



2022 SCHSAC Retreat Summary

OCTOBER 6-7, 2022 | ST. CLOUD, MN AND WEBEX

Thursday, October 6

Welcome and Opening Remarks

Tarryl Clark, SCHSAC Vice-Chair and Stearns County Commissioner; Melissa Huberty, Stearns County Human Services Administrator; Sheila Kiscaden, SCHSAC Chair and Olmsted County Commissioner; and Jan Malcolm, Minnesota Commissioner of Health

- Highlights:
 - Goal of the retreat: Learn about public health system transformation together and through our colleagues in Washington State.
 - Our duty as SCHSAC is to create the conditions for transformational change to be supported at all levels – local, county and state.
 - Chair Kiscaden shared that the goal of the retreat is to allow us to go deep, instead of broad into public health system transformation
 - Commissioner Malcolm shared this is a once in a lifetime opportunity to re-examine our public health system, address the root causes of the challenges we face, think creatively, leverage our strengths, and make the public health system work for all communities across the state. Change requires active participation from all of the partners in the system –community health boards, local public health leaders, the state department of health and the community.

Activity: Our common bonds

Led by De Malterer, Waseca County Commissioner

- Small groups discussed the question “What one thing do you all have in common?”
- Highlights:
 - Our pathways to public health vary which is a strength as it brings different viewpoints and experiences to the table.
 - We are collaborators, advocates, educators, and leaders.

Panel discussion: Understanding the national and Minnesota's public health system gaps and need for transformation

Reena Chudgar, Public Health National Center for Innovation (PHNCI); Jan Malcolm, Minnesota Commissioner of Health; Sarah Grosshuesch, Local Public Health Association of Minnesota Chair & Wright County Public Health Director; and Sheila Kiscaden, SCHSAC Chair and Olmsted County Commissioner

- Foundational public health responsibilities are an opportunity to consider what's needed in public health anywhere for public health to work everywhere.
- We need to shift the conversation to look at what public policies are driving poor health outcomes.
- The ultimate goal is for our communities to thrive.
- Demonstrating return on investment can highlight the effect that system transformation will have constituents.
- A large part of system transformation is giving public health the capacity to act proactively and not reactively. We don't just want band-aid solutions. Cost and capacity assessments are crucial to this process.
- We must continue to center health equity as we consider transformation.
- Move at the "Speed of Trust". There is a balance between moving at the speed of trust and building that trust. Everyone (Local Public Health Association, Community Health Boards, SCHSAC, MDH) at the table plays a critical role in moving forward and making decisions about how the system should work and what our priorities are.
- Handouts:
 - [Public health system transformation and SCHSAC \(www.health.state.mn.us/communities/practice/schsac/docs/2022retreatphsystemandschsac.pdf\)](http://www.health.state.mn.us/communities/practice/schsac/docs/2022retreatphsystemandschsac.pdf)
 - [Governance and organizational structures in Minnesota's community health boards \(www.health.state.mn.us/communities/practice/schsac/docs/2022retreatgovstructures.pdf\)](http://www.health.state.mn.us/communities/practice/schsac/docs/2022retreatgovstructures.pdf)



Presentation and Q&A: Public health system transformation in Washington State

Kate Dean, Jefferson County Commissioner; Robert Gelder, Kitsap County Commissioner; and Eric Johnson, Executive Director of Washington State Association of Counties

- Foundational Public Health Services (FPHS)



- Definition: FPHS are a limited statewide set of core public health services that the government is responsible for providing and must be present in every community to efficiently and effectively protect all people in Washington.
 - Vision: A responsive and viable governmental public health system is essential for healthy and economically vital communities across Washington.
 - Goal: Full funding and implementation of FPHS, statewide, using a long-term, building block, approach.
 - Washington State has been working on FPHS for 10 years so far. The hard work that was done to develop a common agenda and to speak with one voice was key to making progress.
- It has been a long journey to get to where Washington is today with public health and there is still growth that needs to happen. Cooperation between the State, Local Public Health and Tribal health was key in developing the framework for FPHS that was put into law.

Presentation: Where Minnesota is in transforming our public health system

Kari Oldfield-Tabbert, Local Public Health Association of Minnesota and Association of Minnesota Counties; and Kim Milbrath, Minnesota Department of Health

- Minnesota is in its infancy for 21st Century Public Health System Transformation
 - There is a wide variety in public health capacity across Minnesota. A goal of transformation work is to improve capacity across the state and create a more equitable system in which your zip code doesn't determine health outcomes.
 - Infrastructure Fund Projects will provide valuable information as we move forward in system transformation.
 - The partnership between MDH, LPHA and SCHSAC is key.

Reflection activity: What two things will look different when you have worked on public health system transformation?

Led by Deanna White, Minnesota Department of Health

Below is a slide summarizing themes from the responses to this activity. Vice Chair Clark shared her thoughts on the results of the exercise:

- Major events have compelled us all to make big changes already - perhaps helping and yet in some ways also impeding transformation. The slide focuses on important changes and reflects important actions that can be taken as part of our journey of transformation.

- Speed of trust is more than discussion. It is taking and building on small actionable steps to move us to the point that health outcomes are not dependent on where you live.
- Transition can be both exciting and anxiety producing - and take a long time.
- Recommend reading:
 - Dr. John Kotter's [Transformational Leadership](https://www.kotterinc.com/methodology/8-steps/) (https://www.kotterinc.com/methodology/8-steps/)
 - [Crucial Conversations](https://www.amazon.com/Crucial-Conversations-Talking-Stakes-Second/dp/1469266822) (https://www.amazon.com/Crucial-Conversations-Talking-Stakes-Second/dp/1469266822) by Joseph Grenny, Ron McMillan, Al Switzler, and Kerry Patterson.

Themes from Day 1: What will look different after we have worked on public health system transformation?		
Health Equity will be foundational to public health work	Less planning, more doing	Sharing services, information, and resources across counties will be the norm
Improvement in public health funding and its reliability	Increased involvement of communities in decision making	Move at the "Speed of Trust": Increased community trust and confidence in public health
Increased data capacity at the local level	More community understanding of what public health does	Better partnership between MDH, LPH, and SCHSAC

Friday, October 7

Activity: How can we talk about public health system transformation?

Led by Allie Hawley March, Minnesota Department of Health

- Goal: Introduce your colleagues to the future of public health.
 - Examples from Kate Dean, Jim McDonough, and Nick Kelley.
- How can we talk about public health?
 - It is important to consider your audience when creating framing. Finding examples and analogies that make sense to your audience but allow you to make the point that you were trying to make

- Frames that have proven successful: Value of investment, foundation of community health, and GPS navigation.
- Example Frame: Foundation of community health from Nick Kelley (Bloomington)

Our community is created and sustained by the people who live work and visit here, they are our foundation. For us to be the enduring and remarkable community where people want to be, we have to work at cultivating that reality. That requires a look at the factors that impact the foundation of our community such as housing, employment, education, transportation, access to parks, and the health and well-being of all individuals.



One concerning trend is the rise of substance use in our schools. Before we can begin tackling the challenge, we need to understand the factors that increase a student's chances of using these substances. These factors include childhood trauma, substance use in the home, untreated mental health issues and use among their peers. We have an opportunity to address this crisis and invest in the future of our community. The solution is for all vested partners to come together – public health, schools, health care, community-based organizations and others – to work toward a shared goal. Bloomington Public Health is here to support the community as we address the root causes of this crisis.

- Handout:
 - [How can we talk about public health?](https://www.health.state.mn.us/communities/practice/schsac/docs/2022retreattalkin_gaboutph.pdf)
(https://www.health.state.mn.us/communities/practice/schsac/docs/2022retreattalkin_gaboutph.pdf)

Panel: Collaborating in Washington State for public health system transformation

Robert Gelder, Kitsap County Commissioner; Keith Grellner, Kitsap Public Health District Administrator; Kate Dean, Jefferson County Commissioner; Eric Johnson, Executive Director of Washington State Association of Counties; and Jaime Bodden, Managing Director at Washington State Association of Local Public Health Officials

- When we designate a service as a Foundational Public Health Service (FPHS), it doesn't mean that other services aren't important. We shouldn't view different services as a hierarchy. FPHS and other Additional Important Services (AIS) together make a strong local public health system.
 - Defining FPHS brings up tough conversations. It is critical that those conversations happen so that you can move together as a united group with one voice.

- You can't have transformation if some of your groups don't have the capacity to meet the basic needs. You have to take the time think about different perspectives
- Working together on FPHS
 - Flexibility and patience.
 - Work to make sure everybody is empowered.
 - Trial and error.

Panel: Collaborating in Minnesota

David Lieser, Chippewa County Commissioner; and Liz Auch, Countryside Community Health Services Administrator



- Building relationships between County Commissioners and local public health leaders is key to successful collaboration.
- Taking time and putting in the effort to build mutual trust and respect through regular communication.
- Dedicated and regular meeting time to focus on issues.
- CHB members are CHB members when they are in the room, not Commissioners or any other roles they may have.
- Taking the time to have the Community Health Services Administrator or Local Department of Health Directors regularly reach out to County Commissioners from all the represented counties so that the CHB Commissioner who serves on SCHSAC is not alone in educating and engaging them.
- Current conversations around system transformation are happening because everyone at the table knows that they have a voice and that they will be respected.

Activity: Make a commitment

Marcia Ward, Winona County Commissioner; and Gordy Wagner, Pope County Commissioner

- Attendees each wrote down commitments to furthering public health system transformation. MDH staff will send those who submitted their commitment a reminder in a few months.
- Some ideas:
 - Plan for promoting public health at AMC district meetings

Sheila Kiscaden, SCHSAC Chair and Olmsted County Commissioner



SCHSAC retreat (<https://www.health.state.mn.us/communities/practice/schsac/retreat.html>)

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