and selecting recipients for the annual Community Health Service awards; the Jim Parker Leadership Award; the Commissioner's Award for Distinguished Service in Community Health Services; the Award for Outstanding Dedication to Local Public Health; the Jack Korlath Partnership Award; and the CHS Certificates of Recognition.

The Nominating and Awards Subcommittee is an ongoing committee of the SCHSAC. The subcommittee may consider changes to the selection criteria for the CHS awards and also may make recommendations to the SCHSAC for new awards. The SCHSAC Operating Procedures provide guidance on the awards and nomination process.

The Nominating and Awards Subcommittee is also responsible for supervising the nominations and election of the Chair-Elect, as specified in the SCHSAC Operating Procedures.

Methods

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

Resources

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

SCHSAC Work Groups

Minnesota Department of Health- Local Public Health Preparedness Committee

Charge

A SCHSAC MDH-LHD Preparedness Committee will:

- Describe the MDH emergency preparedness roles and responsibilities that support local health departments in planning, response and recovery;
- Pilot test the public health emergency preparedness tiers and revise as needed;
- Integrate healthcare system roles into tiers;
- Review remaining four Blue Print priorities to assure progress;
- Review the Emergency Preparedness Essential Local Activities and if needed, develop recommendations for change; and
- Discuss funding of state and local public health emergency preparedness activities.

Background

A joint MDH-local health department SCHSAC committee began work on a shared state-local strategic plan for public health emergency preparedness in 2007. The Committee created a Blue Print, which detailed six priority areas for public health emergency preparedness:

- Roles and Responsibilities, Emergency Preparedness Communication
- Public Communication
- Education and Training
- Preparedness Plans
- Integrated Exercise Plan.

The committee identified two priorities to focus on initially; Roles and Responsibilities and Emergency Preparedness Communications. Two subcommittees were formed and a number of products were developed. The recommendations which emerged from the subcommittees work were recommended by SCHSAC for adoption by the Commissioner of Health. The recommendations included: adoption of emergency preparedness tools, protocols and creation of training on Minnesota Statute Chapter 13 relating to data privacy and sharing of information; and the adoption of the Local Health Department Incident Lifecycle Map and a tiered system of local health department roles and responsibilities based on capacity and capability.

The committee recognized that there were still significant issues that needed to be developed and discussed and therefore, recommended continuing through 2008. The specific work of the committee is outlined above in the charge.

Methods

A committee consisting of SCHSAC members, local public health department representatives, and MDH representatives will continue to work on roles and responsibilities for local health departments and for MDH, monitor progress of public health emergency preparedness communications recommendations, identify the next priorities for intensive work, and begin discussing funding issues. The group will meet as needed to assure coordination and monitor progress. Other preparedness-focused subgroups may need to be formed to work at a more detailed level.

Resources

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

SCHSAC AD HOC WORK GROUP

SCHSAC Strategic Planning Team

Charge

A SCHSAC Strategic Planning Team will:

- Review the 2003 SCHSAC Strategic Plan;
- Identify additional topics and issues that should be included in the Plan; and
- Update the Plan for the next three to five years.

Background

In 2003, a SCHSAC Strategic Planning Team was asked to answer two key questions: *What do you want to accomplish in the next three to five years?* and, *What do you want the system/organization to look like in the next three to five years?* Their charge was to develop a long-range strategic plan to define the CHS system infrastructure needed statewide to improve the health of the public and to recommend activities that the MDH, Community Health Boards, and the SCHSAC should undertake to implement and periodically revisit the strategic plan.

Five years have passed since that initial strategic plan was developed; many of the recommendations have been completed. A revised community assessment and planning process has been put into place, an accountability system has been created, and local health departments have been submitting information to MDH through the local public health planning and performance measurement system. Additionally, work has begun on the identifying the costs of providing public health services. Now is the time to identify the next steps in the development and refinement of the CHS system infrastructure.

Methods

Convene a SCHSAC Strategic Planning Team comprised of county commissioners, local health department administrators and staff, and MDH leadership. This team will meet two to three times to review and update the 2003 SCHSAC Strategic Plan. A revised Strategic Plan will be presented at to SCHSAC.

Resources

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

Public Health Topics

Quality Improvement/Accreditation

Background

SCHSAC has been integrally involved in the development of an overall quality improvement system for local public health departments (e.g.; Essential Local Public Health Activities, performance measures, accountability review process, capacity assessment and improvement planning). SCHSAC will participate, as needed, in activities to strengthen Minnesota's quality improvement framework and explore issues around accreditation, which may include:

- Participation in the national discussion on accreditation for state and local public health departments;
- Review proposed national standards, measures, and other products and compare to Minnesota products and perspectives;
- Participate on the Minnesota Public Health Collaborative for Quality Improvement Steering Committee;
- Learn about the quality improvement projects completed by local health departments; and
- Identify SCHSAC-related work for the 2009 Work Plan.

Methods

SCHSAC will participate in relevant activities and receive regular updates on grant activities.

Resources

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

Cost of Public Health Services

Background

The SCHSAC Strategic Plan recommended determining funding needs for essential state and local public health activities. In November 2007, work began on a joint local health department-UCare-MDH project. Work will be conducted with the assistance of a consultant who has the expertise to do a thorough financial analysis of our current local public health system and conduct an analysis of the gaps.

Methods

SCHSAC will participate and review ongoing efforts to estimate the cost of needed resources to perform the essential local activities.

Resources

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

Minnesota Public Health Goals

Background

A recommendation of the Minnesota Public Health Goals Review Group was to identify a small number of sentinel or key indicators for each goal. These indicators would be used to engage a statewide audience to help achieve the goals. If sentinel indicators are developed, SCHSAC will provide input on the development of those indicators.

Methods

SCHSAC may be asked to participate in discussions around the Minnesota Public Health Goals, including the identification of the sentinel or key indicators.

Resources

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

Video Conference Series: Hot Topics in Public Health

Background

Local elected officials routinely examine and make decisions affecting local public health programs and activities. It is important to bring together local elected officials and state health department officials to discuss important statewide issues and to share timely and accurate information so informed decisions can be made at both levels. Past success with video conferences has shown them to be an efficient and effective way to reach local elected officials.

Methods

Topics at least two video conferences will be identified with the assistance of the SCHSAC Executive Committee. Video conference sites will be made available statewide. All video conferences will be recorded and distributed, as requested.

Resources

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

Special Issues of Interest

SCHSAC members identified several important public health topics that they were interested in learning more about and these topics have been integrated into a list for possible presentations at SCHSAC meetings. As time allows, presentations on the following topics listed below may be offered:

- Environmental health, (water quality, climate change, biomonitoring projects)
- Tele-health and public health implications
- Behavioral health and public health roles
- Healthy aging
- Comprehensive Statewide Health Promotion Plan progress updates
- Alcohol use, specifically binge-drinking of college students/21 “rite of passage”
- Healthcare systems issues and public health implications
- Minority and multicultural health issues

Should the need for more in-depth work in any of those areas be identified, SCHSAC will engage as appropriate.

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Office of Public Health Practice
Community and Family Health Division
Golden Rule Building
85 East 7th Place, Suite 220
P.O. Box 64882
Saint Paul, MN 55164-0882

651-201-3880
TDD/TTY: 651-201-5797