

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

March 12, 2026 | 10:00 a.m.-1:00 p.m. | Virtual

## Action Items

- Consider joining the Environmental Health Continuous Improvement Board (EHCIB) or the Public Health Emergency Preparedness (PHEP) Oversight Workgroup. Watch for more information and contact [health.schsac@state.mn.us](mailto:health.schsac@state.mn.us) if you are interested.
- Watch for information about nominating individuals for the Public Health Impact Awards (formerly Community Health Awards). Information about the awards can be found online here: <https://www.health.state.mn.us/communities/practice/conference/awards/index.html>
- There are ways to stay informed about the Rural Health Transformation Plan. Find out more about upcoming meetings or subscribe for updates through the website: [Rural Health Transformation Plan - MN Dept. of Health](#)
- Upcoming Meetings
  - Mark your calendar for the 2026 SCHSAC Meetings:
    - June 25, 2026. 10a.m. to 2:30p.m. Hybrid. In person location: MCIT, St. Paul, MN (change from original announcement of meetings)
    - CHANGE: October 8, 2026. 9a.m. to 5p.m. SCHSAC Retreat. In person only. Location TBD
    - December 17, 2026. 10a.m. to 2:30p.m. Hybrid. In person location: MDH Office, St. Paul, MN
  - You should have calendar holds for each of the 2026 CCC: Coffee Conversation & Consideration events! These are *optional* learning events open to the SCHSAC network. The next CCC is April 30, 2026 at 8:00am. The topic is: Workforce Development: Collaborative for Rural Public Health Innovation (CRPHI)

## Community Health Boards Represented

Aitkin-Itasca-Koochiching, Anoka, Beltrami, Benton, Blue Earth, Brown, Carlton-Cook-Lake-St. Louis, Carver, Cass, Chisago, Countryside, Dakota, Des Moines Valley, Dodge-Steele, Edina, Faribault-Martin, Fillmore-Houston, Freeborn, Goodhue, Hennepin, Horizon, Isanti, Kanabec, Kandiyohi-Renville, Le Sueur-Waseca, Meeker-McLeod-Sibley, Minneapolis, Morrison-Todd-Wadena, Mower, Nicollet, Noble,

North Country, Olmsted, Partnership4Health, Pine, Polk-Norman-Mahnomen, Quin, Rice, Richfield, Saint Paul-Ramsey, Scott, Sherburne, Southwest Health and Human Services, Stearns, Wabasha, Watonwan, Winona, Wright.

## Welcome, Call to Order, Approval of Consent Agenda

DeAnne Malterer (LeSueur-Waseca), SCHSAC Chair called the meeting to order and welcomed everyone. The Tribal-State Relations Statement was shared.

Tarryl Clark (Stearns) moved approval of the Consent Agenda. Tony Berg (Brown) seconded. Motion carried.

### Consent Agenda:

- Approval of March 12, 2026 Meeting Agenda
- Approval of December 11, 2025 Meeting Notes ([12-11-25 SCHSAC Meeting Notes](#))
- Approval of updated Performance Measurement Workgroup Charter.

### Chair's Remarks

DeAnne Malterer, SCHSAC Chair, thanked everyone for their support of the public health system in Minnesota. Highlights from her remarks include:

- Workgroup openings – Serving on a workgroup is an opportunity to show leadership and learn. We are actively looking for SCHSAC members or alternates to serve on the Environmental Health Continuous Improvement Board (EHCIB) or the Public Health Emergency Preparedness (PHEP) Oversight Workgroup. Watch for an email with full details. If you are interested, reach out to [health.schsac@state.mn.us](mailto:health.schsac@state.mn.us)
- We have heard from several workgroups about some of the impacts of changes at the Federal level in their areas. There are a number of serious concerns, particularly related to increases in vaccine hesitancy, uncertainty and reductions in funding that have been disruptive.
- MDH is in consultation with Tribes about their interest in being engaged with SCHSAC, several have shown interest. Legislation has been proposed to expand SCHSAC membership to include Tribal Nations.

- 2026 marks the 50th anniversary of Minnesota’s current public health system, rooted in the Community Health Services Act of 1976, now known as the Local Public Health Act. The legislation was approved by Governor Anderson on April 20, 1976, and became effective on Aug. 1, 1976, laying the foundation for the state-local public health partnership that exists today. The State Community Health Services Advisory Committee (SCHSAC) convened the following year on April 7, 1977, formalizing a new, unique structure for collaboration and local input that has guided the Commissioner of Health and Minnesota’s public health system for five decades. Watch for information about important milestones and more as we celebrate this important anniversary.
- Public Health Impact Awards (formerly Community Health Awards) will be open this year. Watch for emails with more details about the nomination process. These awards are an important opportunity for us to share and celebrate good work. A list of the awards can be found here:  
<https://www.health.state.mn.us/communities/practice/conference/awards/index.html>



## MDH Update

Wendy Underwood, Deputy Commissioner, MDH thanked everyone for the opportunity to represent the Agency and the Commissioner. Some highlights of her remarks include:

- Infectious disease update: MDH continues to work closely with local public health, providers, schools and childcare settings on education, promotion, and disease investigation.
  - Measles continues to be a concern. There are currently 12 reported measles cases in Minnesota as of March 12. For comparison, there were 26 cases in all of 2025. Prior to that, it was more typical to have 1 to 4 cases in a year – usually tied to foreign travel.
  - Measles is one of the most contagious diseases on the planet. It spreads through coughing, sneezing or being in the same room as someone with the disease. And the best way to keep families and communities healthy and to avoid measles is to make sure we are all up to date on measles mumps and rubella, known as MMR vaccines.
  - All childhood vaccines including MMR, have declined since the start of the pandemic in 2020. 87% of Minnesota children born in 2020 have received at least one dose of MMR, but we need this number to be in the mid-nineties, if not higher.
- Impacts of changes in federal funding and federal policies continue to impact our work.
  - MDH is currently one of four states (California, Colorado and Illinois) that have been informed that the funds they had been promised through five grants including the public health infrastructure grant from the CDC was being cut. All four states are seeking relief through the courts.
  - MDH has prepared contingency plans for funding cuts, but if they continue, there will be impacts to our work to protect the health of Minnesotans.

- These cuts impact local public health as well. Many of the funds that come to MDH from the federal government are dollars that are passed down to local public health programs.
- MDH is celebrating ground water awareness week, highlighting our progress in addressing nitrate contamination, particularly in southeastern Minnesota.
- There was robust conversation following the presentation. There were questions about measles, reverse osmosis, and other infectious disease issues. Several links for infectious disease resources were shared:
  - <https://vaccinresourcehub.org/discover/whats-new>
  - <https://www.health.state.mn.us/diseases/respiratory/stats/vaccine.html>
  - <https://powerofpublichealthmn.com/index.php/home-3/preventing-illnesses/measles>
  - <https://www.cdc.gov/measles/php/toolkit/index.html>

## Legislative Session Update

Lisa Thimjon, Director of Government Relations, MDH provided an update on the current legislative session. Some highlights include:

- Session ends May 18. It is not a budget year, the legislature is focused on policy and bonding issues, but there is likely to be a supplemental budget proposal from the Governor.
- MDH priorities this year include:
  1. Expands the definition of medical consultant (145A.02, Subd. 15) to include other clinicians licensed to practice medicine in Minnesota.
  2. Immunization statute updates and changes to require insurance companies to continue offering no-cost vaccine coverage.
  3. MDH policy “minibus”: option for Tribes to be members of SCHSAC, streamline suicide prevention reporting, well testing at property transfer, hospital closure clarification
  4. Legislature is working to finalize a comprehensive legislative package to better prevent, detect, investigate, and punish fraud by:
    - Strengthening investigation and enforcement authority
    - Improving detection, transparency, and program oversight
    - Expanding accountability measures to limit bad actors' access to state funds
    - Enhancing payment safeguards and recovery tools to prevent improper payments
    - Tougher criminal penalties and prosecution tools

## Overview of Rural Health Transformation Plan

Zora Radosevich, Director, Office of Rural Health and Primary Care, MDH provided an overview of the Rural Health Transformation Program. Highlights include:

- H.R.1 amended section 2105 of the Social Security Act. The bill, signed into law on 7/4/2025, created a Rural Health Transformation Program as a one-time effort to fund rural health priorities over the next five years. It provides \$50 billion over five fiscal years to be distributed to all 50 states.
- MDH was awarded \$193 million for Federal Fiscal Year 2026.
- An overview of the proposal submitted by Minnesota was provided. It was created using a robust partnership approach with external partners and elected officials.
- The program includes five strategic initiatives.
  - Community-Based Preventive Care and Chronic Disease Management
  - Recruit and Retain Talent in Rural Communities
  - Sustain Access to Services to Keep Care Closer to Home
  - Create Regional Care Models to Improve Whole Person Health
  - Invest in Technology, Infrastructure, and Collaboration Needed for Financial Viability
- Some factors impacting implementation include: funds are pending a fully approved budget; restrictions on how funds may be spent; funds must be used by the end of the funding year or unused funds will be redistributed across states; and allowable administrative costs are limited.
- The program has identified metrics and targets associated with each initiative and overall key performance objectives.
- Dissemination of funds:
  - Year 1 focuses on efficient dissemination of funding to hospitals, federally qualified health centers (FQHCs), certified community behavioral health clinics (CCBHCs), community mental health centers (CMHCs), and Tribal Nations, with some competitive grant funding available, and some expansion of existing MDH workforce initiatives.
  - Year 2 shift to a greater share of competitive grant funding toward strategic initiatives and continued support for providers, Tribes, and existing workforce initiatives.
  - All funds must be spent on allowable activities to meet strategic goals, and MN must meet stringent data, reporting, and evaluation metrics to continue to receive funds.
- There are ways to stay informed about the program. Find out more about upcoming meetings or subscribe for updates through the website: [Rural Health Transformation Plan - MN Dept. of Health](#)

## Panel: Cannabis Prevention Strategies

Moderator Commissioner Joan Lee (Polk-Norman-Mahnomen) opened the panel and introduced the four panelists before turning it over to them for their presentations.

Panelist Presentation highlights include:

- Megan Coleman, MPH. Wright County Public Health - Health Promotion Coordinator presented on Point of Sale and Public Use Policies for Youth.

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- Shared point of sale assessments designed to identify: Current product availability, mapping cannabis retail businesses, product packaging and flavors, and product advertisements and youth targeting tactics.
- They adopted point of sale policies that included limitations on the sale of flavored products that are the most common type used by youth and established a minimum clerk age.
- Conducted public outreach to determine effective education tactics. They are conducting a pilot project using retail education.
- Brianna LeTourneau, BSN, RN, PHN, Public Health Team Lead, Cannabis and Substance Use Prevention (CSUP) Program Coordinator, Crow Wing County presented on their efforts to coordinate with the family home visiting program.
  - The approach focuses on:
    - Strength-based, non-stigmatizing conversations
    - Focused on education, protective factors & healthy outcomes
    - Providing tools for support
  - Challenges they face include:
    - Rebuilding trust with community members who often view county services as disciplinary.
    - Repairing relationships with community partners to strengthen collaboration.
- Jenna Olson, Public Health Communications Coordinator, Carlton-Cook-Lake-St. Louis Community Health Board shared information about the “Speaking of Cannabis” regional messaging campaign.
  - They have found success in the “Swiss cheese model of prevention” where communications are happening in many layers.
  - The audience is parents, caregivers, grandparents, mentors, and other adults with kids in their lives.
  - Campaign objectives include:
    - Educate parents, caregivers, grandparents, mentors, and other adults with kids in their lives about the effects of cannabis on a developing brain.
    - Empower those adults to talk to the kids in their lives about not using cannabis.
    - Encourage safe storage for those adults who use cannabis.
  - The campaign employed several tactics including signs and information at retail locations, a social media campaign that includes paid social media.
  - They have created a toolkit that you can request using this form:  
<https://forms.gle/F4vYnf2ctt6wyUBx9>
- Fred Ndip, Community Initiatives Supervisor, Office of Statewide Health Improvement Initiatives (OSHII), MDH shared an overview of the Cannabis and Substance Use Prevention Grant Program (CSUP).
  - The CSUP Grant Program provides formula funding to all Community Health Boards (CHBs) in Minnesota. It is designed to contribute to a reduction in the prevalence of cannabis and other substance misuse in Minnesota by creating and implementing

- evidence-based and actively evidence-building substance misuse prevention, education and recovery programs informed by community needs.
- CSUP Grant Program provides formula funding to all CHBs in Minnesota.
  - Built off the work of SCHSAC to develop formulas for the Response and Sustainability Grant and Foundational Public Health Responsibility funds, the formula used to distribute the CSUP funds will ensure every CHB has a sizeable base; consider social vulnerability and population size; and account for the need for coordination across counties:
    - Base annual funding of \$70,000 to each community health board
    - Allocate a \$5000 per county allotment for multi-county CHBs
    - Allocate 75% of the remaining funding to population
    - Allocate 25% of the remaining funding to SVI county ranking

Following the presentations, attendees were given the chance to ask questions of the panelists.

*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.*