



Meeker-McLeod-Sibley Community Health Board Meeting

Meeting Location: SWIF Building Large Conference Room
15 3rd ave NW, Hutchinson
9:30am-12:00pm

1. Meeting called to order.

2. Approval of Agenda (Action)

3. Approval of the Consent Agenda Items (Action)

- a. November 9, 2023, CHB Meeting Minutes* pg 3-4
- b. November Expense Report* pg 5
- c. December Expense Report* pg 6
- d. January Expense Report* pg 7
- e. November Grant Summary Report* pg 8-14
- f. December Grant Summary Report* pg 15-20
- g. January Grant Summary Report* pg 21-34

4. Administrative Items

- i. Conflict of Interest* (Action) pg 35-36
- ii. Joint Powers Agreement update
- iii. Resolution 2024-1 – Authorizing Agent* (Action) pg 37
- iv. Resolution 2024-2 – Bank Resolution* (Action) pg 38
- v. Resolution 2024-3 – Medical Director* (Action) pg 39
- vi. Sustainability Response Grant Plans* pg 40-71
- vii. MRC STTRONG Grant Plans* (Action) pg 72-105
- viii. Foundational Public Health Responsibilities staffing proposal* (Action)pg 106-126
- ix. SCHSAC Report – Commissioner Schmalz

5. Other Agenda Items

- a. Organization Chart* pg 127
- b. Environmental Health Annual Report* pg 128-186
- c. PM/QI Update* – Brittany Becker pg 187-188
- d. SHIP Update* – Brett Nelson pg 189-190
- e. WIC Update* - Jessica Remington pg 191-194
- f. Fiscal Update* pg 195
- g. Administrator Update* pg 196
- h. Dates to Remember* pg 197
- i. County Updates (Sibley, Meeker, McLeod)

*Attachments:

- Agenda
- November Minutes
- Expense Reports
- Grant Summary Reports
- Conflict of Interest Form
- Resolution 2024-1
- Resolution 2024-2
- Resolution 2024-3
- RSG
- MRC
- FPHG
- Environment Health Annual Report
- PM/QI Slides
- SHIP
- WIC
- Fiscal Update
- Administrator Update

2024 Meeting Dates

May 9th – Sibley County
August 8th – McLeod County
November 14th – Meeker County

*All meetings are 9:30-12:00pm
unless otherwise specified*



Meeker-McLeod-Sibley Community Health Board Meeting

Meeting Location: McLeod Environmental Waste Building, Hutchinson, Mn
November 9, 2023, 9-11am

Present: Kiza Olson, Sarah Gassman, Diane Winter, Brittany Becker, Berit Spors, Klea Rettmann, Rachel Fruhwirth, Lacey Aalker, Commissioner Oberg, Commissioner, Bredeson, Commissioner Grochow, Commissioner Kreger, Commissioner Schmalz

Absent: Pauk Buchovich, Commissioner Luthens

1. **Meeting called to order.** - Commissioner Schmalz at 9:00am
2. **Approval of Agenda (Action)** - Motion by Commissioner Kreger, second Commissioner Grochow
3. **Approval of the Consent Agenda Items (Action)** - Motion by Commissioner Bredeson, second Commissioner Grochow
 - a. September 21, 2023, CHB Meeting Minutes*
 - b. September Expense Report*
 - c. October Expense Report*
 - d. September Grant Summary Report*
 - e. October Grant Summary Report*
4. **Administrative Items**
 - i. **PH-Doc Maintenance and Support Agreement* (Action)** - Motion by Commissioner Bredeson, second Commissioner Kreger
 - ii. **Administration Budget* (Action)** – Motion by Commissioner Grochow, second by Commissioner Bredeson
 - iii. **Grant Budget* (Action)** – Motion by Commissioner Schmalz, second by Commissioner Kreger
 - iv. **Wage increase for MMS CHS Staff* (Action)**
 1. Kiza presented wage scale from the counties, McLeod noted that Health Educator top end should reflect \$36.81 and top of scale for HHS Office Manager is \$43.83.
 2. Proposal of COLA increase at 3%, wage increase up to 3% at discretion of CHS Administrator based on performance.
 - a. Motion by Commissioner Oberg, second by Commissioner Grochow
 - v. **Administrator wage increase* (Action)**
 1. Executive Team recommendation of 3% COLA and 2% performance increase for 2024. Motion by Commissioner Oberg, second by Commissioner Bredeson
 2. Per Executive Team meeting in December 2022, Kiza to get lump sum of performance increase for 2023.
 - vi. **Policy Updates***
 1. **Drug and Alcohol-Free Workplace (Action)** – Motion by Commissioner Schmalz, second by Commissioner Kreger
 2. **Salary Schedule (Action)** – Motion by Commissioner Oberg, seconded by Commissioner Grochow
 3. **Sick and Safe Leave (Action)** – Motion by Commissioner Schmalz, second by Commissioner Grochow
 4. **Termination Entitlements (Action)** – Motion by Commissioner Oberg, second by Commissioner Kreger
 - vii. **Health Benefits* (Action)** Recommendation to stay with current plan with an increase of 10%. Motion by Commissioner Kreger, second by Commissioner Grochow

- viii. **CHB Meeting Schedule* (Action)** - Proposal to go to quarterly meetings rather EOM. Start with the month of February to better accommodate newly elected Commissioners. Motion by Commissioner Bredeson, second by Commissioner Grochow. Discussion of location for CHB meetings due to quarterly change, Litchfield, Hutchinson, Glencoe, Gaylord. Change start time to 930. Meeker would not prefer to start rotation due to current building construction.
- ix. **Executive Meeting Schedule** – Proposal of having Executive Team meeting the month prior to full CHB meeting. All Commissioners in favor. Will keep virtual.
- x. **Terms of Office (Action)** - Proposal to go to two years rather than one year to better support communications between Administration and Chairpersons. Proposal to make policy flexible for year-to-year choice of term length. Sarah and Kiza to write policy. Motion by Commissioner Oberg, second by Commissioner Grochow.
- xi. **SCHSAC Report** – Commissioner Schmalz

5. Other Agenda Items

- a. **Fiscal Update*** - Sarah Gassman
- b. **Administrator Update*** - Kiza Olson
- c. **LPHA Update** – Diane, Brittany, Rachel
 - i. Excellent speakers, main theme was rebranding public health and communication to the public about what public health does in total,
 - ii. Speakers to come speak to staff at all staff meetings in the future.
- d. **County Updates (Meeker, McLeod, Sibley)**
 - i. McLeod – Community Care update, foot care clinic update, family health update, staffing update, TB update, WIC is in person, not currently administering COVID booters to public underinsured people only, vaccine clinic update.
 - ii. Meeker – WIC in person, staffing update, HHS merge, building redesign, Diane will retire Jan 15th deputy director in place.
 - iii. Sibley – Staffing update, nursing students, dental clinics.

Adjourned at 10:59 by Commissioner Bredeson, second by Commissioner Grochow

MMS CHB Secretary (Lyle Grochow)

Date

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES
114 N Holcombe Ave, Suite 250, Litchfield MN 55355
INVOICE PAYMENTS Acct #000991730

	Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
8-Nov	Neuromarketing Services	13110 37th ave N	Plymouth	Mn	55441	\$ 7,520.00	1472	306	Covid-19 3rd Grant	6350	Other Charges & Services	Dr. Wu Presentation
8-Nov	Neuromarketing Services	13110 37th ave N	Plymouth	Mn	55441	\$ 7,000.00	1472	626	RHEN-2	6350	Other Charges & Services	Dr. Wu Presentation
8-Nov	Crow River Golf Club	915 Colorado St NW	Hutchinson	Mn	55350	\$ 1,240.06	68	100	Local Public Health Grant	6350	Other Charges & Services	Dr. Wu Refreshments
8-Nov	Crow River Golf Club	915 Colorado St NW	Hutchinson	Mn	55350	\$ 791.54	68	622	PW Health Equity Grant	6350	Other Charges & Services	Dr. Wu Refreshments
8-Nov	PeopleReady	1002 Solutions Center	Chicago	IL	60677	\$ 324.52	28404541	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
8-Nov	PeopleReady	1002 Solutions Center	Chicago	IL	60677	\$ 188.22	28404541	234	WIC Peer Grant	6881	Other Contractor Fees	Mileage and Markup
8-Nov	PeopleReady	1002 Solutions Center	Chicago	IL	60677	\$ 88.44	28404540	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
8-Nov	PeopleReady	1002 Solutions Center	Chicago	IL	60677	\$ 51.30	28404540	234	WIC Peer Grant	6881	Other Contractor Fees	Mileage and Markup
13-Nov	Conway, Deuth & Schmiesing, PLLP	820 Sibley Ave N	Litchfield	Mn	55355	\$ 590.00	326141	100	Local Public Health Grant	6265	Professional Services	Accounting Firm
15-Nov	Joanne Moze	4351 Harriet Ave	Minneapolis	Mn	55409	\$ 170.00	140	240	SHIP	6350	Other Charges & Services	MN EATS - Interview Protocol
16-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 321.73	81807	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
16-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 154.43	81807	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Mileage and Markup
16-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 130.72	81807	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
16-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 62.74	81807	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Mileage and Markup
21-Nov	Association of Mn Counties	PO Box 64689	St. Paul	Mn	55164	\$ 175.00	11.13.23	100	Local Public Health Grant	6336	Meals/Lodging/Parking & Misc.	LPHA Conference
27-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 372.00	81852	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
27-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 272.97	81852	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
27-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 178.56	81852	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Mark up
27-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 131.02	81852	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Mark up
27-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 119.60	81852	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Mileage
27-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 36.40	81852	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Mileage
28-Nov	Partners in Participation	4208 N 25th ST	Phoenix	AZ	85016	\$ 258.00	PO 001	624	Regional Health Equity	6402	Office Supplies	Sticky Wall
29-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 346.86	81897	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
29-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 166.50	81897	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Mark up
29-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 120.90	81897	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Mileage
29-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 61.51	81897	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
29-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 29.53	81897	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Markup

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES
114 N Holcombe Ave, Suite 250, Litchfield MN 55355
INVOICE PAYMENTS Acct #000991730

	Vendor Name	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
6-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 231.24	179517	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
6-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 111.00	179517	234	WIC Peer Grant	6881	Other Contractor Fees	Mileage and Markup
6-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 88.43	179517	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
6-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 75.55	179517	234	WIC Peer Grant	6880	IBCLC	IBCLC Payroll
6-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 42.44	179517	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Mark up
6-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 36.27	179517	234	WIC Peer Grant	6881	Other Contractor Fees	IBCLC Mark up
6-Dec	MnCCC Lockbox	PO Box 860687	Minneapolis	Mn	55486	\$ 12.43	2311255	100	Local Public Health Grant	6264	PH-Doc Software	CHS User Group Share
12-Dec	Conway, Deuth & Schmiesing, PLLP	820 Sibley Ave N	Litchfield	Mn	55355	\$ 2,043.00	326919	100	Local Public Health Grant	6265	Professional Services	Accounting Firm
12-Dec	Minnesota Counties Intergovernmental Trust	LBX-139157, PO Box 1691	Minneapolis	Mn	55480-1691	\$ 403.00	WCAUDIT1600	100	Local Public Health Grant	6266	Audit Expense	MCIT Audit
13-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 246.32	81984	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
13-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 118.24	81984	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Mark up
13-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 99.96	81984	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
13-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 47.98	81984	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Markup
19-Dec	Reality Based Leadership LLC	1405 Caney Creek Ln	McKinney	Tx	75071	\$ 7,500.00	5907	306	Covid-19 3rd Grant	6350	Other Charges & Services	Alex Dorr Speaker
19-Dec	Joanne Moze	4351 Harriet Ave	Minneapolis	Mn	55409	\$ 212.50	141	622	PW Health Equity Grant	6154	Contracted Services	CHA Meeting
19-Dec	Kiza Olson	325 S Miller Ave	Litchfield	Mn	55355	\$ 149.46	10.24.23	100	Local Public Health Grant	6612	Small Equipment	Monitor for KO
19-Dec	Kiza Olson	325 S Miller Ave	Litchfield	Mn	55355	\$ 32.23	10.24.23	100	Local Public Health Grant	6402	Office Supplies	USB Adapter
19-Dec	Kiza Olson	325 S Miller Ave	Litchfield	Mn	55355	\$ 24.20	10.24.23	100	Local Public Health Grant	6402	Office Supplies	File Folder and Flash Drive
19-Dec	Kiza Olson	325 S Miller Ave	Litchfield	Mn	55355	\$ 15.71	10.24.23	100	Local Public Health Grant	6360	Training	Leadership Book
19-Dec	Kiza Olson	325 S Miller Ave	Litchfield	Mn	55355	\$ 10.61	10.24.23	100	Local Public Health Grant	6402	Office Supplies	USB Cord
20-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 226.22	82031	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
20-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 108.58	82031	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Mark up
20-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 107.65	82031	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
20-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 68.90	82031	234	WIC Peer Grant	6881	Other Contractor Fees	Mileage
20-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 51.67	82031	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Mark up
20-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 37.78	82031	234	WIC Peer Grant	6880	IBCLC	HZ Hourly
20-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 18.13	82031	234	WIC Peer Grant	6881	Other Contractor Fees	IBCLC Mark up
27-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 211.14	82076	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
27-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 101.34	82076	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Mark up
27-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 19.22	82076	234	WIC Peer Grant	6265	Professional Services	WIC Peer Payroll
27-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 9.23	82076	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Markup
27-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 3.25	82076	234	WIC Peer Grant	6881	Other Contractor Fees	Mileage

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES
114 N Holcombe Ave, Suite 250, Litchfield MN 55355
INVOICE PAYMENTS Acct #000991730

Date	Vendor	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
3-Jan	Vivid Image	897 Hwy 15 S	Hutchinson	Mn	55350	\$ 6,250.00	22848	100	Local Public Health Grant	6265	Professional Services	General Use Hours
3-Jan	MCIT	PO Box 1691	Minneapolis	Mn	55480	\$ 10,727.00	2020R	100	Local Public Health Grant	6265	Professional Services	Renewal
3-Jan	MnCCC Lockbox	PO Box 860687	Minneapolis	Mn	55486	\$ 11,677.89	2401119	100	Local Public Health Grant	6264	PH-Doc Software	PH-Doc Support
3-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 311.68	82121	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
3-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 149.60	82121	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Mark up
3-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 37.70	82121	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Mileage
10-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 100.93	82166	234	WIC Peer Grant	6265	Professional Services	Peer Payroll
10-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 48.45	82166	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Markup
10-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 410.36	82166	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
10-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 196.98	82166	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Mark up
10-Jan	Crow River Golf Club	915 Colorado St NW	Hutchinson	Mn	55350	\$ 539.38	78	626	RHEN-2	6350	Other Charges & Services	Rental for Brian Miller
17-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 97.28	82214	234	WIC Peer Grant	6880	IBCLC	IBCLC
17-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 46.70	82214	234	WIC Peer Grant	6881	Other Contractor Fees	IBCLC Markup
17-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 437.01	82214	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
17-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 209.77	82214	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Mark up
17-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 40.37	82214	234	WIC Peer Grant	6265	Professional Services	Peer Payroll
17-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 19.38	82214	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Payroll Mark up
18-Jan	Conway, Deuth & Schmiesing, PLLP	820 Sibley Ave N	Litchfield	Mn	55355	\$ 4,725.00	328339	100	Local Public Health Grant	6266	Audit Expense	Audit Expense
18-Jan	Conway, Deuth & Schmiesing, PLLP	820 Sibley Ave N	Litchfield	Mn	55355	\$ 2,296.80	328339	100	Local Public Health Grant	6265	Professional Services	Accounting Firm
24-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 421.02	82259	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
24-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 202.09	82259	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Mark up
24-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 36.40	82259	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Mileage
24-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 161.49	82259	234	WIC Peer Grant	6265	Professional Services	Peer Payroll
24-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 77.51	82259	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Payroll Mark up
24-Jan	The Vision Company	PO Box 248	Rogers	Mn	55374	\$ 32.50	82259	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Mileage

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Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
November 2023

12/04/23

Accrual Basis

	100 - Local Public Health Grant	107 - Workforce Development	203 - Early Hearing Detection
Ordinary Income/Expense			
Income			
5301 - Project Harmony Grant	0.00	0.00	0.00
5303 - SHIP Grant	0.00	0.00	0.00
5400 - Federal Grant	0.00	21,820.78	0.00
5404 - Early Hearing Detect/Intervent	0.00	0.00	675.00
5413 - WIC Grant	0.00	0.00	0.00
5414 - MCH Grant	0.00	0.00	0.00
5459 - WIC Peer Counseling - I	0.00	0.00	0.00
5465 - Regional Health Equity Network	0.00	0.00	0.00
5990 - Refunds & Reimbursements	1,435.00	0.00	0.00
Total Income	1,435.00	21,820.78	675.00
Expense			
6105 - Salaries & Wages-FT	4,993.40	4,440.38	0.00
6110 - Salaries & Wages	6,697.95	2,471.67	0.00
6152 - HSA Insurance-County Share	20.00	67.50	0.00
6153 - Health & Life Ins-County Share	727.39	314.37	0.00
6154 - Contracted Services	0.00	0.00	0.00
6163 - PERA-County Share	873.53	518.40	0.00
6175 - FICA-County Share	896.09	528.75	0.00
6203 - Communications	51.35	51.35	0.00
6265 - Professional Services	2,053.50	0.00	0.00
6268 - Bank Service Fees & Charges	0.00	0.00	0.00
6269 - Payroll Services	26.25	0.00	0.00
6335 - Mileage	311.78	127.07	0.00
6336 - Meals/Lodging/Parking & Misc.	175.00	0.00	0.00
6350 - Other Charges & Services	1,315.06	0.00	0.00
6356 - Program Costs	0.00	0.00	0.00
6862 - Project Harmony CP	0.00	0.00	0.00
6864 - Early Hearing & Dect. CP	0.00	0.00	675.00
6867 - C & TC County Payment	0.00	0.00	0.00
6875 - Covid Vacc 3	0.00	0.00	0.00
6878 - Regional Health Equity Network.	0.00	0.00	0.00
6881 - Other Contractor Fees	0.00	0.00	0.00
Total Expense	18,141.30	8,519.49	675.00
Net Ordinary Income	-16,706.30	13,301.29	0.00
Net Income	-16,706.30	13,301.29	0.00

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12/04/23

Accrual Basis

Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
 November 2023

	206 - FPSP	209 - MCH	212 - Project Harmony Grant
Ordinary Income/Expense			
Income			
5301 · Project Harmony Grant	0.00	0.00	9,279.61
5303 · SHIP Grant	0.00	0.00	0.00
5400 · Federal Grant	0.00	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00	0.00
5413 · WIC Grant	0.00	0.00	0.00
5414 · MCH Grant	0.00	5,434.00	0.00
5459 · WIC Peer Counseling - I	0.00	0.00	0.00
5465 · Regional Health Equity Network	0.00	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00	0.00
Total Income	0.00	5,434.00	9,279.61
Expense			
6105 · Salaries & Wages-FT	0.00	0.00	5,546.40
6110 · Salaries & Wages	0.00	0.00	0.00
6152 · HSA Insurance-County Share	0.00	0.00	100.00
6153 · Health & Life Ins-County Share	0.00	0.00	940.66
6154 · Contracted Services	2,000.00	0.00	0.00
6163 · PERA-County Share	0.00	0.00	415.98
6175 · FICA-County Share	0.00	0.00	420.61
6203 · Communications	0.00	0.00	51.35
6265 · Professional Services	0.00	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00	0.00
6269 · Payroll Services	0.00	0.00	0.00
6335 · Mileage	0.00	0.00	512.86
6336 · Meals/Lodging/Parking & Misc.	0.00	0.00	0.00
6350 · Other Charges & Services	0.00	0.00	0.00
6356 · Program Costs	0.00	0.00	139.98
6862 · Project Harmony CP	0.00	0.00	4,585.31
6864 · Early Hearing & Dect. CP	0.00	0.00	0.00
6867 · C & TC County Payment	0.00	0.00	0.00
6875 · Covid Vacc 3	0.00	0.00	0.00
6878 · Regional Health Equity Network.	0.00	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00	0.00
Total Expense	2,000.00	0.00	12,713.15
Net Ordinary Income	-2,000.00	5,434.00	-3,433.54
Net Income	-2,000.00	5,434.00	-3,433.54

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12/04/23

Accrual Basis

Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
November 2023

	234 - WIC Peer Grant	236 - WIC	240 - SHIP-Eats
Ordinary Income/Expense			
Income			
5301 · Project Harmony Grant	0.00	0.00	0.00
5303 · SHIP Grant	0.00	0.00	16,338.22
5400 · Federal Grant	0.00	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00	0.00
5413 · WIC Grant	0.00	46,367.00	0.00
5414 · MCH Grant	0.00	0.00	0.00
5459 · WIC Peer Counseling - I	21,843.00	0.00	0.00
5465 · Regional Health Equity Network	0.00	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00	0.00
Total Income	21,843.00	46,367.00	16,338.22
Expense			
6105 · Salaries & Wages-FT	1,570.14	14,212.41	4,477.44
6110 · Salaries & Wages	0.00	0.00	150.00
6152 · HSA Insurance-County Share	0.00	99.38	0.00
6153 · Health & Life Ins-County Share	119.22	1,327.61	464.01
6154 · Contracted Services	0.00	0.00	0.00
6163 · PERA-County Share	117.75	1,065.93	335.81
6175 · FICA-County Share	109.45	1,030.14	352.86
6203 · Communications	203.27	102.70	132.35
6265 · Professional Services	1,894.99	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00	0.00
6269 · Payroll Services	0.00	0.00	0.00
6335 · Mileage	88.43	822.02	0.00
6336 · Meals/Lodging/Parking & Misc.	0.00	190.46	0.00
6350 · Other Charges & Services	0.00	0.00	170.00
6356 · Program Costs	0.00	0.00	0.00
6862 · Project Harmony CP	0.00	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00	0.00
6867 · C & TC County Payment	0.00	0.00	0.00
6875 · Covid Vacc 3	0.00	0.00	0.00
6878 · Regional Health Equity Network.	0.00	0.00	0.00
6881 · Other Contractor Fees	1,053.85	0.00	0.00
Total Expense	5,157.10	18,850.65	6,082.47
Net Ordinary Income	16,685.90	27,516.35	10,255.75
Net Income	16,685.90	27,516.35	10,255.75

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Accrual Basis

Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
November 2023

	241 - SHIP-Moves	242 - SHIP-Well-Being	243 - SHIP-Commercial Tobacco
Ordinary Income/Expense			
Income			
5301 · Project Harmony Grant	0.00	0.00	0.00
5303 · SHIP Grant	0.00	0.00	0.00
5400 · Federal Grant	0.00	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00	0.00
5413 · WIC Grant	0.00	0.00	0.00
5414 · MCH Grant	0.00	0.00	0.00
5459 · WIC Peer Counseling - I	0.00	0.00	0.00
5465 · Regional Health Equity Network	0.00	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00	0.00
Total Income	0.00	0.00	0.00
Expense			
6105 · Salaries & Wages-FT	1,356.80	440.96	1,865.60
6110 · Salaries & Wages	0.00	0.00	0.00
6152 · HSA Insurance-County Share	0.00	0.00	0.00
6153 · Health & Life Ins-County Share	0.00	0.00	0.00
6154 · Contracted Services	0.00	0.00	0.00
6163 · PERA-County Share	101.76	33.07	139.92
6175 · FICA-County Share	102.29	33.73	141.61
6203 · Communications	0.00	0.00	0.00
6265 · Professional Services	0.00	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00	0.00
6269 · Payroll Services	0.00	0.00	0.00
6335 · Mileage	0.00	0.00	0.00
6336 · Meals/Lodging/Parking & Misc.	0.00	0.00	0.00
6350 · Other Charges & Services	0.00	0.00	0.00
6356 · Program Costs	0.00	0.00	0.00
6862 · Project Harmony CP	0.00	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00	0.00
6867 · C & TC County Payment	0.00	0.00	0.00
6875 · Covid Vacc 3	0.00	0.00	0.00
6878 · Regional Health Equity Network.	0.00	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00	0.00
Total Expense	1,560.85	507.76	2,147.13
Net Ordinary Income	-1,560.85	-507.76	-2,147.13
Net Income	-1,560.85	-507.76	-2,147.13

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Accrual Basis

Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
November 2023

	306 - COV Vacc 3 (Fed Funding)	502 - Emergency Preparedness	505 - EP - CRI
Ordinary Income/Expense			
Income			
5301 · Project Harmony Grant	0.00	0.00	0.00
5303 · SHIP Grant	0.00	0.00	0.00
5400 · Federal Grant	0.00	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00	0.00
5413 · WIC Grant	0.00	0.00	0.00
5414 · MCH Grant	0.00	0.00	0.00
5459 · WIC Peer Counseling - I	0.00	0.00	0.00
5465 · Regional Health Equity Network	0.00	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00	0.00
Total Income	0.00	0.00	0.00
Expense			
6105 · Salaries & Wages-FT	1,900.24	6,523.60	1,372.40
6110 · Salaries & Wages	823.89	0.00	0.00
6152 · HSA Insurance-County Share	25.01	72.81	14.69
6153 · Health & Life Ins-County Share	183.27	2,167.98	147.23
6154 · Contracted Services	0.00	0.00	0.00
6163 · PERA-County Share	204.31	489.27	102.93
6175 · FICA-County Share	205.03	479.44	101.02
6203 · Communications	0.00	51.35	0.00
6265 · Professional Services	0.00	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00	0.00
6269 · Payroll Services	0.00	0.00	0.00
6335 · Mileage	26.20	310.47	0.00
6336 · Meals/Lodging/Parking & Misc.	0.00	0.00	0.00
6350 · Other Charges & Services	7,520.00	0.00	0.00
6356 · Program Costs	0.00	0.00	0.00
6862 · Project Harmony CP	0.00	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00	0.00
6867 · C & TC County Payment	0.00	0.00	0.00
6875 · Covid Vacc 3	31,127.51	0.00	0.00
6878 · Regional Health Equity Network.	0.00	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00	0.00
Total Expense	42,015.46	10,094.92	1,738.27
Net Ordinary Income	-42,015.46	-10,094.92	-1,738.27
Net Income	-42,015.46	-10,094.92	-1,738.27

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Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
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Accrual Basis

	601 - Child & Teen Checkups	622- Prime West Equity Grant	624 - RHEN
Ordinary Income/Expense			
Income			
5301 · Project Harmony Grant	0.00	0.00	0.00
5303 · SHIP Grant	0.00	0.00	0.00
5400 · Federal Grant	0.00	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00	0.00
5413 · WIC Grant	0.00	0.00	0.00
5414 · MCH Grant	0.00	0.00	0.00
5459 · WIC Peer Counseling - I	0.00	0.00	0.00
5465 · Regional Health Equity Network	0.00	0.00	40,533.81
5990 · Refunds & Reimbursements	0.00	0.00	0.00
Total Income	0.00	0.00	40,533.81
Expense			
6105 · Salaries & Wages-FT	33.78	0.00	0.00
6110 · Salaries & Wages	0.00	0.00	0.00
6152 · HSA Insurance-County Share	0.63	0.00	0.00
6153 · Health & Life Ins-County Share	2.96	0.00	0.00
6154 · Contracted Services	0.00	0.00	0.00
6163 · PERA-County Share	2.54	0.00	0.00
6175 · FICA-County Share	2.46	0.00	0.00
6203 · Communications	0.00	0.00	0.00
6265 · Professional Services	0.00	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00	0.00
6269 · Payroll Services	0.00	0.00	0.00
6335 · Mileage	0.00	0.00	0.00
6336 · Meals/Lodging/Parking & Misc.	0.00	0.00	0.00
6350 · Other Charges & Services	0.00	1,151.45	0.00
6356 · Program Costs	0.00	0.00	0.00
6862 · Project Harmony CP	0.00	0.00	0.00
6864 · Early Hearing & Deaf. CP	0.00	0.00	0.00
6867 · C & TC County Payment	63,434.39	0.00	0.00
6875 · Covid Vacc 3	0.00	0.00	0.00
6878 · Regional Health Equity Network.	0.00	0.00	20,537.06
6881 · Other Contractor Fees	0.00	0.00	0.00
Total Expense	63,476.76	1,151.45	20,537.06
Net Ordinary Income	-63,476.76	-1,151.45	19,996.75
Net Income	-63,476.76	-1,151.45	19,996.75

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Accrual Basis

Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
November 2023

	626 - RHEN - 2	Unclassified	TOTAL
Ordinary Income/Expense			
Income			
5301 · Project Harmony Grant	0.00	0.00	9,279.61
5303 · SHIP Grant	0.00	0.00	16,338.22
5400 · Federal Grant	0.00	0.00	21,820.78
5404 · Early Hearing Detect/Intervent	0.00	0.00	675.00
5413 · WIC Grant	0.00	0.00	46,367.00
5414 · MCH Grant	0.00	0.00	5,434.00
5459 · WIC Peer Counseling - I	0.00	0.00	21,843.00
5465 · Regional Health Equity Network	0.00	0.00	40,533.81
5990 · Refunds & Reimbursements	0.00	0.00	1,435.00
Total Income	0.00	0.00	163,726.42
Expense			
6105 · Salaries & Wages-FT	0.00	0.00	48,733.55
6110 · Salaries & Wages	0.00	-50.00	10,093.51
6152 · HSA Insurance-County Share	0.00	0.00	400.02
6153 · Health & Life Ins-County Share	0.00	99.87	6,494.57
6154 · Contracted Services	0.00	0.00	2,000.00
6163 · PERA-County Share	0.00	0.00	4,401.20
6175 · FICA-County Share	0.00	-1.76	4,401.72
6203 · Communications	0.00	0.00	643.72
6265 · Professional Services	0.00	0.00	3,948.49
6268 · Bank Service Fees & Charges	0.00	54.95	54.95
6269 · Payroll Services	0.00	0.00	26.25
6335 · Mileage	0.00	77.31	2,276.14
6336 · Meals/Lodging/Parking & Misc.	0.00	0.00	365.46
6350 · Other Charges & Services	7,000.00	0.00	17,156.51
6356 · Program Costs	0.00	0.00	139.98
6862 · Project Harmony CP	0.00	0.00	4,585.31
6864 · Early Hearing & Dect. CP	0.00	0.00	675.00
6867 · C & TC County Payment	0.00	0.00	63,434.39
6875 · Covid Vacc 3	0.00	0.00	31,127.51
6878 · Regional Health Equity Network.	0.00	0.00	20,537.06
6881 · Other Contractor Fees	0.00	0.00	1,053.85
Total Expense	7,000.00	180.37	222,549.19
Net Ordinary Income	-7,000.00	-180.37	-58,822.77
Net Income	-7,000.00	-180.37	-58,822.77

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Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
December 2023

01/02/24

Accrual Basis

	100 - Local Public Health Grant	107 - Workforce Development	203 - Early Hearing Detection
Ordinary Income/Expense			
Income			
5413 · WIC Grant	0.00	0.00	0.00
5860 · Miscellaneous	1,230.00	0.00	0.00
Total Income	1,230.00	0.00	0.00
Expense			
6105 · Salaries & Wages-FT	1,213.52	2,758.00	0.00
6110 · Salaries & Wages	6,403.56	1,651.86	0.00
6152 · HSA Insurance-County Share	13.75	31.25	0.00
6153 · Health & Life Ins-County Share	63.98	143.46	0.00
6163 · PERA-County Share	254.16	207.75	0.00
6175 · FICA-County Share	582.72	337.34	0.00
6203 · Communications	51.35	51.35	0.00
6264 · PH.DOC Software	12.43	0.00	0.00
6265 · Professional Services	2,043.00	0.00	0.00
6266 · Audit Expense	403.00	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00	0.00
6269 · Payroll Services	24.50	0.00	0.00
6335 · Mileage	247.59	100.87	0.00
6402 · Office Supplies	0.00	0.00	0.00
6859 · MCH County Payment	0.00	0.00	0.00
6862 · Project Harmony CP	0.00	0.00	527.93
6865 · SHIP - County Payment	0.00	0.00	0.00
6878 · Regional Health Equity Network.	0.00	0.00	0.00
6880 · IBCLC	0.00	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00	0.00
Total Expense	11,313.56	5,281.88	527.93
Net Ordinary Income	-10,083.56	-5,281.88	-527.93
Net Income	-10,083.56	-5,281.88	-527.93

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Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
December 2023

01/02/24

Accrual Basis

	209 - MCH	212 - Project Harmony Grant	234 - WIC Peer Grant
Ordinary Income/Expense			
Income			
5413 · WIC Grant	0.00	0.00	0.00
5860 · Miscellaneous	0.00	0.00	0.00
Total Income	0.00	0.00	0.00
Expense			
6105 · Salaries & Wages-FT	0.00	3,697.61	1,122.94
6110 · Salaries & Wages	0.00	0.00	0.00
6152 · HSA Insurance-County Share	0.00	50.00	0.00
6153 · Health & Life Ins-County Share	0.00	358.62	52.06
6163 · PERA-County Share	0.00	138.66	41.74
6175 · FICA-County Share	0.00	279.19	75.15
6203 · Communications	0.00	51.35	203.27
6264 · PH.DOC Software	0.00	0.00	0.00
6265 · Professional Services	0.00	0.00	1,719.29
6266 · Audit Expense	0.00	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00	0.00
6269 · Payroll Services	0.00	0.00	0.00
6335 · Mileage	0.00	296.72	0.00
6402 · Office Supplies	0.00	0.00	0.00
6859 · MCH County Payment	5,484.00	0.00	0.00
6862 · Project Harmony CP	0.00	197.20	0.00
6865 · SHIP - County Payment	0.00	0.00	0.00
6878 · Regional Health Equity Network.	0.00	1,915.55	0.00
6880 · IBCLC	0.00	0.00	75.55
6881 · Other Contractor Fees	0.00	0.00	1,138.44
Total Expense	5,484.00	6,984.90	4,428.44
Net Ordinary Income	-5,484.00	-6,984.90	-4,428.44
Net Income	-5,484.00	-6,984.90	-4,428.44

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Accrual Basis

Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
December 2023

	236 - WIC	240 - SHIP-Eats	241 - SHIP-Moves
Ordinary Income/Expense			
Income			
5413 · WIC Grant	55,221.00	0.00	0.00
5860 · Miscellaneous	0.00	0.00	0.00
Total Income	55,221.00	0.00	0.00
Expense			
6105 · Salaries & Wages-FT	9,319.59	3,799.04	1,085.44
6110 · Salaries & Wages	0.00	50.00	0.00
6152 · HSA Insurance-County Share	49.38	0.00	0.00
6153 · Health & Life Ins-County Share	421.02	1.06	0.00
6163 · PERA-County Share	349.15	203.52	0.00
6175 · FICA-County Share	655.99	294.46	83.04
6203 · Communications	102.70	51.35	0.00
6264 · PH.DOC Software	0.00	0.00	0.00
6265 · Professional Services	0.00	0.00	0.00
6266 · Audit Expense	0.00	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00	0.00
6269 · Payroll Services	0.00	0.00	0.00
6335 · Mileage	197.81	10.48	0.00
6402 · Office Supplies	0.00	0.00	0.00
6859 · MCH County Payment	0.00	0.00	0.00
6862 · Project Harmony CP	0.00	0.00	0.00
6865 · SHIP - County Payment	0.00	744.02	0.00
6878 · Regional Health Equity Network.	0.00	0.00	0.00
6880 · IBCLC	0.00	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00	0.00
Total Expense	11,095.64	5,153.93	1,168.48
Net Ordinary Income	44,125.36	-5,153.93	-1,168.48
Net Income	44,125.36	-5,153.93	-1,168.48

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Accrual Basis

Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
December 2023

	242 - SHIP-Well-Being	243 - SHIP-Commercial Tobacco	306 - COV Vacc 3 (Fed Funding)
Ordinary Income/Expense			
Income			
5413 · WIC Grant	0.00	0.00	0.00
5860 · Miscellaneous	0.00	0.00	0.00
Total Income	0.00	0.00	0.00
Expense			
6105 · Salaries & Wages-FT	101.76	440.96	1,080.48
6110 · Salaries & Wages	0.00	0.00	333.27
6152 · HSA Insurance-County Share	0.00	0.00	10.63
6153 · Health & Life Ins-County Share	0.00	0.00	82.00
6163 · PERA-County Share	0.00	0.00	62.58
6175 · FICA-County Share	7.79	33.72	105.28
6203 · Communications	0.00	0.00	0.00
6264 · PH.DOC Software	0.00	0.00	0.00
6265 · Professional Services	0.00	0.00	0.00
6266 · Audit Expense	0.00	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00	0.00
6269 · Payroll Services	0.00	0.00	0.00
6335 · Mileage	0.00	0.00	0.00
6402 · Office Supplies	0.00	0.00	0.00
6859 · MCH County Payment	0.00	0.00	0.00
6862 · Project Harmony CP	0.00	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00	0.00
6878 · Regional Health Equity Network.	0.00	0.00	0.00
6880 · IBCLC	0.00	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00	0.00
Total Expense	109.55	474.68	1,674.24
Net Ordinary Income	-109.55	-474.68	-1,674.24
Net Income	-109.55	-474.68	-1,674.24

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Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
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01/02/24

Accrual Basis

	502 - Emergency Preparedness	505 - EP - CRI	601 - Child & Teen Checkups
Ordinary Income/Expense			
Income			
5413 · WIC Grant	0.00	0.00	0.00
5860 · Miscellaneous	0.00	0.00	0.00
Total Income	0.00	0.00	0.00
Expense			
6105 · Salaries & Wages-FT	4,136.00	1,240.80	50.66
6110 · Salaries & Wages	0.00	0.00	0.00
6152 · HSA Insurance-County Share	33.75	10.63	0.63
6153 · Health & Life Ins-County Share	354.19	111.50	2.97
6163 · PERA-County Share	152.28	47.94	2.53
6175 · FICA-County Share	297.88	89.37	3.70
6203 · Communications	81.34	0.00	0.00
6264 · PH.DOC Software	0.00	0.00	0.00
6265 · Professional Services	0.00	0.00	0.00
6266 · Audit Expense	0.00	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00	0.00
6269 · Payroll Services	0.00	0.00	0.00
6335 · Mileage	0.00	0.00	0.00
6402 · Office Supplies	0.00	0.00	0.00
6859 · MCH County Payment	0.00	0.00	0.00
6862 · Project Harmony CP	0.00	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00	0.00
6878 · Regional Health Equity Network.	0.00	0.00	0.00
6880 · IBCLC	0.00	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00	0.00
Total Expense	5,055.44	1,500.24	60.49
Net Ordinary Income	-5,055.44	-1,500.24	-60.49
Net Income	-5,055.44	-1,500.24	-60.49

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Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
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Accrual Basis

	624 - RHEN	Unclassified	TOTAL
Ordinary Income/Expense			
Income			
5413 · WIC Grant	0.00	0.00	55,221.00
5860 · Miscellaneous	0.00	0.00	1,230.00
Total Income	0.00	0.00	56,451.00
Expense			
6105 · Salaries & Wages-FT	0.00	0.00	30,046.80
6110 · Salaries & Wages	0.00	72.16	8,510.85
6152 · HSA Insurance-County Share	0.00	200.00	400.02
6153 · Health & Life Ins-County Share	0.00	1,746.56	3,337.42
6163 · PERA-County Share	0.00	1,420.69	2,881.00
6175 · FICA-County Share	0.00	5.51	2,851.14
6203 · Communications	0.00	0.00	592.71
6264 · PH.DOC Software	0.00	0.00	12.43
6265 · Professional Services	0.00	0.00	3,762.29
6266 · Audit Expense	0.00	0.00	403.00
6268 · Bank Service Fees & Charges	0.00	6.95	6.95
6269 · Payroll Services	0.00	0.00	24.50
6335 · Mileage	0.00	451.95	1,305.42
6402 · Office Supplies	258.00	0.00	258.00
6859 · MCH County Payment	0.00	0.00	5,484.00
6862 · Project Harmony CP	0.00	0.00	725.13
6865 · SHIP - County Payment	0.00	0.00	744.02
6878 · Regional Health Equity Network.	0.00	0.00	1,915.55
6880 · IBCLC	0.00	0.00	75.55
6881 · Other Contractor Fees	0.00	0.00	1,138.44
Total Expense	258.00	3,903.82	64,475.22
Net Ordinary Income	-258.00	-3,903.82	-8,024.22
Net Income	-258.00	-3,903.82	-8,024.22

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02/02/24

Accrual Basis

Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
January 2024

	100 - Local Public Health Grant	107 - Workforce Development	108 - CDC Federal Infrastructure
Ordinary Income/Expense			
Income			
5303 · SHIP Grant	0.00	0.00	0.00
5336 · Local Public Health Grant	68,032.65	0.00	0.00
5338 · FPSP Grant	0.00	0.00	0.00
5345 · C&Tc State	0.00	0.00	0.00
5400 · Federal Grant	0.00	0.00	0.00
5413 · WIC Grant	0.00	0.00	0.00
5414 · MCH Grant	0.00	0.00	0.00
5422 · Child & Teen Checkups Grant	0.00	0.00	0.00
5428 · Follow Along Program	0.00	0.00	0.00
5430 · Project Harmony	0.00	0.00	0.00
5433 · TANF	0.00	0.00	0.00
5460 · PHEP Grant	0.00	0.00	0.00
5465 · Regional Health Equity Network	0.00	0.00	0.00
5470 · CDC Federal Infrastructure	0.00	0.00	8,830.11
Total Income	68,032.65	0.00	8,830.11
Expense			
6105 · Salaries & Wages-FT	1,654.88	2,760.62	0.00
6110 · Salaries & Wages	6,325.26	1,454.82	0.00
6151 · Work Comp Insurance	10,727.00	0.00	0.00
6152 · HSA Insurance-County Share	29.38	60.63	0.00
6153 · Health & Life Ins-County Share	147.70	300.90	0.00
6163 · PERA-County Share	530.53	371.89	0.00
6175 · FICA-County Share	610.48	322.48	0.00
6203 · Communications	51.35	0.00	0.00
6246 · Staff Development	0.00	0.00	0.00
6264 · PH.DOC Software	11,677.89	0.00	0.00
6265 · Professional Services	6,250.00	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00	0.00
6269 · Payroll Services	40.25	0.00	0.00
6335 · Mileage	313.78	154.27	0.00
6350 · Other Charges & Services	0.00	0.00	0.00
6356 · Program Costs	0.00	0.00	0.00
6402 · Office Supplies	0.00	51.35	0.00
6859 · MCH County Payment	0.00	0.00	0.00
6860 · Follow Along Program CP	0.00	0.00	0.00
6862 · Project Harmony CP	0.00	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00	0.00
6867 · C & TC County Payment	0.00	0.00	0.00
6871 · TANF CP	0.00	0.00	0.00
6879 · REHN - 2	0.00	0.00	8,430.77

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Meeker-McLeod-Sibley Community Health Services
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Accrual Basis

	100 - Local Public Health Grant	107 - Workforce Development	108 - CDC Federal Infrastructur
6880 · IBCLC	0.00	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00	0.00
Total Expense	38,358.50	5,476.96	8,430.77
Net Ordinary Income	29,674.15	-5,476.96	399.34
Net Income	29,674.15	-5,476.96	399.34

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Accrual Basis

Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
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	205 - Follow Along	206 - FPSP	209 - MCH
Ordinary Income/Expense			
Income			
5303 · SHIP Grant	0.00	0.00	0.00
5336 · Local Public Health Grant	0.00	0.00	0.00
5338 · FPSP Grant	0.00	20,331.63	0.00
5345 · C&Tc State	0.00	0.00	0.00
5400 · Federal Grant	0.00	0.00	0.00
5413 · WIC Grant	0.00	0.00	0.00
5414 · MCH Grant	0.00	0.00	20,809.18
5422 · Child & Teen Checkups Grant	0.00	0.00	0.00
5428 · Follow Along Program	2,215.96	0.00	0.00
5430 · Project Harmony	0.00	0.00	0.00
5433 · TANF	0.00	0.00	0.00
5460 · PHEP Grant	0.00	0.00	0.00
5465 · Regional Health Equity Network	0.00	0.00	0.00
5470 · CDC Federal Infrastructure	0.00	0.00	0.00
Total Income	2,215.96	20,331.63	20,809.18
Expense			
6105 · Salaries & Wages-FT	0.00	0.00	0.00
6110 · Salaries & Wages	0.00	0.00	0.00
6151 · Work Comp Insurance	0.00	0.00	0.00
6152 · HSA Insurance-County Share	0.00	0.00	0.00
6153 · Health & Life Ins-County Share	0.00	0.00	0.00
6163 · PERA-County Share	0.00	0.00	0.00
6175 · FICA-County Share	0.00	0.00	0.00
6203 · Communications	0.00	0.00	0.00
6246 · Staff Developement	0.00	0.00	0.00
6264 · PH.DOC Software	0.00	0.00	0.00
6265 · Professional Services	0.00	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00	0.00
6269 · Payroll Services	0.00	0.00	0.00
6335 · Mileage	0.00	0.00	0.00
6350 · Other Charges & Services	0.00	0.00	0.00
6356 · Program Costs	0.00	0.00	0.00
6402 · Office Supplies	0.00	0.00	0.00
6859 · MCH County Payment	0.00	0.00	20,668.56
6860 · Follow Along Program CP	2,215.96	0.00	0.00
6862 · Project Harmony CP	0.00	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00	0.00
6867 · C & TC County Payment	0.00	0.00	0.00
6871 · TANF CP	0.00	0.00	0.00
6879 · REHN - 2	0.00	0.00	0.00

Meeker-McLeod-Sibley Community Health Services
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	205 - Follow Along	206 - FPSP	209 - MCH
6880 · IBCLC	0.00	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00	0.00
Total Expense	2,215.96	0.00	20,668.56
Net Ordinary Income	0.00	20,331.63	140.62
Net Income	0.00	20,331.63	140.62

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Accrual Basis

Meeker-McLeod-Sibley Community Health Services

Grant Summary Report

January 2024

	212 - Project Harmony Grant	224 - TANF	230 - SHIP
Ordinary Income/Expense			
Income			
5303 · SHIP Grant	0.00	0.00	0.00
5336 · Local Public Health Grant	0.00	0.00	0.00
5338 · FPSP Grant	0.00	0.00	0.00
5345 · C&Tc State	0.00	0.00	0.00
5400 · Federal Grant	0.00	0.00	0.00
5413 · WIC Grant	0.00	0.00	0.00
5414 · MCH Grant	0.00	0.00	0.00
5422 · Child & Teen Checkups Grant	0.00	0.00	0.00
5428 · Follow Along Program	0.00	0.00	0.00
5430 · Project Harmony	21,905.32	0.00	0.00
5433 · TANF	0.00	23,154.01	0.00
5460 · PHEP Grant	0.00	0.00	0.00
5465 · Regional Health Equity Network	0.00	0.00	0.00
5470 · CDC Federal Infrastructure	0.00	0.00	0.00
Total Income	21,905.32	23,154.01	0.00
Expense			
6105 · Salaries & Wages-FT	3,828.02	0.00	0.00
6110 · Salaries & Wages	0.00	0.00	0.00
6151 · Work Comp Insurance	0.00	0.00	0.00
6152 · HSA Insurance-County Share	100.00	0.00	0.00
6153 · Health & Life Ins-County Share	800.74	0.00	0.00
6163 · PERA-County Share	287.10	0.00	0.00
6175 · FICA-County Share	288.94	0.00	0.00
6203 · Communications	51.35	0.00	51.35
6246 · Staff Developement	29.00	0.00	0.00
6264 · PH.DOC Software	0.00	0.00	0.00
6265 · Professional Services	0.00	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00	0.00
6269 · Payroll Services	0.00	0.00	0.00
6335 · Mileage	284.69	0.00	0.00
6350 · Other Charges & Services	0.00	0.00	0.00
6356 · Program Costs	74.38	0.00	0.00
6402 · Office Supplies	0.00	0.00	0.00
6859 · MCH County Payment	0.00	0.00	0.00
6860 · Follow Along Program CP	0.00	0.00	0.00
6862 · Project Harmony CP	7,680.56	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00	0.00
6867 · C & TC County Payment	0.00	0.00	0.00
6871 · TANF CP	0.00	22,928.23	0.00
6879 · REHN - 2	0.00	0.00	0.00

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Accrual Basis

Meeker-McLeod-Sibley Community Health Services
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	212 - Project Harmony Grant	224 - TANF	230 - SHIP
6880 · IBCLC	0.00	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00	0.00
Total Expense	13,424.78	22,928.23	51.35
Net Ordinary Income	8,480.54	225.78	-51.35
Net Income	8,480.54	225.78	-51.35

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Accrual Basis

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	234 - WIC Peer Grant	236 - WIC	240 - SHIP-Eats
Ordinary Income/Expense			
Income			
5303 · SHIP Grant	0.00	0.00	22,881.80
5336 · Local Public Health Grant	0.00	0.00	0.00
5338 · FPSP Grant	0.00	0.00	0.00
5345 · C&Tc State	0.00	0.00	0.00
5400 · Federal Grant	0.00	0.00	0.00
5413 · WIC Grant	0.00	48,174.00	0.00
5414 · MCH Grant	0.00	0.00	0.00
5422 · Child & Teen Checkups Grant	0.00	0.00	0.00
5428 · Follow Along Program	0.00	0.00	0.00
5430 · Project Harmony	0.00	0.00	0.00
5433 · TANF	0.00	0.00	0.00
5460 · PHEP Grant	0.00	0.00	0.00
5465 · Regional Health Equity Network	0.00	0.00	0.00
5470 · CDC Federal Infrastructure	0.00	0.00	0.00
Total Income	0.00	48,174.00	22,881.80
Expense			
6105 · Salaries & Wages-FT	1,110.55	9,809.89	5,601.60
6110 · Salaries & Wages	0.00	0.00	100.00
6151 · Work Comp Insurance	0.00	0.00	0.00
6152 · HSA Insurance-County Share	12.28	137.72	0.00
6153 · Health & Life Ins-County Share	106.44	923.16	2.26
6163 · PERA-County Share	83.29	735.74	420.12
6175 · FICA-County Share	77.12	699.96	436.16
6203 · Communications	203.27	102.70	81.00
6246 · Staff Developement	0.00	0.00	0.00
6264 · PH.DOC Software	0.00	0.00	0.00
6265 · Professional Services	2,008.09	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00	0.00
6269 · Payroll Services	0.00	0.00	0.00
6335 · Mileage	0.00	371.62	138.36
6350 · Other Charges & Services	0.00	50.00	0.00
6356 · Program Costs	0.00	0.00	0.00
6402 · Office Supplies	0.00	0.00	0.00
6859 · MCH County Payment	0.00	0.00	0.00
6860 · Follow Along Program CP	0.00	0.00	0.00
6862 · Project Harmony CP	0.00	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00	4,656.85
6867 · C & TC County Payment	0.00	0.00	0.00
6871 · TANF CP	0.00	0.00	0.00
6879 · REHN - 2	0.00	0.00	0.00

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Accrual Basis

	234 - WIC Peer Grant	236 - WIC	240 - SHIP-Eats
6880 · IBCLC	194.56	0.00	0.00
6881 · Other Contractor Fees	1,098.25	0.00	0.00
Total Expense	4,893.85	12,830.79	11,436.35
Net Ordinary Income	-4,893.85	35,343.21	11,445.45
Net Income	-4,893.85	35,343.21	11,445.45

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Accrual Basis

Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
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	306 - COV Vacc 3 (Fed Funding)	502 - Emergency Preparedness	505 - EP - CRI
Ordinary Income/Expense			
Income			
5303 · SHIP Grant	0.00	0.00	0.00
5336 · Local Public Health Grant	0.00	0.00	0.00
5338 · FPSP Grant	0.00	0.00	0.00
5345 · C&Tc State	0.00	0.00	0.00
5400 · Federal Grant	55,539.38	0.00	0.00
5413 · WIC Grant	0.00	0.00	0.00
5414 · MCH Grant	0.00	0.00	0.00
5422 · Child & Teen Checkups Grant	0.00	0.00	0.00
5428 · Follow Along Program	0.00	0.00	0.00
5430 · Project Harmony	0.00	0.00	0.00
5433 · TANF	0.00	0.00	0.00
5460 · PHEP Grant	0.00	25,331.27	0.00
5465 · Regional Health Equity Network	0.00	0.00	0.00
5470 · CDC Federal Infrastructure	0.00	0.00	0.00
Total Income	55,539.38	25,331.27	0.00
Expense			
6105 · Salaries & Wages-FT	1,116.43	4,258.59	1,279.39
6110 · Salaries & Wages	359.36	0.00	0.00
6151 · Work Comp Insurance	0.00	0.00	0.00
6152 · HSA Insurance-County Share	20.63	68.75	20.63
6153 · Health & Life Ins-County Share	168.99	772.01	231.60
6163 · PERA-County Share	119.60	319.39	95.95
6175 · FICA-County Share	109.81	305.79	91.87
6203 · Communications	0.00	51.35	0.00
6246 · Staff Developement	0.00	0.00	0.00
6264 · PH.DOC Software	0.00	0.00	0.00
6265 · Professional Services	0.00	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00	0.00
6269 · Payroll Services	0.00	0.00	0.00
6335 · Mileage	140.00	0.00	0.00
6350 · Other Charges & Services	520.00	0.00	0.00
6356 · Program Costs	0.00	0.00	0.00
6402 · Office Supplies	0.00	0.00	0.00
6859 · MCH County Payment	0.00	0.00	0.00
6860 · Follow Along Program CP	0.00	0.00	0.00
6862 · Project Harmony CP	0.00	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00	0.00
6867 · C & TC County Payment	0.00	0.00	0.00
6871 · TANF CP	0.00	0.00	0.00
6879 · REHN - 2	0.00	0.00	0.00

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Accrual Basis

Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
January 2024

	306 - COV Vacc 3 (Fed Funding)	502 - Emergency Preparedness	505 - EP - CRI
6880 - IBCLC	0.00	0.00	0.00
6881 - Other Contractor Fees	0.00	0.00	0.00
Total Expense	2,554.82	5,775.88	1,719.44
Net Ordinary Income	52,984.56	19,555.39	-1,719.44
Net Income	52,984.56	19,555.39	-1,719.44

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Accrual Basis

Meeker-McLeod-Sibley Community Health Services
Grant Summary Report
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	601 - Child & Teen Checkups	624 - RHEN	625 - CDC Federal Infrastructure
Ordinary Income/Expense			
Income			
5303 · SHIP Grant	0.00	0.00	0.00
5336 · Local Public Health Grant	0.00	0.00	0.00
5338 · FPSP Grant	0.00	0.00	0.00
5345 · C&Tc State	28,192.67	0.00	0.00
5400 · Federal Grant	0.00	0.00	0.00
5413 · WIC Grant	0.00	0.00	0.00
5414 · MCH Grant	0.00	0.00	0.00
5422 · Child & Teen Checkups Grant	28,192.66	0.00	0.00
5428 · Follow Along Program	0.00	0.00	0.00
5430 · Project Harmony	0.00	0.00	0.00
5433 · TANF	0.00	0.00	0.00
5460 · PHEP Grant	0.00	0.00	0.00
5465 · Regional Health Equity Network	0.00	18,869.29	0.00
5470 · CDC Federal Infrastructure	0.00	0.00	0.00
Total Income	56,385.33	18,869.29	0.00
Expense			
6105 · Salaries & Wages-FT	0.00	0.00	0.00
6110 · Salaries & Wages	0.00	0.00	121.72
6151 · Work Comp Insurance	0.00	0.00	0.00
6152 · HSA Insurance-County Share	0.00	0.00	0.00
6153 · Health & Life Ins-County Share	0.00	0.00	0.05
6163 · PERA-County Share	0.00	0.00	9.13
6175 · FICA-County Share	0.00	0.00	9.31
6203 · Communications	0.00	0.00	0.00
6246 · Staff Development	0.00	0.00	0.00
6264 · PH.DOC Software	0.00	0.00	0.00
6265 · Professional Services	0.00	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00	0.00
6269 · Payroll Services	0.00	0.00	0.00
6335 · Mileage	0.00	0.00	0.00
6350 · Other Charges & Services	0.00	0.00	0.00
6356 · Program Costs	0.00	0.00	0.00
6402 · Office Supplies	0.00	0.00	0.00
6859 · MCH County Payment	0.00	0.00	0.00
6860 · Follow Along Program CP	0.00	0.00	0.00
6862 · Project Harmony CP	0.00	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00	0.00
6867 · C & TC County Payment	53,779.18	0.00	0.00
6871 · TANF CP	0.00	0.00	0.00
6879 · REHN - 2	0.00	0.00	0.00

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Accrual Basis

	601 - Child & Teen Checkups	624 - RHEN	625 - CDC Federal Infrastructur
6880 - IBCLC	0.00	0.00	0.00
6881 - Other Contractor Fees	0.00	0.00	0.00
Total Expense	53,779.18	0.00	140.21
Net Ordinary Income	2,606.15	18,869.29	-140.21
Net Income	2,606.15	18,869.29	-140.21

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Accrual Basis

	626 - RHEN - 2	Unclassified	TOTAL
Ordinary Income/Expense			
Income			
5303 · SHIP Grant	0.00	0.00	22,881.80
5336 · Local Public Health Grant	0.00	0.00	68,032.65
5338 · FPSP Grant	0.00	0.00	20,331.63
5345 · C&Tc State	0.00	0.00	28,192.67
5400 · Federal Grant	0.00	0.00	55,539.38
5413 · WIC Grant	0.00	0.00	48,174.00
5414 · MCH Grant	0.00	0.00	20,809.18
5422 · Child & Teen Checkups Grant	0.00	0.00	28,192.66
5428 · Follow Along Program	0.00	0.00	2,215.96
5430 · Project Harmony	0.00	0.00	21,905.32
5433 · TANF	0.00	0.00	23,154.01
5460 · PHEP Grant	0.00	0.00	25,331.27
5465 · Regional Health Equity Network	0.00	0.00	18,869.29
5470 · CDC Federal Infrastructure	0.00	0.00	8,830.11
Total Income	0.00	0.00	392,459.93
Expense			
6105 · Salaries & Wages-FT	0.00	0.00	31,419.97
6110 · Salaries & Wages	0.00	-126.86	8,234.30
6151 · Work Comp Insurance	0.00	0.00	10,727.00
6152 · HSA Insurance-County Share	0.00	50.00	500.02
6153 · Health & Life Ins-County Share	0.00	182.52	3,636.37
6163 · PERA-County Share	0.00	0.00	2,972.74
6175 · FICA-County Share	0.00	-9.68	2,942.24
6203 · Communications	0.00	0.00	592.37
6246 · Staff Developement	0.00	0.00	29.00
6264 · PH.DOC Software	0.00	0.00	11,677.89
6265 · Professional Services	0.00	0.00	8,258.09
6268 · Bank Service Fees & Charges	0.00	6.95	6.95
6269 · Payroll Services	0.00	0.00	40.25
6335 · Mileage	0.00	51.09	1,453.81
6350 · Other Charges & Services	0.00	0.00	570.00
6356 · Program Costs	0.00	0.00	74.38
6402 · Office Supplies	0.00	0.00	51.35
6859 · MCH County Payment	0.00	0.00	20,668.56
6860 · Follow Along Program CP	0.00	0.00	2,215.96
6862 · Project Harmony CP	0.00	0.00	7,680.56
6865 · SHIP - County Payment	0.00	0.00	4,656.85
6867 · C & TC County Payment	0.00	0.00	53,779.18
6871 · TANF CP	0.00	0.00	22,928.23
6879 · REHN - 2	6,427.74	0.00	14,858.51

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Meeker-McLeod-Sibley Community Health Services
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Accrual Basis

	626 - RHEN - 2	Unclassified	TOTAL
6880 - IBCLC	0.00	0.00	194.56
6881 - Other Contractor Fees	0.00	0.00	1,098.25
Total Expense	6,427.74	154.02	211,267.39
Net Ordinary Income	-6,427.74	-154.02	181,192.54
Net Income	-6,427.74	-154.02	181,192.54

Conflict of Interest Policy
Meeker-McLeod-Sibley Community Health Services

An official shall not engage in any official duties, private enterprise, participate in any professional activity or perform any act or service during or outside their official duties with the Community Health Services, which would affect the official's ability to perform the normal duties and responsibilities of their position, or which is adverse to the interests of Meeker-McLeod-Sibley Community Health Services. In determining whether such outside official duties or activities for private gain constitute a conflict of interest with public duties or are inconsistent or incompatible with the public official duties, the following shall be considered.

1. The performance of an act in other than the capacity as an official which may later act directly to the control, inspection, review, audit or enforcement by said official for the Community Health Services is prohibited.
2. The use of Community Health Services time, facilities, equipment and supplies or the badge, uniform, prestige or influence of Community Health Services official duties for private gain.
3. Receipt or acceptance by the official of any money or other consideration from anyone other than the Community Health Services for the performance of an act which the official would be required or expected to perform in the regular course of the official's official duties, or as part of their duties as an official.
4. Officials participating in compensated or non-compensated activities/volunteer work are encouraged to continue in such participation. If an official is participating in any compensated or non-compensated activity that may cause a conflict, the official should discuss the potential conflict with the Community Health Board, whose decision shall be final.
5. Failure to follow this policy by the Community Health Services Coordinator or Fiscal Officer may result in termination of the contract between the Community Health Board and the Coordinator or Fiscal Officer.
6. The Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy shall be reviewed yearly by the Elected Officials of the Community Health Board, the Community Health Services Coordinator and Fiscal Officer. The Original Statement of Conflict of Interest shall be signed yearly by the Elected Officials of the Community Health Board, the Community Health Services Coordinator and Fiscal Officer.

Approved 12-14-98
Meeker-McLeod-Sibley Community Health Board

Original Statement of Conflict of Interest
Local Official for Meeker-McLeod-Sibley Community Health Services

Instructions

- * This statement must be completed by each local official, it must be signed and dated. The signature indicates that the official understands and agrees to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy.
- * This statement is due to the Community Health Services Coordinator within 80 days after undertaking duties of office.
- * This statement may *not* be filed electronically.
- * All information on this statement is public information.
- * It is unlawful to use this information for commercial purposes.
- * Address questions to the Meeker-McLeod-Sibley Community Health Services Coordinator

Local Official

Name	Title of office held
Government Unit	Telephone (daytime)
Address	
City, State, Zip	
Occupation	Principal place of business

Period Covered

January 1, 2024 _____ to December 31, 2024 _____

Certification

I, _____, certify that I have read, understand and agree to the
(Print or type name)

Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and am aware of no current conflict of interest with my present official position. I agree to make the Meeker-McLeod-Sibley Community Health Board aware if any potential conflict of interest develops.

Signature of local official

Date

Any person who signs and certifies to be true a statement which the person knows contains false information, or who knowingly omits required information, is guilty of a gross misdemeanor.



Public Health
Prevent. Promote. Protect.

Meeker McLeod Sibley
Community Health Services

Meeker-McLeod-Sibley Community Health Services

114 N Holcombe Ave, Litchfield, Minnesota 55355
Main Line (320)693-5370

RESOLUTION 2024-1

Meeker-McLeod-Sibley Community Health Board

The Meeker-McLeod-Sibley Community Health Board by virtue of its authority under Minnesota Statutes 145A, in accordance with the Board's Operating Procedures, and by this Resolution of the Board adopted at a scheduled meeting on February 8, 2024 hereby appoints and authorizes the following persons to act on the Board's behalf and bind the board for the following purposes(s):

- A. To serve as the Board's authorized agent according to MN Statutes 145A, in communicating with the Commissioner of Health between Board meetings, including receiving information from the Commissioner and disseminating that information to the Board, as well as providing information to the Commissioner on the Board's behalf.
- B. To sign and execute, on behalf of the Board, contracts for funding and other administrative items under the following grant contracts administered by the Commissioner of Health or other granting agencies:
- Local Public Health Grant
 - Maternal and Child Health Formula Special Project Grant (MCH) (MDH)
 - TANF Home Visiting (MDH)
 - Special Supplemental Food Program for Women, Infants, and Children (WIC) (MDH)
 - Family Planning Special Project Grant (FPSPG) (MDH)
 - Child and Teen Check-ups Administrative Services, (DHS)
 - Public Health Emergency Preparedness Grant (MDH)
 - Project Harmony-DHS
 - COVID Grant – MDH
 - Health Equity Grant – MDH
 - Newborn Hearing Screening - MDH
 - Statewide Health Improvement Grant – MDH
 - Foundational Public Health Responsibilities
 - Sustainability Response Grant
 - MRC STTRONG
 - Other grants/contracts and budgets

Name: Kiza Olson, CHS Administrator

Address: 114 N. Holcombe Ave, STE 250, Litchfield, MN 55355

Telephone: (W): (320)-510-1319

This resolution authorizes the above-referenced appointees to act on behalf of, and bind, the Board to the extent, and for the purposes, indicated in this Resolution.

Signed: _____

Chairperson, Community Health Board

Date

Meeker County
114 N Holcombe Ave #250
Litchfield, MN 55355
(320) 693-5370

McLeod County
520 Chandler Ave North
Glencoe, MN 55336
(320) 864-3185

Sibley County
111 8th Street; PO Box 237
Gaylord, MN 55334
(507) 237-4000





Public Health
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Meeker McLeod Sibley
Community Health Services

Meeker-McLeod-Sibley Community Health Services

114 N Holcombe Ave, Litchfield, Minnesota 55355
Main Line (320)693-5370

RESOLUTION 2024-2

Meeker-McLeod-Sibley Community Health Board

The Meeker-McLeod-Sibley Community Health Board (MMS CHB) by virtue of its authority under Minnesota Statutes 145A, in accordance with the Board's Joint Powers Agreement and By-Laws, and by this Resolution of the Board adopted at a scheduled meeting on February 8, 2024 hereby designates Security Bank and Trust Company, Glencoe as the official bank of the MMS CHB.

Security Bank and Trust Co.
735 11th St. E
Box 218
Glencoe MN 55336
(320) 864-3171

The Meeker-McLeod-Sibley Community Health Board designates the following employees' authority and access to the bank account, including on-line access in order to conduct financial transactions and employee services required for agency operations, according to regulatory requirements.

Name: Kiza Olson, Administrator
Address: 114 N. Holcombe #250, Litchfield MN 55355
Telephone: (W): (320) 510-1319

Name: Sarah Gassman, MMS CHS Business Office Manager
Address: 114 N. Holcombe #250, Litchfield MN 55355
Telephone: (W): (320) 221-0346

This resolution authorizes the above-referenced appointees to act on behalf of, and bind, the Board to the extent, and for the purposes, indicated in this Resolution.

Signed: _____

Meeker-McLeod-Sibley Community Health Board Chair

Date



Public Health
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Meeker McLeod Sibley
Community Health Services

Meeker-McLeod-Sibley Community Health Services

114 N Holcombe Ave, Litchfield, Minnesota 55355
Main Line (320)693-5370

RESOLUTION 2024-3

Meeker-McLeod-Sibley Community Health Board

The Meeker-McLeod-Sibley Community Health Board (MMS CHB) by virtue of its authority under Minnesota Statutes 145A, in accordance with the Board's Joint Powers Agreement and By-Laws, and by this Resolution of the Board adopted at a scheduled meeting on February 8, 2024 hereby designates Cassandra Bulau, MD as the Medical Director for Meeker-McLeod-Sibley Community Health Services.

Cassandra Bulau, MD
Meeker Memorial Hospitals and Clinics
520 S Sibley Ave
Litchfield, Mn 55355
320-693-3233

This resolution authorizes the above-referenced appointees to act on behalf of, and bind, the Board to the extent, and for the purposes, indicated in this Resolution.

Signed: _____

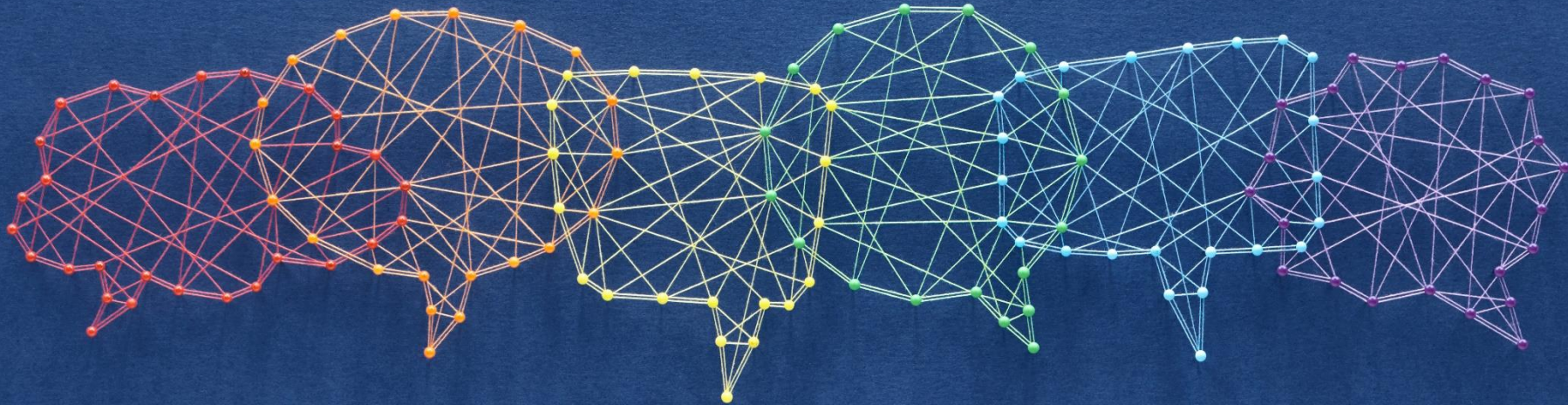
Meeker-McLeod-Sibley Community Health Board Chair

Date



Response Sustainability Grant

Emergency Preparedness & Response Division



Welcome and Overview

Cheryl Petersen-Kroeber, Director, EPR
Sandra Hanson, PHEP Manager

- Welcome
 - Cheryl Petersen-Kroeber, Director, Minnesota Department of Health Emergency Preparedness and Response Division
- Response Sustainability Grant (RSG) Overview
 - Sandra Hanson, Minnesota Department of Health Public Health Emergency Preparedness Program Manager
- Grant Duty
 - Amy Smith, Minnesota Department of Health Public Health Preparedness Consultant Supervisor
- Work Plan
 - Mickey Scullard, Preparedness and Response Coordinator (MDH EPR)
 - Maddie Ahrens, Health Program Representative (MDH EPR)
- Financial
 - Chessa Kendrick, Organizational Services Supervisor (MDH EPR)
- Q&A

Response Sustainability Grant (RSG) Overview

- Response Sustainability Grant (RSG)
 - This webinar will cover the two fiscal years:
 - FY 2024: July 1, 2023 to June 30, 2024
 - FY 2025: July 1, 2024 to June 30, 2025
 - Annual awards will be made for *each* fiscal year.
 - Grant duties will be for *both* fiscal years.
 - Quarterly reporting and invoicing:
 - Q1 and Q2 in FY 2024
 - Q3 through Q6 in FY 2025

Response Sustainability Grant Quarters

- **Q1** (January 1, 2024– March 31, 2024), FY 2024
- **Q2** (April 1, 2024 – June 30, 2024), FY 2024
- **Q3** (July 1, 2024 – September 30, 2024), FY 2025
- **Q4** (October 1, 2024 – December 31, 2024), FY 2025
- **Q5** (January 1, 2025 – March 31, 2025), FY 2025
- **Q6** (April 1, 2025 – June 30, 2025), FY 2025
- *We will restart to Quarter 1 in FY2026 and only have 4 Quarters*

Response Sustainability Grant Duty Overview

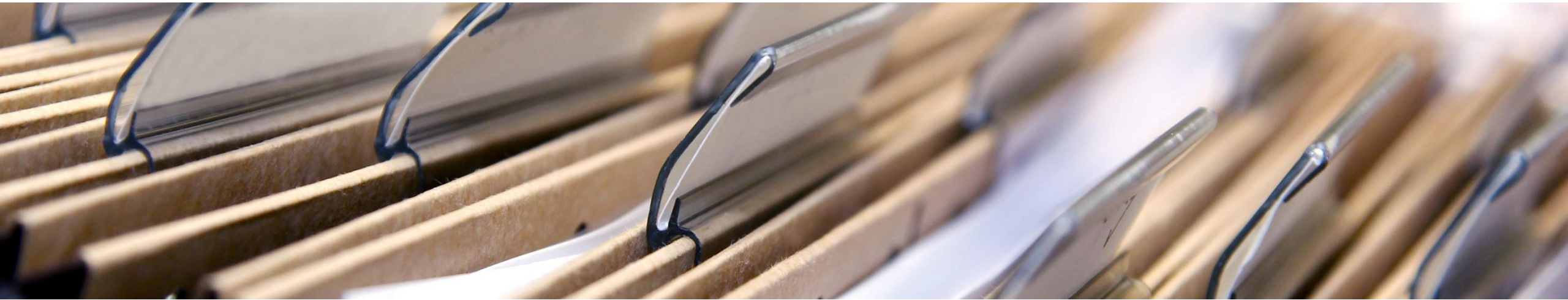
- Grant duties are based on “areas of focus” that were developed jointly by the PHEP Oversight Group and EPR staff.
 - There is one set of grant duties for both fiscal years.
 - All grant duties are required for all grant recipients.
 - With pre-approval from EPR management, a duty may be waived under certain situations.
- Three focus areas and 11 grant duties:
 - Workforce Capacity: 4 Grant Duties
 - Sustainability: 6 Grant Duties
 - Health Equity: 1 Grant Duty
- A work plan will be required to document how the grant duties will be achieved.
 - The work plan are intended to be scalable and should be commensurate with funding.

Response Sustainability Grant Reporting Overview

- Grant Reporting will be quarterly.
 - Some grant duty reporting will be completed only in quarters three and six.
- Report to the State Legislator:
 - EPR leadership will make an annual report to the state legislator each January.
 - Reporting from the previous year will be used to showcase the impact of RSG funds for CHBs and TH.

Response Sustainability Grant Due Dates

Reporting Period	Quarter Date Range	Report Due Date	Invoice Due Date
Q1	January 1, 2024 – March 31, 2024	April 15, 2024	April 30, 2024
Q2	April 1, 2024 – June 30, 2024	July 15, 2024	July 31, 2024
Q3	July 1, 2024 – September 30, 2024	October 15, 2024	October 31, 2024
Q4	October 1, 2024 – December 31, 2024	January 15, 2025	January 31, 2025
Q5	January 1, 2025 – March 31, 2025	April 15, 2025	April 30, 2025
Q6	April 1, 2025 – June 30, 2025	July 15, 2025	July 31, 2025



Grant Duty

Amy Smith, PHPC Supervisor

Focus Area: Workforce Capacity

- **Grant Duty 1:** CHBs will evaluate the need to **increase the number of staffing or increase the capacity of current staff to meet emergency preparedness and response priorities.**
 - Each CHB must have at least .5 FTE assigned to public health emergency preparedness.
 - CHBs are encouraged to expand the job classifications working on preparedness.
- **Grant Duty 2:** CHBs will **work across program areas**, including intersecting with, or leveraging other public health programs, such as SHIP, WIC, DP&C, and others.
- **Grant Duty 3:** CHBs will **train staff on Public Health Emergency Preparedness topics.**
 - Local public health should prioritize trainings based on local needs.
 - Training topics may include ICS training, behavioral health training, risk communication, or other topics identified locally.
- **Grant Duty 4:** CHB will train public health or other jurisdictional staff on **community engagement techniques and practices.**

Focus Area: Sustainability

- **Grant Duty 5:** CHBs will **develop, review, and/or revise at least one MOU, MOA, or Mutual Aid Agreement with response partner(s).**
 - This may include entering MOUs or MOAs with other health departments, community-based organizations, schools, or other organizations based on locally identified needs.
- **Grant Duty 6:** CHBs will **develop, review, and/or revise policies or processes for updating Contact Lists.**
 - Contact lists should be updated at least twice a year.
- **Grant Duty 7:** CHBs will **review, update, or develop select policies, plans, or procedures.**
 - Each CHB will identify which policies, plans, or procedures to work on based on local priorities.

Focus Area: Sustainability Continued

- **Grant Duty 8:** CHBs will expand use of **technology platforms** to support public health emergency preparedness, response, and recovery.
 - CHBs may purchase new technology platforms or expand the use of existing technology platforms.
- **Grant Duty 9:** CHBs will **develop and/or expand relationships with community partners.**
- **Grant Duty 10:** CHB will participate in **community engagement activities** to support increased community engagement.

Focus Area: Health Equity

- **Grant Duty 11:** CHBs will conduct a **health equity focused assessment** of existing emergency preparedness plans, policies, and activities.
 - The purpose of this assessment is to identify gaps in addressing health equity in current plans, policies, and activities.
 - A future funding cycle will include grant duty(s) focused on addressing identified gaps.
 - MDH will provide a list of health equity assessment tools. These tools can be found on the MDH website. With EPR management approval, CHBs can use a tool of their choice.



Work Plan

Maddie Ahrens, Health Program Representative

Mickey Scullard, Preparedness and Response Coordinator

Purpose and Intent of Reporting

- To obtain data that shows progress in building and sustaining capacity to effectively respond and recover from public health emergencies
- To create the annual report for the legislature
- To streamline the data collection and aggregation process



Workplan and Reporting Overview

- REDCap project: EPR RSG 1 Reporting (January 1, 2024 – June 30, 2025)
- Workplan forms (3) and Reporting forms (5)
- Workplan forms have links to relevant reporting forms
- Emphasis on checkbox responses
 - Limited narrative
- ***Special focus on Quarter 3 and Quarter 6 reporting***
- ***Health Equity assessment priorities due Quarter 5***



- Three forms
 - Workforce Capacity
 - Sustainability
 - Health Equity



- Workforce Capacity and Sustainability Workplans due February 9, 2024
- Health Equity Workplan due June 28, 2024
- **NEW FEATURE:** Ready for review and approval checkbox

Baseline Measures

- To show progress, we must have a starting point
- Most grant duties, not all, ask you to submit baseline data
 - What was in place as of January 1, 2024
- Subsequent quarters will ask you to update those data points
- Baseline measures *due dates* are same as Workplan





Log In



ATTENTION

Access to this service is for authorized personnel only.

If you do not have the express authorization of the Minnesota Department of Health division and section management you must exit now or face the consequences of violating Minnesota Statutes, Chapter 13, and other laws. The State of Minnesota prohibits unauthorized access, disclosure, duplication, modification, diversion, destruction, loss, misuse, or theft of computer information, in accordance with Minnesota Statutes, sections 609.87 to 609.89

MDH REDCap Production Environment (PROD)

Please log in with your user name and password. If you are having trouble logging in, please contact [REDCap Administrator](#).

Username:

Password:

Log In

[Forgot your password?](#)

Transition to REDCap



Financial

Chessa Kendrick, Organization Services Unit Supervisor

Response Sustainability Grant Financial Overview

- Funding Letter Model
- Budgets and Budget Revisions
- Invoices
- Due Dates

Funding Letter Model

- Grant Agreements go through 6/30/2027
- Letter sent beginning of each fiscal year to notify recipient of award amount for that fiscal year
 - No longer requires an amendment each year

- Current fiscal year (FY24) goes through June 30, 2024.
 - Ability to continue to spend these budgeted funds through June 30, 2025.
- CHBs will receive new funds July 1, 2024, which will require a separate budget (FY25).
 - Fiscal year 2025: July 1, 2024, through June 30, 2025.
- Budget template located on Emergency Preparedness for CHB/THD SharePoint, RSG library.
- Email completed budget to health.phep@state.mn.us.
 - Memo will be emailed once budget is approved.

Budget Revisions

- Budget revision needed if:
 - Changing amount for one budget line by 10% or more.
 - Adding new budget categories or expenses.
- Budget revision template located on Emergency Preparedness for CHB/THD SharePoint in the RSG library.
- Email revised budget to health.phep@state.mn.us.
 - Memo will be emailed once budget revision is approved.

Budget Justification

- Every budgeted line requires justification.
- Salary and Wages; Fringe
 - Summary of amounts allocated for staff
 - Staffing roster to provide names, title, hourly rate, FTE, and how this position will support completion of RSG grant duties
- Programmatic Supplies
 - Description of programmatic supplies under \$5,000 included in budget line
 - Example: Office supplies, printing, postage for \$300.00
 - Example: Laptop for RSG staff

Budget Justification (2)

- Travel
 - Breakdown of type of travel included and the purpose
 - Mileage, airfare
 - Out of state travel requires prior approval
 - Form located on Emergency Preparedness for CHB/THD SharePoint in RSG library
- Contractor/Consultant
 - Include name of contractor/consultant and description of how they are supporting the grant.
 - If CHB plans to contract out a service but does not have the name of the contractor, put “TBD” and list the primary deliverables from the contractor.

Budget Justification (3)

- Other Allowable
 - Details of other items that do not fit in other budget categories
 - Provide description and cost breakdown to support request
 - Example: renting a location for a training
- Technology
 - Include platform name, cost, and purpose for platform. If platform is still being determined, you can put name as TBD and can submit a budget revision later.

Allowable Expenses

- Attendance at conferences and trainings
 - Out-of-state travel requires prior approval
 - Travel, meals, and lodging rates to follow the current Commissioner's Plan
- Food when hosting events
 - Allowed for all day trainings/meetings/conferences
 - Consult with EPR before expenditure
- Educational materials
 - Educational materials for sharing at fairs, etc.
 - Other “giveaways” not allowed

- Invoices are due within 30 days of quarter ending.
- Invoices will be submitted through Smartsheet. An orientation will be provided before the first invoice is due.
- Recipient will access fillable form through link.
 - Link will be emailed to recipients and posted on SharePoint site.
- Invoices will require amount being billed per budget category.

- Benefits of Smartsheet:
 - Smartsheet will send a reminder before an invoice is due.
 - Smartsheet will generate a copy of invoice for MDH and recipient.
 - Smartsheet will send notification to recipient when invoice has been approved and sent for payment.

Reminder: Response Sustainability Grant Due Dates

Reporting Period	Quarter Date Range	Report Due Date	Invoice Due Date
Q1	January 1, 2024 – March 31, 2024	April 15, 2024	April 30, 2024
Q2	April 1, 2024 – June 30, 2024	July 15, 2024	July 31, 2024
Q3	July 1, 2024 – September 30, 2024	October 15, 2024	October 31, 2024
Q4	October 1, 2024 – December 31, 2024	January 15, 2025	January 31, 2025
Q5	January 1, 2025 – March 31, 2025	April 15, 2025	April 30, 2025
Q6	April 1, 2025 – June 30, 2025	July 15, 2025	July 31, 2025



Q & A



MRC STTRONG Grant

MRC STTRONG Agenda

- MRC STTRONG Overview
 - Sandra Hanson, MDH Public Health Emergency Preparedness Program Manager
- Scope of Work
 - Nancy Carlson, MN Behavioral Health Medical Reserve Corps Administrator
- Juvare Demonstration
 - Cassidy Watson, MN Responds & Medical Reserve Corps State Administrator
- Work Plan and Reporting
 - Cassidy Watson
- Budgets and Invoicing
 - Karina DiGiorgio, MDH Grants Manager
- Q & A



MRC STTRONG Overview

Sandra Hanson | MDH PHEP Program Manager

MRC STTRONG Overview

- **Goal:** Expand the disaster response and recovery capability and capacity of Minnesota's MRC units by supporting MRC unit administration, recruitment, training, exercises, and supplies.
 - This program is intended to support and supplement the work your CHB is currently doing with your MRC units.
 - We encourage you to think creatively on how to best use the funds to support this goal:
 - Partner with other agencies.
 - Share trainings and exercises.
 - Consider creative volunteer recruitment approaches.
 - Share your ideas with us!

MRC STTRONG Overview (cont.)

- MDH was awarded \$2.44 million from ASPR to support existing Medical Reserve Corps (MRC) units and MDH activities through May 31, 2025.
- Subawards were provided to 22 MRC units.
 - 18 local public health units - multi-city, county, and regional.
 - 3 statewide units - Behavioral Health MRC, MN Veterinary MRC, HOSA (future health professionals) MRC.
 - University of Minnesota MRC.

- MDH has received Legislative Advisory Commission (LAC) approval of MRC STTRONG funding.
- Grant agreements are being finalized or have been fully executed.
- Period of Performance is June 1, 2023 - May 31, 2025.
 - The majority of subrecipients will have a start date in December 2023 or later.

Timeline

Activity Period	Reporting Due Date	Invoice Due Date*
Dec. 1, 2023 - Feb. 29, 2024	March 1, 2024	April 1, 2024
March 1, 2024 - May 31, 2024	June 3, 2024	July 3, 2024
June 1, 2024 - Aug. 31, 2024	Sept. 2, 2024	Oct. 2, 2024
Sept. 1, 2024 - Nov. 30, 2024	Dec. 2, 2024	Jan. 2, 2025
Dec. 1, 2024 - Feb. 28, 2025	March 3, 2025	April 3, 2025
March 1, 2025 - May 31, 2025	June 2, 2025	July 2, 2025

*Invoices are due 30-days after the quarterly reports due date.

Scope of Work

Nancy Carlson | MN Behavioral Health MRC Administrator

- Assess current MRC volunteer training plans and establish a statewide MRC minimum standard of training and accompanying MRC training plan.
- Improve MRC volunteer recruitment and retention.
- Integrate MRC volunteers into local emergency operations plans.
- Address locally identified health equity needs, including by:
 - Recruitment of volunteers from underrepresented populations
 - Provide cultural competency training
 - Provide access and functional needs trainings

Local MRC Unit Activities

- Potential allowable activities to choose from:
 - Hiring or contracting staff to work on MRC STTRONG activities.
 - Integration of minimum standard volunteer training curriculum.
 - Providing volunteer trainings – Stop the Bleed, Naloxone, Mental Health First Aid, Behavioral Health trainings, etc.
 - Includes purchasing materials required for trainings, i.e., CPR dummies, Stop the Bleed stumps and supplies.
 - Update and/or develop unit-specific recruitment materials.
 - Update and/or develop toolkits and procedures.
 - Conduct drills/exercises.

Statewide MRC Unit Activities

- In addition to duties shared with local units, statewide units will have additional duties including:
 - HOSA MRC plans to host HOSA MRC trainings camps with the National Guard and MDH.
 - MN Veterinary MRC plans to further develop the Upper Midwest Radiologic Response Team.
 - Behavioral Health MRC plans to complete development of an EMAC Level 1 Mental health Team and develop new/translate current training and response materials, such as PFA cards into other languages.

University of Minnesota MRC

- In addition to duties shared with local units, the University of Minnesota MRC will complete additional duties including:
 - Expansion of MRC to Duluth and Rochester campuses.
 - Collaboration with MDH on:
 - Development of minimum standard MRC volunteer training plan and curriculum.
 - Adaptation of current trainings, such as their Witness Support Team model, for other MRC units.



Juvare Demonstration

Cassidy Watson | MN Responds & MRC State Administrator







- MDH is beginning the process to enhance the MN Responds system
 - Planned system overhaul in 2024 by Juware (vendor) will improve the User Interface and system functionality.
 - Purchased enhancements include:
 - Background check module and purchased background checks to be used by individual MRC units.
 - MN.TRAIN integration.



Work Plan and Reporting

Cassidy Watson

- Workplan
 - The MRC-STTRONG Grant workplan must be completed in REDCap.

Record ID	Test Record - MDH <small>To rename the record, see the record action drop-down at top of the Record Home Page.</small>
Instructions for MRC-STTRONG Sub-Awardees: 1. Section 1: Base Activities includes base activities required of all sub-awardees. These activities are not optional. 2. Section 2: Unit Specific Workplan includes objectives that units may choose to complete based on their individual unit's needs and sub-awardee funding amount.	
Contacts	
Primary Contact <small>* must provide value</small>	  <input type="text"/>
Primary Contact Email <small>* must provide value</small>	  <input type="text"/>
Primary Contact Phone Number <small>* must provide value</small>	  <input type="text"/>

- Base Activities
 - Grant administration
 - Provide input on training gaps
 - Attend MNResponds training(s)
 - Recruitment Planning, as appropriate
 - Emergency Operation Plan integration, as appropriate
 - MNResponds user survey
 - Attend training(s) related to volunteer training requirements and corresponding MNResponds TRAIN module
 - Report unit activities quarterly in the ASPR National MRC Unit Profile & Activity Reporting System
 - Health Equity

- Optional Activities
 - Each MRC STTRONG Grant subrecipient can select from the list of optional activities based on their individual MRC unit's needs, as well as their funding award amount.
 - Optional Activities include:
 - Trainings
 - Staffing
 - Recruitment
 - Developing toolkits, and
 - Response capability.

- Reporting will be completed quarterly in REDCap.

Base Activities (required)	
If your unit has not started a base activity or if it is a MDH-provided activity that has not been held yet, please select "no"	
Hire, contract, or designate existing staff to administer the MRC-STTRONG award, complete project activities, and submit evaluation materials to MDH EPR	<div><div></div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div> <div>* must provide value</div> <div>reset</div>
Provide input on MRC volunteer training gaps and needs for the development of the minimum standard training plan	<div><div></div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div> <div>* must provide value</div> <div>reset</div>
Attend training on upgraded MNResponds modules	<div><div></div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div> <div>* must provide value</div> <div>reset</div>
Develop or review MRC volunteer recruitment plans. Implement as appropriate	<div><div></div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div> <div>* must provide value</div> <div>reset</div>
Develop or review a plan to integrate MRC unit into local emergency operations plans, as appropriate.	<div><div></div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div> <div>* must provide value</div> <div>reset</div>
Complete MNResponds user survey	<div><div></div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div> <div>* must provide value</div> <div>reset</div>
Complete training on the suggested minimum volunteer training requirement and provide input	<div><div></div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div> <div>* must provide value</div> <div>reset</div>
Develop volunteer training plans using the module in MNResponds that is based on minimum training requirements, as appropriate for your MRC	<div><div></div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div> <div>* must provide value</div> <div>reset</div>
Quarterly reporting in the ASPR National MRC Unit Profile & Activity Reporting System	<div><div></div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div> <div>* must provide value</div> <div>reset</div>


Staffing Activities	
Have you hired staff at your health department or agency?	<div><div></div><div><input checked="" type="radio"/> Yes</div><div><input type="radio"/> No</div></div> <div>* must provide value</div> <div>reset</div>
Position title	<div><div></div><div><input type="text"/></div></div> <div>* must provide value</div>
FTE status	<div><div></div><div><input type="text"/></div></div> <div>* must provide value</div>
Have you contracted out with another agency to complete MRC STTRONG related work?	<div><div></div><div><input checked="" type="radio"/> Yes</div><div><input type="radio"/> No</div></div> <div>* must provide value</div> <div>reset</div>
Contractor name	<div><div></div><div><input type="text"/></div></div> <div>* must provide value</div>
Activities to be completed by the contractor	<div><div></div><div><input type="text"/></div></div> <div>* must provide value</div> <div>Expand</div>
Have you hired a student worker or intern?	<div><div></div><div><input type="radio"/> Yes</div><div><input checked="" type="radio"/> No</div></div> <div>* must provide value</div> <div>reset</div>
Recruitment Activities	
Select all that apply	<div><div></div><div><input checked="" type="checkbox"/> Update existing unit-specific recruitment materials</div><div><input type="checkbox"/> Develop unit-specific recruitment materials</div></div>
Briefly explain your activities	<div><div></div><div><input type="text"/></div></div> <div>* must provide value</div> <div>Expand</div>












Budgets and Invoicing

Karina DiGiorgio | MDH Grants Manager

- Budget Template
 - The MRC-STTRONG Grant Budget Template can be found in REDCap or on the SharePoint site.

 Editing existing Record ID **Test Record - MDH.**

Record ID	Test Record - MDH
Instructions Please download a copy of the MRC STTRONG Grant Budget Template below. This budget document and other MRC STTRONG related materials and guidance can also be found on the MRC STTRONG SharePoint site . 	
Attachment:  MRC STTRONG Grant Budget Template.xlsx (34.3 kB) 	
MRC STTRONG Grant Budget Template	   Upload file
Additional Documents	   Upload file

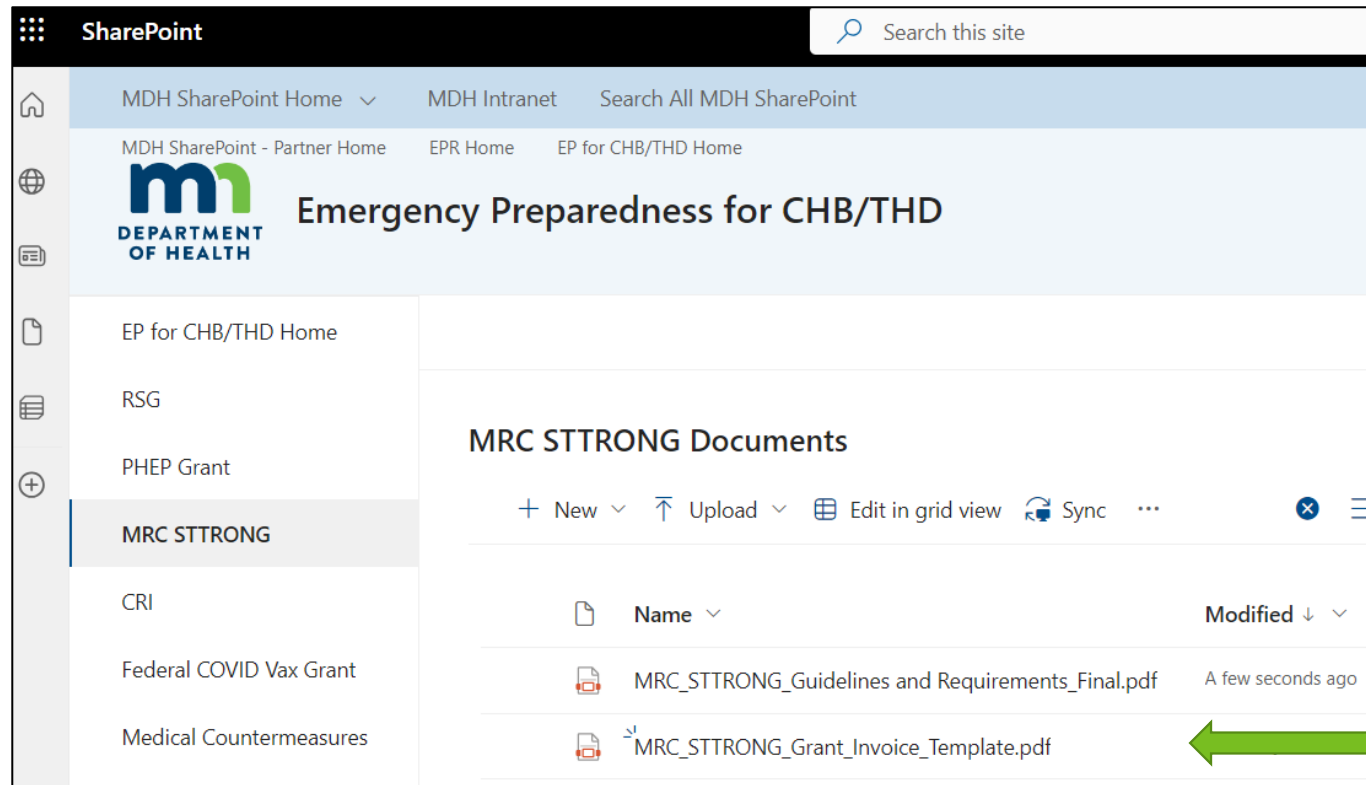
- All completed templates should be uploaded to the MRC STTRONG REDCap project.

- Budget Template
 - Instructions
 - Budget Detail
 - Staffing Roster
 - Grant Objectives %
 - Base Activities
 - Optional Activities, and
 - Health Equity Activities

Review Process

- The MRC-STTRONG team will review the MRC unit-specific budget templates based on criteria including:
 - ASPR's outlined guidelines and requirements.
 - MRC unit's funding award amount.
 - Allowable and unallowable costs.

- Invoice Template - The MRC-STTRONG Invoice Template can be found SharePoint.



- Invoice Template



MRC STTRONG Grant

U3REP230686 (06/01/2023 – 05/31/2025) Invoice

Subrecipient/Grantee Information

Agency Name Contact Name
Contact Title Phone Number

Fiscal Agent Information

Fiscal Agent Contact Name
Contact Title Phone Number
Address
Remit Address (if different)
MDH Grant Agreement #

Billing Period for this Invoice:

*Invoice period must match the invoice period specified in the contract.

MRC STTRONG Grant Claim for Federal Funds

Budget Line	Budget Category	Amount Claimed
Direct Hires:		
Line 1	Salary and Wages	<input type="text"/>
Line 2	Fringe Benefits	<input type="text"/>
Contracted Personnel:		
Line 3	Fees for Service	<input type="text"/>
Personnel Subtotal:		\$ 0.00
Line 4	Supplies	<input type="text"/>
Line 5	Other Allowable Costs - provide description below	<input type="text"/>
Line 6	Travel	<input type="text"/>
Line 7	Equipment (≥\$5,000)	<input type="text"/>
Line 8	Contractual	<input type="text"/>
Total Direct Cost Claimed		\$ 0.00
Indirect Costs		
Must match rate approved in most recent budget		
Total Claim Amount Requested		\$ 0.00

Additional justification for cost incurred (as needed to document budget variations):

health.state.mn.us

- Invoice Template

Certification Section:

I declare under penalties of perjury that this claim is true and correct and that none of the invoiced charges have been previously billed to, or paid by, the State of Minnesota or any other source. All charges invoiced above accurately reflect the Grantee's use of grants funds received under CFDA Number: 93.008 ASPR MRC - State, Territory and Tribal Nations, Representative Organizations for Next Generation (MRC-STTRONG) Awards for the grant period of June 1, 2023 to May 31, 2025.

Authorized Official Name Title

Authorized Signature Date

* The certification must be signed by the official of the sub-recipient agency with the authority to legally bind the non-federal entity.

For MDH Use Only

Approved By Date

MDH Emergency Preparedness & Response

SWIFT INVOICE FIELD: MDH.MRC.93.008

SWIFT P.O. #

AMOUNT APPROVED P.O. Line 1

MDH Notes:

- Invoice Submission

- Invoices are due 30-days after the quarterly reports due date.
- Please send signed invoices to the MRC STTRONG inbox:

EPR.MRC.STTRONG@state.mn.us

- Allowable Uses and Guidelines*

- Food purchase - is allowable only during working meals or light refreshments for full-day workshops, conferences, and/or trainings related to the MRC STTRONG grant, and if light refreshments are included under a venue rental related to this funding.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services (i.e., contractual).
- Recipients may not use funds for research, clinical care, to purchase of furniture, pay for facility construction, or hypodermic needles.

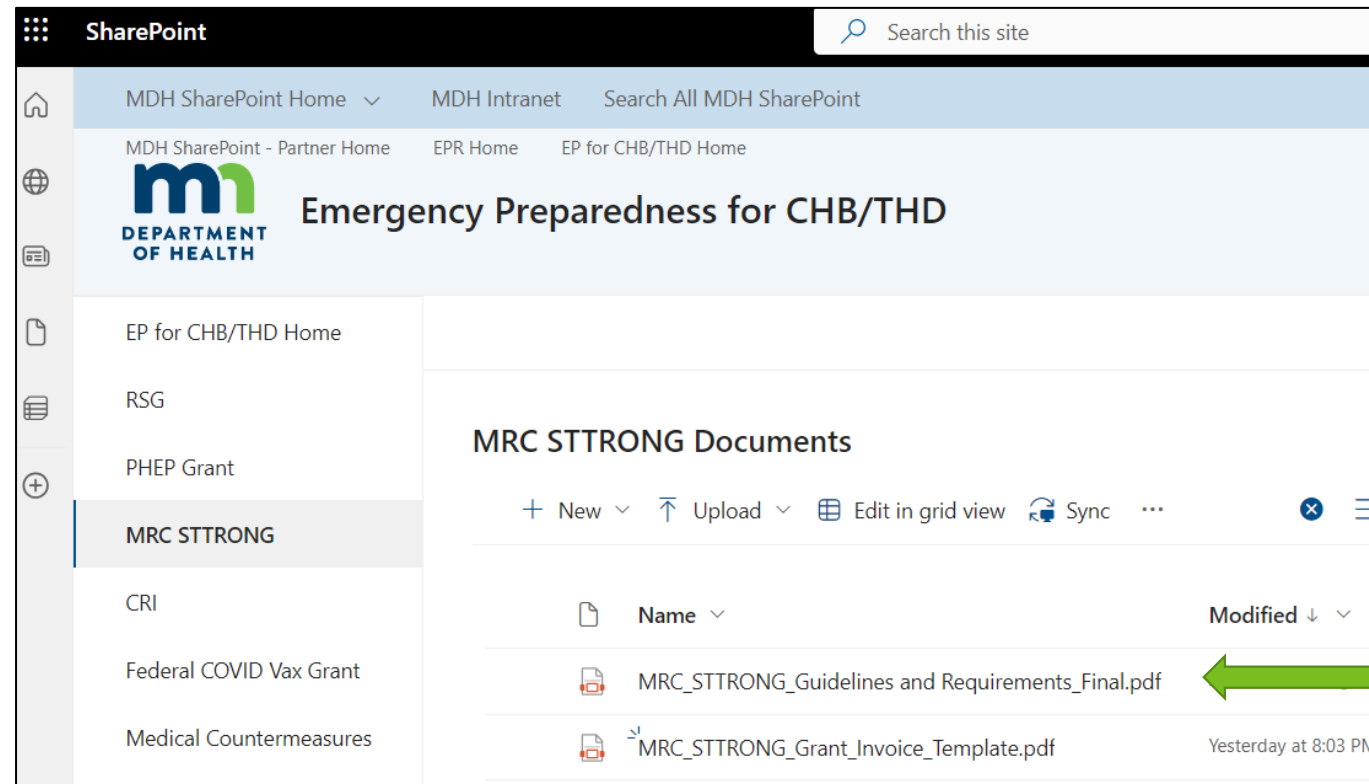
*This is not a complete list, please see full guidance document.

- Allowable Uses and Guidelines*
 - Purchasing promotional recruitment materials, i.e., cooling towels, survivor kits, thermometers, cooling fans, and hand sanitizers is allowable.
 - Purchasing uniforms is allowable but they must meet the guidelines for use as Personal Protective Equipment or Volunteer Security/Safety. Uniform components must be returned to the respective MRC unit at the end of the event/project/volunteer tenure.
 - Note: if the ASPR MRC logo is used or placed on any items, please consult with a member of the MRC-STTRONG Project Team.

*This is not a complete list, please see full guidance document.

Additional Information

- Guidance Document
 - An MDH guidance document with additional information is on the SharePoint site.



- Workplan and Budget Template
 - If you need help accessing REDCap or the MRC STTRONG project, please contact Cassidy Watson or Karina DiGiorgio.
 - If you need an extension for submission deadline for MRC STTRONG Grant workplan and budget, please contact Cassidy Watson or Karina DiGiorgio by January 12, 2024.
 - Cassidy.Watson@state.mn.us
 - Karina.DiGiorgio@state.mn.us



Q & A

Response Sustainability Grant (RSG)

Funding amount: \$143,249.32

Budget period July 1st, 2023 – June 30th, 2024

(MDH was delayed in getting these dollars out, in fact, we are still waiting on a contract)

\$18,900 PHEP shortfall – for Emergency Preparedness Coordinator

\$66,393.60 - 22,131.20 salary and fringe for .25 FTE emergency preparedness in each county

\$20,000 all staff emergency preparedness training – May 3rd

\$37,955.72 TBD – must follow the 11 grant responsibilities

(things to consider, mileage, travel to conferences, hotels, indirect costs, management team support salary)

MRC STTRONG

Funding amount: \$44,196

Budget period January 1st, 2024 to May 31st, 2025

Budget Category	
Salary and Wages	\$ 22,998.00
Fringe	\$ 9,999.00
Programmatic Supplies	\$ 6,000.00
Other Allowable	
Travel	\$ 1,338.00
Equipment	\$ -
Contractor/Consultant	\$ -
Technology	
Total Direct Costs	\$ 40,335
Indirect Costs	\$ 3,861
Budget Total	\$ 44,196

MRC STTRONG Grant Objectives

	%
1 Base Activities	60%
2 Unit Specific Workplan	30%
3 Health Equity	10%
TOTAL	100%

Julie Kloeckl .1 FTE

Briana Starrett .05 FTE

Shannon .05 FTE

Elizabeth Wiley .05 FTE

.05 averages 2 hours a week.

.1 averages 4 hours a week.

Building a Strong Foundation for Health from Border to Border

SCHSAC FOUNDATIONAL PUBLIC HEALTH RESPONSIBILITIES FUNDING WORKGROUP FINAL REPORT

Background and workgroup charge

In 2023, the Minnesota legislature allocated \$9,844,000 per year, as part of the state's base budget, for community health boards to fulfill [Foundational Public Health Responsibilities](#) (see Appendices B and E).¹ The legislation requires MDH to consult with the State Community Health Services Advisory Committee (SCHSAC) on the distribution of these funds. To meet this requirement, SCHSAC created the Foundational Public Health Responsibilities (FPHR) Funding Workgroup to develop, for consideration and approval by the full SCHSAC, a set of recommendations to the Commissioner of Health that includes:

- A funding formula to determine allocations to community health boards for funding to implement foundational public health responsibilities;
- A method for incorporating equity into the funding formula;
- Considerations for reporting and accountability mechanisms for this funding; and
- Other recommendations related to these funds as needed.

The workgroup did not provide recommendations related to funds for tribal governments.

Workgroup membership included people with different perspectives and experiences within Minnesota's state and local governmental public health system, including the Local Public Health Association (LPHA), SCHSAC, and Minnesota Department of Health (MDH).

- Local public health representatives were elected by LPHA regional directors' groups.
- SCHSAC appointed four elected officials to participate.
- MDH had one voting member and contributed staff time to support workgroup facilitation and logistics.

The workgroup was co-chaired by a representative from SCHSAC and LPHA (De Malterer, Commissioner, Waseca County and SCHSAC Vice-Chair; and Nick Kelley, Public Health Administrator, City of Bloomington, and LPHA chair-elect). The workgroup was supported by staff from MDH's Center for Public Health Practice. Effort was made to ensure representation from different types of local public health governance and organizational structures.

The workgroup co-chairs and staff made every effort to ensure a rigorous, transparent, and participatory process to achieve the recommendations outlined in this report. Over the course of eight meetings, workgroup members represented their regions and/or their peers (e.g., local elected officials) and served as liaisons between the group they represented and the workgroup. Local public health representatives brought workgroup updates back to their respective regions and collected input to the

¹ [Health and Human Services Omnibus Bill SF 2995](#). Statutory language: line 238.28 to 239.26; appropriation language: Line 812.19.

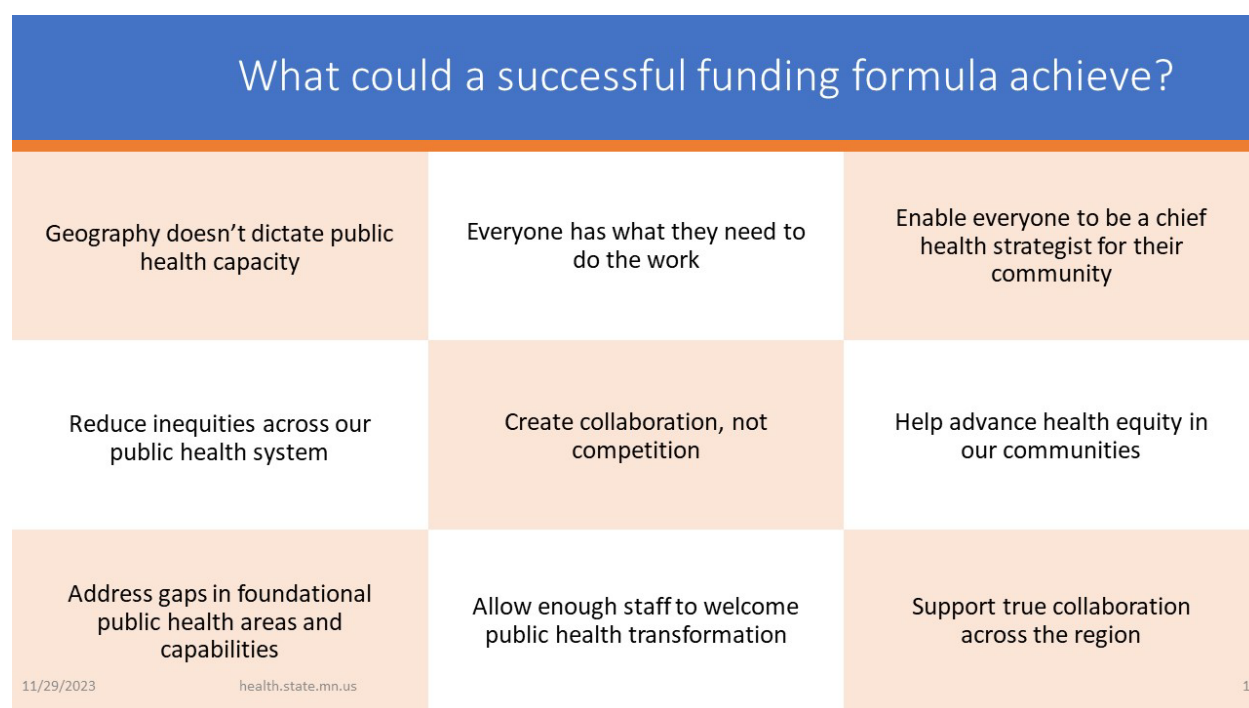
workgroup to help members hear and understand the perspectives of all regions of the state. Local elected officials brought workgroup discussions to SCHSAC's Executive Committee and contacted peers throughout the workgroup's process to solicit input.

A list of workgroup members is included in Appendix A. Meeting summaries are available on the [SCHSAC Workgroups website](#).

What would success look like?

At the first workgroup meeting August 10, 2023, members were asked, "What could a successful funding formula achieve for your jurisdiction, for your region, and for our statewide public health system?" A summary of those perspectives is shared in Figure A below.

Figure A: What could a successful funding formula achieve?



Guiding principles

The workgroup recognized the significance of their charge and created shared principles to guide this work. These principles are:

- Every community health board should get enough funding to be able to make meaningful progress on Foundational Public Health Responsibilities (FPHRs).
- The funding formula should take into account that not everyone has the same opportunity to be healthy across our state.
- The funding formula should help alleviate variation in capacity across our system.

Recommendations

In accordance with its charge, the workgroup developed recommendations related to a funding formula for distributing these funds and provided additional guidance for implementation, including recommendations related to community health board reporting and future actions that will be needed to manage these funds effectively over time.

Recommended funding formula

Recommendation: FPHR funds should be distributed through a formula that includes base funding for all community health boards (CHB), an allocation based on social vulnerability, and an allocation to alleviate variation in capacity across Minnesota's public health system.

In accordance with its guiding principles, the workgroup recommends that MDH distribute FPHR funds according to the following formula:

- 59.6% to base funding for all CHB (\$115,000 per CHB)
- 24.3% according to the social vulnerability of the CHB
- 16.2% to CHB serving fewer than 100,000 people

After allocating most of the funding to base funding for all community health boards, 60% of the remaining funds should be allocated based on the jurisdiction's social vulnerability rating, and 40% of the remaining funds should help alleviate the variation in capacity across Minnesota's public health system, resulting in the final overall percentages of 59.6% to base funding, 24.3% according to social vulnerability of the jurisdiction, and 16.2% to lower capacity community health boards.

- The workgroup recommends that MDH use the Social Vulnerability Index (SVI) to help target funds to the most vulnerable communities in Minnesota. SVI includes a broad set of indicators and correlates strongly with other equity metrics. It is available and easily applicable statewide. This recommendation also assures alignment with other funding formulas that use SVI. See Appendix C for more information about the indicators that are included in this index.
- Following the findings in the [Minnesota Public Health Cost and Capacity Assessment Summative Report \(PDF\)](#), the workgroup recommends that the funds remaining after base funding and SVI funding are allocated be distributed to community health boards serving fewer than 100,000 people. The University of Minnesota found that health departments serving fewer than 100,000 people have less capacity than those serving more than 100,000 people. The workgroup recognizes that this metric isn't as nuanced as they would like, but it is the best available right now. An additional recommendation follows regarding updating this metric when better information is available.

Funding estimates and methodologies are included in Appendix D. If the number of community health boards changes before a future workgroup convenes to reconsider the recommendations in this report, MDH should maintain these percentages when allocating funds.

The workgroup seriously considered including a multi-county collaboration incentive in the formula. After a robust discussion about the purpose and function of multi-county community health boards in Minnesota's public health system, the workgroup voted against including a specific multi-county variable in the recommended funding formula. The workgroup concluded:

- A multi-county collaboration incentive did not align with the workgroup’s guiding principles.
- A multi-county incentive will not make a meaningful difference in the public health system’s ability to fill in the patchwork of capacity. The workgroup believes a large base will make a more meaningful difference.
- Breaking up small amounts of money even further is not in the interest of small health departments. Money alone does not incentivize collaboration.
- There are other funding sources available to foster multi-county and cross-jurisdictional collaboration, including the Minnesota Public Health Infrastructure Fund, and no funding source discourages collaboration across jurisdictions.

The workgroup often talked about the challenge of making recommendations during a time of system transformation. This was especially felt in the discussion about a potential multi-county incentive. The role, structure, and function of community health boards varies across Minnesota’s public health system. Ultimately, the workgroup decided to take advantage of the opportunity these new funds presented to do things differently than they have been done in the past.

Recommendations for implementation

The statutory language for these funds requires that they be used for foundational public health responsibilities as defined by the Commissioner of Health in consultation with SCHSAC. In addition, the language allows community health boards to use these funds for community health priorities identified through the community health assessment and improvement planning process if they can demonstrate that foundational public health responsibilities are fully implemented in their jurisdictions.

The workgroup discussed both provisions, and recommends the following:

Recommendation: For the purposes of these funds, MDH should use definitions developed for the national [Framework for Foundational Public Health Services](#). See Appendix E.

- Foundational Public Health Responsibilities are the minimum package of public health services that governmental public health should deliver to communities, and that should be available everywhere, for public health to work anywhere. It includes foundational capabilities and foundational areas that must be available to all people served by the governmental public health system and that meet one or more of the following criteria:
 - Services that are mandated by federal or state laws;
 - Services for which the governmental public health system is the only or primary provider of the service, statewide; and
 - Population-based services (versus individual services) that are focused on disease prevention, protection, and health promotion.
- Foundational capabilities are cross-cutting skills, abilities, and knowledge needed in any governmental public health system to provide basic public health protections. Foundational areas are the more familiar topic-specific public health programs or services aimed at improving the health of a population.

- The workgroup reviewed materials developed by the Public Health Accreditation Board’s Center for Innovation and agreed that their definitions are sufficient to help people understand, at a high level, the areas and capabilities.
- Specific questions about how funds can or cannot be used will be addressed through grant guidance and supporting resources that will be developed as MDH creates the internal infrastructure to support these funds.

Recommendation: Community health boards should not be allowed to use these funds for community health priorities until SCHSAC has adopted a set of minimum standards for FPHR implementation.

According to the [Minnesota Public Health Cost and Capacity Assessment Summative Report \(PDF\)](#), no health departments report full implementation of foundational public health responsibilities in their jurisdictions. In the near term, every community health board should use these funds for foundational public health responsibilities until they can demonstrate that those responsibilities are fully implemented in their community health board.

Recommendation: The FPHR Funding Workgroup recommends that SCHSAC create a workgroup to establish these standards and inform the development of a process by which MDH can determine that foundational public health responsibilities are fully implemented in any given jurisdiction.

Minnesota lacks a set of standards by which to assess full implementation. More work is needed to develop clear standards and inform the development of a process to assure foundational public health responsibilities are fully implemented before funds can be used for local community health priorities. A new workgroup should be created to develop these standards in partnership between MDH, SCHSAC, and local public health leaders.

Recommendations for reporting

This workgroup also developed recommendations to aid MDH in developing a process for community health board reporting on these funds. Workgroup members were asked to consider legislative needs, community health board needs, and MDH needs. Through this discussion, the workgroup created the following recommendations:

Recommendation: When developing reporting requirements for these funds, MDH should prioritize information that helps maintain legislative support for these funds, facilitates connections and ongoing learning across the state, and demonstrates compliance with statute, with as little reporting burden on community health boards as possible.

Reporting should:

- **Gather stories of impact.** Stories about the impact of this funding should be a key part of the reporting to show the impact on Minnesotans as the system builds capacity.
- **Show that funds are used for foundational public health responsibilities.** To be good stewards of public dollars, MDH needs to be able to demonstrate that the funds are being used as intended by the legislature.

- **Be able to show trends over time.** The purpose of these funds is to build a solid foundation for health from border to border. A reporting process should allow MDH, SCHSAC, and LPHA to monitor trends over time, while also recognizing that it will take time to demonstrate long-term impact.
- **Support a culture of learning.** Information collected from community health boards should be collected in the spirit of learning and development about implementing FPHRs and help community health boards learn from each other.
- **Only collect data that will be used.** MDH should keep in mind the growing administrative burden of additional funding for community health boards and make every effort to limit reporting burden for these funds.
- **Be streamlined and simple.** MDH should leverage existing reporting processes already in place to simplify the reporting process for these funds. Reporting for these funds should align with Local Public Health Act annual reporting to the best extent possible.
- **Have clear expectations and instructions.** MDH should support reporting processes with clear expectations, definitions, and instructions.

Recommendation: MDH should work with the SCHSAC's Performance Measure Workgroup to align Local Public Health Act annual reporting with the Foundational Public Health Responsibilities to monitor improvement in Minnesota's ability to implement foundational public health responsibilities.

The workgroup recognizes the important work of SCHSAC's Performance Measurement Workgroup, whose purpose is to monitor the performance of Minnesota's statewide public health system. FPHR funding will impact system performance, and as a result, the workgroup sees a need for coordination and alignment between these efforts.

Additional recommendations

The workgroup acknowledges that these recommendations have been developed at a specific point in time in Minnesota's journey to create a solid foundation for health from border to border. Moreover, building a solid foundation for health will not be achieved in one or two years, but over time. The conditions in which SCHSAC, MDH, and LPHA are working together to build a seamless, responsive, publicly supported public health system will continue to develop and evolve.

To that end, the workgroup shares the following recommendations to help guide the path forward as conditions change over time.

A funding workgroup should be reconvened at the request of SCHSAC when there are:

1. Substantial additional investments in public health infrastructure and/or foundational public health responsibilities;
2. Significant changes or developments that affects the distribution or implementation of these funds, including, but no limited to, the development of standards to assess full implementation of FPHR; or
3. Significant progress is made in the system's ability to fulfill FPHR.
4. If none of the conditions above apply, SCHSAC should reconvene a workgroup in four years to affirm or update these recommendations.

When SCHSAC convenes the next funding workgroup, that group should:

- Prioritize funding stability and avoid decreases in funding for individual community health boards;
- Start with the guiding principles developed by this workgroup; and
- Consider options for a more precise capacity metric based on new information and data.

Conclusion

The SCHSAC FPHR Funding Workgroup thoughtfully and enthusiastically presents these recommendations to SCHSAC for their approval and submission to MDH's Commissioner of Health. Together, this workgroup discussed difficult and sensitive issues that affect Minnesota's public health system. Throughout the process, we prioritized the best interest of Minnesota's statewide public health system over the needs of any single community health board or region. These recommendations have the full support of workgroup members. We feel honored to have had this opportunity, and humbly submit these recommendations as the starting point for building a strong statewide public health system that works for everyone in Minnesota.

Appendix A: Workgroup charge and membership

The FPHR Funding Workgroup will develop for consideration and approval by the full State Community Health Services Advisory Committee (SCHSAC) a set of recommendations to the Commissioner of Health that includes, but is not limited to:

- A funding formula that would determine allocations to community health boards for funding to implement foundational public health responsibilities;
- A method for incorporating equity into the funding formula;
- Reporting and accountability mechanisms for this funding.

The workgroup will align its efforts with relevant Foundational Public Health Responsibilities framework discussions and decisions. It will not provide recommendations related to funds for Tribal Governments.

Background

In 2023, the Minnesota legislature allocated \$9,844,000 for community health boards to fulfill [Foundational Public Health Responsibilities](#).²

The statutory language states that these funds:

- Must be used to fulfill foundational public health responsibilities as defined by the commissioner in consultation with SCHSAC.
- Will be distributed based on a formula determined by the Commissioner in consultation with SCHSAC.

This workgroup fulfills the consultation components of the authorizing language.

If a community health board can demonstrate foundational public health responsibilities are fulfilled, the board may use funds for local priorities developed through the community health assessment and community health improvement planning process.

The Minnesota legislature also allocated funds Tribal governments for foundational public health responsibilities as defined by each Tribal government.

Methods and member commitments

Approach

The workgroup will carry out its charge by reviewing relevant materials (including existing funding formulas in Minnesota and elsewhere, as appropriate) and engaging in discussion and collaborative decision-making grounded in shared values. The workgroup will engage people with different perspectives and experience within Minnesota's governmental public health system, including the Local Public Health Association (LPHA), SCHSAC, and Minnesota Department of Health (MDH).

² [Health and Human Services Omnibus Bill SF 2995](#). Statutory language: line 238.1 to 239.26; appropriation language: Line 812.19.

- LPHA representatives will include CHS administrator or local health director from each of the seven LPHA Regions.
- SCHSAC will identify at least four elected officials to participate.
- MDH will have one voting member and will contribute staff time to support workgroup facilitation and logistics.

The workgroup will be limited in size to 15 members to support success in fulfilling its charge and will be co-chaired by an elected official and a local health director from two different community health boards. Every effort will be made to assure representation from different types of local public health governance and organizational structures.

Workgroup meetings and time commitment

MDH staff to the workgroup understand the existing demands on workgroup members' time and will endeavor to strike a balance between meaningful, generative discussion and efficiency in decision-making.

- MDH will facilitate 4-6 virtual meetings between July and October 2023.
- Meetings will be scheduled for 1.5-2 hours in length.
- Workgroup members may occasionally need 30 minutes between meetings to review materials.
- MDH staff will consult with workgroup co-chairs before each meeting, for a total of approximately 2-4 additional hours for co-chairs.
- The total estimated time commitment for workgroup members is approximately 8-15 hours over the course of four months; for workgroup co-chairs, approximately 10-20 hours over four months.

Member expectations

- Active participation in discussion
- Communicate with represented entities to share information and gather input as needed (SCHSAC, LPHA, MDH)
- Follow SCHSAC's Three Simple Rules of the State-Local Partnership:
 - Seek First to Understand
 - Make Expectations Explicit
 - Think about the Part and the Whole
- Communicate questions or concerns with workgroup staff (see below)

Workgroup membership

Workgroup Co-chairs

Nick Kelley, Public Health Administrator, City of Bloomington, and LPHA Chair-Elect (nkelley@bloomingtonMN.gov); De Malterer, Commissioner, Waseca County, and SCHSAC Vice-Chair (de.malterer@co.waseca.mn.us)

Workgroup Members

Bree Allen, SW/SC LPHA, Brown Nicollet CHB (Jaimee Brand, Brown Nicollet CHB, Alternate)
Susan Michels, NE LPHA, Carlton Cook Lake St. Louis CHB
Dave Lieser, Commissioner, Chippewa County, Countryside CHB
Laurie Halverson, Commissioner, Dakota County
Amy Evans, SE LPHA, Dodge-Steele CHB
Susan Palchick, Metro LPHA, Hennepin County Public Health
Ann Stehn, WC LPHA, Horizon Public Health
Chelsie Huntley, Minnesota Department of Health, Community Health Division Director
Marissa Hetland, NW LPHA, North Country CHB
Samantha Lo, Central Region LPHA, Pine County CHB
Joan Lee, Commissioner, Polk County

MDH Staff Lead

Phyllis Brashler, Supervisor, Center for Public Health Practice (phyllis.brashler@state.mn.us)

Appendix B: Legislative language

Funding was allocated from the Minnesota legislature during the 2023 legislative session to support local public health and tribes in fulfilling the foundational public health responsibilities. The legislature allocated \$9,844,000 for community health boards and \$535,000 for Tribes. This is ongoing funding.

The FPHR funding is amended language to the current Local Public Health Grant legislation ([Sec. 145A.131 MN Statutes](#)). The legislature made three revisions to the statute:

- Under Subdivision 1: **Funding formula for community health board**, the following language was added:

(f) Funding for foundational public health responsibilities must be distributed based on a formula determined by the commissioner in consultation with the State Community Health Services Advisory Committee. These funds must be used as described in subdivision 5.
- Under Subdivision 2: **Local match**, the following change was made:

(a) A community health board that receives a local public health grant shall provide at least a 75 percent match for the state funds received through the local public health grant described in subdivision 1 and subject to paragraphs (b) to (d) (f).
- Under Subdivision 5: **Use of funds**, the following change was made:

(a) Community health boards may use the base funding of their local public health grant funds as described in subdivision 1, paragraphs (a) to (e), to address the areas of public health responsibility and local priorities developed through the community health assessment and community health improvement planning process.

(b) Except as otherwise provided in this paragraph, funding for foundational public health responsibilities as described in subdivision 1, paragraph (f), must be used to fulfill foundational public health responsibilities as defined by the commissioner in consultation with the state community health service advisory committee. If a community health board can demonstrate foundational public health responsibilities are fulfilled, the board may use funds for local priorities developed through the community health assessment and community health improvement planning process.

Required Match

As stated in the revised Local Public Health Grant legislation, community health boards must match the new foundational public health responsibilities funding as they do the current Local Public Health Grant. Sources of the match are the same as the Local Public Health Grant as outlined in statute:

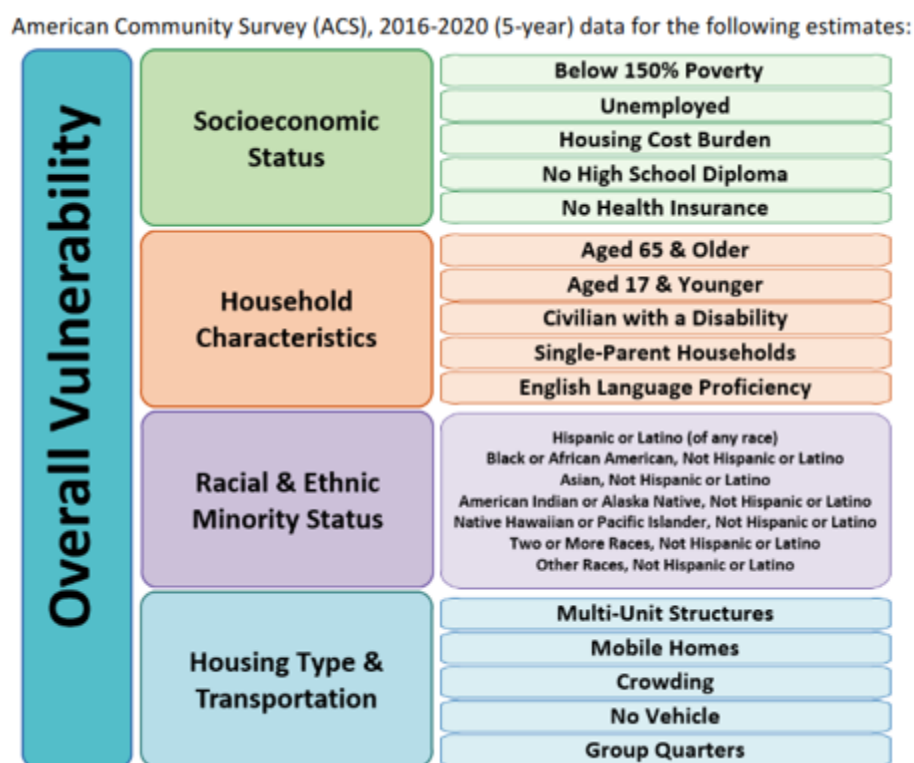
- (b) Eligible funds must be used to meet match requirements. Eligible funds include funds from local property taxes, reimbursements from third parties, fees, other local funds, and donations or nonfederal grants that are used for community health services described in section [145A.02, subdivision 6](#).

Appendix C: Social vulnerability index and community health board SVI Categories

The workgroup recommends using a metric called the Social vulnerability index (SVI) to help direct resources to the most vulnerable communities in Minnesota. It has a straightforward computation, incorporates a broad and inclusive set of indicators, and correlates strongly with other measures. It has been used in Minnesota's COVID-19 response and is also used in other funding formulas. For the workgroup's purpose, it is most important that an index be available at the county level; have ongoing support for future use; that it has logical components in the index; that the scoring can be clearly understood; and that the scores generally align with what we know to be true about Minnesota based on our experience.

The SVI uses data from sixteen social factors based on census data to create a composite vulnerability measure. The social factors included in the measure are depicted below (Figure 1)

Figure 1: Social factors included in the social vulnerability index



For the purposes of the recommended funding formula, SVI scores were obtained from the [CDC/ATSDR Social Vulnerability Index \(SVI\) | Place and Health | ATSDR](#). The most current data for this is 2020. Each county and Census tract is assigned an SVI score, ranging from 0 to 1. These scores are derived from ranking within Minnesota across 16 Census variables. For funding score, SVI scores were converted into quartiles for cutoffs for each funding score. Community health boards (CHB) receive their score's portion of the overall SVI funding. This is consistent with the scoring used previous for Public Health Emergency Preparedness funding and for the new state emergency preparedness funding. Multi-county CHB were

assigned the highest SVI score of any county in their CHB because they must serve the highest-risk SVI areas in their respective CHB.

Social vulnerability index ranking, quartiles, and scores

Ranking	Quartile	Score
0-.25	Low	20
.2501-.50	Low to medium	40
.5001-.75	Medium to high	60
.7501-1.0	High	80

For the four city-based CHBs (Bloomington, Edina, Minneapolis, and Richfield), rankings by Census tract were recorded and each city was given an SVI score for the highest-ranking Census tract within city boundaries. Hennepin County was given the SVI score for the highest-ranking Census tract outside city lines for Bloomington, Edina, Minneapolis, and Richfield. Census tracts that cross city lines were excluded from this analysis. This process provided consistency with multi-county CHB, as both types of entities serve the most vulnerable areas within their purview.

Appendix D: Funding Estimates

The table below provides funding estimates for community health boards. Current SVI rankings and associated SVI scores for community health boards will be posted on the Center for Public Health Practice website. **Please note: all funding amounts are estimates only and will be refined prior to distribution of any funding.** Specific funding amounts may vary over time as community health boards move above or below 100,000 population served and as the number of community health boards changes.

	Base	Capacity	SVI	Total
Under 100,000 population				
SVI 20	\$115,000	\$41,884	\$15,916	\$172,800
SVI 40	\$115,000	\$41,884	\$31,832	\$188,716
SVI 60	\$115,000	\$41,884	\$47,784	\$204,632
SVI 80	\$115,000	\$41,884	\$63,664	\$220,548
Over 100,000 population				
SVI 20	\$115,000	\$0	\$15,916	\$130,916
SVI 40	\$115,000	\$0	\$31,832	\$146,832
SVI 60	\$115,000	\$0	\$47,784	\$162,748
SVI 80	\$115,000	\$0	\$63,664	\$178,664

Appendix E: Foundational Public Health Responsibilities

The workgroup recommends using the definitions associated with the national Framework for Foundational Public Health Services to define foundational public health responsibilities for the purpose of this funding. **Refer to the following pages for the list and definitions.**

Minnesota Department of Health
State Health Services Advisory Committee
PO Box 64975
Saint Paul, MN 55164-0975
651-201-3880
health.ophp@state.mn.us
www.health.state.mn.us

11/29/2023

To obtain this information in a different format, call: 651-201-3880.

Foundational Public Health Services

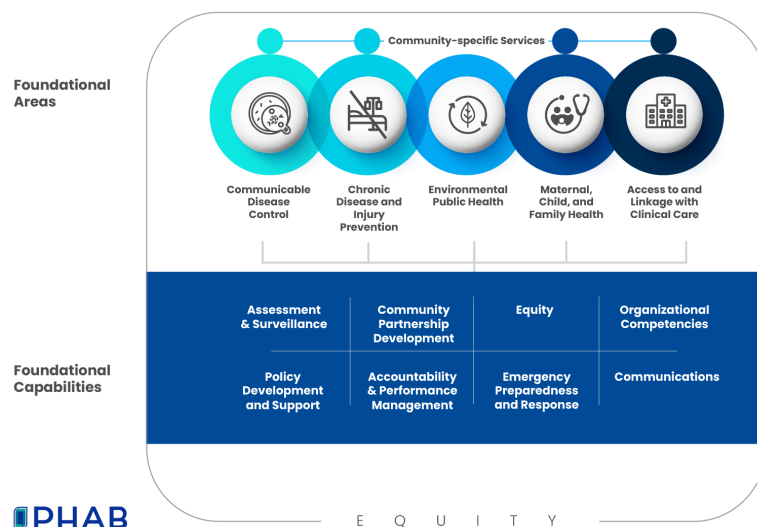


Health departments have a fundamental responsibility to provide public health protections and services in a number of areas, including: preventing the spread of communicable disease; ensuring food, air, and water quality are safe; supporting maternal and child health; improving access to clinical care services; and preventing chronic disease and injury. In addition, public health departments provide local protections and services specific to their community's needs.

Health departments serve their communities 24/7 and require access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, partnerships with community, and expert staff to leverage them in support of public health protections.

The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of Foundational Capabilities and Foundational Areas that must be available in every community.

Foundational Public Health Services Framework



Community-specific Services are local protections and services that are unique to the needs of a community. These services are essential to that community's health and vary by jurisdiction.

Foundational Areas

Public health programs, or Foundational Areas, are basic public health, topic-specific programs and services aimed at improving the health of the community. The Foundational Areas reflect the minimum level of service that should be available in all communities.

Foundational Capabilities

Public health infrastructure consists of Foundational Capabilities that are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes.

Foundational Capabilities

There are eight Foundational Capabilities that are needed in Public Health Infrastructure.

Assessment & Surveillance

- Ability to collect timely and sufficient foundational data to guide public health planning and decision making at the state and local level, including the personnel and technology that enable collection.
- Ability to collect, access, analyze, interpret, and use data from a variety of sources including granular data and data disaggregated by geography (e.g., census tract, zip code), sub-populations, race, ethnicity, and other variables that fully describe the health and well-being of a community and the factors that influence health.
- Ability to assess and analyze disparities and inequities in the distribution of disease and social determinants of health, that contribute to higher health risks and poorer health outcomes.
- Ability to prioritize and respond to data requests and translate data into information and reports that are valid, complete, statistically accurate, and accessible to the intended audiences.
- Ability to conduct a collaborative community or statewide health assessment and identify health priorities arising from that assessment, including analysis of root causes of health disparities and inequities.
- Ability to access 24/7 laboratory resources capable of providing rapid detection.
- Ability to participate in or support surveillance systems to rapidly detect emerging health issues and threats.
- Ability to work with community partners to collect, report and use public health data that is relevant to communities experiencing health inequities or ability to support community-led data processes.

Community Partnership Development

- Ability to create, convene, support, and sustain strategic, non-program specific relationships with key community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; relevant

federal, Tribal, state, and local government agencies; elected and non-elected officials.

- Ability to leverage and engage partnerships and community in equity solutions.
- Ability to establish and maintain trust with and authentically engage community members and populations most impacted by inequities in key public health decision-making and use community-driven approaches.
- Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect community members of the health department's jurisdiction.
- Ability to engage members of the community and multi-sector partners in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for coordination of effort and resources across partners.

Equity

- Ability to strategically address social and structural determinants of health through policy, programs, and services as a necessary pathway to achieve equity.
- Ability to systematically integrate equity into each aspect of the FPHS, strategic priorities, and include equity-related accountability metrics into all programs and services.
- Ability to work collaboratively across the department and the community to build support for and foster a shared understanding of the critical importance of equity to achieve community health and well-being.
- Ability to develop and support staff to address equity.
- Ability to create a shared understanding of what creates health including structural and systemic factors that produce and reproduce inequities.

Organizational Competencies

- **Leadership & Governance:** Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the face of governmental public health in the department's jurisdiction. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction for public health initiatives, including the advancement of equity. Ability to prioritize and implement diversity, equity, and inclusion within the organization. Ability to engage with appropriate governing entities about the department's public health legal authorities and what new laws and policies might be needed. Ability to ensure diverse representation on public health boards and councils.
- **Information Technology Services, including Privacy & Security:** Ability to maintain and procure the hardware and software needed to access electronic health information to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies and systems needed to interact with community members. Ability to have the proper systems and controls in place to keep health and human resources data confidential and maintain security of IT systems.
- **Workforce Development & Human Resources:** Ability to develop and maintain a diverse and inclusive workforce with the cross-cutting skills and competencies needed to implement the FPHS effectively and equitably. Ability to manage human resource functions including recruitment, retention, and succession planning; training; and performance review and accountability.
- **Financial Management, Contract, & Procurement Services, including Facilities and Operations:** Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized. Ability to procure, maintain, and manage safe facilities and efficient operations. Ability to leverage funding and ensure resources are allocated to address equity and social determinants of health.

- **Legal Services & Analysis:** Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process

Policy Development and Support

- Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based and grounded in law. This includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.
- Ability to effectively inform and influence policies being considered by other governmental and non-governmental agencies that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.
- Ability to effectively advocate for policies that address social determinants of health, health disparities and equity.
- Ability to issue, promote compliance with or, as mandated, enforce compliance with public health regulations.

Accountability & Performance Management

- Ability to perform according to accepted business standards in accordance with applicable federal, state, and local laws and policies and assure compliance with national and Public Health Accreditation Board Standards.
- Ability to maintain a performance management system to monitor achievement of organizational objectives.
- Ability to identify and use evidence-based or promising practices when implementing new or revised processes, programs and/or interventions.
- Ability to maintain an organization-wide culture of quality and to use quality improvement tools and methods.
- Ability to create accountability structures and internal and external equity-related metrics to measure the equity impact of a department's efforts and performance.

Emergency Preparedness and Response

- Ability to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, and to address a range of events including natural or other disasters, communicable disease outbreaks, environmental emergencies, or other events, which may be acute or occur over time.
- Ability to integrate social determinants of health, and actions to address inequities, including ensuring the protection of high-risk populations, into all plans, programs, and services.
- Ability to lead the Emergency Support Function 8 — Public Health & Medical for the county, region, jurisdiction, and state.
- Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders, and private sector and non-profit partners; and operate within, and as necessary lead, the incident management system.
- Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.
- Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster, emergency, or public health event.
- Ability to issue and enforce emergency health orders.
- Ability to be notified of and respond to events on a 24/7 basis.
- Ability to access and utilize a Laboratory Response Network (LRN) Reference laboratory for biological agents and an LRN chemical laboratory at a level designated by CDC.

Communications

- Ability to maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
- Ability to effectively use social media to communicate directly with community members.
- Ability to appropriately tailor communications and communications mechanisms for various audiences.
- Ability to write and implement a routine communications plan and develop routine public health communications including to reach communities not traditionally reached through public health channels.
- Ability to develop and implement a risk communication strategy for communicating with the public during a public health crisis or emergency. This includes the ability to provide accurate and timely information and to address misconceptions and misinformation, and to assure information is accessible to and appropriate for all audiences.
- Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.
- Ability to develop and implement a proactive health education/health communication strategy (distinct from risk communication) that disseminates timely and accurate information to the public designed to encourage actions to promote health in culturally and linguistically appropriate formats for the various communities served, including using electronic communication tools.

Foundational Areas

There are five Foundational Areas, also known as Public Health Programs. Social determinants of health and actions to address health inequities should be integrated throughout all activities.

Communicable Disease Control

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.
- Identify statewide and local communicable disease control community partners and their capacities, develop, and implement a prioritized communicable disease control plan, and ability to seek and secure funding for high priority initiatives.
- Receive laboratory reports and other relevant data; conduct disease investigations, including contact tracing and notification; and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national, and state mandates and guidelines.
- Assure the availability of partner notification services for newly diagnosed cases of communicable diseases according to Centers for Disease Control and Prevention (CDC) guidelines.
- Assure the appropriate treatment of individuals who have reportable communicable diseases, such as TB, STIs, and HIV in accordance with local and state laws and CDC guidelines.
- Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual.
- Coordinate and integrate categorically-funded communicable disease programs and services.

Chronic Disease & Injury Prevention

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on chronic disease and injury prevention and control.
- Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop, and implement a prioritized prevention plan, and ability to seek and secure funding for high priority initiatives.

- Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand exposure to harmful substances.
- Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and promising practices aligned with national, state, and local guidelines for healthy eating and active living.
- Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

Environmental Public Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the state, health care system, and community on environmental public health threats and health impacts from common environmental or toxic exposures.
- Identify statewide and local community environmental public health partners and their capacities, develop, and implement a prioritized plan, and ability to seek and secure action funding for high priority initiatives.
- Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.
- Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations.
- Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes and resilient communities (e.g., housing and urban development, recreational facilities, transportation systems and climate change).
- Coordinate and integrate categorically-funded environmental public health programs and services.

Maternal, Child and Family Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on emerging and on-going maternal child health trends.
- Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and ability to seek and secure funding for high priority initiatives.
- Identify, disseminate, and promote emerging and evidence-based early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- Coordinate and integrate categorically funded maternal, child, and family health programs and services.

Access to & Linkage with Care

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.
- Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
- In concert with national and statewide groups and local providers of healthcare, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.

FPHR

Funding amount: \$188,716.

Budget period January 1st, 2024 – December 31st, 2024

Hire Community Planner at the CHS level to meet foundational capabilities in assessment & surveillance, equity, policy development & support, accountability & performance management, and communications.

Comparable title with salary range:

Kandiyohi	\$30.93 - \$43.74
Sibley	\$31-15 - \$43.74
Benton	\$29.94 - \$41.07
Carver	\$36.54 - \$54.80
MMDC	\$30.56 - \$39.86
CHS	\$29.13 - \$43.38

Additional first year costs:

Computer, phone, small office supplies, printer, scanner \$3,000

Travel \$2,000

Education to support onboarding \$2,000

Hotel/meals \$750

PMQI Software \$4,000

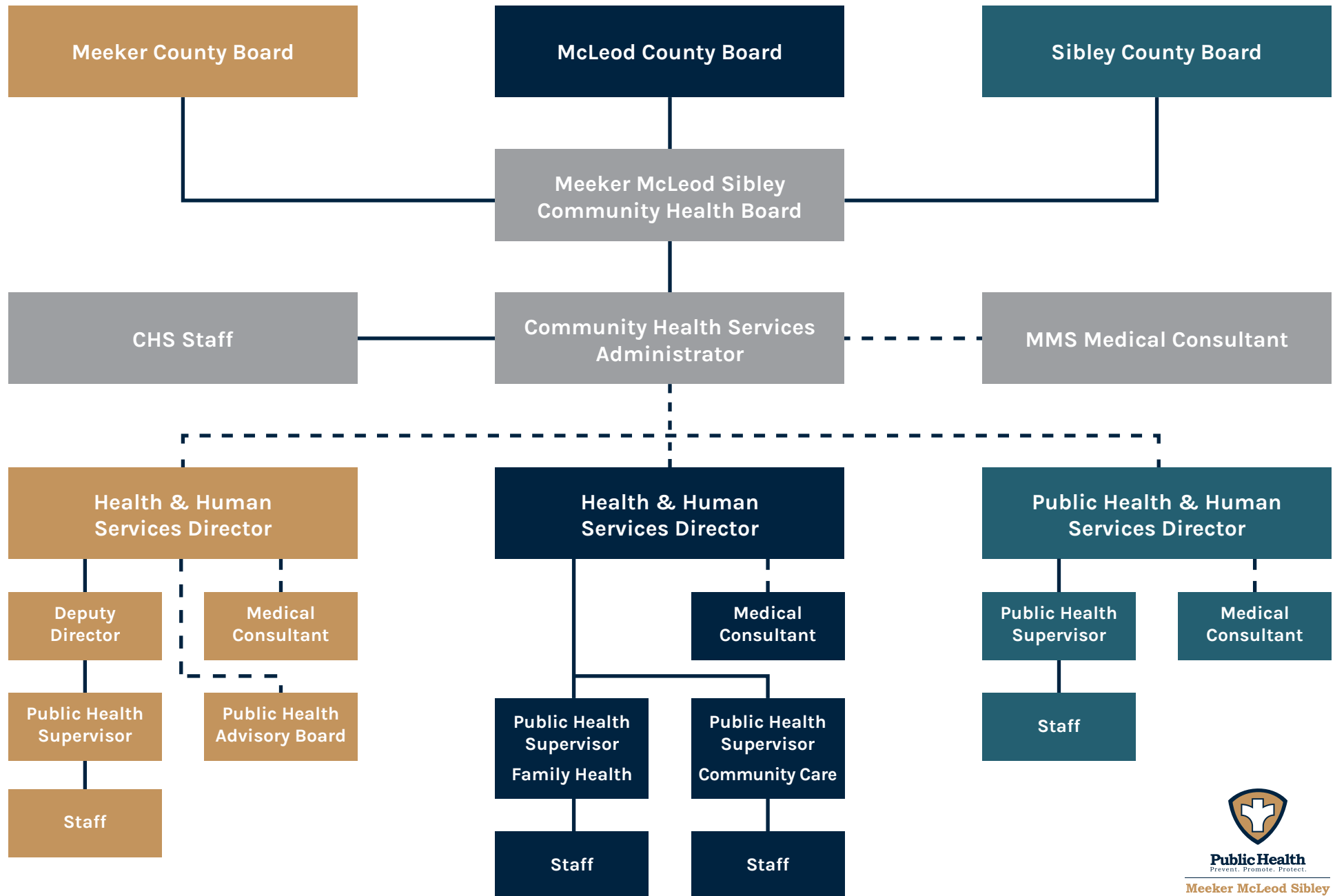
Administrator @ 4 hours weekly salary + fringe \$16,836

Indirect costs \$18,000

= \$146,586

\$42,130 to budget

Meeker McLeod Sibley Community Health Services Organizational Chart



2023 Annual Report



Environmental Health Division



Environmental Health Division's Health Equity Community of Practice (EH COP)
Division-wide picnic on September 7, 2023

Share Your Feedback

Here is an opportunity to share your feedback, comments, and questions about this report. We value your opinion and will use survey results as we create future reports. Your feedback is anonymous.

[Annual Report Evaluation](#)



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WHAT'S ON THE HORIZON

NOVEMBER 2023

ANNUAL REPORT

EH DIVISION

Diana Ditsch, Editor

Leslie Winter, Co-Editor

Marc Katz, Design/Layout

Cover and Back Photo by: Marc Katz

MDH Environmental Health Division works behind the scenes to create conditions that support the health of all Minnesotans.



Air



Homes & Lodging



Recreation



Chemicals & Hazards



Water



Licenses & Certificates



Radiation



Weather & Climate



DEPARTMENT
OF HEALTH



Food



Communities

Retiring
Employees

10

New
Employees

64

Partners
Trained by
Staff

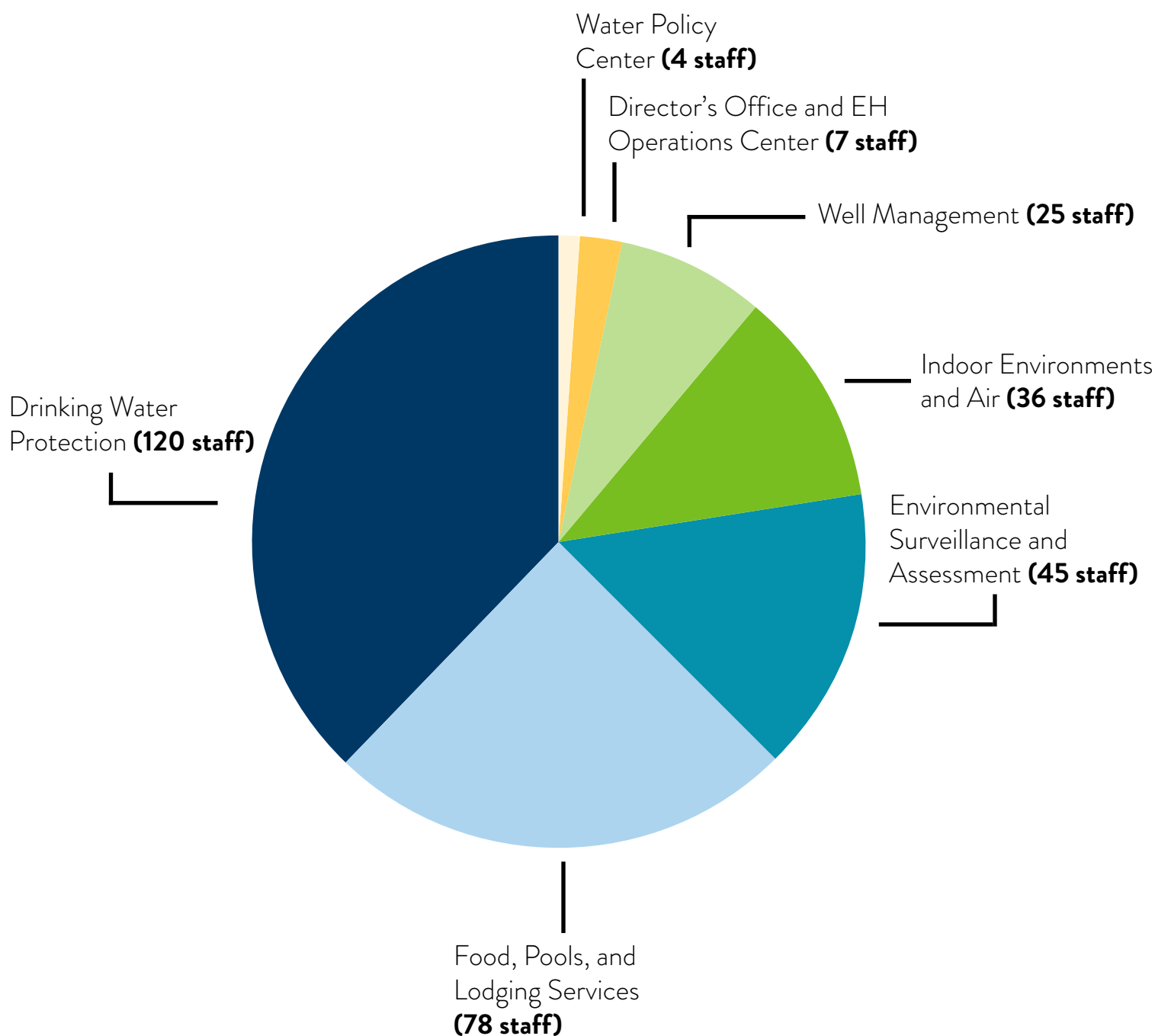
6,237

Staff on
National
Boards

41

EH Division Staff by Section

315 Staff, 7 District Offices



Director's Note

The past few years have been very challenging for all of us in public health. As I reflect on the changes that have occurred, I am constantly reminded and impressed with the expertise, professionalism, and passion you all bring to your roles as public health servants. I recognize every day what each of you contribute to the health of Minnesotans across the state. Whether it's engaging with diverse and disadvantaged communities, collecting samples, processing paper and licensing, conducting inspections, educating consumers, or many other activities, you make a difference.



We are faced with challenges that include our growing organization, hybrid work environment, and a myriad of environmental issues. I think leadership's role is to help create a system that can respond to these and other challenges by being nimble, communicative, and efficient. An important component in all of this is our approach to embracing the diversity and roles of our coworkers and stakeholders as we address these challenges. I continue to value a supportive and efficient team approach to our public health work as it emphasizes equity and engagement with the communities we serve.

I am grateful for the great work and passion you all bring to your roles in public health. Whether you are new to MDH or a youthful veteran, it is through your efforts that I have confidence we will continue to meet the mission of the agency and serve the citizens of Minnesotans through our public health efforts. You are part of a great team here in EH.

Thanks!!! Tom

Tom Hogan, Environmental Health Division Director

Meet Our Team



Front row: Sarah Fossen Johnson, Dave Hokanson, Teresa Purrington, Tannie Eshenaur
Back row: Tom Hogan, Angie Wheeler, Mary Navara, Dan Symonik, Steven Diaz, Sandeep Burman

About the Environmental Health Division

Overview

Within the Environmental Health Division, five sections and two centers work together to address multiple aspects of public health and environmental health protection.

Drinking Water Protection (DWP) Section

ensures that safe and sufficient public drinking water is available for everyone, everywhere in Minnesota through inspection, monitoring, technical review, planning, education, and training. DWP implements strategic safeguards that address emerging threats and protects drinking water from source to tap where Minnesotans and visitors live, work, gather, and play.

Environmental Health Operations

Center (EHOc) identifies, develops, and manages functions and capabilities which assist in providing effective and efficient programs. The outcomes include process documentation, measurement and evaluation, records management, and essential communication.

Environmental Surveillance and Assessment (ESA) Section

focuses on environmental risk factors and hazards in air, drinking water, soil, fish and game, and built environments by applying risk assessment techniques based on sound science. Work focuses on tracking elevated blood lead levels in people, providing evaluation for environmental exposures and guidance about contaminant exposures and human health, measuring chemicals in people, and determining changes over time. Results are communicated by providing access to Minnesota data about environmental risk factors and public health.

Food, Pools, and Lodging Services (FPLS)

Section licenses and inspects Minnesota's retail food, beverage, and lodging establishments, public swimming pools, manufactured home parks, youth camps, and recreational camping areas. The section also provides credentialing of Certified Food Protection Managers, Registered Environmental Health Specialist/Sanitarian as well as the regulatory authority for non-MDH jurisdictions.

Indoor Environments and Radiation (IER)

Section focuses on asbestos, indoor air, lead compliance, accrediting environmental laboratories, radioactive materials, radiological emergency preparedness, and x-ray facility inspection. This is done through establishing and enforcing health and work standards, and regulation, as well as monitoring, inspecting, licensing, and providing technical and operational support.

Water Policy Center (WPC) serves as a hub for Clean Water Fund programs. The goals are to innovate and incubate new policies

and programs that address water related risks to public health, manage current and emerging risks to safe drinking water through public health strategies and principles and ensure private well users are confident their water is safe for everyone in their household.

Well Management (WM) Section ensures the proper construction, repair, and sealing of wells and borings. This important work is done through licensing, permitting, inspections, and education of professionals and private well users.



MDH at the MN State Fair,
Climate and Wellbeing 2023

Organizational Changes

The Environmental Health (EH) Division continues to conduct its important public health work while recognizing the need to serve Minnesotans in a changing work environment with challenging and diverse environmental health issues. EH has added new programs to focus on these new priorities.

The **Water Policy Center** collaborates with water resource management activities in other state agencies and local government partners so that drinking water, recreational waters, and public health are protected. Many projects and initiatives are supported by the Clean Water Fund, which is part of the Clean Water, Land and Legacy Amendment.

The Environmental Epidemiology and Lead Risk Assessment Units have recently joined the Environmental Surveillance and Assessment (ESA) Section. The **Environmental Epidemiology Unit** uses existing data gathered by disease surveillance, population surveys, and environmental monitoring programs to better understand connections between community health and physical, chemical, and social environments. The Minnesota Public Health Data Access Portal communicates data in formats that make

it easier to understand, such as through mapping. The **Lead Risk Assessment Unit** works very closely with staff in the ESA Section to identify children with elevated blood lead levels. Inspections are conducted to identify and remediate the source(s) of the lead. Staff also manage a US Department of Housing and Urban Development grant in southern Minnesota which works to reach at-risk families with the goal to get tested for blood lead levels.

The Drinking Water Protection Section (DWP) has added two new units to the Section. The **Infrastructure Unit** is responsible for working with Minnesota cities, towns, rural water systems, and other public water systems in the planning, development, approval, construction, and operational start-up of drinking water infrastructure projects across the state. The unit coordinates the Drinking Water State Revolving Fund with the Minnesota Public Facilities Authority, working with many partners and stakeholders. This unit plays a major role in the implementation of hundreds of millions of dollars' worth of critical drinking water infrastructure projects. The **Communications and Strategic Initiatives Unit** engages in many projects and strategic initiatives to help implement the Safe Drinking Water Act. These projects address threats to drinking

water, foster partnerships, inform planning and guidance, support training and education, and identify opportunities to preserve and improve the quality of drinking water for all Minnesotans.



**MDH staff
take a tour of
the Fridley
Water Plant**

Division Updates

Increasing Sustainability at Work and Home

Welcome to MDH's new Sustainability Coordinator, Hannah Siegel. As directed in Governor Walz's Executive Order 19-27, Hannah works towards advancing MDH's sustainability goals to reduce greenhouse gas emissions, energy and water consumption, solid waste, and fleet fossil fuel and purchase more sustainable products. Hannah collaborates with the Department of Administration's Office of Enterprise Sustainability and sustainability coordinators at 23 other state agencies as well as leads the MDH Sustainability Leadership Committee and the Sustainability Team – new members and ideas always welcome! MDH strives to reduce our impact on the environment to protect, maintain, and improve the health of all Minnesotans and to further our commitment to environmental health.

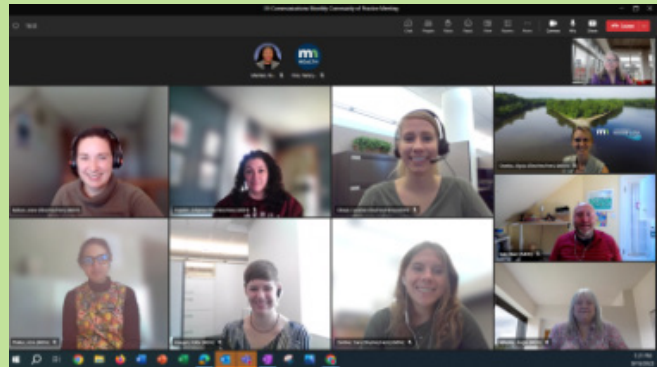


Blueworks Live Adopted by Department

The MDH Health Operations Team and IT Governance have officially adopted the Blueworks Live (BWL) software application as the agency's tool of choice for documenting business processes. The Environmental Health Operations Center (EHOC) remains the sole administrator of BWL for all of MDH. In the past fiscal year, the FY2024 BWL contract was executed – doubling the number of licenses in all access categories (Editor, Contributor and Viewer). All but one MDH Bureau and over 75% of MDH divisions use BWL. Each EH section had at least one staff modeling business processes with BWL. Intersectional workgroups initiated rulemaking and enforcement process documentation projects using BWL. MNIT staff exclusively utilized BWL to gather business requirements for the EH eLicensing project.

New Hybrid Environment

During the COVID-19 pandemic, EH moved to working in a hybrid environment. At times it has been challenging for EH staff to do their vital environmental health work while combining aspects of working in-office and working from a home office. MDH determined that teleworking will remain a significant way of working for MDH staff. While this presents great opportunity, it also has created challenges. Many of the EH workforce is teleworking full-time, also staff are working three or more days of the week in the office while many continue working in the field.



EH Communicators
Community of Practice
MS Teams Meeting

Duty Officer Program

The EHOC Policy/Business Process Specialist monitors Duty Officer Reports that come to the Emergency Preparedness and Response email box. After determining if the request is an EH concern, it is triaged to the appropriate EH program for response and/or follow-up.

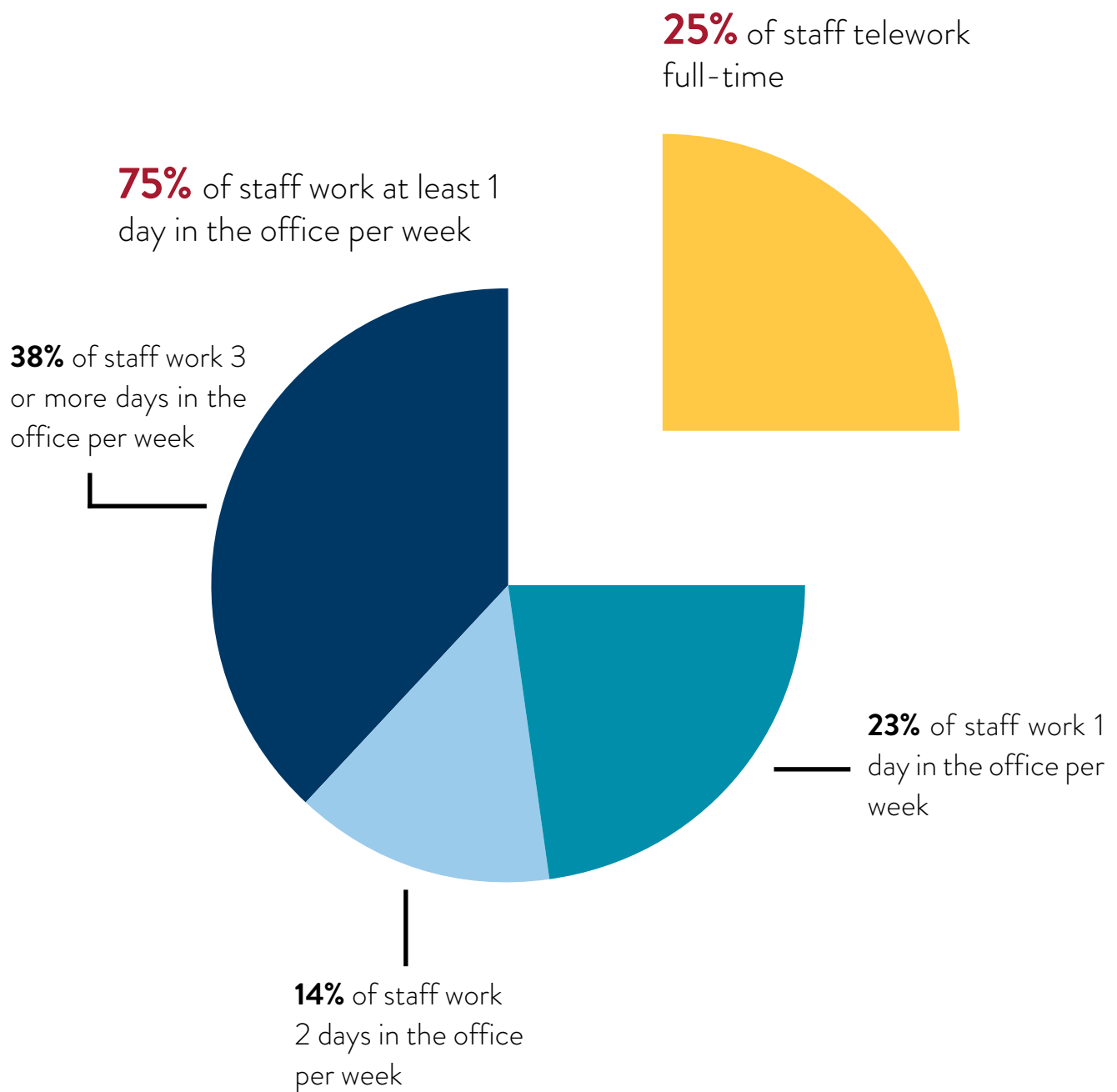
The [Minnesota Duty Officer Program](#) provides a single answering point for local and state agencies to request state-level assistance for emergencies, serious accidents or incidents, or for reporting hazardous materials and petroleum spill - 24 hours per day, seven days per week.

Fiscal Year 2023 Statistics

- Number of Duty Officer Reports sent to MDH: **154**
- Number of Duty Officer Reports potentially EH-purview: **107**
- Number of Duty Officer Reports EH-related (confirmed)/EH responded: **58**
- EH Program with most Duty Officer responses: **26 (FPLS)**

Increasing Sustainability at Work and Home

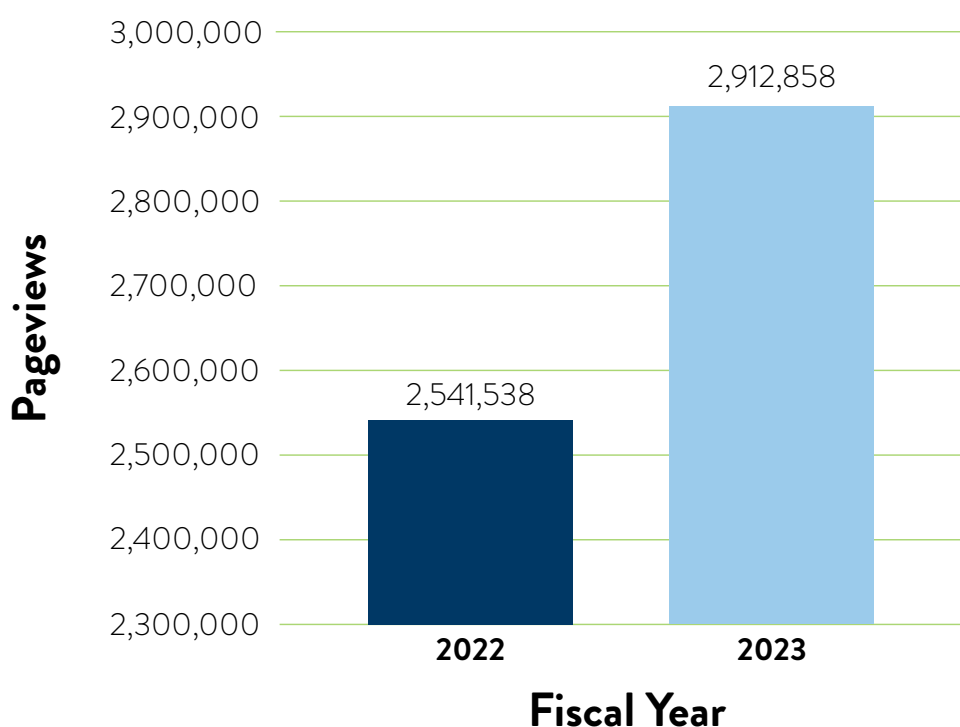
Percent of Staff in Office and Percent Teleworking Full-time



EH Web

The MDH website moved to the Drupal platform for web work with a more audience-centric focus and a content management system. EH staff worked hard to learn the new system resulting in a new look and feel for our webpages.

Pageviews per Fiscal Year



Most Popular Pages

- 1 Carbon Monoxide (CO) Poisoning in Your Home** (FY 2023 pageviews – 201,664) (<https://www.health.state.mn.us/communities/environment/air/toxins/index.html>)
- 2 Hydrogen Sulfide and Sulfur Bacteria in Well Water** (FY 2023 pageviews – 162,442) (<https://www.health.state.mn.us/communities/environment/water/wells/waterquality/hydrosulfide.html>)
- 3 Home Water Softening** (FY 2023 pageviews – 88,565) (<https://www.health.state.mn.us/communities/environment/water/factsheet/softening.html>)

Legislative Session 2023

MDH had some great successes this year that will help the important public health work. While the projected budget surplus provided a great opportunity, much of the funds were not projected to be ongoing, which resulted in several one-time funded projects.

A few high points include funding for 21st Century Public Health Work Transformation, establishment of a Health Equity Advisory and Leadership Council, establishment of an Office of American Indian Health, establishments of an Office of African American Health and an African American Health State Advisory Council, an increase to the agency's general operating budget and many more positive things for public health.

Highlights within various Omnibus or standalone MDH EH bills:

Health & Human Services Omnibus – MDH/EH

- Climate Resiliency Program restart
- Lead in drinking water in schools and child care remediation grants
- Elevated Blood Lead Level definition lowered to 3.5 micrograms/deciliter
- Drinking Water/Wastewater Advisory Council reestablishment
- Closed Loop Heat Exchanger – State Government Special Revenue New Permit Fee
- Skin Lightening Cream grant to BeautyWell



Skin lightening
creams containing
mercury



Legacy Omnibus – Clean Water Fund

- Contaminants of Emerging Concern [Public Health Laboratory, Health Risk Assessment Program, MN Environmental Lab Accreditation Program]
- Private Well Water Supply Protection
- Source Water Protection
- Groundwater Restoration and Protection Strategies
- Future of Drinking Water report
- Recreational Water Quality Portal [Infectious Disease Epidemiology Prevention & Control]



Capital Improvement/Bonding

Bonding and cash to support infrastructure projects in the state including drinking water systems. This includes a large capital investment in Lead Service Line replacement.

Environment & Natural Resources Omnibus

Existing transfers with increases

- Toxic Free Kids Act implementation
- Biomonitoring program support
- Potential health effect of TCE on communities
- Landfill/Hazardous release monitoring/assessment

New transfers for projects

- Fire Fighting Turn Out Gear Report/Biomonitoring protocols development
- Microplastics protocols - multi-agency transfer
- Fish kill protocols - multi-agency transfer
- PFAS Health Risk Limit rulemaking
- PFAS flame retardants/food packaging assessment
- PFAS Ban Requirements Support

Support for Drinking Water

Investigation/Remediation of Community Public Water Supplies impacted by PFAS. Includes testing remediation of private wells in immediate area. It is not intended to augment ongoing work in East Metro legal settlement. Funding directly to MPCA



Division Successes

Air

Online and on-demand continuing education trainings

Creating clean air for the citizens of Minnesota, the Indoor Air Unit started offering online and on-demand continuing education trainings during the 2023 fiscal year. The trainings discuss air contaminants and target childcare and radon professional audiences. The radon professional training specifically focuses on radon, the hazard; helping the training participant develop expertise on testing, mitigation, radon licensing, and new construction. In contrast, the childcare training focuses on other hazards in addition to radon. The two-hour course teaches the viewer about healthy homes including radon, mold, carbon monoxide, and safe drinking water.

Chemicals and Hazards

PFAS Accredited Laboratories

The Minnesota Environmental Laboratory Accreditation Program (MNELAP) expanded the number of analytical methods offered for Per- and Polyfluoroalkyl Substances (PFAS). Initial PFAS accreditation was offered in 2010 with updates and the expansion of analytical methods driven by the Minnesota Pollution Control Agency and US Environmental Protection Agency. In the past year, five laboratories have expanded their PFAS capabilities. The total number of PFAS accredited laboratories is now fifteen.



Addressing Chemical Hazards Through Rulemaking

During Fiscal Year 2023, the Indoor Environments and Radiation Section made strides in addressing chemical hazards. During the 2023 legislative session, the Asbestos and Lead Unit, amended the Lead Poisoning Prevention Act (Minnesota Statute 144.9501-144.9512), allowing the unit to continue rulemaking to adopt the USEPA's Renovation, Repair, and Painting Rule (40 CFR 745, Subpart E); moving risk reduction activities from EPA Region 5 in Chicago to Minnesota.

Spring Park Health Consultation



The Spring Park Municipal Well Field is on the U.S. Environmental Protection Agency (USEPA) Superfund program's National Priorities List to investigate and address the possible sources of the chemical trichloroethylene (TCE) that contaminated groundwater in city wells. The Site Assessment and Consultation (SAC) Unit prepared a Health Consultation that reviews environmental data and potential routes of exposure related to soil vapor and groundwater contamination in Spring Park and identifies recommendations to protect public health. While the city of Spring Park is troubleshooting maintenance of the water treatment system to optimize TCE removal, SAC staff are collaborating with Drinking Water Protection, Minnesota Pollution Control Agency, and the city to provide health education and recommendations to the community about TCE detections in the municipal water.

Staying on the Cutting Edge of Science

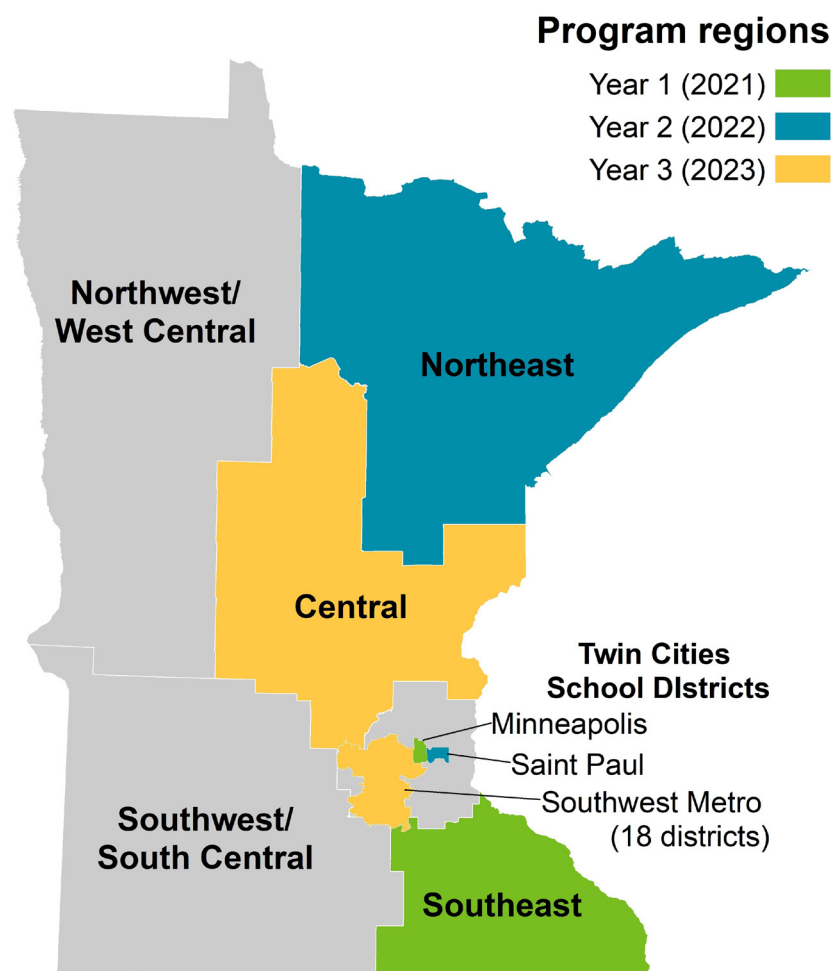
Health Risk Assessment staff partnered with US Environmental Protection Agency's Computational Toxicology program to develop an automated workflow to screen chemicals for exposure potential. The new workflow, which is still in draft form, produces similar results to MDH's existing screening process, but has the potential to screen thousands of chemicals in the time it currently takes to screen one chemical. The preliminary results were published in the Journal of Exposure Science and Environmental Epidemiology in May 2023.

Communities

Healthy Kids Minnesota

Healthy Kids Minnesota is a new statewide program that assesses environmental chemical exposures in preschool-age children. Children are recruited through partnerships with Early Childhood Screening programs at school districts, local public health agencies, and tribal nations. Statewide biomonitoring can provide critical information to identify groups at risk for chemical exposure, and to inform and evaluate policies and programs that reduce exposures.

In a 5-year cycle, the program works in one non-Metro and one Metro region per year. Since starting in 2021 and with consent of their families, Healthy Kids Minnesota has involved 1,044 pre-school age children from communities across the state. The MDH Public Health Laboratory measures levels of a wide range of environmental chemicals in a urine sample from each child, including metals, pesticides, phthalates, flame retardants, environmental phenols, and air pollution markers. Families receive their child's full results plus information on ways to reduce exposure.



Outreach Keeps Scientists Busy

Minnesotans are concerned about the water they drink. Health Risk Assessment (HRA) spent considerable time speaking with communities and city halls about the health effects caused by per- and polyfluoroalkyl substances (PFAS), also called the “forever chemicals,” that pollute some drinking water in the state. HRA also spent time sharing MDH PFAS guidance and the PFAS toxicokinetic modeling created by HRA with state and national scientific organizations. PFAS was not the only topic. Disinfection byproducts was the focus of a radio interview. The HRA Unit also guest lectured at the University of Minnesota’s School of Public Health. In total, the HRA Unit gave 15 invited presentations that reached a broad audience across the state and nation.

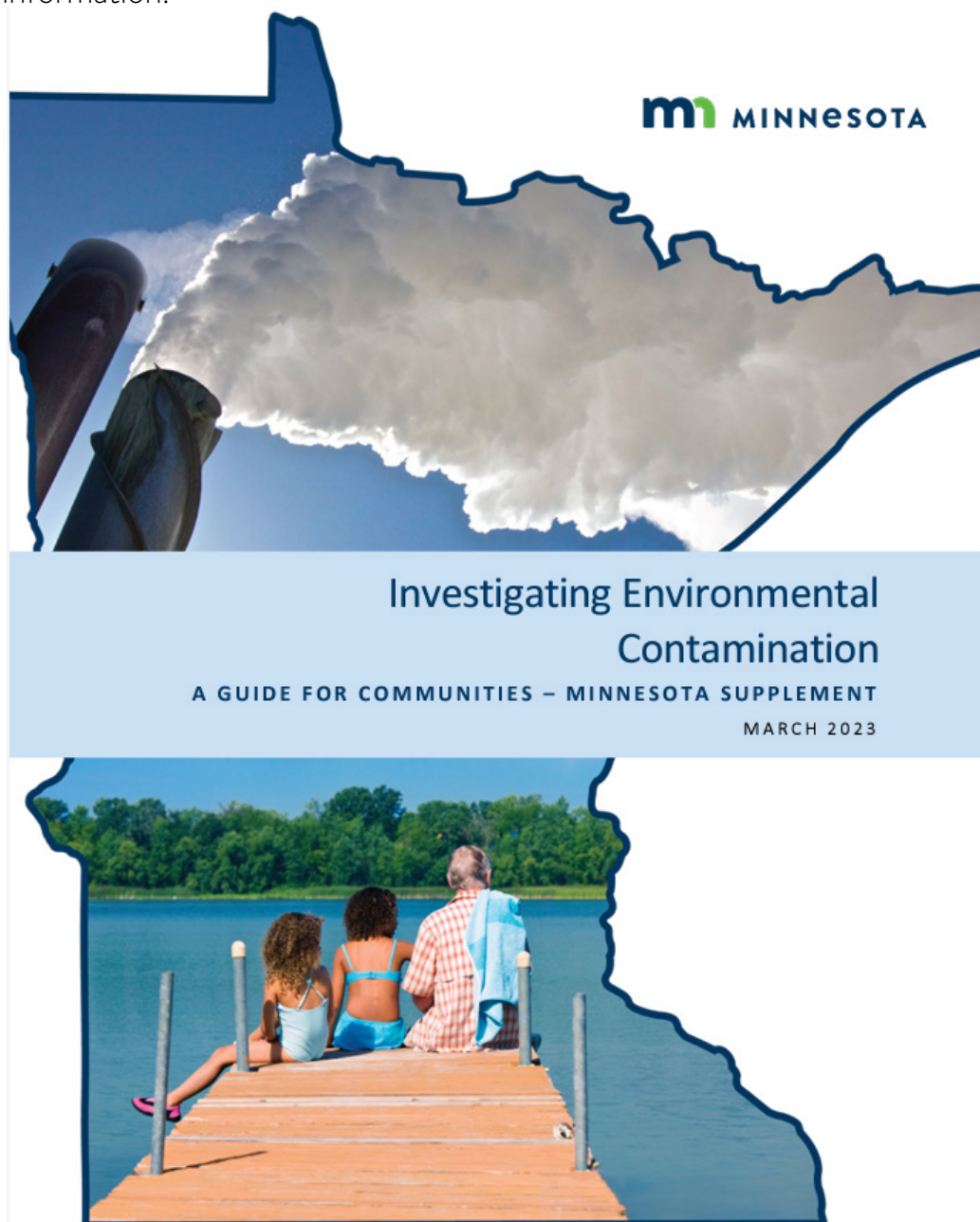
Choose Safe Places Minnesota – Promotion of Safe Child Care Settings

The opportunity for children to be cared for in a healthy environment is not equal for everyone in the state. All people, regardless of their race, color, national origin, or income, should benefit from equal levels of environmental protection. The Choose Safe Places Minnesota (CSPM) program aims to achieve this ideal by offering free services to identify and address potential environmental hazards in child care settings. Now in its fourth year, Site Assessment and Consultation staff continue to spread the word about the importance of preventing harmful exposures to children in our communities by highlighting CSPM initiatives across the state, both in-person and virtually, to a variety of stakeholders via CSPM exhibits, presentations, trainings, and consultations.



Investigating Environmental Contamination Guide

This Minnesota supplement to an EPA Region V document is for community members who are concerned about environmental exposures in their neighborhoods. The Guide serves a need for informing and even empowering communities that are looking for resources to better understand the potential connections between their environment and their health. We believe that promoting the use of this Guide could result in reduced exposures by educating people about actions they can take and where advocacy can produce results. The Guide encourages the use of the many public data sources made available by Minnesota state agencies and it is a great reference to point people to when they request assistance and information.



First Private Well Forum

In May 2023, Minnesota Department of Health (MDH) hosted a virtual 6-hour Private Well Forum to bring together partners across the state who work with private well users. Since there are no laws or statutes protecting private well owners other than the state Well Code, the Forum aimed to start a collective effort to empower 1.2 million private well users in Minnesota to ensure safe drinking water through regular well testing, inspection, maintenance, and addressing water quality issues. Attendees included a variety of government, non-profit, academic, and technical audiences, with a total attendance of 205 participants. The Forum was a combination of presentations and collaborative discussions. A few key takeaways were the need for social science behind water quality decisions, partners need educational, funding, and capacity resources for working with private wells, and many attendees see the urgency in this work and are interested in collaborating to ensure safe drinking water for private well users. MDH plans to host this event annually in the spring.

Cancer and Environment

Cancer can be scary and overwhelming especially if you or your loved one has been diagnosed. Questions about what causes cancer—and how the environment may play a role—are common and concerning. In a collaborative project, the Health Promotion and Chronic Disease and EH Divisions worked together to update the [Cancer and the Environment - MN Dept. of Health \(state.mn.us\)](https://state.mn.us/cancer-and-the-environment) webpages using evidence gathered from interested parties through focus groups and interviews. The updates include a video, web content and printable information sheets tailored to the Minnesotans we serve.



Food

New Food, Pools, and Lodging Services Communication Center

In April, the Food, Pools, and Lodging Services (FPLS) Section launched the new Food, Pools, and Lodging Communication Center SharePoint site. This Communication Center is a secure SharePoint site and one-stop-shop for statewide Food, Pools, and Lodging (FPL) regulators including MDH, Minnesota Department of Agriculture, and delegated FPL program staff. The goal of the Communication Center is to streamline communication from MDH FPLS, to increase engagement, and drive awareness of current news, events, and information. Since launch, there have been 245 unique viewers and 9,744 visits.

FPLS Inspections by the Numbers 2023

*Staff in the Field Operations
Unit conducted:*

18,017 inspections at **15,727** establishments MDH license such as restaurants, schools, pools, and special events.

Staff reviewed:

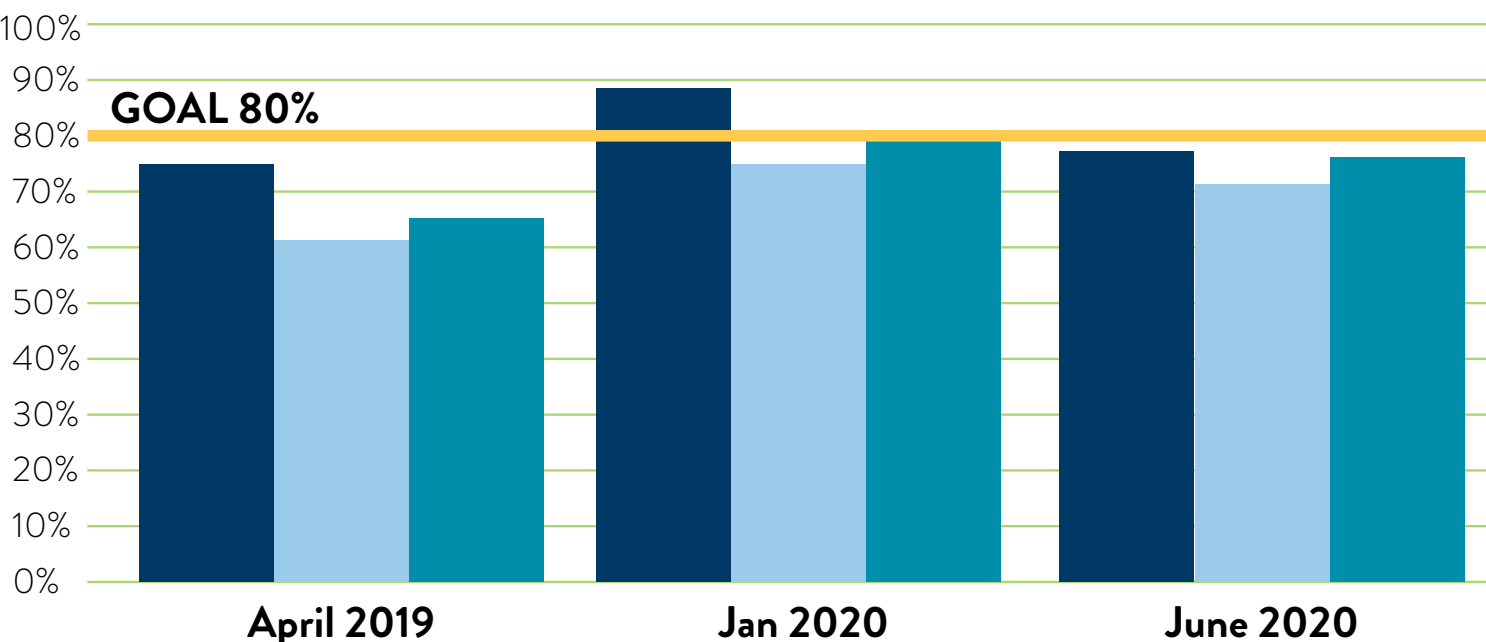
1,096 food, beverage, lodging, and swimming pool plans.



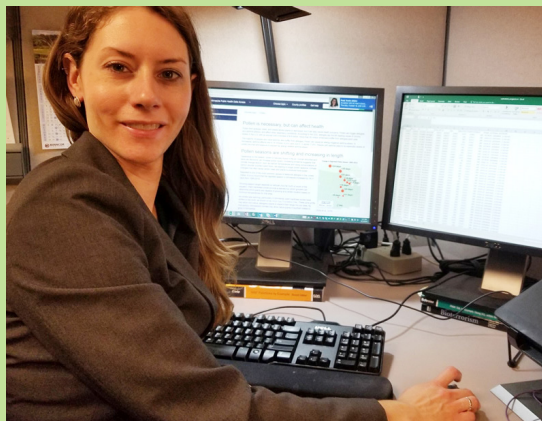
Uniform Statewide Food Inspections

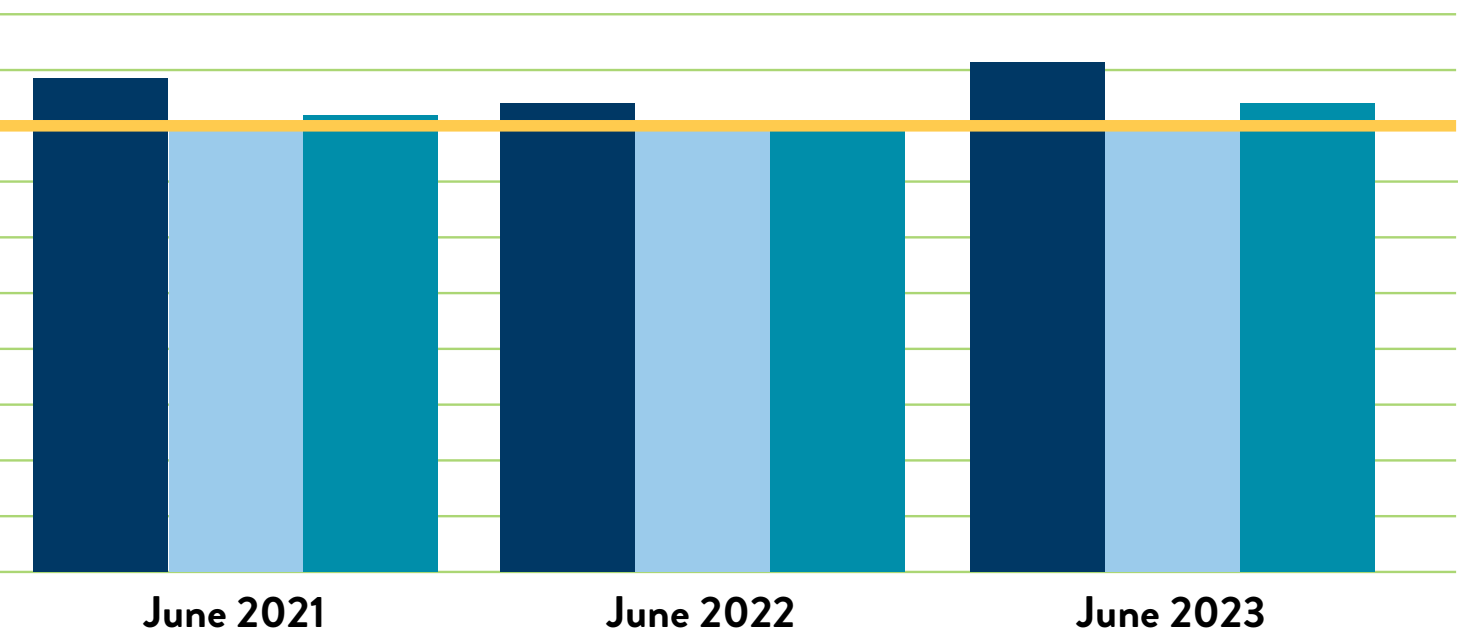
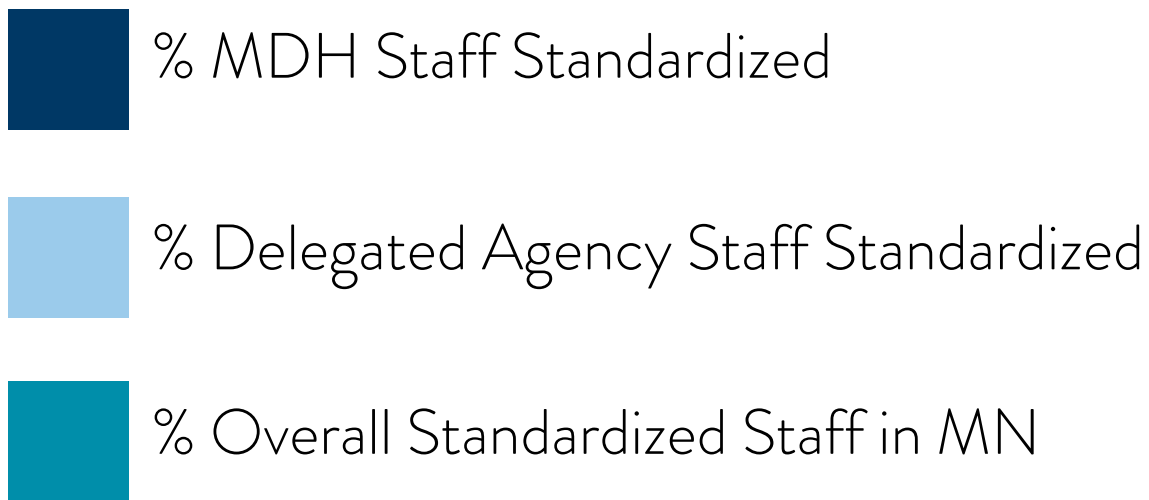
MDH continues to work under a standardization grant from the US Food and Drug Administration to standardize staff at MDH and local delegated agencies. The purpose of standardization is to promote uniformity of regulatory retail food inspections among federal, state, local and tribal agencies. Standardization is the process of conducting a series of side-by-side inspections to ensure inspectors are applying food safety principles according to the food code. The percentage of MDH staff that are standardized is 91%. That compares to 12 months ago when it was 83%. For delegated local health agencies, the current rate is 80%. Statewide total has improved from 81% to 83%.

Standardization Rates



MDH at Work





Homes and Lodging

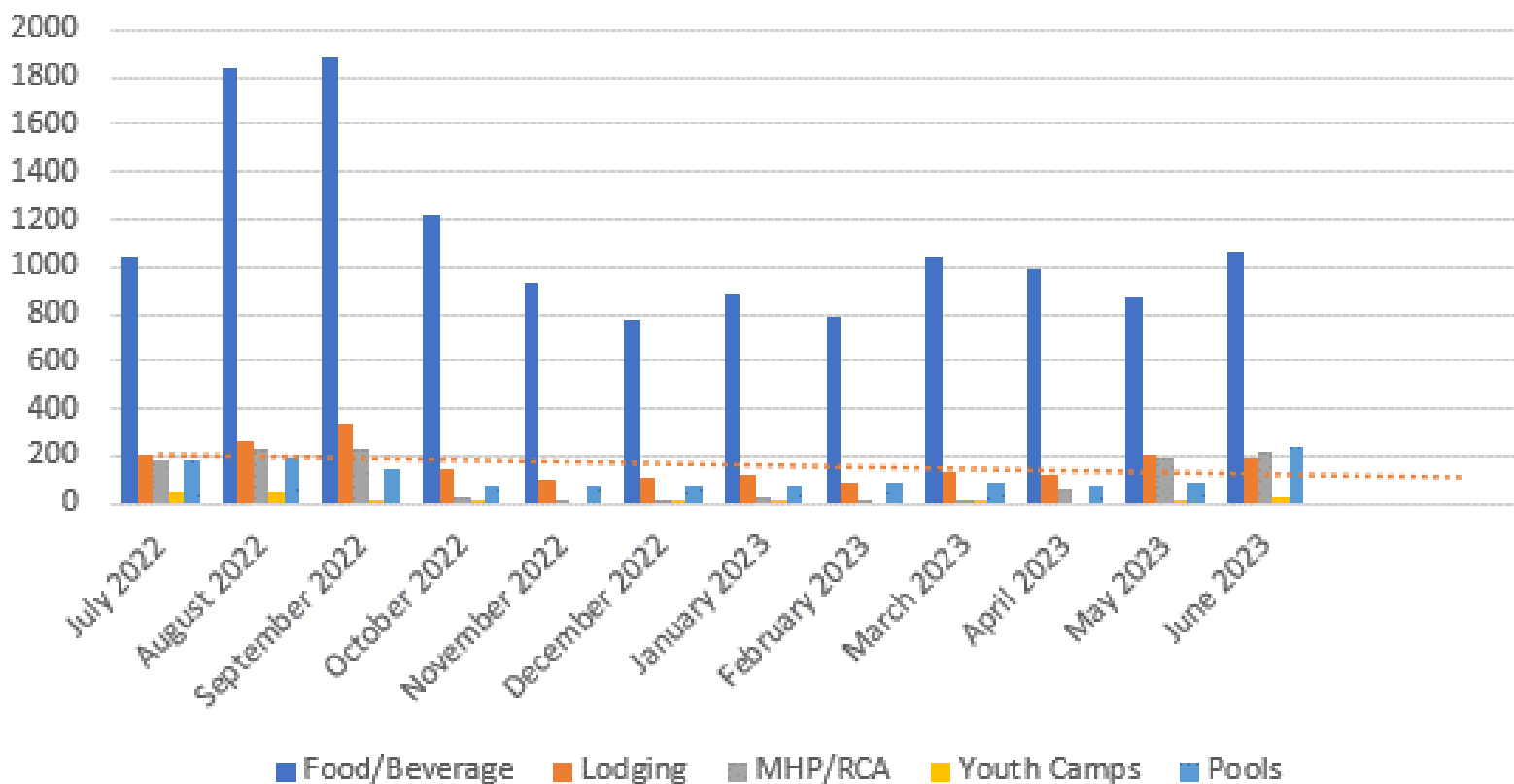
Lead Hazard Reduction Grant Award

The Health Risk Intervention Unit successfully applied for a grant from the federal Housing and Urban Development department for Lead Hazard Reduction. The funds will be used for either abatement or mitigation of Lead Hazards in homes with children.

Food, Pools, and Lodging Services Inspections

Food, Pools, and Lodging Services Section establishes and enforces health standards to ensure clean and healthy conditions at hotels, motels, resorts, manufactured home parks, and recreational camping areas.

Number of Inspections per Month



Licenses and Certifications

Food, Pools, and Lodging Services Section

The Business and Finance Operations Unit staff in the Food, Pools, and Lodging Services Section issued:

12,600 certified food protection manager credentials.

158 Registered Environmental Health Specialist/Registered Sanitarian credentials.



Drinking Water Protection staff taking a water sample

Well Management Section

Well Management Section follows Licensing and Credentialing under Minnesota Rules, parts 4725 and 4727. The section issued licenses and registrations to 295 well and boring contractor companies (includes newly issued and renewals). The section credentialed 375 certified representatives and explorer responsible individuals to represent the licensed companies (includes newly issued and renewals).

Indoor Environments and Radiation Section

Indoor Environments and Radiation Section has many different units that offer accreditation, licenses, and certifications to protect the health and well-being of Minnesotans. To protect the population from cancer-causing radon, the Indoor Air Unit issued about 450 radon licenses to laboratories and mitigation companies. The section also certified 175 indoor ice arenas and 5 motorsport events to protect against exposure to unsafe levels of carbon monoxide and nitrogen dioxide.

Radiation control is key to health protection from unnecessary radiation, with the Radioactive Materials Unit, issuing 137 specific licenses and 51 general licenses as an Agreement State for the Nuclear Regulatory Commission. This ensures radioactive materials are possessed and used in safe quantities and with proper safety precautions.

The X-ray Unit registered 4,489 facilities and 19,130 X-ray tubes to reduce radiation exposure in dental, medical, chiropractic, industrial, research, and veterinary applications.

The Minnesota Environmental Laboratory Accreditation Program issued certificates of accreditation to 72 environmental laboratories. These laboratories perform testing required by the Safe Drinking Water Act, Clean Water Act, Underground Storage Tank Program, and the Resource Conservation and Recovery Act.

The Asbestos and Lead Compliance Unit issued credentials to 2,667 individuals and companies, 2,021 for asbestos and 646 for lead. The credentialed individuals, coming with different specialties, ranging from risk assessors, site supervisors, and project designers to the asbestos worker.

Indoor Air Unit

450

licenses to
laboratories
and mitigation
companies

180

indoor ice
arenas and
motorsports
events certified

Radioactive Materials Unit

137

specific licenses
issued

51

general
licenses issued

X-ray Unit

4,489

facilities
registered

19,130

X-ray tubes
registered

Minnesota Environmental Laboratory Accreditation Program

72

issued
certificates of
accreditation

Asbestos and Lead Compliance Unit

2,021

credentials for
asbestos issued
to individuals and
companies

646

credentials for
lead issued to
individuals and
companies

Radiation

Response to Tritium in Groundwater

In late 2022, Xcel Energy notified the Duty Officer that they detected tritium in a groundwater monitoring well at the Monticello Nuclear Plant. While the amount released did not warrant an emergency response, the Radioactive Materials and the Radiological Emergency Response Coordinator worked with staff from Drinking Water Protection Section, Well Management Section, the Public Health Lab, and other state agencies (Minnesota Department of Public Safety, Minnesota Department of Natural Resources, and Minnesota Pollution Control Agency and the Nuclear Regulatory Commission) to ensure that public health was not impacted. An estimated 8 curies (8,000 millicuries) of tritium in 400,000 gallons of water, had leaked from a pipe between the reactor and turbine buildings. (The EPA Safe Drinking Water Act limit for tritium in drinking water is 4 millirems per year which equates to a concentration of 20,000 picocuries per liter.) One self-illuminated exit sign typically contains 25 curies.

The Indoor Environments and Radiation Section Manager worked closely with the Environmental Surveillance and Assessment Section, Drinking Water Protection Section, Well Management Section, and the MDH Communications Office. MDH's role was public messaging and acting as subject matter experts.

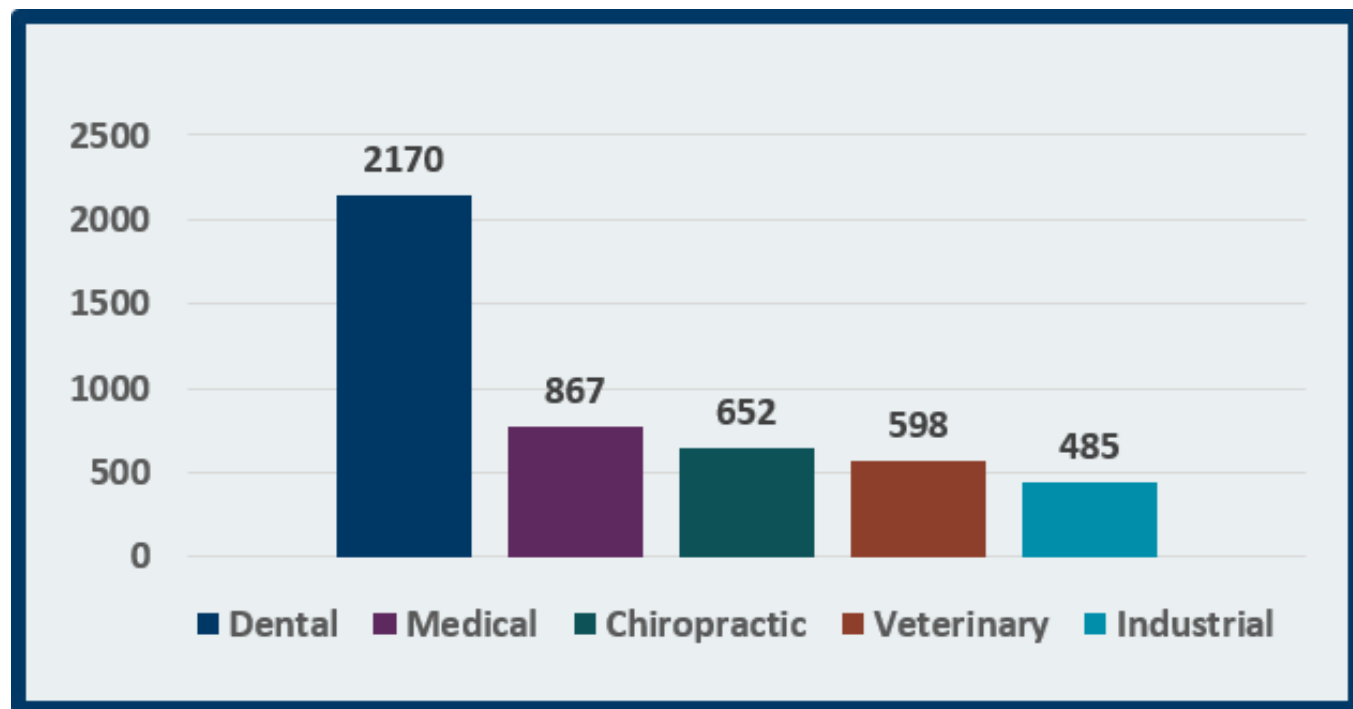
MDH's response also included legislative committee testimonies by the Assistant Commissioner of the Health Protection Bureau; media interviews with the Assistant Commissioner of the Health Protection Bureau; two public meetings where staff from Indoor Environments and Radiation and Drinking Water Protection sections answered questions from the public; and creation of a web page with information about the response and an email for the public to ask questions.

Radiation Safety Through Inspection

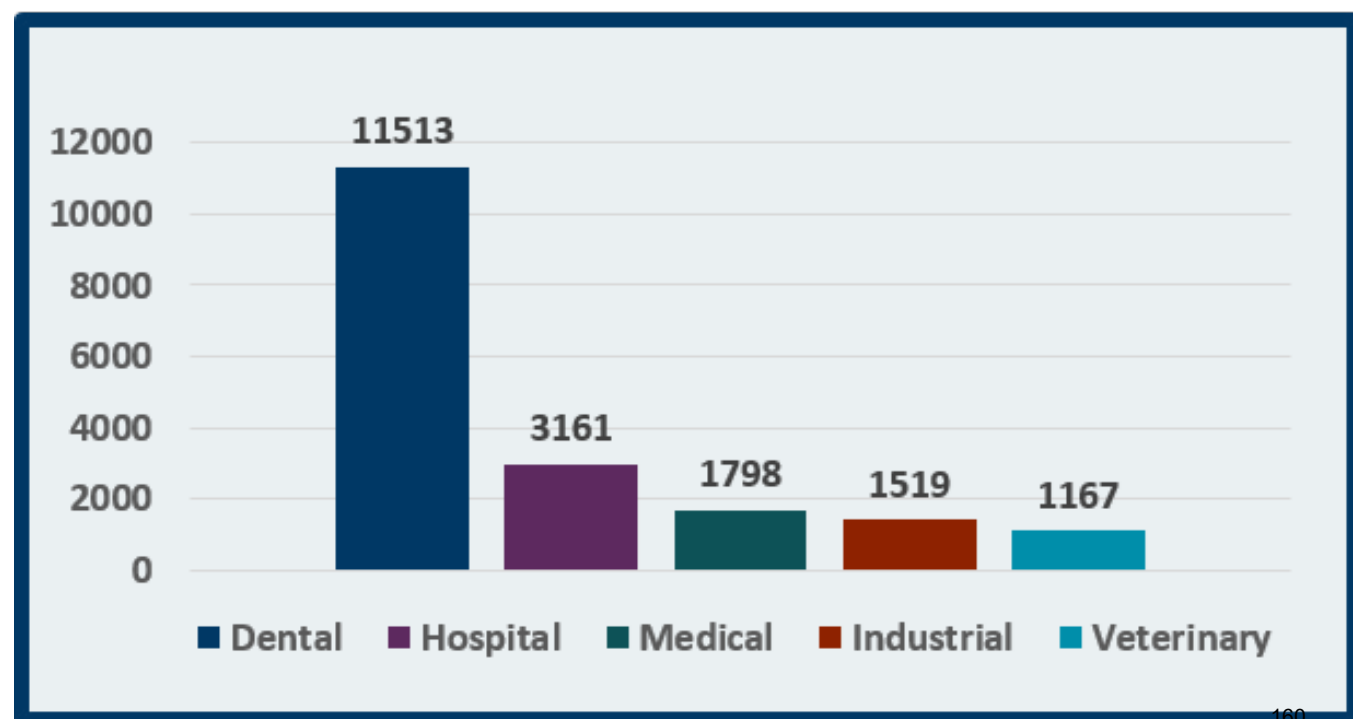
The mission of the Radiation Control, X-ray Program is to protect and promote radiation safety through guidance and collaboration with the radiation community. Our vision is to reduce unnecessary radiation exposure from the use of ionizing radiation producing equipment. Facilities in Minnesota with ionizing-radiation producing x-ray equipment must be registered with the Minnesota Department of Health, Radiation Control, X-ray Unit. X-ray fees cover the costs of running a statewide registration, compliance, and education

program, as well as to maintain and protect the health and safety of occupational workers and the general public. We have chiropractic, dental, industrial, medical, and veterinary facilities.

Number of Facilities with X-ray Equipment by Facility Type (July 1, 2022-June 30, 2023)



Number of X-ray Tubes by Facility Type (July 1, 2022-June 30, 2023)



Recreation

Chlorine Levels in Pools and Spas

Food, Pools, and Lodging Services Section has been working on a project targeted to pools and spas with elevated combined chlorine levels due to the municipal water used to fill them. Staff are providing education to operators in St. Paul, Mendota Heights, West St. Paul, and Lilydale around this issue.

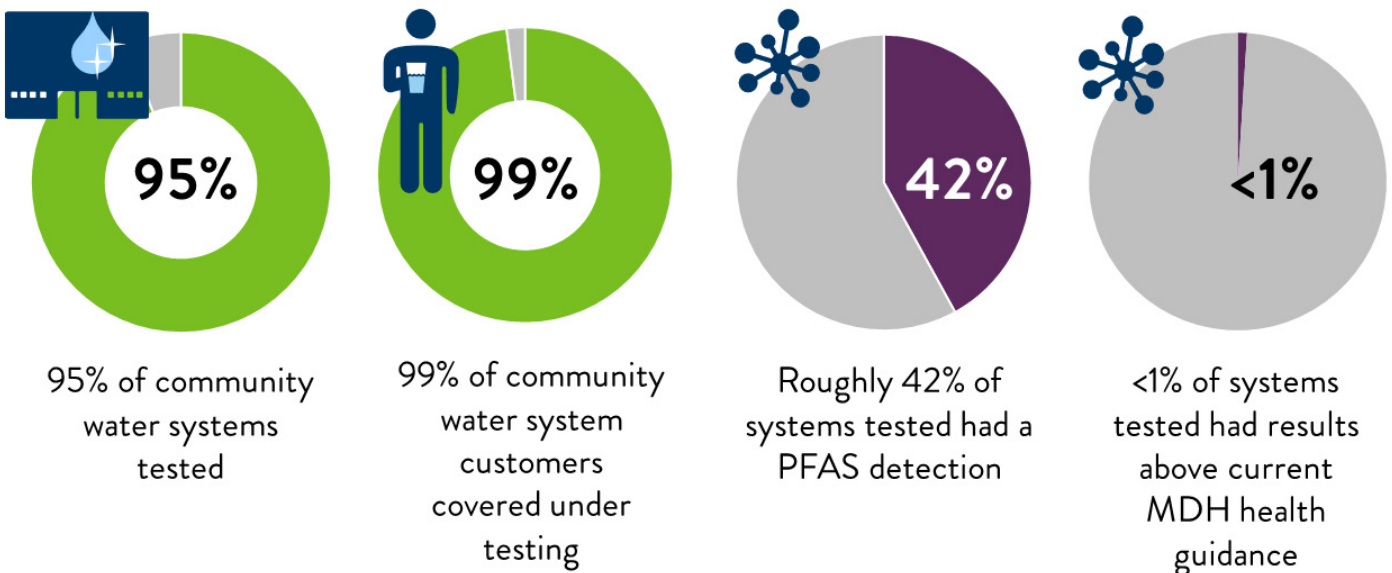


Food, Pools
and Lodging
Services
checking the
chlorine level

Water

Statewide PFAS Testing for Community Water Systems Wraps Up

The Drinking Water Protection Section is wrapping up an initiative to test drinking water for [per- and polyfluoroalkyl substances \(PFAS\)](#) across all community water systems in the state. This project aimed to evaluate whether Minnesotans are exposed to PFAS at levels above health-based guidance values in drinking water. The approximately 4.4 million Minnesota residents who get their drinking water from a community public water system can access their system's results through an [interactive dashboard](#) developed by MDH. Of the 970 community water systems in the state, 921 participated in the voluntary testing, which together serve over 99% of community water system customers statewide. PFAS is a topic of increasing national interest, and the U.S. Environmental Protection Agency has proposed enforceable limits for six PFAS. Minnesota has taken a proactive approach to addressing PFAS in our communities and our environment, which makes the state and its public water systems well-positioned for these national developments.



Historic Investments and Efforts to Get the Lead Out

We estimate there are over 100,000 lead service lines in the state. Under the federal Lead and Copper Rule Revisions, which are implemented in Minnesota by MDH, public water systems are required to inventory and make public the locations of lead service lines. Drinking Water Protection (DWP) is working with water systems to make lead service line locations available online and to provide funding for service line replacement. Funding available for lead service line replacement in Minnesota includes \$240 million appropriated by the 2023 Minnesota Legislature and approximately \$40 million per year in federal funds from the Infrastructure Investment and Jobs Act. DWP also helps provide education, outreach, and technical assistance to early care and education facilities to test for lead in drinking water. In addition, starting in 2023, DWP has added contractor services to help early care and education facilities with sample collection. These efforts have led to a significant increase in testing in these school and childcare settings.

Money appropriated for lead service line replacement



\$280 million+

Convening the State Drinking Water Action Plan

The Minnesota Legislature has tasked the Minnesota Department of Health with creating a 10-year plan for drinking water, with a start date of July 2024. The Water Policy Center (WPC) is leading the plan development on behalf of MDH. Beginning in 2022 the WPC started to convene a group of internal and external partners to help gather input from drinking water professionals in the state and the public. This plan will help inform policies at the state level in the future.

Clean Water Fund Allocation Increased

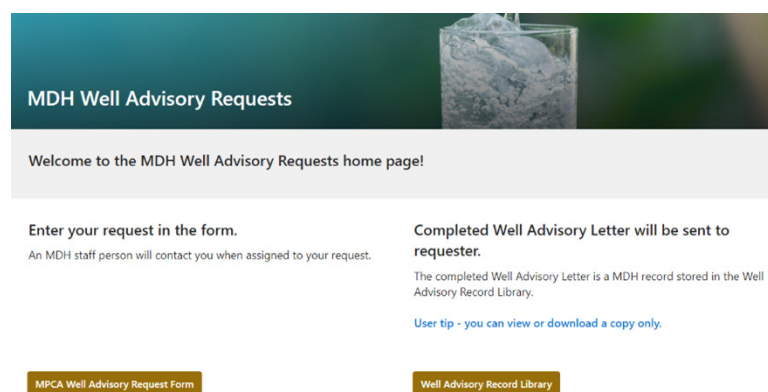
In 2022 – 2023 the Water Policy Center worked with many stakeholders to achieve a significant increase in Clean Water Fund dollars directed to MDH in the 2023 – 2024 biennium including a 3-million-dollar restoration of funding for the Private Well Initiative, new funding for development of a Beach Safety online portal, restarting a statewide water reuse policy project, and more. The Clean Water Fund is part of the Minnesota Clean Water, Land, and Legacy Amendment.

Data Stewardship of Well and Boring Information

The Well Management Section is responsible for managing records and information that allows government agencies, businesses, and the public to conduct research, comply with laws, and make informed health decisions. The Division's [Minnesota Well Index website](#) is one of the main well and boring records portals. The tool alone was viewed more than 60,000 times in FY23.

Nearly 10,000 well disclosure certificates were processed by the Well Management Section. The well disclosure process gives valuable information to a property buyer about the location and status of wells. This also alerts the Division of unused wells that may pose a pathway for contaminants to enter the groundwater so appropriate actions can be taken.

New Well Advisory Process

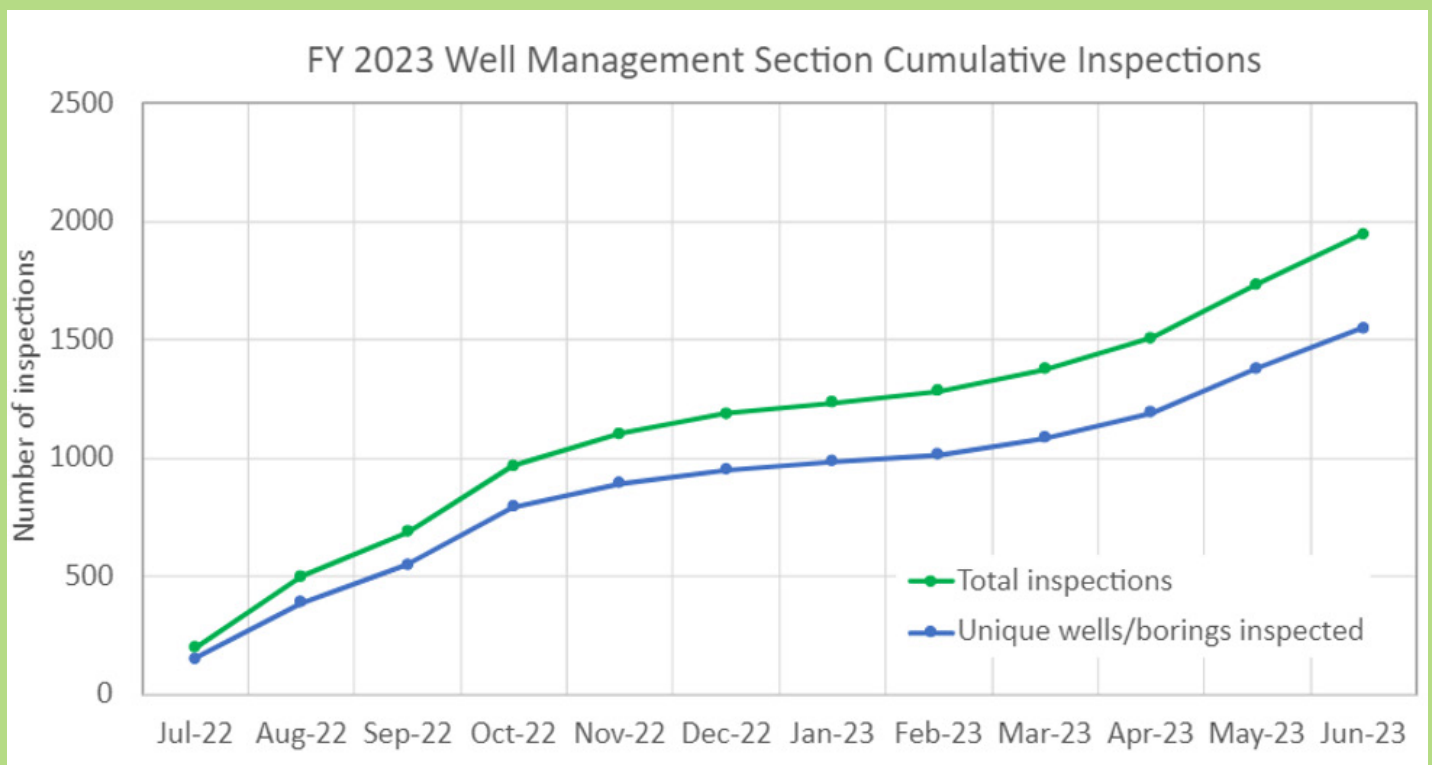


Site Assessment and Consultation staff worked with Minnesota Pollution Control Agency to improve our interagency process for requesting and creating well advisory letters. Well advisories communicate important information to well owners that describes the contaminants, health risks, and recommendations to protect health. We now have an

online request form that streamlines the process and clear instructions to create consistent letters. In addition, we are currently populating a new well advisory record library for easy access and record management.

Inspection and Compliance of Minnesota's Private Wells and Borings

Approximately 70 percent of all Minnesotans rely on groundwater as their primary source of drinking water, and one million Minnesotans rely on private wells. Well Management Section field staff performed more than 1,500 inspections on wells and borings used for drinking water, irrigation, industry, groundwater monitoring, heat pumps, and/or hydraulic elevators to help ensure they were safe during FY23.



Health-Based Guidance Developed for Three Contaminants Found in Minnesota Groundwater

The Health Risk Assessment (HRA) Unit developed health-based guidance for three contaminants (chlorothalonil, 4-hydroxychlorothalonil, and 1,2-dibromoethane). This health-based guidance is informed by full chemical reviews and is the concentration of a contaminant in water that poses little to no health effects for someone drinking the water. In addition, HRA completed nine pesticide rapid assessments for the Minnesota Department of Agriculture (MDA). These values can be used by MDA for screening contaminants in private wells.

Laboratory Accreditation: Ensuring Accurate Water Testing to Maintain Safe Drinking Water



The Minnesota Environmental Laboratory Accreditation Program (MNELAP) along with the public health laboratory and drinking water protection and private wells, ensure sufficient capability for public water supply and private well testing. They issued accreditation to 53 laboratories for work done under the Safe Drinking Water Program. This allows the labs to do compliance work, helping public water systems keep water safe for the public. Of the 53 drinking water laboratories, 42 accept samples from private citizens, giving private well owners a way to verify that their home has water safe for consumption.

Weather and Climate

Health Impacts of Climate Change

The Environmental Impacts Analysis Unit supports several programs that help keep the public safe from environmental hazards and contaminants, including air toxicology, toxic free kids, environmental review, and the Minnesota Climate and Health Program.



MDH at the
MN State Fair,
Climate and
Wellbeing 2023

In the summer of 2022, the Minnesota Climate and Health Program guided four interns from universities across the United States in their projects related to elevating the understanding of the health impacts of climate change. Based on recent research by the program, one of the projects culminated in the development of a script for a 10-minute video geared towards healthcare professionals. The program's research found that healthcare providers are seeing the health impacts of climate change in their patients, but they do not feel confident in addressing climate change. The video helps fill the gap in healthcare professionals' knowledge, so that they are more comfortable approaching the topic. The program will be releasing the completed video in the Fall of 2023 with its partners, the University of Minnesota's School of Nursing and School of Medicine and M Health Fairview.

Health Equity in EH

Promoting health equity to reduce health disparities

MDH is working to raise awareness and address dramatic disparities in health for many Minnesota communities. The MDH vision includes promoting health equity to reduce health disparities. The EH Health Equity Community of Practice (CoP) was formed in 2018 with a rotating, volunteer leadership team comprised of staff from each EH section. We work together to further division progress to eliminate health disparities, improve health equity through the work we do, and support a safe, equitable culture in the EH work environments.

Over the past couple of years, the CoP has explored how to achieve an equitable work environment by hosting quarterly presentations on Teams to share both division and department efforts in support of health equity. Presentation topics covered environmental justice with our partners at the Minnesota Pollution Control Agency, highlighted accessibility topics such as translation services and digital accessibility, focused on equity activities in the Drinking Water Protection section, and shared what is happening across the state in the Regional Equity Networks. The CoP also sponsors an annual division-wide fall Health Equity picnic. This year's picnic was held on September 7 at Central Park in Roseville.



Pictured left to right: Jennifer Weier, Alvine Laure Ekame, Jacquie Cavanagh, Calvin Mathews, Nancy Lo, and Katie Fallace. Not pictured: Azra Thakur

Radon Testing in Schools

The Indoor Air Unit has begun researching radon testing in schools, including the analysis of test levels and its relation to socioeconomic variables. They have translated radon information into Spanish, Somali, Hmong, and Karen. They have also begun doing outreach and technical support for areas that have higher radon levels, but lower amounts of testing.



Financial Assistance for Water Testing and Treatment

In the Water Policy Center, we work with local public health and government agencies to supply funding for drinking water testing and mitigation for low-income populations in specific areas that have high levels of drinking water contaminants.

Rule Amendments to Address Equity

FPLS Section staff and division leadership are currently working on rule amendments to Environmental Health Specialist/Sanitarian Rule 4695.2500-4695.3200 to address equity in the education requirements.

Flood Response Planning

Improved support for private well users at local, county, and state levels can help address health risk disparities during floods. Well Management Section in partnership with the Water Policy Center and with the help of a MPH student from the University of Minnesota, we are developing a flood response plan to anticipate future impacts of flooding and drought on private wells and reduce public health risks.



Translation Project

Well Management Section In partnership with the Water Policy Center, updated several online educational materials for technical accuracy and translated into Spanish, Somali, and Hmong. Resources included arsenic, nitrate, bacteria, hydrogen sulfide, iron, lead, well disinfection, well sealing, baby brochure, and the Owner's Guide to Wells brochures. The Drinking Water Protection Section also recently added a number of materials, including those for required public notification, translated into these three languages.



Interactive Health Equity Analysis Tool for Lead Service Lines

The Health Equity Workgroup in the Drinking Water Protection Section has been working on several projects, including developing an interactive health equity analysis tool for lead service lines. This tool will help identify and prioritize areas with children, low-income residents, and disadvantaged communities for replacement of lead service lines.

Multilingual Resources

The Asbestos and Lead Compliance Unit has begun looking into creating multilingual documents and videos to aid in education of the dangers of lead paint during renovation. Additionally, this unit has revised a very technical 24-page EPA document, Renovate Right, into a 2-page, plain language fact sheet.

Reaching Underrepresented Populations

The Health Risk Assessment Unit is committed to adopting health equity into our chemicals of emerging concern (CEC) selection process. CECs that affect populations of Minnesotans that are traditionally underrepresented will have priority. Environmental Surveillance and Assessment has added employees with language skills and have translated documents into other languages as well.

What's on the Horizon

Air Toxics

The air toxics program at MDH will see increased staffing over the next year with the goal of building capacity and support as MDH will partner with Minnesota Pollution Control Agency (MPCA) to improve the current MPCA air permitting program and associated rulemaking. In addition, there are long term plans being developed to create a more robust air toxics program at MDH to mirror the current Health Risk Assessment Unit.

PFAS Bans

MDH will hire a communication and planning specialist to support Minnesota Pollution Control Agency as the PFAS bans are implemented. Additional staff will be hired to provide technical support in the area of potential health effects from PFAS exposures. Long term planning would seek to further develop a holistic approach to risk assessment and risk communication and integrate the PFAS bans work into the overall PFAS focus of the Environmental Surveillance and Assessment Section.

Reestablishment of the Climate Program

In the coming months, we will be hiring staff as we rebuild the climate and health program. In October, the program will publicly release the climate conversations video at the UMN. An MDH staff climate change survey will be released within the next few months to follow up on previously completed surveys this will help inform our work and technical assistance. The program will also facilitate an external, interagency workgroup that will assist with implementation and updating of the MN Climate Action Framework Goal 5.

Minnesota's Climate Action Framework



cc-mn4-01

Goal 5 Protect the health and wellbeing of Minnesotans in the face of climate change

Online Course for Realtors

The Water Policy Center is working to release an educational online course for realtors in Minnesota to provide information on private wells so that realtors can confidently answer questions clients may have on private wells during property transfer. Future plans include creating policies for rental properties that would help give renters with private wells more protections if there is a drinking water issue.

Drinking Water Ambient Monitoring Program

The Drinking Water Protection Section is creating a new program to advance scientific study of contaminants in drinking water sources. The Drinking Water Ambient Monitoring Program will proactively test for contaminants of emerging concern and other priority contaminants in drinking water sources such as aquifers, lakes, and rivers.

Food, Pools, and Lodging Services Initiatives

The Food, Pools, and Lodging Services (FPLS) Section has several initiatives on the horizon. The Registered Environmental Health Specialist (REHS) rule, Lodging rule, Food code and Pool code are all in the process of being revised. Changes have been identified for the REHS and lodging rules and working draft rule language is written. The other rules are in the initial steps of revision where possible changes are being identified. FPLS has been working with the legislature, delegated agencies, the Minnesota Department of Agriculture, and regulated entities related to possible licensing changes that may affect how mobile food units are licensed in Minnesota. The Mobile Food Unit Workgroup of the Environmental Health Continuous Improvement Board will be resuming work that they began prior to COVID.

Over the next year, work will begin on identifying proposed license and credential fee changes and include outreach to license and credential holders as well as professional organizations. The plan is to bring the fee increase proposal to the 2025 legislative session.

MDH Well Management with a booth in Emily, MN



Well Management Section Process Improvements

Well Management Section-wide action planning is underway to identify process improvements and establish measures that ensure our work is efficient and effective. With so much institutional knowledge, work is underway to document processes and capture operationalize information for this program in order to build a sustainable program. The section will create a system to communicate these efforts and build a centralized location that is easily accessible for staff whether located at the office or in the field.

Rule Revisions to Address Industry Changes

The X-ray Unit will move forward with revisions to Minnesota Rules, Chapter 4732 to address industry changes including advances in equipment technology, shifts in the scope of practice for x-ray operators, identified gaps in service provider qualifications, etc.

Tracking Cannabis Use Complaints

Indoor Air staff will track cannabis use complaints within the framework of the Minnesota Clean Indoor Air Act, which governs indoor smoking until the Cannabis Law is fully implemented when rules are adopted in 2025.

eLicensing

The eLicensing Project at MDH will implement a modern and consistent electronic licensing system for the Health Regulation (HR) and Environmental Health (EH) Divisions. Vendor OpenGov's eLicensing platform will give our licensees 24/7 access to apply for and renew their licenses in a user-friendly, mobile-friendly, accessible, and consistent experience across all participating MDH credential programs.

Public Health Support to our Partners

Clean Water Funds have been allocated to the Minnesota Environmental Laboratory Accreditation Program (MNELAP) to assist with making significant and deliberate investments into PFAS and other Contaminants of Emerging Concern. These monies will be used to provide the necessary public health support to our partners, which include our most vulnerable communities. MNELAP is hiring three additional staff members and is investing in database evaluations and upgrades to support MDH's effort regarding PFAS.

National Boards

- American Association of Radon Scientists and Technologists
- American Institute of Professional Geologists
- American Water Works Association Innovation Initiative Regulatory Requirements subcommittee
- ASHTO state environmental health directors' group and member of its steering team
- Association of State Drinking Water Administrators (ASDWA)
- BizNGO, Diversity Equity Inclusion and Environmental Justice Workgroup
- California Department of Water Resources Bulletin 74 Technical Advisory Committee
- Conference for Food Protection North Central Association of Food and Drug Officials
- Conference of Radiation Control Program Directors, Inc. (CRCPD)
- EPA Region 5 Lead and Copper Rule Optimal Corrosion Control Treatment workgroup
- EPA Science Advisory Board PFAS Panel
- Great Lakes – Upper Mississippi River Board
- Interstate Chemical Clearinghouse, Database workgroup, Alternatives Assessment workgroup, Environmental Justice workgroup, TSCA States workgroup
- Interstate Technical and Regulatory Council, Managed Aquifer Recharge Overview workgroup, Microplastics workgroup, CEC workgroup
- Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience, and Interior Design
- National Blue-Ribbon Commission for Onsite NonPotable Reuse Systems
- National Environmental Health Association Informatics Committee
- National Environmental Laboratories Accreditation Program's Accreditation Council
- National Groundwater Association
- National Water Quality Monitoring Council – Public Health Representative
- NSF Public Health and Safety Organization – Health Advisory Board Member
- Society for Risk Analysis – Exposure Assessment Specialty Group

Scientific Journals

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National Water Quality Monitoring Council – Public Health Representative
NSF Public Health and Safety Organization – Health Advisory Board Member
Society for Risk Analysis – Exposure Assessment Specialty Group



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Food, Pools, and Lodging Services Section Data 2023

Program Area	MN Statute	MN Rule
Food Code	157	4626
Lodging	157.011, 327.10, 327.70	4625
Manufactured Home Parks/ Recreational Camping Areas	327.10-327.28	4630
Public Pools	157, 144.1222	4717
Youth Camps	157, 144.71-144.74	4630

MDH Statewide Data- 56 Counties

Number of Establishments Licensed – 15,727

Number of Inspections Conducted – 18,017

Number of Complaints Investigated – 1,251

Number of Plans Reviewed – 1,096

Meeker County Data

Number of Establishments Licensed - 158

Number of Inspections Conducted – 128

Number of Complaints Investigated – 3

Number of Plans Reviewed – 2

01/18/2023

Food, Pools, and Lodging Services Section Data 2023

Program Area	MN Statute	MN Rule
Food Code	157	4626
Lodging	157.011, 327.10, 327.70	4625
Manufactured Home Parks/ Recreational Camping Areas	327.10-327.28	4630
Public Pools	157, 144.1222	4717
Youth Camps	157, 144.71-144.74	4630

MDH Statewide Data- 56 Counties

Number of Establishments Licensed – 15,727

Number of Inspections Conducted – 18,017

Number of Complaints Investigated – 1,251

Number of Plans Reviewed – 1,096

McLeod County Data

Number of Establishments Licensed - 228

Number of Inspections Conducted – 187

Number of Complaints Investigated – 10

Number of Plans Reviewed – 4

01/18/2023

Food, Pools, and Lodging Services Section Data 2023

Program Area	MN Statute	MN Rule
Food Code	157	4626
Lodging	157.011, 327.10, 327.70	4625
Manufactured Home Parks/ Recreational Camping Areas	327.10-327.28	4630
Public Pools	157, 144.1222	4717
Youth Camps	157, 144.71-144.74	4630

MDH Statewide Data- 56 Counties

Number of Establishments Licensed – 15,727

Number of Inspections Conducted – 18,017

Number of Complaints Investigated – 1,251

Number of Plans Reviewed – 1,096

Sibley County Data

Number of Establishments Licensed - 129

Number of Inspections Conducted – 88

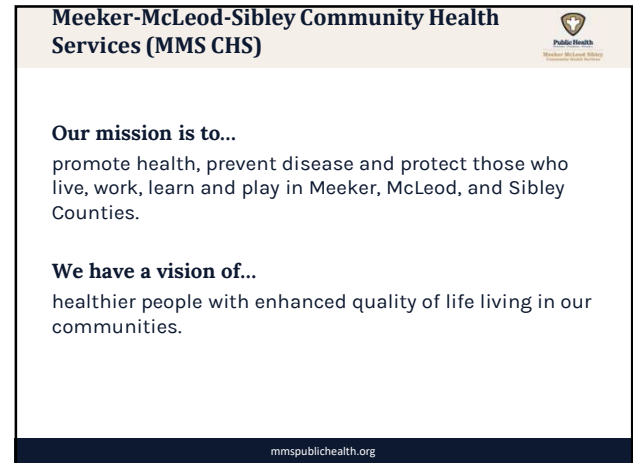
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Number of Plans Reviewed – 2

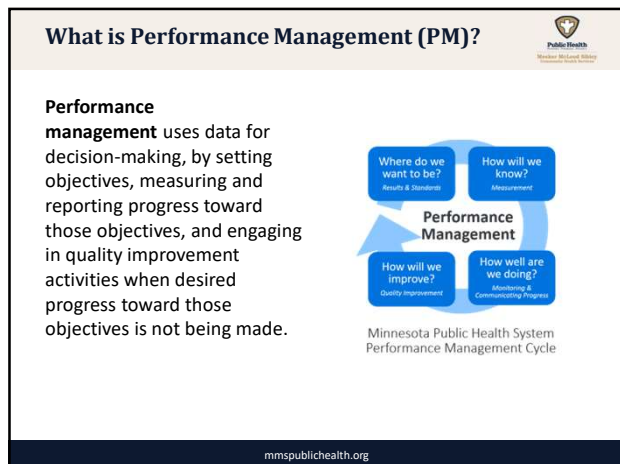
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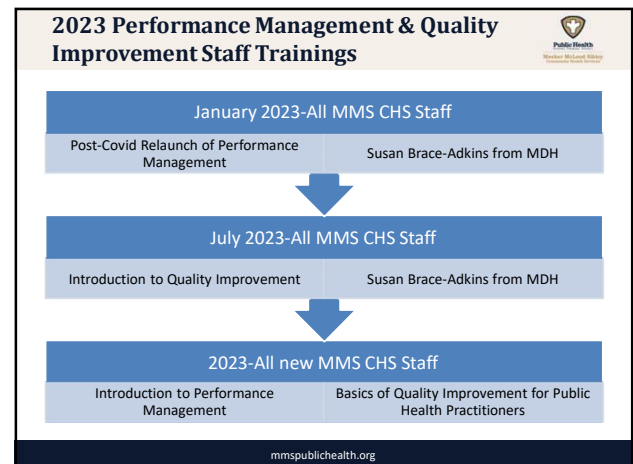
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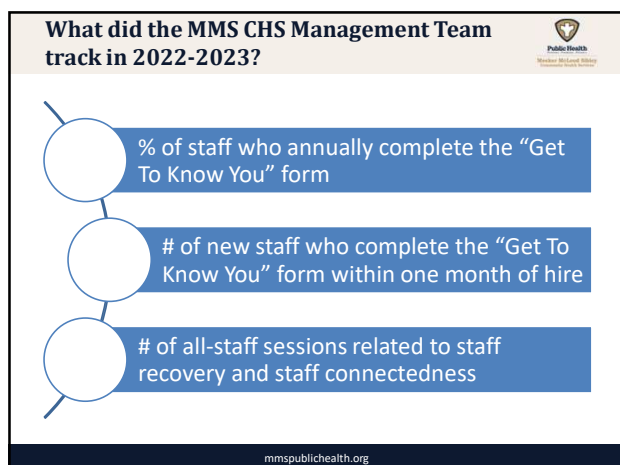
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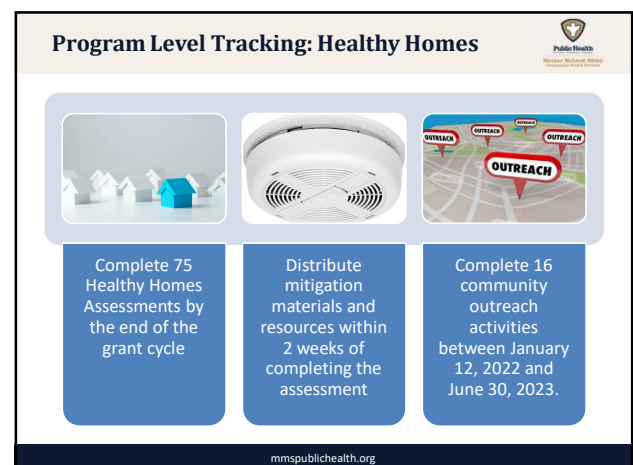
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6

Program Level Tracking: Project Harmony

Increase the number of referred clients to the Project Harmony program



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What is Quality Improvement (QI)?

Quality improvement (QI) is the use of a deliberate and defined improvement process and the continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality that improve the health of the community.



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2022-2023 MMS CHS Quality Improvement Projects

Administrative

• All-Staff Attendance

Project Harmony

• Program Awareness and Participation

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Administrative QI Project Storyboard

All-Staff Attendance 10/12/2022 to 7/15/2023 Project Team: MMS CHS Management Team	
PLAN Opportunity for Improvement: Increase the rate of attendance for staff attending the quarterly MMS CHS All-Staff meetings. Why? The MMS-MSL-MSL Community Health Services (MMS CHS) Management Team identified a downward trend in attendance. Through the MMS CHS strategic plan, building a positive employee culture was identified as a strategic priority. Successful implementation of the strategic action plan depended on higher attendance rates at MMS CHS All-Staff meetings. QI Tools: <ul style="list-style-type: none"> Brainstorming Attendance Tracking Spreadsheet Personal Notes Circle Graphs Establish Budget 	DO Aim: 90% of staff will attend the quarterly MMS CHS All-Staff meetings. Implementation: <ul style="list-style-type: none"> Public Health Supervisors and Directors will send calendar invites to all staff. Communication will go out to all staff informing them that CHS All-Staff meetings are to be a priority in their workday and if they cannot be in the meeting, they need to inform their direct supervisor. Public Health Supervisors and Directors identified team members to create a WFO team. Monthly meetings from staff surveys. Gather feedback regarding attendance.
ACT Lessons Learned: <ul style="list-style-type: none"> Using team-based leader to help to reach the 90% attendance goal. A team approach to planning provides for better meetings. Some absences are not all staff members in the meeting. When leaders are involved in the planning of All-Staff, staff prioritize the meeting. Adapt, Adapt, or Abandon: <ul style="list-style-type: none"> Adapt: A team approach to planning. Adapt: Evaluations. Adapt: Track attendance. Adapt: Redefine an excuse vs. unexcused absence. Abandon: The expectation that everybody will always make a meeting. Abandon: 90% expectation. 	STUDY Measurable QI Outcomes: <ul style="list-style-type: none"> All-Staff attendance rates: <ul style="list-style-type: none"> Oct 22: 87% Jan 23: 74% Apr 23: 85% May 23: 84% Other QI Outcomes: <ul style="list-style-type: none"> Agenda topics align with strategic plan Improved work culture Staff feel appreciated Increased opportunity for staff wellbeing event

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Project Harmony QI Project Storyboard

PROJECT HARMONY AWARENESS AND PARTICIPATION July 2022 to June 2023 Project Team: Project Harmony Team	
PLAN Opportunity for Improvement: Increase the exposure and awareness of the Project Harmony Program to gain more clients. Why? MMS-MSL-MSL Community Health Services (MMS CHS) identified that the Project Harmony program currently has low participation vs. pre-COVID 19 participation. QI Tools: <ul style="list-style-type: none"> Brainstorming Focus Groups Stakeholder Analysis Checklists 	DO Aim: Increase Project Harmony program awareness, referrals, and participation by June 2023. Implementation: <ul style="list-style-type: none"> Meetings with stakeholders to discuss Project Harmony WFO Coordinators Integrations Wellness and Recovery (and staff a part of all recovery meetings) Birthright (and staff is on their board) Adopt Hospital and Clinic CPS Social Workers Common Cop Medication programs (Diaper Distribution/Laundry Lane) Recovery Centers (New Beginnings, Nymex, Sobriety First) Attended events in the community events Created a social media presence via Project Harmony Facebook page and ads
ACT Lessons Learned: <ul style="list-style-type: none"> Staff feedback and consistent training in PI and how the program works affects the success of this program. Being a treatment is not a requirement to participate in the program. Adapt, Adapt, or Abandon: <ul style="list-style-type: none"> Adapt strategies from pre-COVID 19 that has worked. Adapt (delay) the webpage referral form (pdf, from another person, remain anonymous). Adapt the poster into a 1/2 sheet with information that includes a QR Code that refers to the Project Harmony website and referral form. Adapt: WFO Evaluation to reflect that treatment is not a requirement. 	STUDY Measurable QI Outcomes: <ul style="list-style-type: none"> 13 meetings were held with partners/stakeholders 441 locations received outreach posters 5 events were attended with outreach information 140 referrals to the MMS-CHS Project Harmony webpage 4 Project Harmony webpage referral forms received 146,000 users reached via Facebook ads 2,583 users clicked on ad for more information 1,517 users viewed Facebook ad called Project Harmony webpage Other QI Outcomes: <ul style="list-style-type: none"> Receiving overall referral process Improved their involvement with clients Track referral sources

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Goals for 2024



- All programs will select and track at least one performance measure
- Track a performance measure related to the MMS CHS Strategic Plan
- Continue to meet with MDH staff for Performance Management and Quality Improvement technical assistance as needed

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MEEKER-MCLEOD-SIBLEY

SHIP Highlights



Bike Fix-it station

In the summer of 2023, a bike repair station was introduced at Lake Ripley Campgrounds in Litchfield. This initiative involved collaboration with a local boy scout, the city of Litchfield, the boy scout's grandfather for concrete pouring, and MMS CHS. The fix-it station serves as a convenient spot for addressing minor bike repairs before or after exploring the route around Lake Ripley.



Bike Fix-it Station
Lake Ripley-Litchfield



Healthy Eating Curriculum
MN New Country School



Learn to Ride Bike Fleet
Sibley East Elementary



Brownton
Community Garden

Community Gardens

In 2023, community gardens were established or enhanced in Meeker, McLeod, and Sibley counties. Brownton, Plato, and Grove City were particularly successful locations, fostering community engagement in a fruitful growing season. Participants united to cultivate, discover, and enjoy nutritious foods.

Schools

In 2023, schools in the three counties collaborated actively with SHIP staff. Litchfield Middle School, Minnesota New Country School (Henderson), First Lutheran School (Glencoe), Atwater-Cosmos-Grove City Elementary, and Sibley East Elementary closely partnered with SHIP. Various projects were implemented, such as active recess, healthy snacks, hydroponics stations, physical education curriculum, hydration stations, school garden enhancements, mental well-being resources, and vaping education curriculum.

Learn to Ride Bike Fleet

The Learn to Ride Bike Fleet, spanning schools in the three-county area, enabled 2,400 students to embrace cycling in the Spring and Fall seasons. Catering to both experienced riders and beginners, it proved invaluable for schools. The demand for the fleet persists as schools eagerly anticipate its services in the upcoming Spring season, prompting requests for the addition of more bikes to meet the growing interest. The fleet is getting noticed, even appearing in the *Independent Review*.



SHIP Projects 2023

- Brownton Community Garden
- Plato Community Garden
- GFW Breastfeeding Space
- Bike Fleet-2,400 students, 8 schools
- Hydration Station
- Badminton in Physical Education
- Active Recess (jump ropes, outdoor games, basketball hoop)
- Healthy Eating Curriculum
- Tobacco/Vaping Curriculum
- Healthy Snack Cart
- Tchoukball for Physical Education
- Yoga Mats for Physical Education
- Glencoe in Motion active living improvement discussions
- Bike Fix it Station Lake Ripley-Litchfield
- School Student Vaping Survey
- Grove City Sharing Garden
- Meeker County Fairgrounds Breastfeeding Space
- Hydroponics Stations for schools
- Dassel Summer Feeding Program for youth
- ACGC Youth Mental Health First Aid
- 988 promotion-Mobile Crisis Unit
- Meeker Workplace Wellness Business Partnerships
- Meeker County Food Shelves Backpack Program
- Mobile Food Shelf (Meeker)
- McLeod Fairground Breastfeeding Space (in progress)
- Hutchinson Farmers Market-POP program
- MAPP Meetings-Summer Scavenger Hunt (Meeker)
- Gaylord Community Garden (in progress)
- Michael Foods Workplace Wellness (in progress)
- Data Metalcraft Workplace Wellness(in progress)
- Ridgeview- increasing accessibility to Spanish-speakers
- and many more already in progress for 2024

MN Moves

MN Eats

MN Commercial Tobacco Free

MN Well-being

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WIC's proven outcomes help grow a healthier next generation.

A summary of key research documenting WIC's public health impact

NWA'S MISSION

The National WIC Association (NWA) provides its members with tools and leadership to expand and sustain effective nutrition services for mothers and young children.

For nearly fifty years, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has supported health and nutrition needs during a targeted life stage for millions of families, including nearly half of all infants in the United States.¹ WIC's demonstrated public health success is reflected in a strong body of evidence, with recent research demonstrating that WIC's ongoing services during the COVID-19 pandemic continue to deliver critical support to grow a healthier next generation.

COST-SAVINGS

In 2019, research from UCLA, PHFE WIC, and the City of Los Angeles measured the economic effects of WIC participation during pregnancy.² The study determined that every dollar invested in WIC returns an average of \$2.48 in medical, educational, and productivity costs. The study's model was limited to cost savings associated with preterm birth, suggesting that the program's total cost savings are actually higher. The study also suggests that increased WIC participation among the eligible population would be associated with even further cost-savings.

This study builds on a consistent evidence base, including landmark studies from 1992 demonstrating Medicaid cost-savings associated with prenatal WIC participation.³ Prior research has also associated prenatal WIC participation with reduced risk of low birthweights, mitigating long-term health, cognitive, and developmental conditions. Both preterm birth and low birthweights are significant drivers of healthcare expenditures in both the short- and long-term.⁴



WIC SAVES \$2.48 FOR EVERY DOLLAR SPENT²



HEALTHY WIC FOODS REDUCE CHILDHOOD OBESITY RATES^{6,7}



WIC FAMILIES WANT OPTIONS TO SUSTAIN REMOTE SERVICES¹³



WIC REDUCES INFANT MORTALITY BY 16%⁵



WIC BENEFIT BUMP INCREASES FRUIT AND VEGETABLE CONSUMPTION¹¹



WIC FAMILIES ARE READY TO EMBRACE MODERN SHOPPING OPTIONS¹³

HEALTHY BABIES

In December 2019, the Journal of the American Medical Association published a national cohort study led by researchers at the University of North Carolina-Chapel Hill, identifying a 16 percent reduction in the risk of infant mortality that is directly attributable to WIC participation.⁵ The study evaluated over 11 million birth certificate records between 2011 and 2017.



The authors attribute the healthier WIC food package and breastfeeding promotion and support as key factors on positive birth outcomes associated with WIC participation. The WIC food package supports low-income women by increasing intake of key nutrients like protein, vitamin D and iron.

HEALTHY KIDS

After decades of advocacy from the National WIC Association and broader public health community, USDA revised the WIC food packages in 2009 to provide healthier options, including fruits, vegetables, and whole grains.

Following these changes to the food package, childhood obesity rates for WIC-enrolled toddlers age 2-4 declined from 15.9 percent in 2010 to 14.4 percent in 2020.⁶ This trend demonstrates the protective effect of WIC participation on childhood obesity.

HEALTHY MOMS

In September 2019, JAMA Pediatrics published a study by researchers at the University of California at San Francisco exploring the impact of the 2009 food package revisions on maternal health outcomes.⁷ The research used birth certificate and hospital discharge data from over 2.4 million mothers, comparing outcomes before and after the 2009 food package revisions. The study found that the revised WIC package was associated with reduced risk of excessive weight gain during pregnancy and maternal preeclampsia, the latter of which is a leading risk factor for maternal mortality and morbidity.⁸

WIC BENEFIT BUMP

Beginning in April 2021, WIC issued higher benefits for fruits and vegetables, ensuring enhanced access to nutritious foods through a more robust benefit.¹⁰

Over 5 million WIC participants are receiving this WIC benefit bump, with current levels \$26/month for children and \$47-52/month for pregnant and postpartum participants.

In 2022, the National WIC Association and Nutrition Policy Institute published the results of a survey that received over 10,000 responses on child fruit and vegetable consumption. The report found that fruit and vegetable consumption increased of 1/4 cup per day after the WIC benefit bump was enacted.¹¹ This increase is commensurate with other similar effective nutrition interventions.¹² Since this survey, qualitative research from several states in 2022 and 2023¹³⁻¹⁶ has found similar impacts, with participants describing increased satisfaction with CVB and purchasing a greater quantity and variety of produce.

MODERN SERVICES FOR WIC FAMILIES

WIC providers swiftly adapted to adjust services during COVID to assure uninterrupted services. The National WIC Association and Nutrition Policy Institute surveyed 26,000 WIC participants in spring 2021, identifying broad satisfaction with remote service delivery, with a strong desire to sustain remote options and provide balanced choices to participants beyond the public health concerns of the pandemic.¹⁷ The study also identified participant interest in modern options for WIC shoppers, including online ordering with in-store pickup, although initial data suggests that delivery fees could pose a barrier to WIC participants accessing home delivery options.

Investing in WIC improves the health of women, infants, and children, and leads to long-term healthcare savings.

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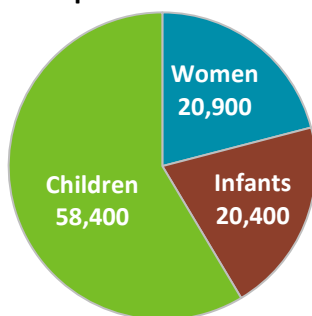
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Minnesota WIC Facts 2023

MN WIC Participants

- During FFY 2022, an average of 99,700 low-income women, infants, and children up to age five participated monthly in the MN WIC program.¹

FFY 2022 Average Monthly Participation in MN WIC¹



- In 2021, MN WIC served an estimated 36.6% of all infants born in Minnesota.¹
- Minnesota ranks within the top two states nationwide for WIC coverage rate of eligible participants.²

Nutrition & Breastfeeding Support

- Participants receive individualized nutrition assessment along with education and referrals to community resources.
- WIC promotes and [supports breastfeeding](#), including [exclusive breastfeeding](#), for infants.
- WIC supports healthy diets and infant feeding practices to help prevent obesity and anemia and provide other benefits.
- Many local WIC programs provide [peer breastfeeding support](#) to parents and infants.

Healthy Foods

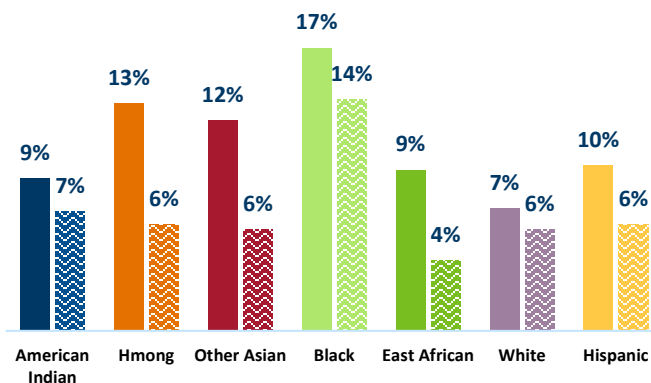
- WIC provides healthy foods including fruits, vegetables, whole grains, and low-fat dairy. Women and children participating in WIC have healthier diets.³
- In 2022, MN WIC issued approximately \$26.6 million worth of benefits specifically for fruits and vegetables.¹ Monthly fruit and vegetable benefit levels increased to \$25 for children and \$44/\$49 for pregnant/postpartum participants.
- During FFY 2022, MN WIC participants purchased \$78 million in WIC foods at local grocery stores (map on page 2).

Early MN WIC Participation

Improves Birth Weight

In Medicaid-funded births, women participating in WIC for three or more months had fewer infants born with low birth weight compared to those not participating in WIC.¹ The average medical expenditure for low-birth-weight infants averages \$114,437.⁴

Low Birth Weight in Medicaid-Funded Births CY 2021



Solid: No WIC Prenatal Participation
Patterned: Prenatal participation in WIC for 3 or more months

Advancing Health Equity

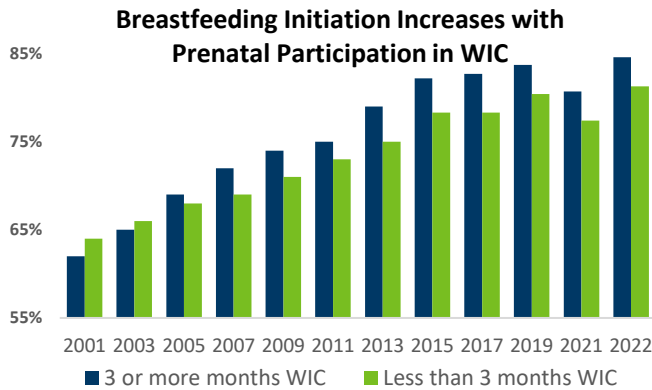
MN WIC is modernizing services to reduce inequities and make it easier for families to access benefits. MN WIC continues to advance health equity for participating families by:

- Better tailoring of services to meet the varied needs of diverse MN families
- Disaggregating health indicator data to include cultural identity
- Using proven strength-based nutrition strategies gathered from diverse families
- Supporting diversification of the WIC workforce
- Supporting community level Lactation Practitioners
- Expanding supports for LEP WIC families
- Expanding the Peer Breastfeeding Support Program
- Working with the MN American Academy of Pediatrics to increase referrals to WIC from primary care.

Minnesota WIC Facts 2023

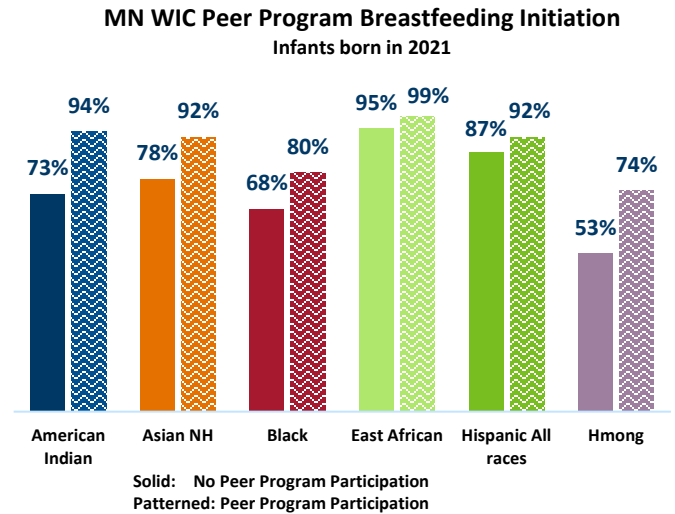
Breastfeeding Rates

People participating in MN WIC earlier in their pregnancy were more likely to breastfeed. After dropping during pandemic year 2021, rates increased during 2022, possibly due in part to the formula shortage. Meeting breastfeeding recommendations could save \$13 billion in national annual medical costs and prevent more than 900 deaths.⁵



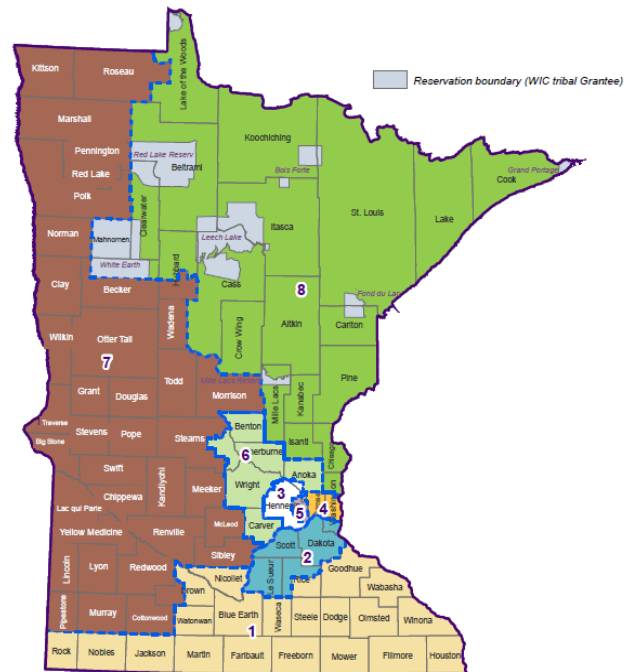
Peer Breastfeeding Advances Health Equity

Women of all races and ethnicities with a [MN WIC peer counselor](#) had significantly higher breastfeeding initiation.



MN WIC Food Dollars Spent in Local Grocery Stores by Congressional District FFY 2022

Congressional Districts		
	# Monthly Average WIC Participants (FFY2022)	Annual WIC Dollars Spent in Local Grocery Stores
District 1 - Finstad	13,500	\$ 10,400,000
District 2 - Craig	8,500	\$ 6,700,000
District 3 - Phillips	10,300	\$ 8,600,000
District 4 - McCollum	16,700	\$ 13,800,000
District 5 - Omar	7,500	\$ 6,300,000
District 6 - Emmer	14,100	\$ 11,300,000
District 7 - Fischbach	16,300	\$ 12,300,000
District 8 - Stauber	12,400	\$ 8,900,000
TOTAL	99,300	\$ 78,200,000



References

- ¹ [Minnesota WIC Information System](#) and Minnesota Vital Statistics
- ² [National and State Level Estimates of WIC Eligibility and Program Reach in 2020 | Food and Nutrition Service \(usda.gov\)](#) Accessed 3/2023.
- ³ [Maternal and Child Outcomes Associated With the Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\) | Effective Health Care \(EHC\) Program \(ahrq.gov\)](#) Accessed 3/2023.
- ⁴ Beam AL, Fried I, Palmer N, Agniel D, Brat G, Fox K, Kohane I, Sinaiko A, Zupancic JAF, \$ Armstrong A. [Estimates of healthcare spending for preterm and low-birthweight infants in a commercially insured population: 2008–2016 | Journal of Perinatology \(nature.com\)](#) 39, 1091-1099, 2020. Accessed 3/2023.
- ⁵ Bartick M, Reinhold A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. *Pediatrics* 2010; 125: e1048-1056. <https://pubmed.ncbi.nlm.nih.gov/27647492/> Accessed 3/2023.



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February 8, 2024

Business Office Manager Update,

I continue to sit on the Workforce Development, PET, Fiscal, CORE, CHIT teams for MMS CHS. Within these teams I continue to work towards creating a robust All Staff training schedule, tracking of our grant performance measures, ensure we get payments timely from MDH, work within PH-Doc.

This past quarter we started the CHA planning process. This will be my first time through this process. With that, there will be much to learn and many questions to ask.

Within the Workforce Development Team and CHIT we have been working on bringing in some great speakers for our staff and another event for our Community again this year.

I completed another quarterly round of grant invoice submissions and payments back to the counties. I've been working with the teams and forecasting their budgets to allow for maximum fund capture and within the appropriate line items.

In 2024, I am going to be looking for trainings around Grant Management, Human Resources, and some aspects in accounting.

Best Regards,

Sarah Gassman

Our mission is to promote health, prevent disease, and protect those who live, work, and play in our community.

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February 8, 2024

Administrator's Report

We have had a great start to 2024. MMS CHS leadership has had the pleasure of kicking off the work for our community health assessment (CHA). This work, led by Mary Bachman of Sibley County, results in the community data we use to gain funding sources that help us address the needs in our community. Because funding is tied to our CHA it is imperative for us to do this process well. Our end date will be sometime in 2026 and this is something the board will hear about regularly. I'm excited for you to see the process and participate in the work.

We have also had the wonderful task of learning two new base funding sources, Response Sustainability Grant (RSG) and Foundational Public Health Responsibilities (FPHR) as discussed in the board meeting. These dollars will make direct and indirect impacts on our work and community members. The need for these dollars were identified through multiple studies/surveys from MDH and we feel very fortunate to be on the receiving end. The state set out new responsibilities within the last year and we now have funding to meet those responsibilities. We are also waiting on word from Healthy Homes, a grant that we have been awarded in the past. We should know sometime in February if these dollars will be coming to MMS CHS.

Knock on wood, MMS CHS staff have remained steady with no turnover. This means you, our commissioners, are making decisions to help support a good workplace. I feel very fortunate to have had no turnover in 2 years. Staff working for the CHS remain incredibly adaptable as their work tends to change, just given the nature in working with grants and in public health.

Future training dates you might be interested in – ICI training beginning in February, followed by an in person meeting in Glencoe is scheduled for March 25th. April 29th we are bringing Brian Miller to Hutchinson. This event will be similar to the Dr. Wu event last year. Post cards with registration information will be going out to staff then to partners in March. Another big one, Alex Dorr, will be joining us September 30th, for reality-based training. The leadership team has been trained on reality-based leadership and we are excited to bring this mindset to our teams. Alex works with the brilliant Cy Wakemen, who developed this training. Some of us were able to meet and learn from Alex a couple of years ago – he is a gifted speaker – look Alex or Cy up on YouTube – they are so good.

I anticipate 2024 to be a busy year with some additional funding sources to come. Stay tuned.

Thank you for today – we are so fortunate to have a board that is so engaged in public health work.

Best,

Kiza Olson, Administrator

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2024 Meeting Dates

Meeker-McLeod-Sibley Community Health Board

All meetings are 9:30-12:00 unless otherwise specified.

February 8, 2024 – Hutchinson, Mn, SWIF Building

May 9, 2024 – Sibley County

August 8, 2024 – McLeod County

November 14, 2024 – Meeker County

Meeker-McLeod-Sibley Community Health Services All Staff Meeting Days

January 29, 2024, 9:00-3:00 – Glencoe, Mn

Topics:

Managing Rumors and Misinformation During Health Crises

Tell Me a Story: Using Story Telling to Inform, Inspire and Advance Public Health

Emotional Resilience Wellbeing through Mindful Self-Leadership

April 29, 2024, 10:00-3:00pm Crow Rive Golf Club, Hutchinson, Mn

Topic:

How to Magically Connect with Anyone

July 29, 2024, 9:00-3:00 Glencoe, Mn

Topic: Substance Use Disorder in the AM with Community Panel discussion in afternoon.

September 30, 2024 Glencoe, Mn

Topic:

Alexs Dorr, Reality-Based Rules of the Workplace