

Meeting Notes: State Community Health Services Advisory Committee (SCHSAC)

October 9, 2025 | 9:00-10:00 a.m. | In-Person at SCHSAC Retreat

Action Items

- Watch for materials about the proposal from the Foundational Public Health Responsibility (FPHR) Workgroup and be prepared to discuss and vote on adoption at the December SCHSAC Meeting.
- Upcoming events:
 - The next SCHSAC Meeting will be December 11, 2025. Hybrid. In person location will be MDH office in St. Paul, MN.
 - Upcoming *optional* CCC: Coffee Conversation & Consideration events! These are *optional* learning events open to the SCHSAC network.
 - November 20, 2025. 8:00 a.m. Topic: Cannabis legalization part 2

Community Health Boards Representatives In Attendance

Anoka, Beltrami, Benton, Bloomington, Brown, Carlton-Cook-Lake-St. Louis, Carver, Countryside, Crow Wing, Dakota, Des Moines Valley, Dodge-Steele, Faribault-Martin, Fillmore-Houston, Freeborn, Goodhue, Hennepin, Horizon, Isanti, Kanabec, Le Sueur-Waseca, Meeker-McLeod-Sibley, Mille Lacs, Minneapolis, Nicollet, North Country, Olmsted, Polk-Norman-Mahnomen, Quin, Richfield, Scott, Sherburne, Southwest Health and Human Services, Stearns, Wabasha, Washington, Winona, Wright.

Welcome, Call to Order, Approval of Consent Agenda

DeAnne Malterer (LeSueur-Waseca), SCHSAC Chair called the meeting to order. Bill Groskreutz (Faribault-Martin) moved approval of the Consent Agenda. Steve Heinen (Benton) seconded. Motion carried.

Consent Agenda:

- Approval of October 9, 2025 Amended Meeting Agenda
- Approval of June 12, 2025 Meeting Notes ([6-12-25 SCHSAC Meeting Notes](#))
- Approval of Infectious Disease Continuous Improvement Board (IDCIB) Charter

Chair's Remarks

DeAnne Malterer, SCHSAC Chair shared her appreciation for all who attended and her gratitude for the journey that everyone is on together. She shared her thoughts on the importance of the public health partnership that includes federal, state, local and tribal partners, especially in times like this where there is a lot happening that can feel out of our control.

Legislative Session Update

Lisa Thimjon, Legislative Director, MDH provided a preview of the upcoming 2026 Legislative Session. Some highlights include:

- There is a process that MDH goes through to develop and adopt legislative priorities. Proposal development can take 18 months or more. The package for each individual session varies based on a variety of factors.
- The 2026 Session is not a budget year so we expect more attention on policy changes.
- MDH Legislative Ideas for 2026 (not finalized) include:
 - Changes to 145A the Local Public Health Act to expand the definition of medical consultant; several items to clean up inconsistencies that have developed over time and address the need for updated language to reflect current public health practice.
 - Expanding flexibility for Tribal public health grant activities by allowing an additional option in current grant activity descriptions to allow funding to be used for priorities identified by the Tribal government.
 - Specific program ideas include:
 - Child and Family Health: Family home visiting data sharing among service programs. Removing mandated toxicology testing and substance use criteria.
 - Infectious Disease Epidemiology, Prevention and Control: Add statutory authority for Infectious Disease staff to have direct access to Electronic Health Records for disease investigation to ensure faster, more efficient investigations and better protect public health. Reviewing evidence-based immunization guidelines that include a sole reliance on CDC's Advisory Committee on Immunization Practices (ACIP) immunization recommendations.
 - Environmental Health: Well testing for the basic five contaminants (coliform bacteria, nitrate, arsenic, manganese, and lead) at time of property transfer. Joining five other states in requiring owners of rental properties with private wells to test water every three years and disclose results to tenants to protect renters from unsafe well water.
 - Health Systems: Vital records updates and adding clarity around health regulations regarding hospital closures and assisted living and home care changes of ownership.

- Discussion followed on a range of issues related to well testing, data privacy, and grant reporting.

Foundational Public Health Responsibility (FPHR) Spotlight: Update on FPHR work

Rod Peterson (Dodge-Steele), Sarah Reese (Polk-Norman-Mahnomen), Kiza Olson (Meeker-McLeod-Sibley), Liz Auch (Countryside), Ann March & Linda Kopecky, MDH shared an overview of the work done by the FPHR Workgroup to create a set of definitions of the Foundational Public Health Responsibilities. SCHSAC will be asked to approve a set of recommendations from the Workgroup in December.

Highlights from the presentation include:

- The Minnesota Legislature approved ongoing, annual funding to support local and Tribal public health. This funding is dedicated to strengthening the public health system's ability to meet the foundational responsibilities first and foremost. Grant funds cannot be used for community specific priorities until they achieve a minimum standard in meeting the thirteen foundational responsibilities.
- The FPHR Workgroup was charged with developing a recommendation, including but not limited to, minimum standards (thresholds) to demonstrate fulfillment of foundational responsibilities. This has involved: Definition work, shared understanding of terms, clarity on foundational vs. community specific.
- The workgroup held over 50 meetings between Nov. 2024 and April 2025, involved more than 50 subject matter experts, and clarified definitions for all 13 foundational responsibilities including defining key terms and prioritizing standards.
- The workgroup is considering a number of possible recommendations to SCHSAC in addition to standards and thresholds for fulfillment of the priorities. These may include:
 - Prioritize using the funds to build a strong foundation
 - Input on the process for CHBs to demonstrate fulfillment
 - Shared definitions and criteria
 - Future work of clarifying roles and responsibilities in each area
 - Schedule regular reviews
- Additional highlights include:
 - Kiza Olson and Liz Auch shared examples of things they have been able to accomplish with the grant funding available:
 - Meeker-McLeod-Sibley was able to use the money in a number of ways, the biggest one being improved communication and creating connections with partners through communication. Videos on social media so community members are seeing our faces, learning about emerging topics, learn more about public health.

- Countryside was able to hire a community health strategist to improve coordination across the five counties. The strategist was able to help with the CHA/CHIP and strategic plan to support the CHS Administrator as well as adding value to other work that was happening.

Three Simple Rules of the State-Local Public Health Partnership

- I. Seek First to Understand*
- II. Make Expectations Explicit*
- III. Think About the Part and the Whole*

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