State Community Health Services Advisory Committee Retreat Overview

SEPTEMBER 28-29, 2023|WILLMAR, MN

Welcome and opening remarks

Provided by: Steve Gardner, Kandiyohi County Commissioner; Sara Benson, CHS Administrator, Kandiyohi-Renville Community Health Board; Tarryl Clark, SCHSAC Chair and Stearns County Commissioner; and Dr. Halkeno Tura, Assistant Commissioner, Minnesota Commissioner of Health

Highlights:

- Chair Clark shared that the goal of this retreat is to deepen our connection with each other, build our knowledge and skills, and find inspiration to continue moving forward in transforming the governmental public health system for all Minnesotans for the 21st century – and hopefully have a little fun together along the way.
- Dr. Tura stated that our work will continue to stress the importance of the social determinants of health and that we share the aspiration that one's background or location should not determine or affect one's health.

Panel: Setting the stage – the national system transformation movement and where Minnesota is on the path

Panelists: Dr. Paul Kuehnert, President & CEO, Public Health Accreditation Board (PHAB); Tarryl Clark, SCHSAC Chair and Stearns County Commissioner; Sarah Reese, Local Public Health Association of Minnesota (LPHA) Past Chair, and CHS Administrator, Polk-Norman-Mahnomen Community Health Board; Chelsie Huntley, Community Health Division Director, MDH; and Moderator: Maggie Rothstein, LPHA Chair, and CHS Administrator Aitkin-Itasca-Koochiching Community Health Board

Highlights:

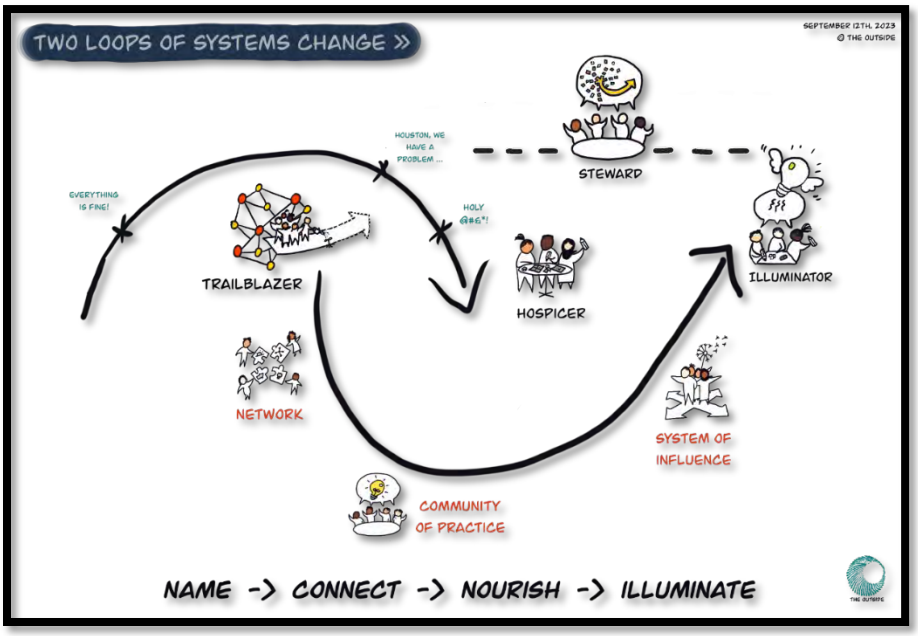
- Modernization has been a need for decades. Work has been happening at the national, state and local level across the United States. PHAboard.org has a lot of information under the Center for Innovation (https://phaboard.org/center-for-innovation/) tab.
- The learning community created a short definition of public health transformation: Public health transformation is sustaining what is working, building on what could improve, and imagining what could be so all peoples and communities can thrive. Reimagining is critical to doing this work.
- MDH, LPHA and SCHSAC are excited about the new investments being made in foundational public health responsibilities and in the delivery models being explored.
- The Joint Leadership Team (JLT) continues to move at the speed of trust. The work of the JLT is based on the concept of co-creation to make the system better together. This has meant working together differently and building trust by navigating a new territory together.

Workshop: Two Loops Model of Systems Change

Presenters: Tuesday Ryan-Hart, The Outside and Phyllis Brashler, MDH

This session shared information about The Two Loops of Systems Change -- a simple yet effective big-picture map of how change happens. The model is based on the natural rhythm of change processes and allows each individual to identify where they - and others - are on the map. Recognizing that there are many different roles, and people will move in and out of roles over time. We also discussed what it will take to lead efforts more deliberately and effectively for enduring change in public health.

- The first loop: things are born, they peak, and they die. It is a natural rhythm of life, different stages of life
- The second loop: the beginning of a new system coming into being. Emerges out of the first loop. Some people notice when the system isn't helpful to everyone or needs some adjustments/changes
- The first step in system change is pulling the two loops together, making changes visible to each other
- There are different roles on the Two Loops: all roles are equally important, all roles are needed, people will change roles



Breakout Sessions: Early Learnings from Infrastructure Projects

Session A: Olmsted County: Piloting a Regional Data Model

Presenter: Meaghan Sherden, Associate Director at Olmsted County Public Health Services

Turning data into information is key for public health departments, but capacity and skills can limit smaller jurisdictions' ability to access and summarize data. Olmsted County Public Health Services partnered with the Southeast LPHA region to assess the feasibility of how a larger health department could support other jurisdictions with data, epidemiology, and assessment and planning efforts. This pilot aims to inform broader efforts to strengthen public health infrastructure across the state by examining whether a regional or statewide model is the best fit when supporting other jurisdictions, how this model could complement the regional field epidemiologist model, what staffing and fiscal policies and procedures are needed, and the benefits or challenges of this approach.

Lessons Learned

- It was critical to spend time getting to know each other before going straight into the work. This was key to success.
- The data story about seeking resources can be quite different if the data collected is about a resident in the county and/or about a general person who is in the county.
- Established cooperative agreements among counties was important
- Microsoft Power BI was used instead of GIS
- Need to balance the desire to develop dashboards with dashboards that will actually be used

Challenges

- Hiring
- Access to data
- IT issues such as inability for some counties to handle two-factor authentication
- Data sharing

Future work

- Building a Minnesota Student Survey Dashboard
- Vital Statistics dashboard
- Syndromic surveillance
- County specific needs

Session B: Countryside and Horizon: Enhancing Communications Capabilities

Presenters: Liz Auch, Administrator, Countryside Public Health; and Ann Stehn, Public Health Administrator, Horizon Public Health.

Two fully integrated local health departments, each spanning five counties in Western Minnesota, showcased their endeavors to enhance their foundational communication capabilities to serve their regions better. This presentation highlighted the role that effective communication plays in establishing a strong agency foundation and building trust within the community. They highlighted their increased expertise and capacity as well as share some of their internal and external challenges. This included their efforts to hire and train staff, connect with public health employees, collaborate with elected officials, partners and key stakeholders, and effectively reach target audiences, all essential building blocks to strengthen their foundation.

Lessons Learned

- Leverage and grow your internal staff
- Develop a Strategic Road Map for your agency
- Invest in training
- Improve coordination/procedures for communication/marketing strategy
- Consolidate communication plans into one place
- Consider messaging for both internal/external communications

Take Aways

- Infrastructure Matters
- Dedicated staff time is necessary to coordinate/execute
- Leaders need public information support

- Communications is a great place to start to build capacity
- Communications infrastructure will strengthen your other foundational capabilities
- Borrow from others, share with others

Session C: Health Trends Across Communities in Minnesota: Improving Data to Advance Health Equity Solutions

Presenters: David Johnson, Epidemiology, Informatics and ImmuTrack Manager, Hennepin County Public Health; and Tyler Winkelman, Division Director, General Internal Medicine, Hennepin Healthcare

The Health Trends Across Communities in Minnesota (HTAC-MN) project is a new partnership between the Center for Community Health and the Minnesota Electronic Health Records (EHR) Consortium (MN EHRC).

This project aims to develop a comprehensive public health data system using EHR that paints a more complete picture of health in Minnesota.

Take Aways

- Collaboration across public health, research, health systems, and analytics has been essential to developing actionable data for local public health agencies.

- The MNEHRC is both a social network and a data network that relies on the diverse skill sets and expertise of its 70+ members to complete complex projects.
- HTAC will result in one of the most robust, real-time, cross-sector data sources in the United States.
- Dashboards will be publicly available and accompanied with support materials.

Minnesota's Cost & Capacity Assessment: Top Line Findings

Presenters: Kari Oldfield-Tabbert, Executive Director, LPHA & Chelsie Huntley, MDH

- Purpose is to measure state-local governmental system, not individual departments through a lens of their ability to meet foundational responsibilities (https://www.health.state.mn.us/communities/practice/systemtransformation/foundationalresponsibilities.html) and it establishes a baseline to measure future progress.
- It does not:
  - compare individual departments
  - include tribal health departments; tribes are in parallel assessment process

    - evaluate efficiency, effectiveness, or full scope of all services
- Key findings
    - System has partial capacity to carry out foundational responsibilities; wide variation in capacity across the system
    - As a whole: System has partially implemented foundational responsibilities
    - Specific areas and capabilities show wide variation and gaps in capacity across system
- JLT sees specific gaps and opportunities in data
    - Gaps in specific capabilities → opportunity for learning, innovation, investment
    - Gap in capacity, based on population → opportunity to learn what drives capacity
    - Gap in reporting roles and responsibilities → opportunity to clarify roles, leverage local/state strengths
- System needs additional, sustained, annual investments to fully implement foundational responsibilities
    - The University of Minnesota estimates additional cost of $557M per year (approximately $100 per capita across system; this is not the cost to be borne or required by individual departments)
    - Point-in-time planning-level estimate in 2022 dollars (does not account for investments made after assessment or in past few years)
- Next steps
    - Share assessment findings broadly: User-friendly reports and visuals; department-specific profiles; regional conversations
    - Compare, identify opportunities, set performance measures: Compare with other assessments; identify opportunities for investment, collaboration; develop performance measures

What we are learning from other states: Foundational Public Health Responsibilities

Presenters: Sarah Beaudrault, Public Health Modernization Lead, Oregon Health Authority, Public Health Division; Susan Tilgner, Executive Director, Ohio Public Health Partnership; Krista Wasowski, Health Commissioner, Medina County Health Department; Moderator: Sheila Kiscaden, Past SCHSAC Chair and Olmsted County Commissioner

Highlights:

- From Commissioner Kiscaden: This is a multiple year, learning journey, change effort. Not a clear path but paving the path as we go. Today's speakers will share their journey and how we can learn from them.
- Ohio Public Health Partnership (Susan Tilgner and Krista Wasowski)
    - A decentralized state, 88 counties, 112 local health departments. 11.8 million. The only state that has mandatory PHAB accreditation.
    - Modernization Journey began in 2012
    - They have used Cost and Capacity to identify the investments needed to close the attainment gap to reach full implementation of foundational capabilities – determining that local health districts have different resources and different needs.
    - Using the framework and costing results
        - Use for strategic planning: identifies capabilities or programs not being fully implemented that need additional focus or resources
        - Use for financial performance analysis: guides informed decision-making and helps with priority budgeting, resource allocation/re-allocation and financial projections
        - Use for advocacy: this is one of the biggest thing they use the framework for.
            - National framework gives credibility and comparability
            - Provides a common language
            - Defines minimum standards but acknowledges the flexibility needed to accommodate local additional services
            - Can respond timely to legislative inquires, especially during budget cycles
        - New methods of service delivery: formal and informal
    - Final thought: Closing the gap in FPHS will require significant financial investment. But new service delivery models with meaningful accountability measures will be needed to reflect unique community needs to generate the greatest possible health benefits.
- Oregon Health Authority (Sara Beaudrault)
    - A decentralized health system with 33 local health authorities, 9 Federally recognized Tribes, 1 Urban Indian Health Program, and 69 Community-Based Organizations (and growing). Public Health Modernization work began in 2013. Framework adopted in 2015. First completed a public health system assessment in 2016.Pivotal moments and critical conversations
        - Common definitions: Oregon's public health modernization manual

    - Methods to track progress: accountability metrics and ongoing evaluation
    - Inclusive funding strategies: legislative funding requests
        - Regional funding & funding for public health partners
- Lessons to share:
    - Continue to commit to and invest in developing a shared vision
    - Be open to change over time
    - Remember that disagreement is healthy and necessary for system change and ensuring well-informed decisions
    - Engage proudly, including throughout the public health workforce, with partners and with other sectors

What's my role in what comes next? A facilitated conversation

Presenters: De Malterer, SCHSAC Vice Chair; Kari Oldfield-Tabbert, LPHA; and Linda Kopecky, MDH

The first round of conversations was one-on-one interviews answering the question "How does public health system transformation touch you in your heart? Why is it meaningful to you?" The answers generated a list of "North Star" ideas that guide our work. Things like: We want EVERYONE to be better off in the end; equity closing disparities; building capacity throughout the state – we depend on each other; primary prevention.

In the second round, the group broke up into groups by role–elected officials, local public health leaders, and MDH. The groups brainstormed lists of specific things that someone in their role could do in the next six to twelve months to implement these North Star ideas and move system transformation forward. The lists were then posted in the room.

For the final round, everyone was given two dot stickers and one star sticker and asked to move around the room and put their dots on the items they were interested in and their star sticker on the item they planned to do. Each person was given a commitment card and encouraged to write on that card the thing they plan to do to help remind themselves of their commitment.

Some of the items that received the most interest included:

Elected Official and Citizen Members:

- Electeds need to be intentional partners with public health
- Advocate advocate advocate (local, state, peers)
- Spend more time with public health directors/supervisors

Local Public Health Leaders:

- Regional conversations about shared programs and roles
- Educations for partners, boards, staff
- Look at organizational structure (individual vs. population; who leads each area of FPHR)

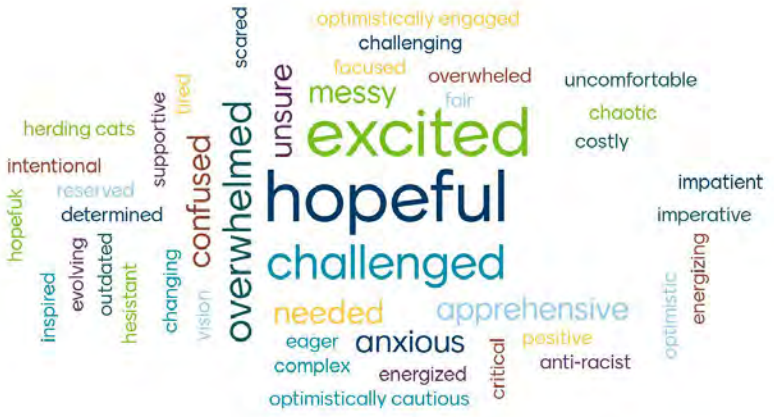
MDH:

- Linking with communities and community organizations
- Keep reminding workgroups about system
- Help MDH understand partnership

Wrap up and reflections

Tarryl Clark, SCHSAC Chair

In one word describe how you feel about public health system transformation in Minnesota.
77 responses



Slides and materials can be found online in the SCHSAC Member Portal at:

https://public.3.basecamp.com/p/cBbwfbvazJpfDaKxQ12RH8c8/vault

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To obtain this information in a different format, call: 651-201-3880.