



State Community Health Services Advisory Committee (SCHSAC) Update

SCHSAC is a group of representatives from each of Minnesota's 51 community health boards, who advise, consult with, and make recommendations to the Commissioner of Health on matters relating to the development, funding, and evaluation of community health services in Minnesota.

SCHSAC, LPHA and MDH together envision a seamless, responsive, publicly-supported 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 all Minnesotans be healthy regardless of where they live.

Leadership of SCHSAC, LPHA, and MDH come together as a Joint Leadership Team working to make system and policy changes at the state and local level so that we can make greater impact more efficiently by implementing a set of key foundational public health responsibilities and make sure every public health agency in Minnesota is equipped to diagnose, cooperate on, and prevent public health challenges.

SCHSAC, AMC, and LPHA successfully advocated for additional state funds to support local public health capacity

Transformation/foundational capabilities: \$9.8 million per year investment in the foundation of Minnesota's public health system is crucial for building capacity at the local level to address health challenges in our communities as they arise. Public health capacity currently varies widely across the state. No matter where someone lives, they should have access to the same public health protections—and the same opportunity to achieve their best health.

Emergency preparedness: \$8.4 million per year to support building local and tribal public health emergency preparedness and response capacity. Health threats that span from severe weather events to infectious disease threats could impact our communities at any time. Local and tribal health departments are the boots on the ground in addressing health threats and must be able to plan for emergencies before they happen and respond in the event they occur. Currently, public health emergency preparedness activities are only funded through federal grants, which have been reduced over the years. State-level investment is crucial to ensure there is always an infrastructure for strong response into the future.

Family home visiting: \$2 million per year to make voluntary home visiting services available to more Minnesota families in need, making sure all Minnesota babies get a health start. Family home visits are an effective way to prevent child maltreatment, promote healthy childhood development and foster self-sufficiency among Minnesota's most at-risk families—all of which help reduce health care and public program costs.

Supporting the public health system in Minnesota is a long-term commitment, requiring ongoing partnership and committed advocacy. This session's investment in the public health system across the state of Minnesota will help make our public health system stronger across the entire state; long-term change will require continued partnership and support.

More information: AMC Update: May 23, 2023 (<https://mailchi.mp/mncounties.org/amc-update-23may23>)

Ongoing investment in public health system helps connect past and future work

Uncovering policies and systems that shape public health: The Joint Leadership Team is overseeing work to shed light on the policies and systems that determine how public health operates in Minnesota, to better understand barriers and opportunities as we move forward.

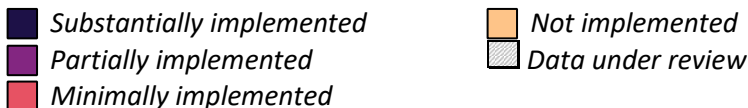
Messages that work: The group is also committed to strong and consistent messaging and communications, to help decisionmakers better understand and support the work of public health, and to work across sectors to build community health.

Concurrent work in tribal nations: In addition, the MDH Office of American Indian Health is working with indigenous consultants and tribal nations to help tribes consider how to strengthen their own public health infrastructure.

Key findings on system capacity released this summer: The Joint Leadership Team has overseen an assessment to understand the public health system’s ability to fulfill foundational responsibilities, the cost involved in doing so, and the policies and systems that help or hinder that work (see figure at right). One of the first steps in ensuring Minnesota has a strong public health system statewide is understanding where and to what degree foundational responsibilities are fulfilled at the state and local level. This assessment isn’t intended to call out “problem areas” or “high achievers,” but to help us understand the state system as a whole and the system’s strengths and gaps.

New funds will connect past and future work, building on lessons learned and increasing capacity. The University of Minnesota will release full findings of this assessment this summer.

How to read this figure: Each square in the figure at right represents a local health jurisdiction or the Minnesota Department of Health. Dark squares signal that a local health department, or in some cases its community partners, has the capacity and expertise to substantially implement the corresponding foundational responsibility. The lighter the square, the less the jurisdiction has capacity in that responsibility.



More information

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