State Community Health Services Advisory Committee (SCHSAC) Retreat Overview

OCTOBER 8-9, 2025 | BROOKLYN PARK, MN

The goal of the 2025 SCHSAC retreat is to deepen connections among SCHSAC members and local, state, and Tribal public health leaders; to build on our shared knowledge and experience; to expand our understanding of the public health system and policy; and to inspire continued efforts to strengthen and transform the public health system to more efficiently and effectively promote and protect the health of all people in Minnesota.

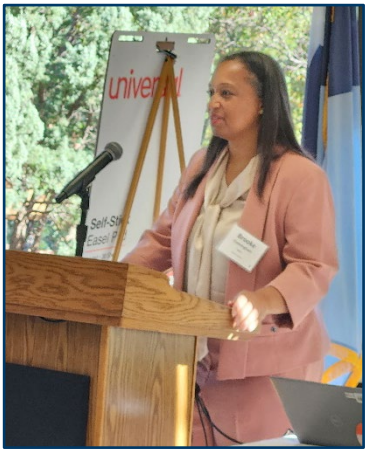
Opening Session

The retreat opened with a prayer and reflection led by Elder Moose, who shared the significance of the drum in Tribal communities. The drum represents the first sounds of creation, like the heartbeat of mothers, the earth, and the people. It carries deep teachings, symbolizing connection, unity, and life. Wherever the drum sounds, people gather. Its rhythm also reflects the buffalo as they once moved across the prairies. The prayer was followed by a drum circle with Hoka Hey.

Opening Remarks presented by: DeAnne Malterer, Waseca County Commissioner, SCHSAC Chair; Sara Hollie, CHS Administrator, Hennepin County and Dr. Brooke Cunningham, Commissioner, Minnesota Department of Health

Highlights:

- Chair Malterer shared her thoughts on the importance of understanding all parts of our public health system – local, Tribal, state, and federal.



- CHS Administrator Hollie welcomed all to Hennepin County. She shared highlights of some of the key public health work happening in Hennepin County. Some of the things she touched on include the community health needs assessment that identified priorities that were then voted on by community members to help inform their strategic planning process. Some of the key issues identified included: Maternal and child health; food security; heart health initiative; healthy aging; health care for the homeless; and their opioid campaign.
- Commissioner Cunningham shared that public health's strength lies in its partnerships - state, local, Tribal, and federal. Trust requires transparency, communication, and inclusive

environments. The federal partnership looks different in 2025... this brings new challenges and uncertainty, especially around the budget. She shared that she cannot provide more certainty; acknowledged that everyone is experiencing the same discomfort. Despite this, Minnesota continues to have one of the strongest public health systems in the country, and that the state's legislators understand and value public health.

- No matter where people come from, we share similar goals and a vision for the future - access to a public health system that works for them. Dr. Cunningham emphasized that healing and dignity should be the standard, not the exception.
- Dr. Cunningham gave program and policy updates on federal and state public health issues related to impacts from changes in federal funding; recent federal changes related to vaccinations and reminding everyone of the Minnesota Executive Order that reaffirms our position that anyone who wants a vaccine should be able to get one; reductions in federal funding that raises concerns about serving uninsured and underinsured individuals as well as uncertainty about the future funding the Women, Infants and Children (WIC) program.

  She said there is no federal budget or continuing resolution yet, and that people in the Association of State and Territorial Health Officials (ASTHO) are not optimistic about quick progress.
- She closed by saying that Minnesota will continue to monitor developments, strategize, and strengthen partnerships to sustain vital public health programs.

Welcome, Introduction to Tribal Sovereignty and Tribal Public Health Systems

Presenters: Kris Rhodes, Assistant Commissioner; Julie Ralston Aoki, Policy Coordinator; and Heather Brink, Communications Specialist, Office of American Indian Health and Tribal Relations (OAIHTR), MDH

Highlights:

- The presentation highlighted the growing recognition of Tribal public health as an important fourth pillar of our public health system. During COVID-19, the importance of Tribal public health became especially clear, demonstrating that stronger systems come about through relationships and collaboration.
- Having four pillars is stronger than three, particularly at a time when the federal pillar is less stable. No single governmental health system can address systemic problems alone. Relationships are essential to strengthening and sustaining the fourth pillar. This collective vision,

described as “the good life,” means ensuring everyone has what they need to be healthy in body, mind, spirit, and emotion.

- Speakers provided an overview of Tribes who share land with Minnesota, Tribal sovereignty and public health, and Tribal public health and healthcare systems. Key takeaways include:
    - Tribal sovereignty
        - Tribal governments have jurisdiction over their lands and their members.
        - Tribal governments regulate non-members' conduct, including non-Indians, within their lands or ceded territories, in many contexts.
        - Only Congress can limit Tribal sovereignty.
            - State civil regulatory laws do not apply within Tribal Nations
            - State criminal laws—it depends (because of Congress)
            - Local laws do not apply within Tribal Nations

        - Tribal Nations are not stakeholders – they are sovereign governments.
    - Federal Trust Responsibility
        - The U.S. government's taking of Tribal lands caused lasting harm to Indigenous resources, food systems, and lifeways.
        - In exchange, the federal government committed to protecting Tribal lands and providing essential services to American Indian people.
        - One key essential service is healthcare.
        - This trust responsibility is rooted in treaties, U.S. Constitution, case law (such as “Marshall Trilogy”), and codified by Congress.
    - A review of key history and legal benchmarks was shared and is available in the slides from the presentation.
    - Tribes have been doing public health work for centuries. Because of Tribal sovereignty, Tribal public health systems are well-situated to address systemic inequities experienced by American Indians.
    - Tribal public health and health care systems

- Tribal public health systems are sovereign, Tribally governed systems that design programs around Tribal priorities, culture, and law. Each Tribal Nation is unique.
- The U.S. has a legally enforceable federal trust responsibility to protect Tribal rights and provide services promised in law and treaties.
- Because of how Tribal public health systems evolved, they often have a heavy clinical focus.
- In the 1950s, when the U.S. was investing in state and local public health capacity and infrastructure, it was actively de-investing in Tribal systems.
- Currently, funding & support sources often include: IHS (through Public Law 638 self-determination contracts/compacts with Tribes), BIA grants or related DOI programs, CDC cooperative agreements (Tribal public health capacity grants), state/federal grants, Medicaid/Medicare third-party billing.
- 3 pillars: I/T/U
    - **I**ndian Health Service (both a funder and a provider)
        - The federal Indian Health Service is a health care delivery system that provides health care services to Tribal members and American Indian communities. It is part of the federal government under Health and Human Services. It functions similar to the VA.
        - The IHS provides both direct clinical care and public health programs as well as providing support for services and programs through 638 contracts/compacts, grants, and technical assistance.
    - **T**ribally run health centers
        - These provide clinical services and operate public health programs for Tribal members and surrounding community.
        - Tribes may operate Tribal Epidemiology Centers, run emergency preparedness/response, and provide immunization, environmental health, behavioral health, and chronic disease prevention.

- **U**rban Indian Health centers
    - These serve American Indians who live in urban communities, including Minneapolis, Milwaukee, Chicago, and Detroit in the Midwest. In Minnesota, urban areas include Minneapolis-St. Paul, Bemidji, and Duluth.
- Health care for American Indians is grossly underfunded.

- Some challenges that Tribal public health shares with state and local public health:
    - Funding shortfalls/indirect cost recovery
    - Dependence on volatile grantmaking (and related administrative burden)
    - Workforce recruitment/retention
    - Lack of access to services (obstetric services, dental, dialysis, etc.)
    - Data modernization

Tribal Health Leader Panel

Panel Moderator: Kris Rhodes, MDH. Panelists: Jennifer DuPuis, Senior Director of Health and Human Services for Nah-gah-chi-wa-nong/ Fond du Lac Band of Lake Superior Chippewa; Robin Johnson, Community Health Director for Fond du Lac Health and Human Services, Nah-gah-chi-wa-nong/ Fond du Lac Band of Lake Superior Chippewa; Kathy LeMieux, Health Director, Tinta Wita/Prairie Island Indian Community; Michelle Walking Elk, Director of Health and Human Services, Tinta Wita/Prairie Island Indian Community

Highlights:

- Panelists were asked a series of questions, and each was given the opportunity to answer. Questions included: sharing about their health department; what is unique about their Tribe/Tribal health department; suggestions for working with American Indians who live and work in counties that do not share geography with a Tribe. They were also asked two questions we want to share a few of their answers for.

- We are grateful for the participation of the panelists and were reminded that they represent only two Tribes and that every Tribe is its own sovereign government and that each is a unique entity.
- When you think about strengthening partnerships between governmental health partners, what has worked well? Key themes included:
    - Early, inclusive, and respectful engagement – Involving Tribal and county partners from the beginning, respecting governance processes, and understanding roles builds trust and smoother collaboration.
    - Collaboration and shared resources – Joint initiatives and pooling expertise (e.g., vaccine clinics, community programs) strengthen relationships and improve outcomes.
    - Community-centered and culturally aware approaches – Actively seeking community input, respecting cultural communication styles, and providing tangible support fosters trust and more effective partnerships.
- Where do you see opportunities with counties you share borders with?

    - Early and proactive engagement – Reaching out and communicating opportunities before crises or funding needs ensures Tribal perspectives are included.
    - Collaborative programs and shared services – Partnering on overlapping initiatives (public health, maternal-child health, mental health, child protection) strengthens impact and reduces duplication.
    - Relationship-building and prevention focus – Consistent engagement, networking, and working together on prevention-focused efforts foster trust and better outcomes.
- Any advice for finding American Indians who might be willing and able to participate on boards or councils?
    - There is usually a presence from Tribes in the urban areas via an urban office. This may be a good starting point when sharing opportunities and requesting participation.

Introduction to Emerging Topics in Tribal Public Health

Presenters: Julie Ralston Aoki and Heather Brink, OAIHTR, MDH

Highlights:

- This presentation focused on the issues of Tribal data sovereignty; Indigenous social determinants of health; and Indigenous-centered public health frameworks.
- How this matters for your work:
    - Tribal data sovereignty:
        - Tribal data sovereignty is the **right to ownership and governance** of the collection and use of **Tribal data**" and is derived from Tribes' inherent right to govern their peoples, lands, and resources.
        - Data considerations should be part of grant agreements; joint powers agreements; data use and data sharing agreements; organizational policies, and statute changes at all levels.
    - Indigenous Social Determinants of Health (ISDOH):
        - Social Determinants of Health are the **conditions in which people are born, grow, live, work, and age**—and they have a major impact on health outcomes.
        - ISDOH are the **conditions that influence health outcomes for Indigenous Peoples** through a lens that reflects **Tribal sovereignty, cultural identity, and historical context**. They vary by Tribe.
        - Solutions built on the specific ISDOH of a community are more likely to be sustainable, supported, and successful
        - You can support Tribal partners in incorporating ISDOH considerations into shared work
        - With good partnership, you will gain insights into Tribal partners' ISDOH considerations that will make you an even better partner
    - Health inequities
        - American Indians in Minnesota have a life expectancy 12-13 years shorter than white Americans
        - Leading causes of death include heart disease, cancer, chronic lower respiratory diseases, diabetes, and stroke.
        - Mental health a critical concern, with increased rates of depression, substance use, and suicide.
    - Indigenous-centered public health frameworks
        - Tribal public health infrastructure includes everything from disease surveillance and emergency preparedness to workforce development and traditional healing. Organizations like the **National Indian Health Board** and **Red Star International** have developed frameworks that support

Tribal public health governance, Indigenous health indicators, and community-led systems.

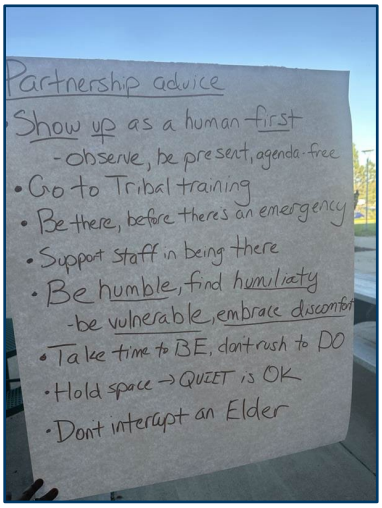
- Investing in Tribal public health infrastructure isn't just about services—it's about **strengthening sovereignty, advancing equity, and honoring Indigenous ways of knowing.**
- Understand that Tribal public health systems are starting from a different place, very different context, from state and local public health systems.
- There is strong clinical overlap.

Facilitated discussion: Best practices for partnering with Tribal Nations and American Indian communities

Presenters: Julie Ralston Aoki and Heather Brink, OAIHTR, MDH

Highlights:

- Participants broke into small groups for discussions about experiences, ideas and recommendations for developing partnerships with a Tribal government or American Indian group. Here is a summary of the themes that emerged from the discussion:



- *Build relationships first*: Show up consistently, get to know people as humans, and be present before there's a crisis.
- *Adopt a learning mindset*: Learn about the history, culture, and context of the Tribal Nations you work with.
- *Practice humility*: Listen more than you speak; be vulnerable, patient, and open to discomfort.
- *Share power and space*: Think "we" not "me"; leave titles at the door and avoid dominating discussions.
- *Be intentional and prepared*: Plan for regular communication and develop internal training on Tribal relations.
- *Value presence over action*: Take time to "be" rather than rush to "do"; quiet and reflection are part of the work.

- *Act with accountability*: Good intentions aren't enough—follow through with respect, reciprocity, and consistent action.

Opening remarks and reflections from day 1

Lead by: Laurie Halverson (Dakota), SCHSAC Vice Chair

Highlights:

- Learning about Tribal Public Health highlighted the importance of **relationships, respect, and listening**, emphasizing that lived experience and culture are central to health. Participants noted the value of **holistic, culturally grounded approaches** and the need for ongoing learning about Tribal diversity, history, and generational trauma. Challenges such as **underfunding, systemic inequities, and misaligned policies** underscore the importance of supporting Tribal sovereignty and self-determination. Overall, Tribal public health is **complex and interconnected**, requiring patience, humility, and attention to both urban and rural contexts.
- Participants plan to translate their learning into leadership by **actively engaging staff, identifying gaps in service, and creating opportunities for Tribal and American Indian representation**. They emphasized the importance of **educating both themselves and their teams** about Tribal history, context, and relevant policies, integrating this knowledge into onboarding and ongoing training. Overall, there is a strong commitment to **continuous learning, awareness, and proactive inclusion** in their leadership practices.
- All were asked to identify an action they are committed to taking in the next 2 to 3 months. Answers varied but included a lot of plans to do further reading and research; to reach out and schedule conversations; and to look for community events that could be attended to learn more and develop connections to build trust.

Public Health in Action: Tools that work and stories that inspire

Panel Moderators: Tarryl Clark (Stearns) & Michelle Gin, MDH. Panelists: Amy Bowles, CHS Administrator (Beltrami) and Sara Benson, CHS Administrator (Kandiyohi-Renville)

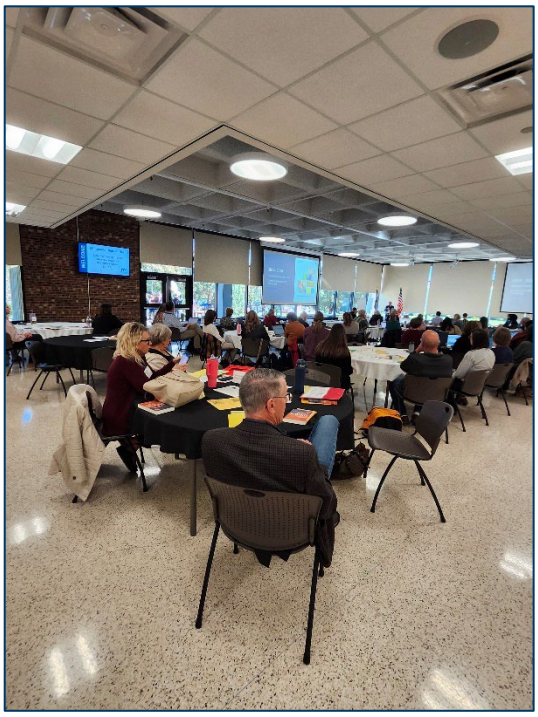
Highlights:

- Sara Benson shared insights and lessons learned around Kandiyohi-Renville CHBs efforts to create, gain approval for, hire and onboard a Public Health Planner. Using templates from LPHA and the Region V Public Health Training Center, they created a job

description that fit their needs as a CHB, worked across counties to identify funding and get approval. Then they shared it broadly to find the best candidate and were able to hire and onboard that person so they could begin the work.

- Amy Bowles shared a story from Beltrami County about the importance of training and partnership development before you "need" it. Beltrami County hosted an emergency preparedness training in April and focused attention on involving Tribal partners. On June 21, a massive storm hit the area, and everyone was called on to use what they had learned. The partnerships developed between county and Tribal partners was as important to their success as the training itself.
- Participants were each assigned one of five themes to listen for. After the panelists spoke, small groups met, discussed what they heard related to the themes that they were assigned and then reported out a key learning. Those themes were:
    - Value of education and training: the importance of finding someone who is a good fit for the position when you are hiring and training on those special skills (like emergency preparedness) that may not be a regular part of everyone's work.
    - Inclusive collaboration: collaboration and relationships help move things forward more quickly and effectively.
    - Reaching beyond "the usual suspects": an example of an unexpected person successfully stepping into an important role reminded the group that relationships help you create those opportunities. They also recognized the value of looking beyond the usual partners for examples for things like position descriptions.
    - Engaging leadership: the group was struck by the example of having staff practice different roles and how important it is to understand leadership structures and processes.
    - Advancing Foundational Public Health Responsibilities: great to see the capabilities and responsibilities in action and not just resting with the Director. Interesting how responsibilities build off each other.

Copies of materials and slides are available in the SCHSAC Member Portal:
https://public.3.basecamp.com/p/SWHpkPSMiJuyFq2DhEm3zzJB/vault



Three Simple Rules of the State-Local Public Health Partnership

- *Seek First to Understand*
- *Make Expectations Explicit*
- *Think About the Part and the Whole*

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Updated 11/20/25

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