SCHSAC Public Health System Policy Development Workgroup

Charge

SCHSAC's Public Health System Policy Development Workgroup will develop, for consideration and approval by the full State Community Health Services Advisory Committee (SCHSAC), policy recommendations for the Commissioner of Health for future changes to the statutes governing Minnesota's governmental public health system.

- To develop these recommendations, the workgroup will explore options, identify potential impacts, deliberate, and build consensus on how to implement the guiding principles for future changes to statutes governing Minnesota's public health system.
- The recommendations may include, but are not limited to, positions on Community Health Board (CHB) size and structure; balancing expectations and accountability with local control; and funding.
- Workgroup members will bring state, Tribal, and local perspectives from across the state to develop forward-looking policy solutions focused on the long-term needs of Minnesota's public health system.
- The recommendations will inform future statute changes. The workgroup will not draft legislative language or develop a legislative strategy for implementing them.
- Non-policy ideas for advancing the guiding principles will be noted for future consideration but not explored or acted upon by the workgroup.

Background and rationale

Minnesota has been undergoing efforts to strengthen the public health system and create one equipped to work with communities and carry out foundational public health responsibilities. This work is jointly led by Local Public Health Association (LPHA), the State Community Health Services Advisory Committee (SCHSAC), and the Minnesota Department of Health (MDH) through a Joint Leadership Team. Together, system partners **envision a seamless, responsive, publicly-supported governmental public health system that works closely with the community to ensure healthy, safe, and vibrant communities.** This system of state, local, and Tribal health departments will help Minnesotans be their healthiest regardless of where they live.

In 2025, the JLT released the Roadmap Toward a Seamless, Responsive, Publicly-Supported Public Health System, which highlights four paths forward to transform Minnesota's public health system: Sustained investment, modern practice, modern tools, and shared leadership. One of the strategies to move us forward on these paths towards the vision of system transformation is to identify and pursue changes to Minnesota's public health system, including modernizing statutes to reflect current landscape.

When it was created in 1976, Minnesota's public health system was seen as forward thinking and as a model for other states to follow. Now, 50 years later, Minnesota's public health system struggles to meet today's problems or anticipate tomorrow's without a significant and transformative shift.

- We have seen substantial changes in data and technology, how we take in news and information, and the public's expectation for engagement and precision from government and from public health.
- We have grown in our understanding of Tribal sovereignty and the crucial role that Tribal public health systems play in supporting American Indian health and the health of rural communities. Overlooking the role of Tribal public health authority is a critical gap.

- Our outdated approach undermines public health's ability to work together with community to enact proven, effective interventions that address the root cause of health issues while reflecting local needs and priorities.
- A 2024 study of the policies and systems that shape governmental public health in Minnesota reinforced issues raised by state, local, and Tribal public health leaders in the recent and far past: governance and organizational structures are varied, with challenges and opportunities; funding is insufficient and inflexible; leaders desire to grow relationships with Tribal health entities; leadership functions don't reflect current and future public health practice; and frameworks and statutory language can be inconsistent, unclear, or ambiguous.

In summer 2026, the Joint Leadership drafted, sought feedback from system partners, and finalized guiding principles to guide future statutory changes and ensure they are aligned with the vision for a more seamless, responsive, and publicly-supported public health system. Recognizing system partners are ready to move forward, the Joint Leadership Team recommends SCHSAC initiate the next phase of this work and explore and recommend policy options for how to implement the principles.

Guiding principles

The statutory framework (e.g., Minn. Stat. § 145A and other statutes that give structure to Minnesota's public health system):

1. Reflects that Minnesota's governmental public health system requires a partnership of state, local, and Tribal governments.
2. Provides clear roles, responsibilities, authority, accountability, and expectations for local, state, and Tribal governmental public health.
3. Recognizes Tribal sovereignty and Tribal public health authority.
4. Articulates the unique role of governmental public health in population-based disease prevention, protection, and health promotion to improve health and reduce health disparities.
5. Elevates the role of governmental public health officials as the chief health strategists for their jurisdiction.
6. Ensures that decisions about the public's health are grounded in science, informed by public health expertise, practice-based evidence, and community priorities.
7. Structures community health boards to fulfill foundational public health responsibilities with sufficient local support, not structured solely based on population size.
8. Aims to have most foundational public health responsibilities supported by stable state and federal funding allocated and delivered in an efficient manner, and community-specific priorities funded by local government.
9. Ensures data sharing across governmental public health to protect and improve the health of Minnesotans, while recognizing Tribal authority over Tribal data.
10. Contains language that is up to date, clear, and simplified.

Methods and member commitments

Deliverable and approach

SCHSAC's Public Health System Policy Development Workgroup will deliver policy recommendations and rationale to SCHSAC for review in fall 2027. The workgroup can expect the following approach:

- Use guiding principles to identify policy options to explore.
- Meet regularly to talk through ideas and make decisions, with support from a contracted facilitator.
- Gather and consider feedback from regions and organizations they represent.

- Review information and research to understand different options. This includes the system and policy assessment, input from partners on the statute, and examples from other states.
- Examine the potential impacts of each option and include a clear explanation of those impacts in the recommendations report.

Membership composition

The workgroup will engage people with different perspectives and experience within Minnesota's governmental public health system, including the Local Public Health Association, Tribal Health Directors, SCHSAC, and MDH.

- Elected CHB and Tribal SCHSAC members or alternates
- Local health director or CHS administrator from each of the 7 LPHA regions
- Tribal Health Directors
- MDH leadership

Representation will be distributed across the state. Additional subject matter experts from MDH, local public health, and Tribal health may be called upon to advise or serve on a subgroup to explore specific topics in more detail. Two members will be appointed as co-chairs. Membership, inclusive of co-chairs, shall not exceed 15 people in total.

Member expectations

- Attend meetings.
- Active participation in discussion.
- Review of materials outside of meetings to be prepared for discussions.
- Communicate with represented constituencies to share information and gather input.
- Serve in the interest of the governmental public health system, not of an individual community health board, local health department, Tribe, or state health department.
- Maintain transparency about the process and challenges.

Workgroup meetings and time commitment

The duration of this workgroup is expected to be approximately 8 months. The workgroup will meet at least monthly (but likely more frequently) starting in January 2027. Members can expect to spend 1.5-2 hours at each meeting and 1-2 hours a month outside of team meetings.

Workgroup operations

Decision-making and ground rules to be determined by workgroup members.

Membership

To be determined. Membership will be approved by SCHSAC.

Staffing

To be determined. MDH will contract with a facilitator.

Additional staff support and technical expertise from MDH's Public Health Strategy and Partnership Division and Office of American Indian Health and Tribal Relations

Minnesota Department of Health
Center for Public Health Practice
PO Box 64975 St. Paul, MN 55164-0975
651-201-3880 health.ophp@state.mn.us
www.health.state.mn.us

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