

LPH Data Modernization SCHSAC Workgroup June 2026 Meeting Minutes

DATE: JUNE 18TH 2026 | 1:05PM-2:30PM

MINUTES PREPARED BY: GABBY CAHOW, MDH DATA MODERNIZATION PLANNER

LOCATION: VIRTUAL, MICROSOFT TEAMS

Attendance

▪ Members

De Malterer-Le Sueur- Waseca Counties SCHSAC Elected, **Shelly Aalfs**-Countryside Public Health, **Melanie Countryman**-Dakota County Public Health, **Lisa Klotzbach**-Dakota County Public Health, **Tina Jordahl**-Olmsted County Public Health Services, **Richard Scott**-Carver County Public Health, **Rob Prose**-St. Louis County Public Health, **Joel Torkelson** (alternate for Sarah Grosshuesch)-Wright County Public Health, **Sarah Grosshuesch**-Wright County Public Health

▪ MDH Subject Matter Experts

Dawn Huspeni-MDH Infectious Disease Epidemiology, Prevention, and Control (IDEPC) Division, **Abby Stamm**-MDH Office of Data Strategy and Interoperability (DSI), **John Li**- MDH Chief Data & Analytics Officer Executive Office,

▪ Facilitators/Guest Attendees

- **Gabby Cahow**-MDH Public Health Strategy and Partnership Division (PHSP), **Chelsie Huntley**-MDH Public Health Strategy and Partnership Division (PHSP)

Purpose

- The purpose of the June 2026 LPH Data Modernization SCHSAC Workgroup meeting was to kick-off the recommendation writing phase by breaking into subgroups and identifying what kinds of perspectives and expertise are needed on each subgroup in addition to the SCHSAC Workgroup Members and brainstorming what information, resources, and insight is needed in order to draft recommendations

Agenda

- Meeting Kick-Off

- Subgroup Breakout Brainstorm
 - Perspectives and Subject Matter Expertise
 - Information and Resources
 - Action Steps
- Subgroup Share Back
- Meeting Wrap-Up

Decisions made

- N/A

Action items

- Interoperability & Data Access Subgroup:
 - Define interoperability, for local public health and the state. Strive for bidirectional sharing of data to and from the state.
 - Classification level for public, non-public, and private for PH data
- Data Quality/Usability & Data Capacity Subgroup:
 - Discuss these with bigger group in July
- Shared Governance & Data Relationship Subgroup:
 - John and Chelsie reach out to national partners for examples of shared governance
- All Subgroups:
 - Review recommendation examples.
- If interested in serving as a Workgroup Co-Chair for August 2026-July 2027, please complete the Chair Interest Form

Talking Points

- The LPH Data Modernization SCHSAC Workgroup began meeting in subgroups and identified what kinds of perspectives and expertise are needed on each subgroup in addition to the SCHSAC Workgroup Members and brainstorming what information, resources, and insight is needed in order to draft recommendations

Meeting notes

- [Subgroup Brainstorm](#)
- **Background/Context:**
 - In May the Workgroup wrapped up strategic planning by finalizing the issue statements for each vision statement/topic that they will be writing recommendations to address.
 - Workgroup members completed an interest form to determine which subgroup they would be serving on. Each subgroup is responsible for writing recommendations for two topic areas/vision statements.
 - Subgroups can have additional members outside of the official LPH Data Modernization SCHSAC Workgroup memberships.
- **Discussion Summary**
 - The Workgroup members were broken into subgroups and asked to take 45 minutes working as a small group to generate ideas for each issue statement for the following questions:
 - Who do we need to engage or collaborate with and how in order to write this recommendation? (Ex: groups, organizations, or teams)
 - Who should we invite to bring in additional perspectives and subject matter expertise?
 - What information do we need to know to write this recommendation?
 - How do we assess the needs related to this issue statement?
 - How will we collect or access the information we need to write this recommendation?
 - After completing the brainstorm activity, the subgroups were asked to determine action steps that the subgroup needs to take before the July subgroup meetings.
 - The breakout rooms closed, and the subgroups were asked to do a short report back on the highlights of their brainstorm activity and to share what action steps they are committed to taking before the July subgroup meetings.
 - The Subgroups were not able to make it to every issue during their brainstorm, so some issue statements may be blank.
 - After the brainstorm, the Subgroups came together and shared a high-level overview of their ideas, discussion, and the action steps they identified.

- **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. Perspectives and Subject Matter Expertise Identified:
 - i. John Li, MDH CDAO
 - ii. Vital Statistics
 - iii. MNIT
 - iv. Attorneys
 - v. County IT
 - vi. Vendors
 - vii. HIOs
 - b. Information, Resources, and Insight Needed:
 - i. Definition of interoperability
 - ii. MDH data lake structure
 - iii. How we could use TEFCA
 - iv. policy and security for local PH to access data lakes
 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. Perspectives and Subject Matter Expertise Identified:
 - i.
 - b. Information, Resources, and Insight Needed:
 - 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. Perspectives and Subject Matter Expertise Identified:
 - i.
 - b. Information, Resources, and Insight Needed:
 - i.

 4. Resources and expertise have already been invested in sustaining and improving legacy IT systems that may not have interoperable functionalities.
 - a. Perspectives and Subject Matter Expertise Identified:
 - i. MNIT
 - b. Information, Resources, and Insight Needed:
 - 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. Perspectives and Subject Matter Expertise Identified:
 - i. HIOs
 - ii. Vendors
 - b. Information, Resources, and Insight Needed:
 - i.
- **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. Perspectives and Subject Matter Expertise Identified:
 - i. Other Data related workgroups that are currently meeting
 - b. Information, Resources, and Insight Needed:

- i. Define and delineate roles at state and local level?
 - 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. Perspectives and Subject Matter Expertise Identified:
 - i. Assemble subject matter experts from various units
 - b. Information, Resources, and Insight Needed:
 - 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. Perspectives and Subject Matter Expertise Identified:
 - i.
 - b. Information, Resources, and Insight Needed:
 - i.
 - 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. Perspectives and Subject Matter Expertise Identified:
 - i.
 - b. Information, Resources, and Insight Needed:
 - i.
- **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. Perspectives and Subject Matter Expertise Identified:

- i. Data stewards
- ii. County leadership
- iii. Data analysts
- iv. Special interest councils
- v. Grant writers/reporters
- vi. Melissa Terpstra (runs MDH data steward CoP)

b. Information, Resources, and Insight Needed:

- i. Do data have documentation? (Data dictionary, metadata?)
- ii. How are data accessed? (API, routine flat file, ad hoc?)
- iii. What formats/software are data available in?
- iv. Are data sharing processes clearly defined?
- v. What is the process for preparing data? (As needed, automated, cleaned?)
- vi. Training or onboarding or handover to use the data?
- vii. Which datasets are most used/requested?
- viii. What data are combined and how?
- ix. Sharing of code/scripts to access and process data?

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

a. Perspectives and Subject Matter Expertise Identified:

- i. Data stewards
- ii. Leadership
- iii. IT people

b. Information, Resources, and Insight Needed:

- i. Are data routinely cleaned/audited/validated?
 - ii. Are there cleaned versions of commonly used variables?
 - iii. Reactive to crises or proactive?
 - iv. How frequently or on what timelines are data needed/used?

- 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.** Perspectives and Subject Matter Expertise Identified:
 - i. Connections with other disciplines (education, transportation, etc)
 - ii. Leadership
 - b.** Information, Resources, and Insight Needed:
 - i. Are there routine methods to prepare and subset data to meet requests?
 - ii. What formats are data available in?
 - iii. Are there unique data views for different groups?
 - iv. Clear methods for requesters to get exactly the data they want
 - v. What are grant/CDC requirements?
 - vi. What other datasets will data be joined to/analyzed with?

- 4.** Limited data user engagement during the data design process impacts useability for governmental public health partners.
 - a.** Perspectives and Subject Matter Expertise Identified:
 - i.
 - b.** Information, Resources, and Insight Needed:
 - i.

- 5.** Lack of transparency related to data quality assurance methodology and information on available data accuracy and completeness.
 - a.** Perspectives and Subject Matter Expertise Identified:
 - i.
 - b.** Information, Resources, and Insight Needed:

- 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. Perspectives and Subject Matter Expertise Identified:
 - i.
 - b. Information, Resources, and Insight Needed:
 - 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. Perspectives and Subject Matter Expertise Identified:
 - i. Communication experts
 - ii. Informatician
 - iii. Education people
 - iv. Artist
 - v. Data analysts
 - b. Information, Resources, and Insight Needed:
 - i. Clear messages - what are we saying with data?
 - ii. Simplifying charts to make them easier to understand
 - iii. Formats in which data are provided
 - 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. Perspectives and Subject Matter Expertise Identified:
 - i. Analysts
 - ii. State/local Leadership
 - iii. Stewards
 - b. Information, Resources, and Insight Needed:
 - i. Clearly define roles for data collection/storage/cleaning?
 - ii. Environmental scan of needs/capacity
 - iii. Funding opportunities?
- 3.** When data modernization opportunities are identified, there may be insufficient capacity to implement the changes.
- a. Perspectives and Subject Matter Expertise Identified:
 - i. Leadership
 - ii. Stewards
 - iii. IT
 - iv. Informatician
 - v. Analysts?
 - b. Information, Resources, and Insight Needed:
 - i. Funding?
 - ii. What process is planned and how will it benefit the agency?
 - iii. Workforce development opportunities?
 - iv. Opportunities to collaborate/share work?
 - v. How will success be measured?
 - vi.
- 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. Perspectives and Subject Matter Expertise Identified:
 - i. Stewards
 - ii. Grant people?
 - iii. Media? Communications

- b. Information, Resources, and Insight Needed:
 - i. Clear process to request specific data?
 - ii. Shared code/scripts?
 - iii. Defined data sharing rules (public/private/pii definitions)
 - iv. Mentor to learn data?
 - v. Data dictionary and metadata
 - 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. Perspectives and Subject Matter Expertise Identified:
 - i. Leadership
 - ii. Analysts
 - b. Information, Resources, and Insight Needed:
 - i. Workforce development opportunities?
 - ii. Mentorship?
 - iii. Data documentation?
 - 6. Lack of capacity to support community access, use and understanding of public health data and information.
 - a. Perspectives and Subject Matter Expertise Identified:
 - i. A
 - b. Information, Resources, and Insight Needed:
 - i. A
- **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. Perspectives and Subject Matter Expertise Identified:
 - i. Tribes
 - ii. governance body needs to be aware of what state our partners have in PH data/data governance
 - iii. what are examples of governance structures that work?
 - iv. input from healthcare on what PH governance structure will they respect?
 - b. Information, Resources, and Insight Needed:
 - i.
- 2. Updating and maintaining modern IT infrastructure at the local, Tribal, and state level to enable interoperability requires dedicated funding.
 - a. Perspectives and Subject Matter Expertise Identified:
 - i.
 - b. Information, Resources, and Insight Needed:
 - i.
- 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. Perspectives and Subject Matter Expertise Identified:
 - i.
 - b. Information, Resources, and Insight Needed:
 - 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. Perspectives and Subject Matter Expertise Identified:

- i.
 - b. Information, Resources, and Insight Needed:
 - i.
 - 5. Current funding approaches allocate limited resources for staffing, data tools/software, and training which are foundational for building data capacity.
 - a. Perspectives and Subject Matter Expertise Identified:
 - i.
 - b. Information, Resources, and Insight Needed:
 - i.
- **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. Perspectives and Subject Matter Expertise Identified:
 - i.
 - b. Information, Resources, and Insight Needed:
 - 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. Perspectives and Subject Matter Expertise Identified:
 - i.
 - b. Information, Resources, and Insight Needed:
 - i.

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. Perspectives and Subject Matter Expertise Identified:
 - i.
 - b. Information, Resources, and Insight Needed:
 - i.
4. There are insufficient channels of data communication across public health agencies.
 - a. Perspectives and Subject Matter Expertise Identified:
 - i.
 - b. Information, Resources, and Insight Needed:
 - 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. Perspectives and Subject Matter Expertise Identified:
 - i.
 - b. Information, Resources, and Insight Needed:
 - 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: Begin recommendation brainstorm

- Interoperability and Data Access: Monday, July 13th | 10:00am-11:00am | Virtual, Microsoft Teams

- Data Usability/ Quality and Data Capacity Subgroup: Wednesday, July 1st | 3:00pm-4:00pm | Virtual, Microsoft Teams
- Shared Governance and Relationship Subgroup: Monday, July 13th | 11:05am-12:00pm | Virtual, Microsoft Teams

Full Group Meeting:

Cancelled for July

Minnesota Department of Health
Public Health Strategy and Partnership Division

625 Robert Street N
St. Paul, MN 55164
health.schsac@state.mn.us
www.health.state.mn.us