



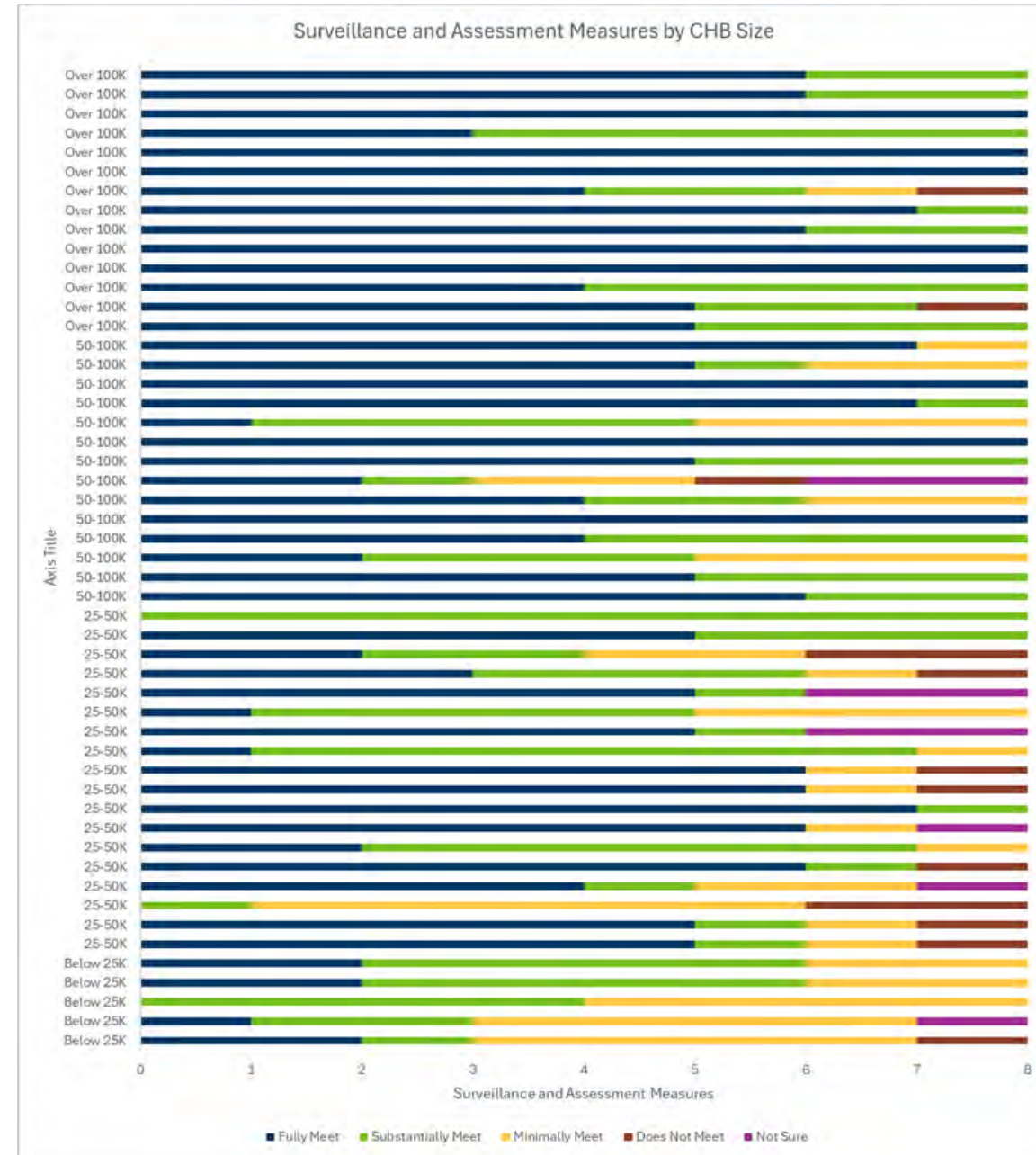
Regional Data Models Webinar

October 2, 2025

Increasing Data Capacity Statewide

- A seamless public health system depends on our ability to share and use information, data, and resources quickly and effectively across geographies and sectors.
- For public health departments to help their communities make data-driven decisions about health and wellness, staff need access to timely, locally relevant, and reliable data, as well as the expertise and ability to analyze, use and share that data.
- Capacity to fulfill the foundational public health responsibilities related to data and assessment varies across the state.
- Exploring and implementing strategies to increase data capacity and address differences in data capacity has been a priority across the public health system.

Results from 2024 LPH Annual Reporting on Eight Surveillance and Assessment Indicators



History of the Minnesota Public Health Infrastructure Fund



Accomplishing More Together

- Addressing the differences in data capacity across our state is a complex challenge.
- Every community health board needs to be able to access/collect, analyze, use, and share data to support their communities.
- Not every community health board has the financial capacity to hire a data specialist (data analyst, informatician, epidemiologist, or public health planner)
- When community health boards and their partners share staff, expertise, funds, and infrastructure across jurisdictions they can accomplish more together than they could do alone.
- This approach can increase effectiveness (enhancing the quality of existing services or increasing data capacity for all partners involved) and efficiency (maximizing the value of each dollar invested in fulfilling foundational public health responsibilities such as assessment and surveillance).





Regional data models have been successful at building data capacity and meeting foundational responsibilities

Why Regional Data Models?



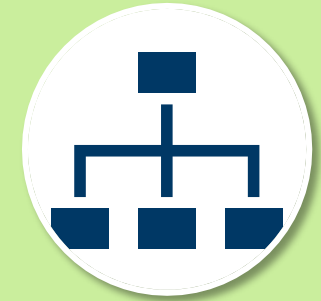
Data models are working well at a regional level; right fit between centralized and local



Replication is already beginning in different areas of the state; positive feedback from regional participants



A Fee-for-Service funding model perpetuates inequities across our system



Regional data models should be funded and sustained centrally, but new state funding is unlikely.

What is a Regional Data Model?

A regional data model creates a structure that organizes and shares resources across jurisdictions to increase data capacity across the region.



Staffing

- Staff or staff time dedicated to providing foundation public health data capabilities



Knowledge & Skills

- Expertise and ability to access, collect, analyze, interpret, manage, share/communicate data and use data to inform decision-making and public health practice



Infrastructure

- Structure, systems, & processes to deliver increased data capacity across the region and translate data into public health action
- May include the development of tools like dashboards, but a dashboard is not a regional data model

DATA



ACTION

Examples of Regional Data Models

Hub and Spoke

Community Health Board A provides data infrastructure, staffing, skills, knowledge, and technical assistance to service entire region

Community Health Board B receives data support and capacity-building; provides guidance and direction

Community Health Board C receives data support and capacity-building; provides guidance and direction

Community Health Board D receives data support and capacity-building; provides guidance and direction

Shared Services

1 FTE at CHB A
Planner

1 FTE at CHB B
Informaticist

1 FTE at CHB C
Data analyst

.5 FTE at CHB D
Comms planner

.5 FTE at CHB E
Planner

Hub of shared services provides infrastructure, skills, knowledge, staffing, and technical assistance to service entire region

Community Health Board A

Community Health Board B

Community Health Board C

Community Health Board D

Community Health Board E

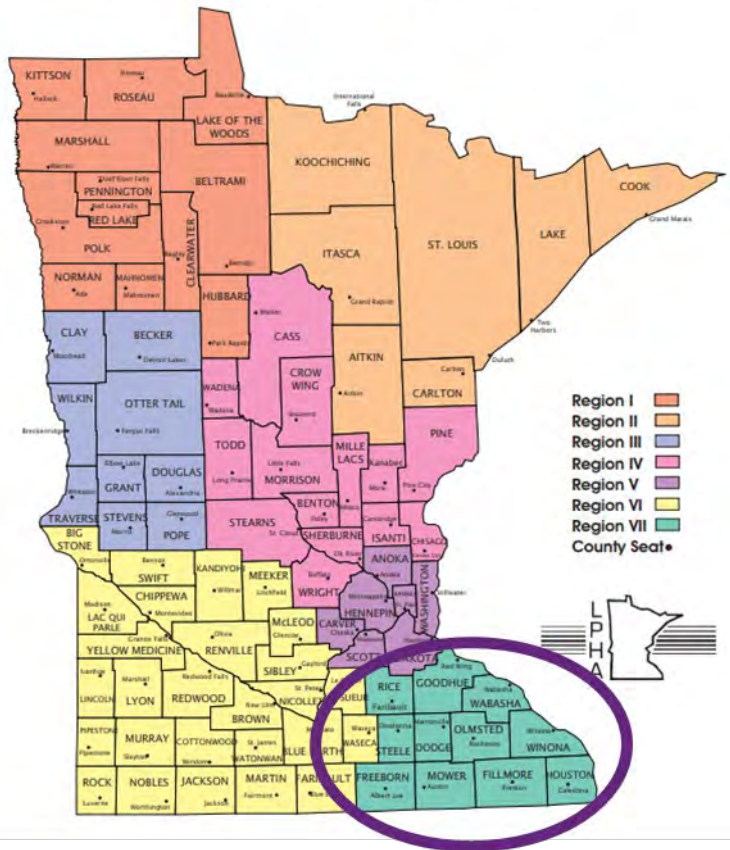
SE MN Regional Data Model

10/2/2025

Tina Jordahl, Program Manager & Jenny Passer, Epidemiologist II
Bri Ceaser, Public Health Educator
Tammy Fielder, Public Health Director

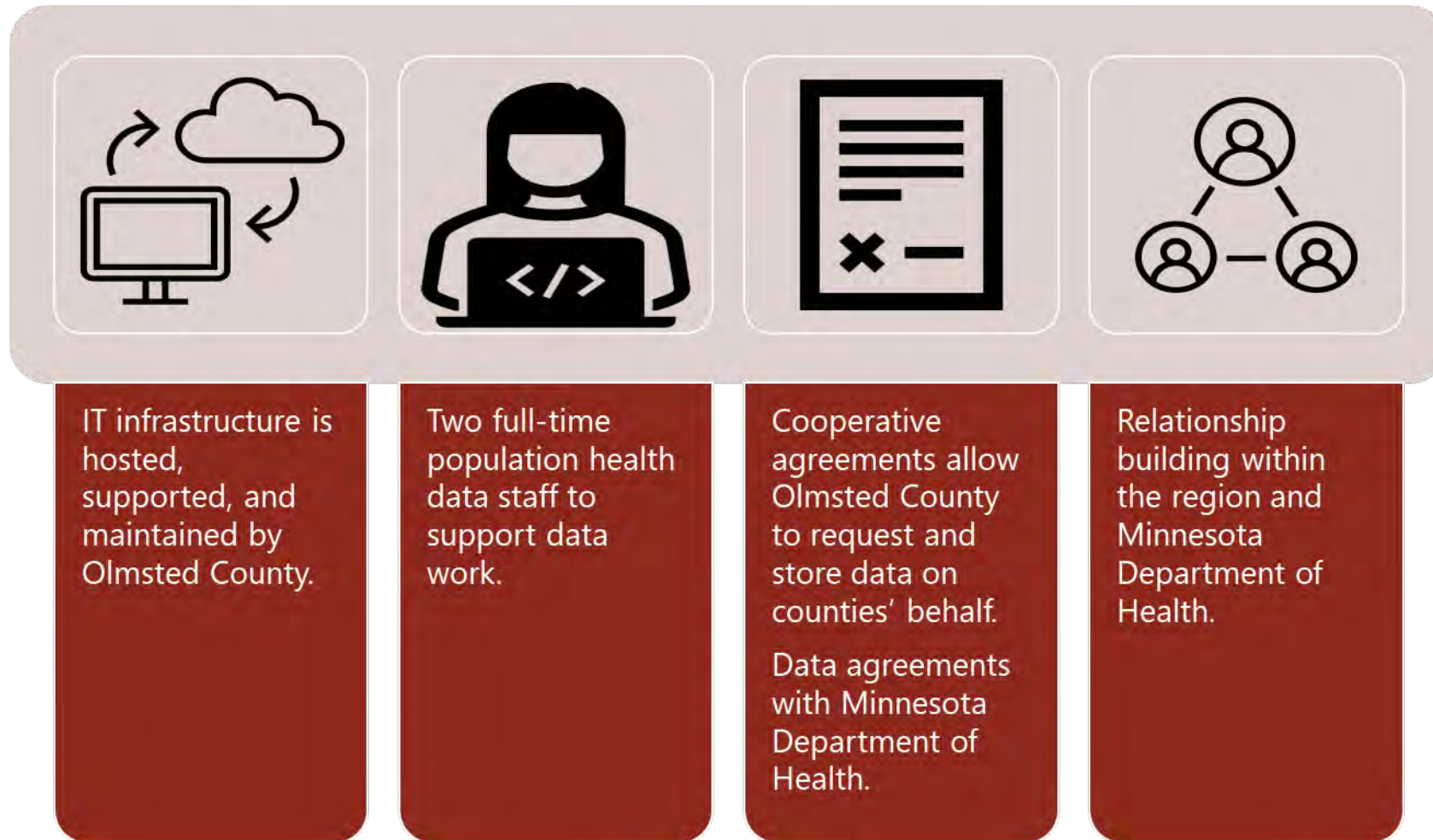
SE LPHA Region 7: Regional Data Model

Local Public Health Association (LPHA) Regional Divisions



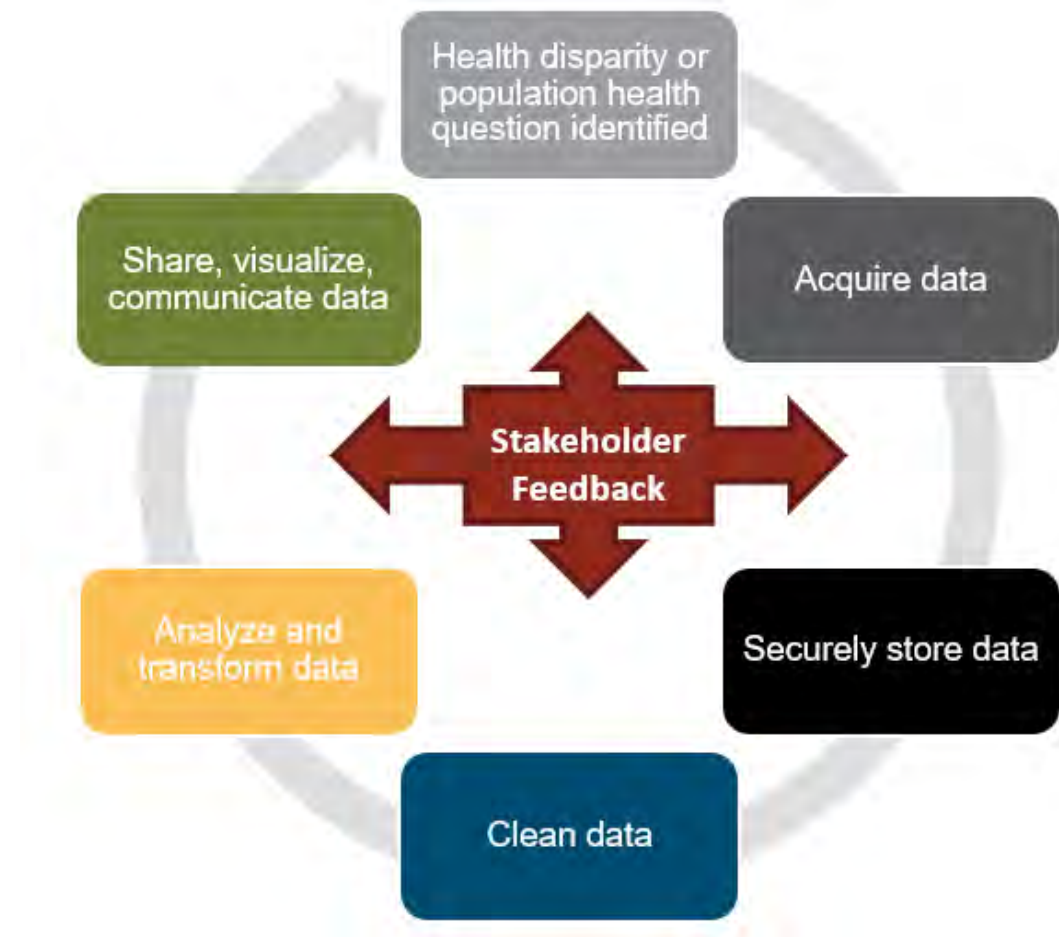
- Priority = population health data for public health staff to utilize (not necessarily public facing)
- Olmsted County data staff provide population health data support to 11 counties in Local Public Health Association (LPHA) Region 7.
 - Partner counties range in population from 18,000 to 68,000 residents with Olmsted County having 164,020 residents.
- Available to provide local presentation and data support to county staff due to close proximity and focus on customizable SE region priorities.
- Complement MDH Field Epidemiologist.
 - Infectious disease support provided by MDH Field Epidemiologist.

Phase I: Building The Foundation



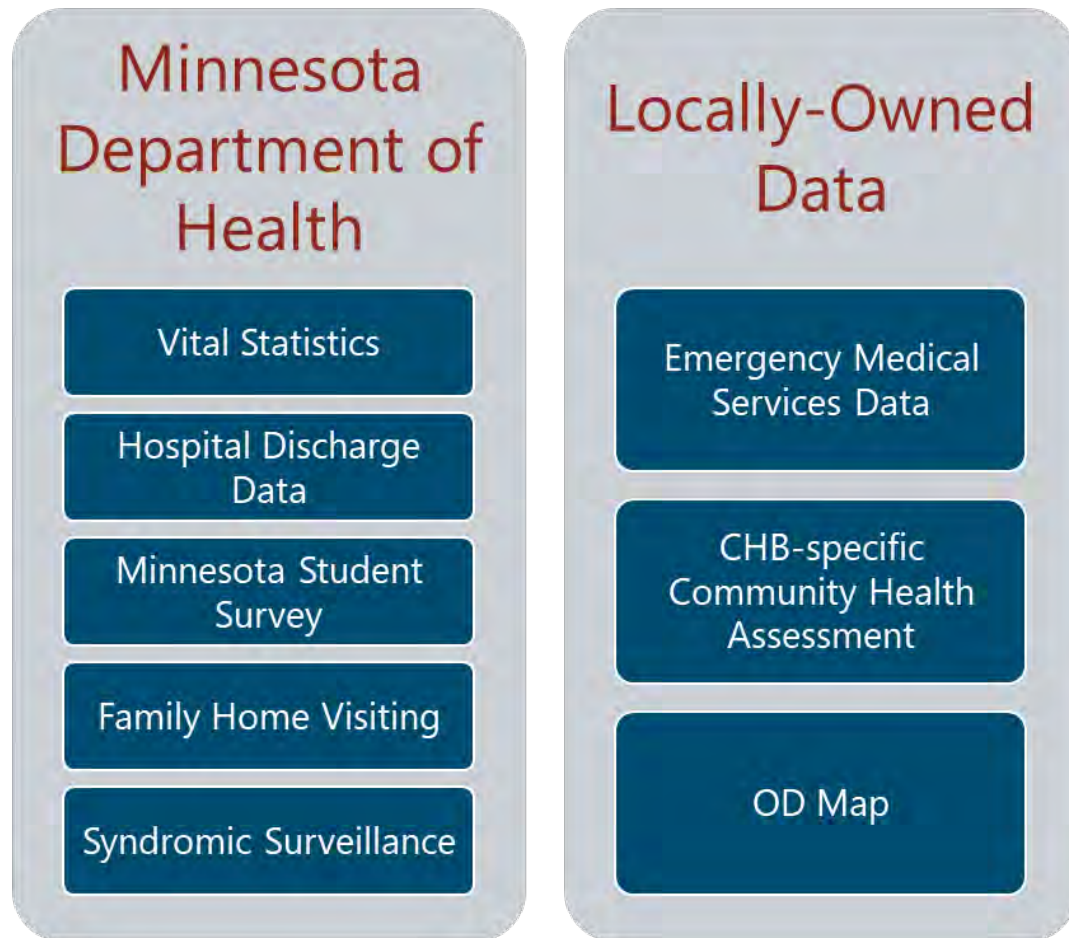
Phase II: Identifying, Prioritizing, and Delivering Dashboards

Regional Population Health Data Project Cycle

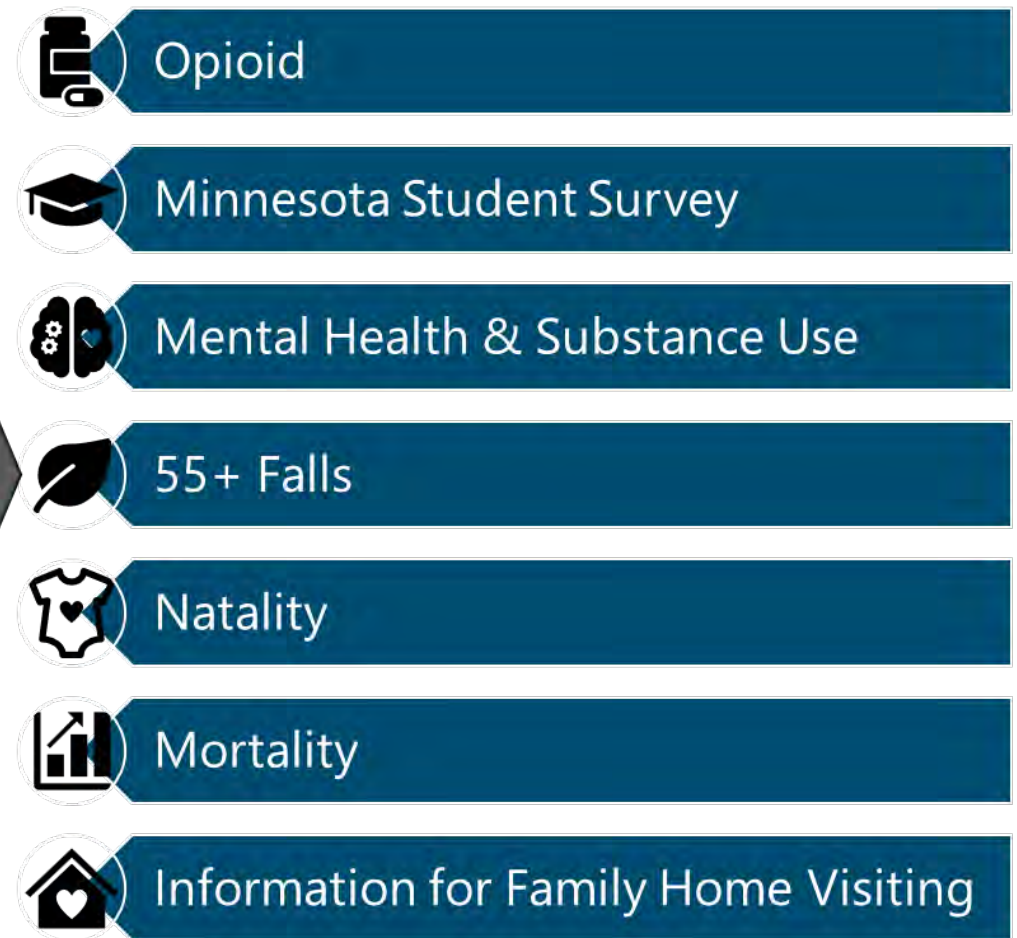


Phase II: Securing Data for Dashboards

Data Sources



Dashboards



Phase II: Landing Page



Southeast Minnesota Infrastructure Funds Projects

The southeast Minnesota region is currently piloting a regional data model through the Minnesota Departments of Health's [Infrastructure Fund Innovation Projects](#).

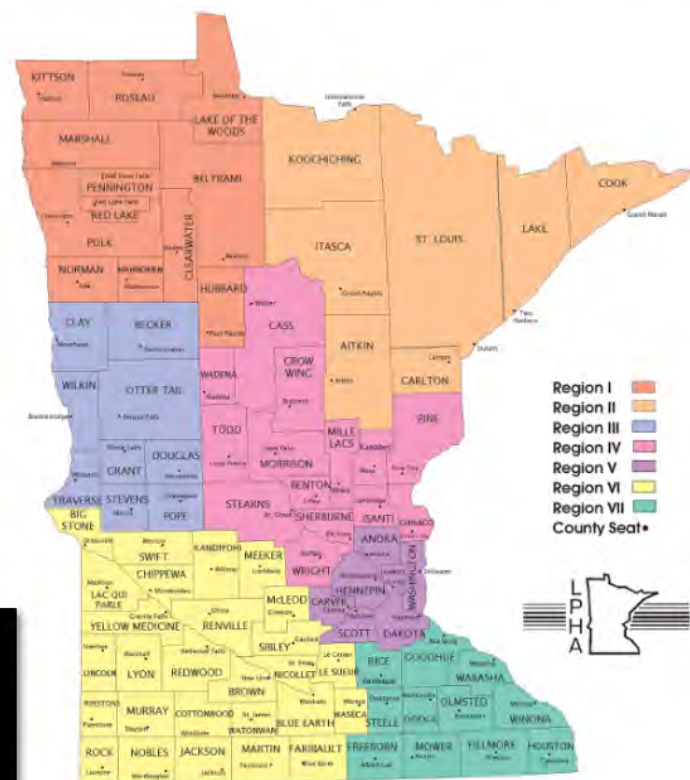
Through this pilot, we are assessing how Olmsted County, or any larger health department, could support other jurisdictions with data, epidemiology, and assessment and planning efforts. This pilot is aimed at informing broader efforts to strengthen public health infrastructure across the state. The counties involved in this project are from Local Public Health Association (LPHA) Region 7, which are the green counties shown on the map.

Each regional dashboard created in this pilot can be found throughout this file and in the tabs below.

Some dashboards include public data or suppressed data, and are sharable links. Other dashboards include private non-suppressed data, and a user needs to be granted permission to view.

For questions, contact:

Olmsted County Public Health Services (publichealthsurveillance@olmstedcounty.gov)



SE MN Infrastructure Funds
Opioid
Minnesota Student Survey
Mental Health & Substance Use -
Information for Home Visiting Eva
Natality

Phase II: Dashboards Supporting FPHR



Communicable Disease Control

- Mortality



Chronic Disease & Injury Prevention

- Opioid Dashboard
- Mental Health & Substance Use
- Minnesota Student Survey
- Mortality



Environmental Public Health

- 55+ Falls



Maternal, Child, & Family Health

- Information for Family Home Visiting Evaluation
- Natality



Access to & Linkage with Clinical Care

- Natality
- Mental Health & Substance Use

Phase III: Dashboard Updating and Data Implementation



Update current dashboards quarterly.



Assist counties with data implementation and utilization.



Support any one-off requests (as capacity allows).

Regional Data Sharing Impacts



Why it Matters

- Essential for public health planning in border communities
- Populations cross state lines daily for work, healthcare, and living
- Aligns strategies and coordinates efforts across jurisdictions



Key applications

- Community Health Needs Assessments (CHNA)
- Community Health Improvement Plan (CHIP)
- Addressing Shared Challenges: Chronic disease, behavioral health, access to care.



Opioid Example

- Track and respond to overdose trends in real time
- Identify service gaps in SEMN region
- Allocate settlement and grant funding effectively
- Evaluate prevention, treatment, and recovery programs



Impact Beyond Opioids

- Strengthens harm reduction initiatives
- Identifies mental health service needs
- Improves maternal and child health outcomes.



Call to Action

- Continue in cross-border data sharing
- Expand data sharing cross-border into Iowa
- Advance health equity for all communities

Where We've Been & Where We're Going

Phase I: Building Infrastructure

- Staffing
- Regional Cooperative Agreements
- State Data Agreements
- Accessing Syndromic Surveillance data for border states and onboarding regional health systems
- Relationship-building
- IT and Software

Phase II: Data Projects

- Opioid Dashboard
- Minnesota Student Survey Dashboard
- Mental Health & Substance Use (Syndromic Surveillance)
- Natality (Vital Statistics)
- Information for Home Visiting Evaluation
- 55+ Falls Dashboard (Syndromic Surveillance)
- Mortality (Vital Statistics)
- Dashboard education

Phase III+ Future Goals

- Update existing dashboards quarterly.
- Data utilization and implementation support.
- County-specific requests.
- Public-facing summary dashboards.
- Explore how informatics can further support this model.
- Work with MDH and other regions to replicate pieces of model in MN.
- Incorporate Iowa's Syndromic Surveillance data into dashboards once available.

Thank you!

Additional questions, please email:

Tina Jordahl tina.Jordahl@olmstedcounty.gov
Jenny Passer jenny.passer@olmstedcounty.gov

NW8 Public Health Hub Regional Data Model

Megan Hruby - NW8 Phub Health Strategist

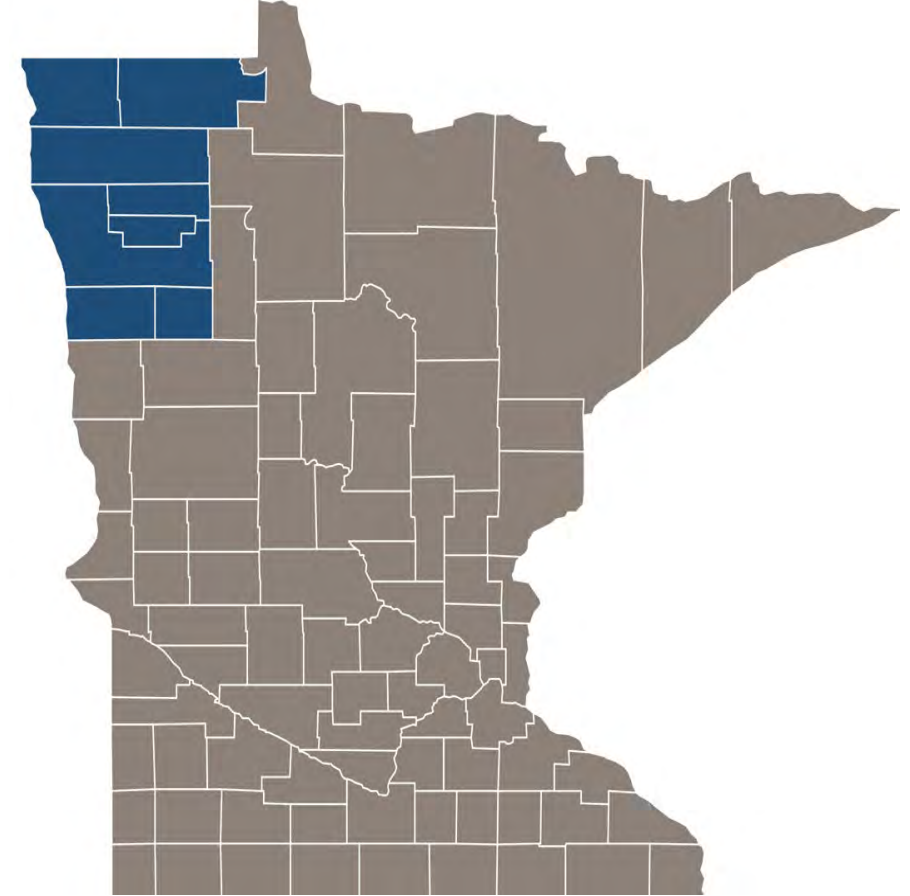
Patrick Olson - NW8 Phub Data Analyst

Shraddha Adhikari - NW8 Phub Informatics Specialist

Oct 2, 2025

NW8 PHub Service Area

- Supports 2 community health boards
 - Consists of 6 local public health agencies
 - Serves 8 counties



Healthy

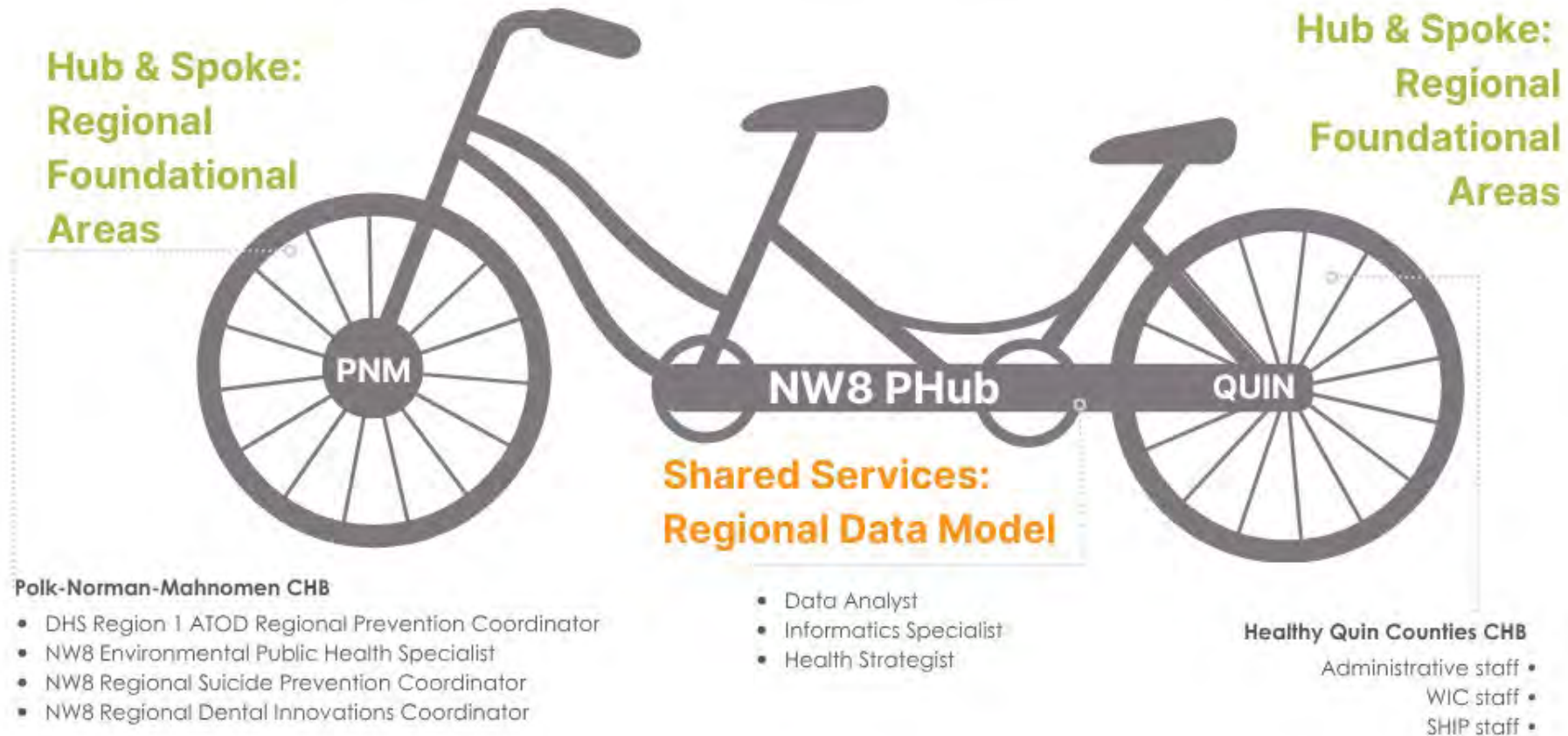
KITTSON MARSHALL PENNINGTON RED LAKE ROSEAU
QUIN COUNTIES

Public Health Is Our Priority



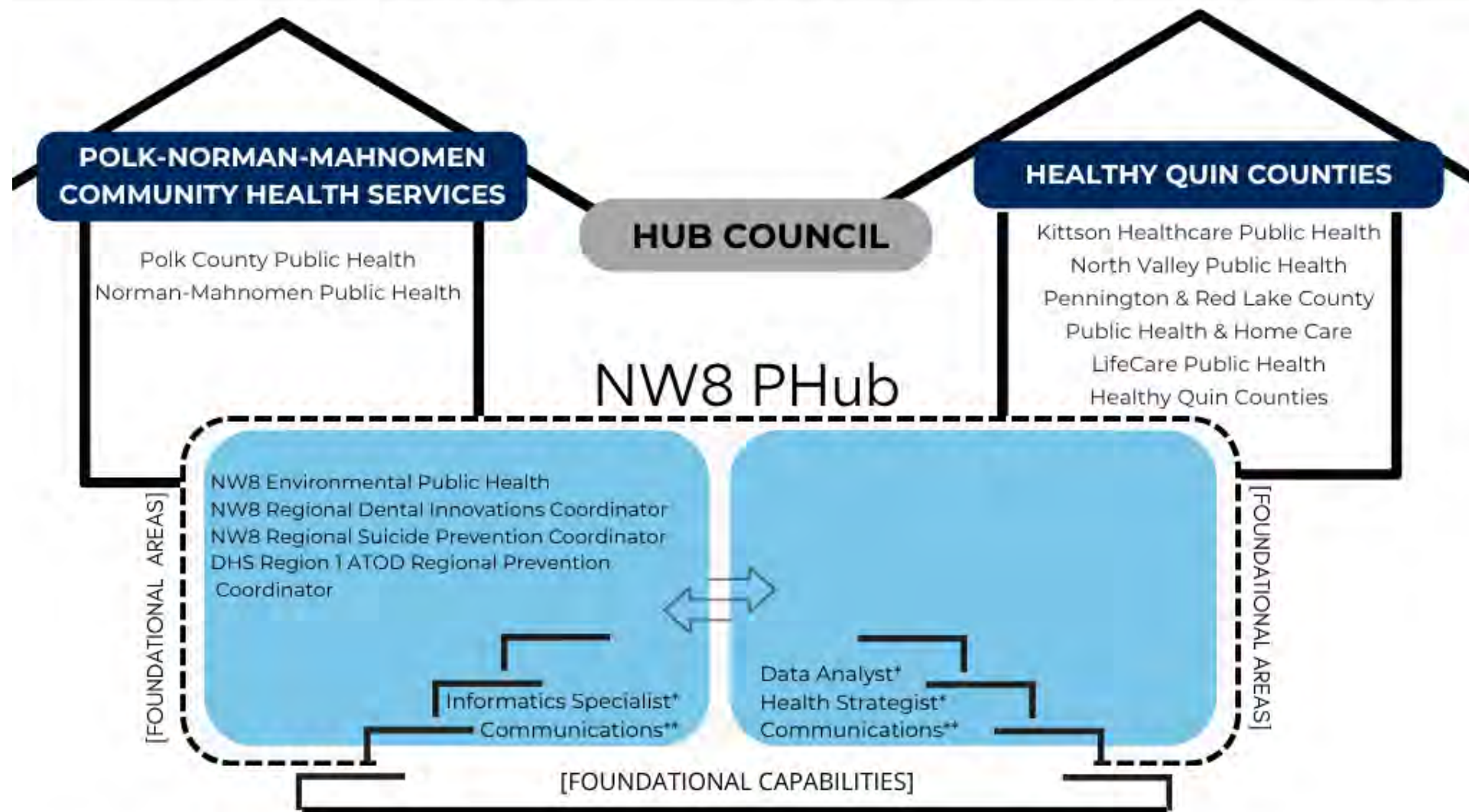
Regional Models

The NW8 Region is unique in that shared resources show up in both types of models and have a synergistic effect



*This is not an exhaustive list

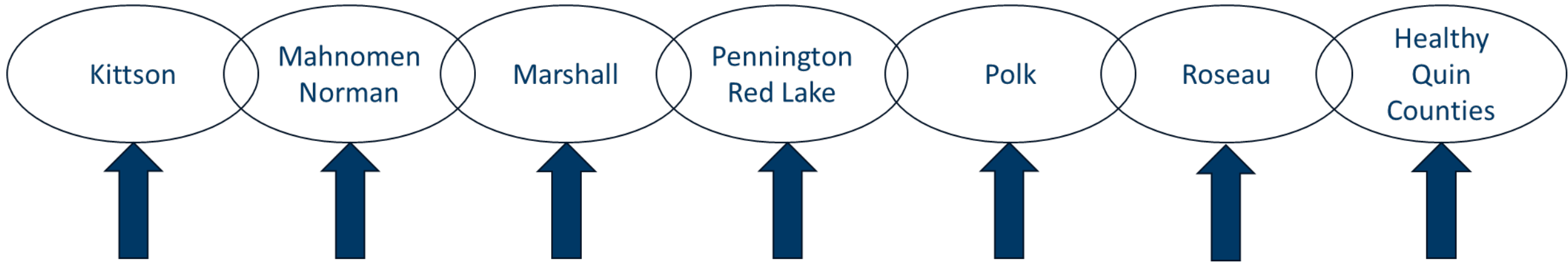
NW8 PUBLIC HEALTH STRUCTURE



*Indicates MN Infrastructure Fund Project - Capacity building, shared subject matter expertise, and specialized services in Assessment and Surveillance, Community Partnership Development and Accountability and Performance Management.

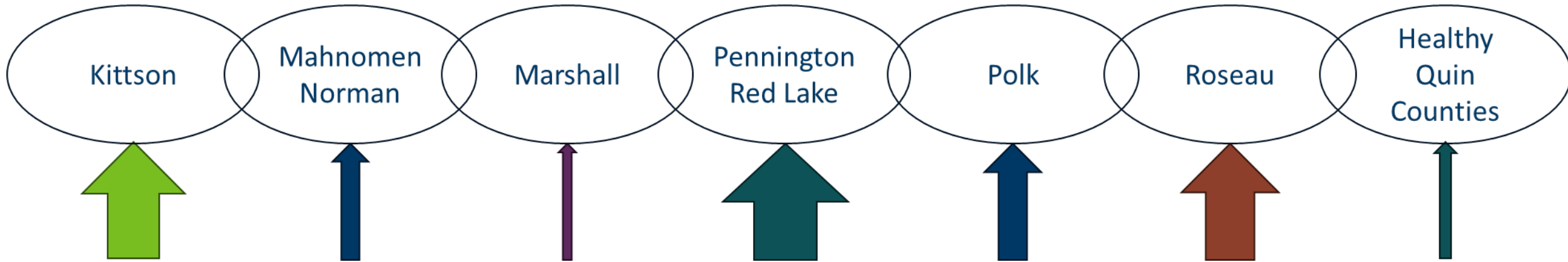
**Polk, Norman and Mahnomen Community Health Board is a leader for Communications in the NW8

Shared Service Model: Main Strengths



- Improved Infrastructure for All
- Shared Investment, Shared Benefit
- Unified Standards Across Teams

Shared Service Model: Main Weaknesses



- Local Requirements May Vary
- Slower Movement, Higher Costs
- Structural Differences Impact Speed

Before the formation of the NW8 Phub

-Where We Started

Public data

Fragmented pieces available
Incomplete data picture



Federal Data

- Excel/CSV, JSON, Dashboard
 - Manual Download

State Data (MDH, MDE)

- Excel/CSV, PDF Data Tables, Dashboards
 - Limited Access

Local Health Department Data

- Paper/Electronic Documentation, Multiple EHRs, Multiple Systems
 - Limited Digital Access

Third Party Data Sources

- Kids Count
- County Health Rankings

Formation of the NW8 PHub

-Where We Are

Public data
Data pieces available
Data Picture beginning to coalesce



Federal Data

- Excel/CSV, Dashboard
 - APIs for direct data pulls

State Data (MDH, MDE, MN Board of Pharmacy, DHS, DEED)

- Excel/CSV, Dashboards
 - CSV (pulling data directly)

Local Health Department Data

- Still fragmented: Paper/Electronic Documentation, Multiple EHRs, Multiple Systems
 - Limited Access

Third Party Data Sources

- Kids Count
- County Health Rankings
- HTAC
- Hunger Solutions

Aligning local
data driven
processes

Sustained PHub

-Where we want to be

Public & protected data

Fully assembled, interoperable datasets

Secure, governed storage environment



Federal Data (CDC Essence)

- Continue utilizing tools and advocating for system improvements

State Data (MDH, MDE, MN Board of Pharmacy, DHS, DEED)

- Keep utilizing tools and advocating for improvements

Local Health Department Data

- Align EHR wherever possible
- Align Community Health Assessment wherever possible
- Align Community Health Improvement Plan wherever possible
- Utilize the Hub-and-Spoke model to store sensitive/protected data securely

Ultimate Goal:

→ **Move data into action for healthier communities**

Sustaining Data To Action



The NW8 PHub: A Proactive Shift

- Historically, limited time, staffing, and resources can lead to short-term, reactive get the job done solutions
- Staff have always prioritized foundational capabilities, but lacked the support, staff and time to act proactively
- The NW8 PHub has built and will continue building solutions that enable a shift from reactive to proactive approaches
- This shift hopefully allows for different results, breaking the cycle of “same action = same outcome”

Conclusion

1. Data is like the game telephone.

- The further it travels from the source, the less frequently it's updated

2. Public data tools enable reproducibility & transparency

- The more we use them, the more we can drive improvements, and we've proven it.

3. Data without action is just numbers on a screen.

- Strong partnerships are essential to turn insights into community impact.

4. Secure data storage is as vital as data access.

- Without it, data risks being lost, outdated, or compromised.

Regional Data Models: The “Sweet Spot” Between Local and Centralized Service Delivery

- Responsive and locally led
- Increases local public health’s ability to use data to support their communities



Responsive and Locally Led

- Building expertise, collaboration, innovation, and processes specific and responsive to the regions' unique context, needs, and relationships
- LPH led, planned, implemented, and evaluated ensuring each community health board benefits and has a voice
- Leverages regional strengths and assets while eliminating disparities in regional capacity

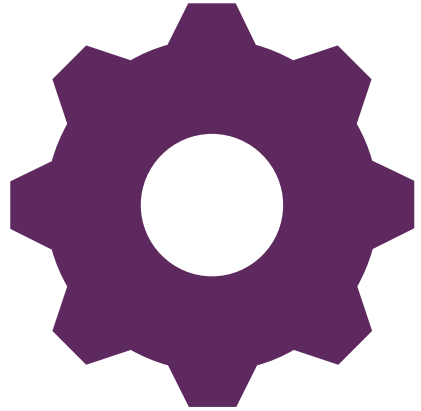


Increases LPH Ability to Use Data to Support their Communities

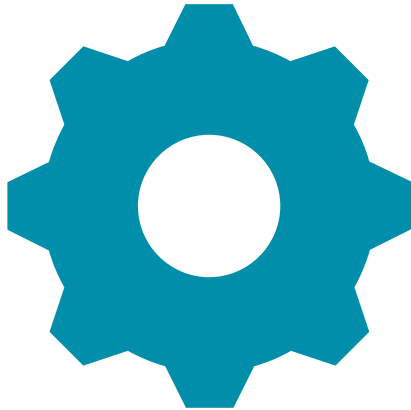
- Region can share infrastructure and FTE; not every county needs their own analyst, epidemiologist, informatician, etc.
- Focused on creating or increasing capacity to meet FPHR to use locally-relevant, accurate, & timely data.



System Benefits of Regional Models



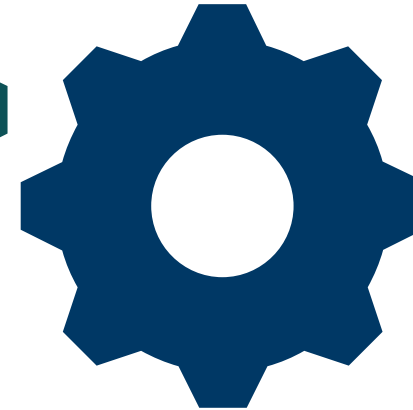
Effective use
of limited
funding



Reduces
the use of
resources
on
developing
common
tools



Facilitates
collaboration
and
collective
problem
solving



Reduces
duplication
of efforts

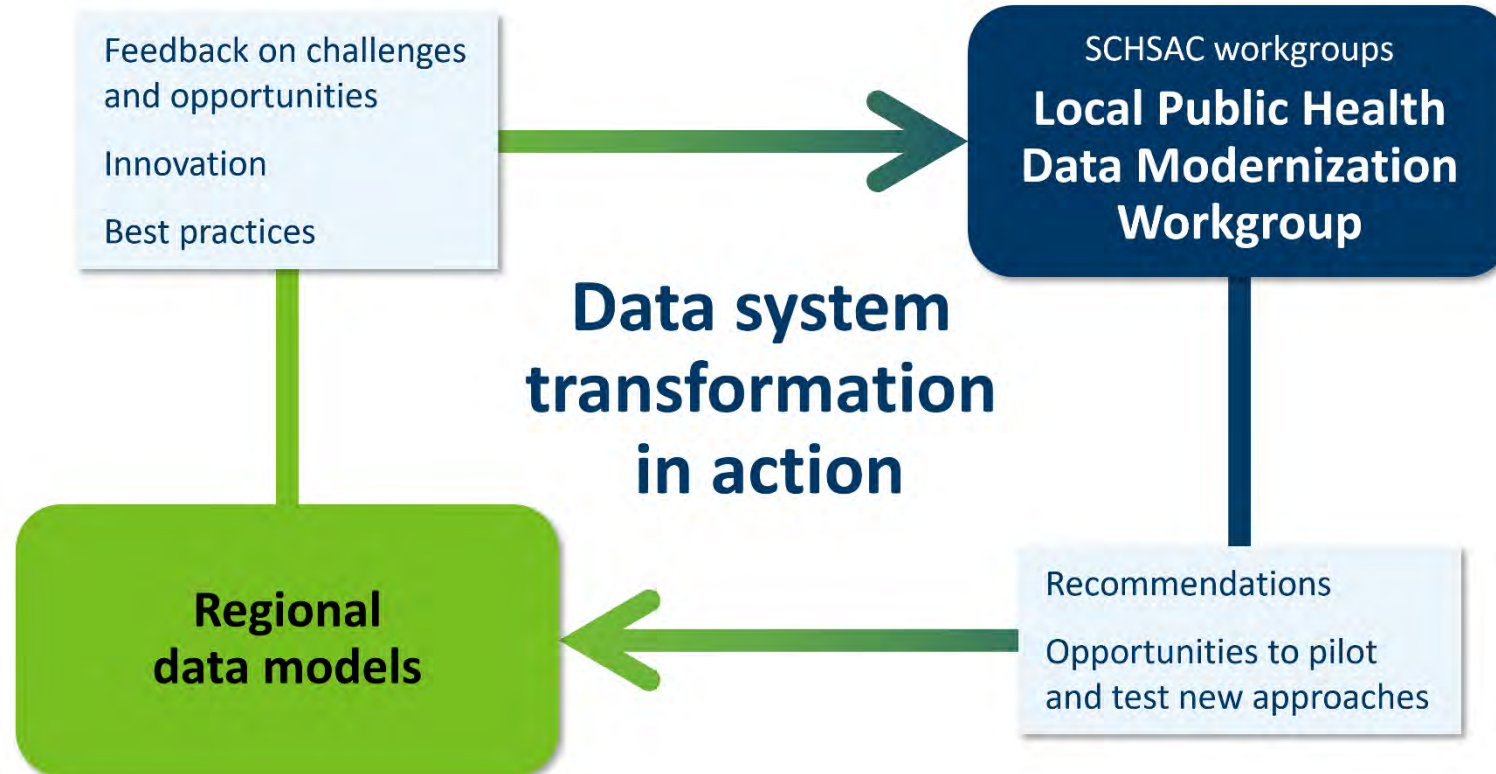


Streamlines and
reduces the
volume of data
and technical
assistance
requests, which
benefits state
and local
partners



Complements
state partners
and TA
support like
District Epis &
DSI DTA

Data System Transformation in Action



Example: Southeast Regional Data Model developed a new data sharing approach with the MDH Office of Vital Records (OVR). Due to its success, the data sharing process/language was included in the LPH Master Grant Agreement and now Out-of-State vital records data is available to all LPH agencies.

New Funding Distribution

Regional Data Model Funds

Up to \$1.6 million (up to 8 regions)

Purpose: Increase a region's capacity to access, collect, use, and share data by establishing Regional Data Models.

- Non-competitive application process
- Up to \$200,000 per region per year
- No time limit

Competitive Infrastructure Funds

\$2.4 million (approx. 8 projects)

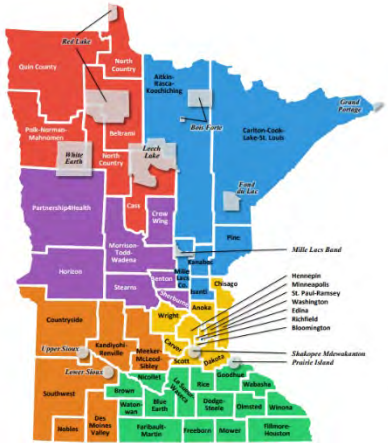
Purpose: Support and learn from projects that test new delivery models and/or processes to meet Foundational Responsibilities.

- Competitive application process
- Projects funded up to 4 years
- No funding cap

Parameters of Regional Data Models

- **Statewide coverage:** Every community health board that wants to be part of a regional data model has the opportunity.
- **Up to eight regions:** Local public health will work collaboratively to identify their partners and define their regions.
- **Funds available annually:** There is no application deadline, funds are available annually and there when you are ready for them.
- **Increases and provides access to knowledge, skills, and capacity for all participating partners to fulfill the FPHR related to data.**

There's More Than One Way to Define a Region!

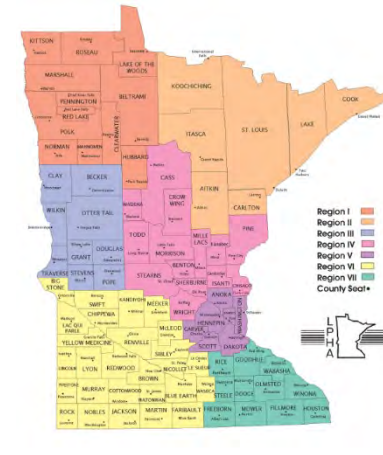


MDH public
health system
consultant
regions

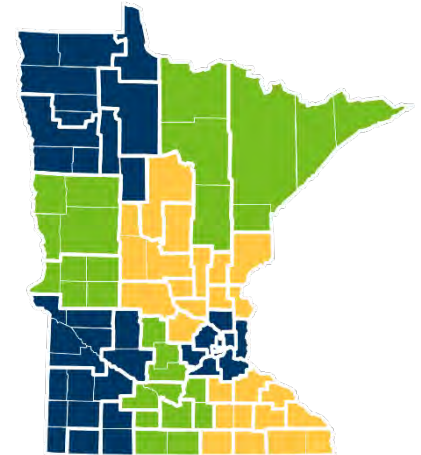


ATOD Prevention
Coordinator
regions

Regional data
models funding
will fund up to
eight models,
but those
regions will be
determined by
you!



LPHA
regions



SCHSAC
regions

Regional Data Model Rollout

- Coach existing regional data models and data projects to help them identify if they would like to access regional data model funds once their infrastructure grant contract ends.
- Meet with LPHA Regions to have more in-depth conversations about regional data models to learn which partners might be interested.
- Work with and support the development of expanded and newly established regional data models.
- Support regions in developing and submitting a proposal for funding.



Q & A

- What questions do you still have about Regional Data Models?



What's Next?

- Connect with your partners to discuss the interest and the potential of developing/joining a Regional Data Model.
- Reach out to Kate Ebert and Gabby Cahow to set up some coaching conversations that will help you start the planning process and put together a proposal.
- Once you have a proposal for your Regional Data Model, complete an Interest Form.