WRIGHT COUNTY
PUBLIC HEALTH

Minutes

Public Health Task Force
June 9, 2025 | 9:00 a.m. | GC 3101/Zoom

Attendees:

Members (marked box indicates Present):

☒ Ann Bajari (Remote)
☐ Ann Gonderinger (Excused)
☒ Bonita Bryant (Vice Chair)
☒ Emmanuel Ngabire
☒ Jacquelyn Bergo (Remote)
☐ Jamie Stang (Excused)
☐ Jeanne Holland (Excused)
☒ Dr. Kim Tjaden (Remote)
☒ Linda Carlson
☐ Marlene Kittock (Absent)
☐ Melissa Pribyl (Excused)
☒ Mona Volden
☐ Toni Seroshek (Chair)(Excused)

HHS Staff Attendees:

Casey Henre
Joel Torkelson
Jon Young
Lily Yang
Patty Larson
Patty Malecek
Sarah Grosshuesch

Guests/Other:

Michelle Wiebe

1. Call to Order—The meeting was called to order at 9:01 a.m. by Vise Chair, Bonita Bryant
2. Introductions were made.
   a. Introduced to Wright County Public Health, Health Promotion Coordinator-Lily Yang.
3. Approval of the Agenda and the May minutes
   a. Motion to approve Agenda and May minutes by Ann Bajari, second by Dr. Kim Tjaden.
   b. Vote-All members approve of Agenda and May minutes.
4. Presentation and Discussion Items
   a. Community Health Improvement Plan – *Joel Torkelson*
      - On June 3rd, the Wright County Community Health Board (County Board) Approved the 2025-2028 Community Health Needs Assessment and Community Health Improvement Plan.
      - We are working on posting the documents to our webpage.
      - We will then submit documentation to the MN Department of Health.
      - We are required to submit to the Commissioner of Health at least every five years a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), which shall be developed with input from the community and take into consideration the statewide outcomes, the areas of responsibility and essential public health services.

- Similarly, non-profit hospitals are expected to conduct an assessment and is required to complete a Community Needs Assessment (CHNA) and from that develop an Implementation Strategy on the top community health needs every three years.
- During this process, we developed a list of health priorities which were narrowed down to three:
  (a) Access to Care:
    - Increase access to health care providers. Promote person-centered, trauma-informed care. Culturally appropriate approaches to care. Focus on upstream drivers of care.

  (b) Economic Stability:
    - Increase access to affordable housing. Minimize stigma and narrative around cost of living from individual to community level. Advance educational and economic opportunities for all. Address health related social needs.

  (c) Social Connectedness:
    - Advocate for nurturing environments that enhance mental well-being across the lifespan. Find ways to provide support and engagement at the neighborhood levels, connect people in a culturally relevant way. Strengthen and support populations facing social barriers while fostering community partnerships.
- Minnesota Statewide Health Improvement Framework 2025-2029:
  (a) Belonging, wellbeing, and substance use prevention.
  (b) Health and housing.
  (c) Equitable access and care.
- Central MN Alliance (Benton, Sherburne, Stearns and CentraCare) 2026-2028:
  (a) Community Connections.
  (b) Community Stability.
  (c) Community Access.
- What's Next:
  (a) Internal and external partners continue to meet – intent is for this to be the communities plan and also a work in progress.
  (b) Planning on sharing some of our survey data and priority health areas with local cities later this year; early fall.

b. CTC (Child and Teen Checkup) – *Patty Malecek*

- CTC is a program for encouraging families to use the well child checks and not just go to the doctor when they have a sick child. Our role in Public Health is an administrative role of promoting it. Then we have partners. There is a schedule of when the child should be seen and what each visit should cover. The role of Public Health is administrative. We send reminders when appointments are do. We make calls asking if they need any help and if they understand the program or need any assistance with anything. We helps connect them with transportation and interpreters if they need it. We have partners that have health

plans, and we have partners that are providers. The program not only covers medical, but it also covers dental.

c. Legislative Overview – *Sarah Grosshuesch*

- Today is a special session. We have received some information, some complete and some not. We know that the major cost shifts to the county have been averted. There are still a few that still have work to do. We are thinking we are getting a return of funds that were cut last session to the cannabis and substance abuse grant. There is a plan to increase Infectious disease prevention dollars within MDH. We are expecting a small cut to our Emergency Preparedness funds. There is $1 million dollar cut for the first year for the Sexual and Reproductive Health Services Grant and then $150,000 cut the second year.

5. New Business
   a. None.
6. Old Business
   a. None.
7. Other
8. Agenda Items for the next meeting, August 11, 2025
   a. Immunizations
   b. Statewide Health Improvement Plan (SHIP)
9. Adjourn
   a. Motion to adjourn by Mona Volden second by Dr. Kim Tjaden.
   b. Adjourned at 10:25 a.m.

pl/sg