LPH Data Modernization SCHSAC Workgroup July 2026 Meeting Minutes

INTEROPERABILITY & DATA ACCESS SUBGROUP:
MONDAY JULY 13TH, 2026 | 10:00AM-11:00AM

DATA QUALITY/USABILITY & DATA CAPACITY SUBGROUP:
WEDNESDAY JULY 1ST, 2026 | 3:00PM-4:00PM

SHARED GOVERNANCE & DATA RELATIONSHIP SUBGROUP:
THURSDAY JUNE 18TH, 2026 | 11:05AM-12:00PM

MINUTES PREPARED BY: GABBY CAHOW, MDH DATA MODERNIZATION PLANNER
LOCATION: VIRTUAL, MICROSOFT TEAMS

Attendance

- **Interoperability & Data Access Subgroup:**

  Members

  Melanie Countryman-Dakota County Public Health, **Lisa Klotzbach**-Dakota County Public Health

  MDH Subject Matter Experts

  Kari Guida-MDH Center for Health Information Policy and Transformation (CHIPT), **Dawn Huspeni**-MDH Infectious Disease Epidemiology, Prevention, and Control (IDEPC) Division

  Facilitators/Guest Attendees

  Gabby Cahow-MDH Public Health Strategy and Partnership Division (PHSP)

- **Data Quality/Usability & Data Capacity Subgroup:**

  Members

  Shelly Aalfs-Countryside Public Health, **Alyssa Johnson**-Faribault-Martin CHB, **Angel Korynta**- Polk-Norman-Mahnomen Public Health

  MDH Subject Matter Experts

  Abby Stamm-MDH Office of Data Strategy and Interoperability (DSI)

  Facilitators/Guest Attendees

  Gabby Cahow-MDH Public Health Strategy and Partnership Division (PHSP)

- **Shared Governance & Data Relationship Subgroup:**

  Members

  De Malterer-Le Sueur- Waseca Counties SCHSAC Elected, **Tina Jordahl**-Olmsted County Public Health Services, **Richard Scott**-Carver County Public Health,

  MDH Subject Matter Experts

  An Garagiola, MDH Office of American Indian Health (OAIH), **John Li**- MDH Chief Data & Analytics Officer Executive Office

  Facilitators/Guest Attendees

  Gabby Cahow-MDH Public Health Strategy and Partnership Division (PHSP)

Purpose

- The purpose of the July 2026 LPH Data Modernization SCHSAC Subgroup Meetings was to begin generating ideas for recommendations for the issue statements identified under each topic area/vision statement.

Agenda

- Meeting Kick-Off
- Check-In on Action Items
- Recommendation Idea Generation
- Meeting Wrap-Up

Decisions made

- None at this time

Action items

- **Interoperability & Data Access Subgroup:**
  - Visit the MURAL Board to add ideas ahead of next subgroup meeting
- **Data Quality/Usability & Data Capacity Subgroup:**
  - Visit the MURAL Board to add ideas ahead of next subgroup meeting

- **Shared Governance & Data Relationship Subgroup:**
  - Visit the MURAL Board to add ideas ahead of next subgroup meeting

Talking Points

- The LPH Data Modernization SCHSAC Workgroup members met in Subgroups to begin generating ideas and drafting language for recommendations for the issue statements identified under each topic area/vision statement.

Meeting notes

- **Recommendation Idea Generation**
- **Background/Context:**
  - The Subgroup Members were asked to review examples of past SCHSAC workgroup recommendation language and recent SCHSAC workgroup recommendation reports.
  - Members were asked to consider the following prompts as they were brainstorming ideas for recommendations:
    - What system-level change do we want to see to address this problem and achieve our vision?
      - Changes can include things like implementing programs, projects, policies, initiatives, activities, events, ventures, plans, systems, and models.
      - Who is implementing that change? MDH, LPH, TPH? MDH & LPH together? SCHSAC?
    - What processes need to be initiated or what decisions need to be made to address this issue and achieve our vision?
  - The facilitator will take the information collected during the brainstorm and the subsequent discussion and draft recommendations for the Subgroup to provide feedback and edit once idea generation is complete.

  - **Below are the Issue Statements for each vision statement/topic area.**
    - **Interoperability:** Data flows and is integrated securely and seamlessly across systems and organizations ensuring shared information is available for timely insight, coordinated action, and supporting measurably healthier communities.

1. Challenges to creating an interoperable governmental public health data system includes technical issues (ex. differences in interoperability capabilities and IT infrastructure across LPH, TPH, and MDH) and policy issues (ex. data privacy, security, legal, and regulatory compliance).
    a. Recommendation Ideas:
        i. Develop clear and transparent Data Classifications
            1. Example: Data Sharing Guidebook | NCDHHS
        ii. Refer to E-Health Advisory Recommendations: MDH Interoperability Roadmap and more
        iii. Identifying a means/tool for interoperability for sharing the data both secure and usable for both sides
        iv. Incorporating TEFCA
        v. Data moves at the speed of trust
2. The scope and focus of public health interoperability efforts has been between public health and healthcare organizations and has yet to include or address the importance of expanding interoperability efforts with social needs serving entities.
    a. Recommendation Ideas:
        i.
3. Buy-in across the system for investment in interoperable systems has been impacted by a lack of understanding the value of interoperability
    a. Recommendation Ideas:
        i.
4. Resources and expertise have already been invested in sustaining and improving legacy IT systems that may not have interoperable functionalities.
    a. Recommendation Ideas:
        i.
5. In order to create interoperable systems local, Tribal, and state health agencies would need to develop shared standards and/or align with existing standards such as FHIR or HL-7.
    a. Recommendation Ideas:

i. LPH EHR are interoperable with MDH systems. Reducing double and triple entry. Example: MEDDS

ii. LPH pushes case messaging to MDH automatically, MDH can query LPH records

iii. MDH considers queries and response for LPH (TEFCA) include in interoperability roadmap

- **Data Access:** Data are shared and accessed easily, enabling consistent, reliable, and timely access to locally relevant information across state, local, and Tribal public health

1. There are no transparent policies and standards for data access and sharing which creates a lack of shared understanding why some data may be unavailable to governmental public health partners when requested.

    a. Recommendation Ideas:

        i. If methods for data access and sharing agreements like the Master Grant Agreement are used to streamline data sharing, the change management process must include outreach and education

2. Public data dashboards, tables, Public Use Files (PUFs), don't always include technical notes on data collection and analysis methodology, data limitations, bias within data, and interpretation guidance which make it difficult for data requestors/users to understand how to correctly and effectively use the data for public health action.

    a. Recommendation Ideas:

        i.

3. The current state of data access and sharing between governmental public health partners lacks transparent and consistent/standardized ways to know what data is available and how to access or request data, because data access and request processes vary program to program and may require users to navigate multiple platforms and methods for request/accessing data.

    a. Recommendation Ideas:

i. Identify what data should be shared automatically/regularly to LPH without individual request
    1. Example: Vital Stats, Reportable diseases
ii. Quality improvement process for LPH requesting data from MDH. LPH should be part of that process
iii. Look at Illinois Law example to identify some applicable policy for MDH-LPH
iv. Documentation on when an agreement is needed.
v. Notification process of when DUA change

4. Data use agreements and data sharing processes between Tribal, local, and state partners are inconsistent and burdensome both the data requester and the data steward.
    a. Recommendation Ideas:
        i. Reduce "middle men"
        ii. MSS Data Request form integrated with DUA: Makes for a cumbersome process with county legal. Not what we want
        iii. Identify when a data use agreement is necessary for LPH and MDH
        iv. Standard form used across multiple areas,
        v. Centralized/ automatically routed to the appropriate data stewards/data servicer/data SME

- **Data Quality & Usability:** All stages of the data lifecycle are transparent, rigorous, and responsive to the needs of the public health system, communities, and partners. Data systems are designed with end users in mind and data are available in user-friendly and easy to understand formats.
    1. Data priorities and needs across the governmental public health system haven't been assessed to identify the most important and relevant data from existing data sets and sources.
        a. Recommendation Ideas:

    2. Significant lags in data timeliness limits its useability for public health decision-making and action.

   a. Recommendation Ideas:

3. Governmental public health partners (LPH, TPH, and MDH) have shared data needs and data needs that are unique to their role in the public health system, which prevents a one-size-fits all approach to data usability.
   a. Recommendation Ideas:
4. Limited data user engagement during the data design process impacts useability for governmental public health partners.
   a. Recommendation Ideas:
      i.
5. Lack of transparency related to data quality assurance methodology and information on available data accuracy and completeness.
   a. Recommendation Ideas:
      i.
6. Lack of clarity of roles and responsibilities on maintenance of state data infrastructure, data tools, and IT systems between public health data staff/data stewards and county-based IT/MN-IT.
   a. Recommendation Ideas:
      i.

- **Data Capacity**: Local, Tribal, and state public health agencies have the knowledge, skills, staffing, tools, and funding to effectively collect, analyze, interpret, share, and use data to identify and take action around community health priorities and emerging health issues.
  1. Capacity and expertise in data storytelling and communication is lacking across the system reducing the impact and usefulness of data for public health action.
     a. Recommendation Ideas:
        i. MDH offer trainings or develop on data storytelling and communication regularly
        ii. Recorded and/or Asynchronous

iii. Leverage Regional Data Practice Groups CHA/CHIP , Open office hours/ peer learning opportunities open to both MDH, LPH, TPH
iv. Foundational Knowledge and Topic/Program Specific Knowledge (TB, CSUP)
v. Identify staff that need to become experts
vi. Thinking of capacity-building: one could develop a training on data storytelling in terms of: topic? data source? visualization type?

2. The capacity to meet the Foundational Public Health Responsibilities related to data and informatics varies across the governmental public health system and while a responsibility/capability may best delivered/met locally (LPH or TPH) or centrally (state), the partner may be unable to do so due to a lack of capacity.
    a. Recommendation Ideas:
        i. Leverage regional data models, sustain and study how much it costs to actually do regional data models
        ii. Capacity: funding, staffing, knowledge, skills, time, lack of technical infrastructure
        iii. Identify general scope of roles and responsibilities
        iv. delegate roles and responsibility that LPH cannot meet to state/other jurisdictions
        v. Needs assessment to identify gaps in ability to meet the capability to determine how to meet as a system.

3. When data modernization opportunities are identified, there may be insufficient capacity to implement the changes.
    a. Recommendation Ideas:
        i. Consider implementation challenges when making data modernization systems
        ii. Engage those with lowest capacity when making decision about data modernization strategy
        iii. If changes require additional/new knowledge and skill, training must be provided

4. Data knowledge and skills vary among governmental public health data requestors, and data requestors may not understand what data and how that data should be used to meet their needs.
    a. Recommendation Ideas:
        i. Provide clear specific guidelines for requesting and sharing data

5. Lack of formal workforce development opportunities and strategies to increase knowledge and skills around public health data science and informatics across the governmental public health system.
    a. Recommendation Ideas:

6. Lack of capacity to support community access, use and understanding of public health data and information.
    a. Recommendation Ideas:

- **Shared Governance:** Local, Tribal, and state public health agencies work within a mutually developed governance structure that ensures decisions about data policies, processes, and standards are transparent and made and implemented collaboratively.
    1. There are no shared data governance/decision-making bodies that include Tribal, local, SCHSAC, and state representation with the authority or dedicated resources (staffing/time/funding) to determine governmental public health shared data modernization priorities, policies, or implementation approaches.
        a. Recommendation Ideas:
            i. Identify legal shortfalls and gaps in statutes that limit or hinder meaningful public health data sharing. Identify how to address those. Example: 145A
            ii. What are standards and guidelines that can support or inform this governance structures
            iii. Once the agreement is set and made, legal in the room and approved. Assurance of legal compliance. Endorsed and approved. Vetted
            iv. Developing decision making authority/ governance group with consideration for the legal context

v. Include SCHSAC, Tribal Leaders, Tribal Health Directors, MDH leadership, CDAO, legal counsel, data stewards, LPH leadership
vi. Transparency about the decision-making process. Includes some sort of accountability mechanism
vii. Feedback and engagement processes

2. Updating and maintaining modern IT infrastructure at the local, Tribal, and state level to enable interoperability requires dedicated funding.
    a. Recommendation Ideas:

3. Updating and upgrading data systems, process, and policies requires a significant investment of resources and there is no governmental public health system approach (Tribal, local, and state) to making decisions about what and how data modernization priorities are funded.
    a. Recommendation Ideas:
        i.

4. The siloed nature of public health funding has caused data collection, assessment, surveillance, and sharing to be disjointed, funding specific/dependent, and has made a whole system approach to data challenging.
    a. Recommendation Ideas:
        i.

5. Current funding approaches allocate limited resources for staffing, data tools/software, and training which are foundational for building data capacity.
    a. Recommendation Ideas:

- **Relationships:** Local, Tribal, and state public health agencies are rooted in shared history and embrace working across systems and with partners to build trust, communication, and collaboration supporting progress towards improving the health of Minnesotans.
    1. There is a lack of clarity and understanding of the roles and responsibilities of each partner (Tribal, local, and state) in carrying out the Foundational Public Health Responsibilities related to data and informatics.

   a. Recommendation Ideas:
      i.

2. Differences between government-to-government relationships between Tribal, local, and state partners means there is no-one-size-fits all approach to data modernization.
   a. Recommendation Ideas:
      i. Must act in partnership, commitment to learning
      ii. Need to uphold Tribal Data Sovereignty in all data modernization decisions
      iii. Identify common points that have benefits for the whole system
      iv. need to define the legal relationship between MDH and LPH
      v. Example: LocalAccesstoPublicHealthData.pdf
      vi. Consider equity issues in capacity
      vii. Example: Tribal Public Health and Small Capacity CHBs

3. There is a need to understand the perceptions of liability and risk tolerance around data collection and sharing that may be contributing to the data access and sharing issues felt across the governmental public health system.
   a. Recommendation Ideas:
      i. Understand the sensitivity of data
      ii. Implement CARE and FAIR principles
         1. The CARE Principles for Indigenous Data Governance — Global Indigenous Data Alliance
      iii. Washington, Alaska, Colorado, New Mexico, Oklahoma state health agency may be a good example or model
4. There are insufficient channels of data communication across public health agencies.
   a. Recommendation Ideas:
      i.

5. County Boards and the state legislature do not understand the value and importance in investing in public health data infrastructure and foundational data capacity which forces governmental public health agencies to try to fund data modernization efforts through a patchwork of funding sources.
    a. Recommendation Ideas:
        i.

Garden Plot

The "Garden Plot" is a place for topics, ideas, and questions that came up during the meeting that still need to be "tended" to at a future meeting.

Next meeting

Subgroup Meetings:

Agenda items: Continue recommendation brainstorm

- Interoperability and Data Access: Monday, August 10th | 10:00am-11:00am | Virtual, Microsoft Teams
- Data Usability/ Quality and Data Capacity Subgroup: Wednesday, August 5th | 3:00pm-4:00pm | Virtual, Microsoft Teams
- Shared Governance and Relationship Subgroup: Monday, August | 11:05am-12:00pm | Virtual, Microsoft Teams

- Full LPH Data Modernization SCHSAC Workgroup: Thursday, 8/20 | 1:05pm-2:30pm

Minnesota Department of Health
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