Calendar Year 2024 Performance-related Accountability Requirement

In December 2023, the commissioner of health, in consultation with the State Community Health Services Advisory Committee (SCHSAC), determined for calendar year 2024, community health boards must report on their ability to meet the following subset national measure:

Measure 1.3.3 Use data to recommend and inform public health actions.

Community healthy boards will report examples of how data has been used to improve population health in their communities. This measure was selected, in part, because of the foundational and crucial role data plays in public health. Examples of this measure will give us a deeper understanding of how data is used to drive action across the state and the opportunities and challenges within our system to utilize data effectively. This will inform system transformation efforts towards a seamless, responsive, publicly supported governmental public health system.

Background

Community health boards receiving local public health grants are required to meet and report on a performance-related accountability requirement. Each year, the health commissioner, in consultation with SCHSAC, selects the requirement from a subset of the annual performance measures. Minn. Stat. § 145A.131, subd 3: Local Public Health Grant: Accountability (https://www.revisor.mn.gov/statutes/cite/145A.131).

SCHSAC's Performance Measurement Workgroup, made up of representatives from local public health, the Minnesota Department of Health, and SCHSAC, developed a recommendation for CY2024 performance-related accountability requirement. The full rationale for selecting this measure can be found in this report: Local Public Health Performance Measures and Performance-Related Accountability: Recommendations of the SCHSAC Performance Measurement Workgroup (state.mn.us)

Reporting instructions:

Reporting on the requirement has two parts: providing an example and contributing to system learning. **Community health boards (CHB) must submit these by March 31, 2025.**

1. **Example:** In narrative form, provide an example that demonstrates how the CHB (or health departments within) used data to recommend and inform public health actions **aimed at improving the health of the population.** The example could also address discontinuing an intervention that data findings show has been ineffective. The example should be from the past 2-3 years (CY2022-CY2024). The narrative should describe:
    a. The data and findings used.
    b. The resulting policy, process, program, or intervention.
    c. Relevant context to understand the need and resulting action.
    d. Key dates.

    Limit example description to 1 page in length.

    Upload the example text in REDCap form in the "Example" section. There is also the option to upload additional documents to demonstrate example.

For multi-county CHBs, if the CHB doesn't have a collective example, submit an example from each member health department. Compile examples into a single document (can be multiple pages).

Community Health Boards that are accredited can use the same example the format used from their most recent accreditation/reaccreditation application, even if it is outside of CY2022-CY2024. It's not necessary to create something new.

2. **System learning :** To make real change across our public health system, we must understand what conditions are holding problems in place. The information collected from the checklist and the reflections provided below will help us understand what changes need to be made to use data more effectively across our system. The checklist and reflections are structured using learnings from The Waters of System Change (Appendix A).

   Complete the checklist and provide reflections using the following guidance:

   a. Involve leadership, key staff, and other interested parties who play a role using data to inform public health action.

   b. CHBs can decide how to gather this information, e.g., through a facilitated discussion or some other means of collecting feedback and input.

   c. The checklist is not exhaustive and is intended to prompt ideas about conditions impacting the meaningful use of data. Your responses to the questions could reflect items in the checklist, but ideas outside of what's included on the checklist are welcome. The assessment and surveillance capability descriptions (Appendix B) can also be used to help with the discussion and reflection.

   d. In REDCap, complete the checklist and upload the discussion summary text in the respective fields in the "system learning" section. The template below can be used to record information for later input into REDCap.

Structural Change: Policies, Practices, and Resource Flows

Policies: Government, institutional and organizational rules, regulations, and priorities that guide the entity's own and others' actions.

Practices: Espoused activities of institutions, coalitions, networks, and other entities targeted to improving social and environmental progress. Also, within the entity, the procedures, guidelines, or informal shared habits that comprise their work.

Resource Flows: How money, people, knowledge, information, and other assets such as infrastructure are allocated and distributed.

Checklist This is not an exhaustive list but intended to stimulate thinking about the different components important for data work

Yes	Somewhat	No	***Our Community Health Board has:***
☐	☐	☐	Dedicated and adequate staff time for data work
☐	☐	☐	Dedicated and adequate funding for data work

☐	☐	☐	Information technology (IT) infrastructure to support data infrastructure (reliable internet, computer hardware, cloud services (ie. Amazon, etc) or software (ie. Tableau).
☐	☐	☐	Data infrastructure to meet data needs (people, training, standards, permissions, interoperability, data cleaning, workflows, informatics, data flows)
☐	☐	☐	Shared technology for data or engaged in bulk or cooperative buying
☐	☐	☐	Access to county information technology (IT) resources (ie. GIS)
☐	☐	☐	Access to data from the Minnesota Department of Health
☐	☐	☐	Developed and maintained systems and processes for receiving and responding to data requests
☐	☐	☐	Capacity to collect, access, analyze, interpret, and use **quantitative** data from primary and secondary sources
☐	☐	☐	Capacity to collect, access, analyze, interpret, and use **qualitative** data
☐	☐	☐	Ability to assess and analyze disparities and inequities in the distribution of disease and social determinants of health
☐	☐	☐	Capacity to translate data into information, visualizations, and reports that are valid, accurate, and accessible.
☐	☐	☐	Access to expertise or technical assistance for data collection, analysis, and reporting (internal or external).
Other activities related to policies, practices, resource flows, describe:			
Reflection question: *We are moving towards a seamless, responsive, publicly supported governmental public health system. Thinking about effectively using data to inform public health actions, what existing policies, practices, and resource flows should stay the same? What policies, practices, and resource flows need to change?*			
Reflections:			

Relational Change: Power Dynamics, Relationships and Connections

Relationships & Connections Quality of connections and communication occurring among actors in the system, especially among those with differing histories and viewpoints.

Power Dynamics: The distribution of decision-making power, authority, and both formal and informal influence among individuals and organizations.

Checklist This is not an exhaustive list but intended to stimulate thinking about the different components important for data work

Yes	Somewhat	No	***Our Community Health Board has:***
☐	☐	☐	Decision-maker support for establishing and maintaining an infrastructure and capacity that is needed for optimal data utility.
☐	☐	☐	Collaborated with other organizations or across jurisdictions to improve data capabilities.
☐	☐	☐	Worked with community to assess, analyze and monitor health disparities and causes of inequities.
☐	☐	☐	Established and maintained the needed relationships with partners, and engaged them through data collection, analysis, and reporting.
☐	☐	☐	Established the needed relationships with communities and individuals, including those most impacted by health inequities, through all phases of data collection, analysis, and reporting to center community needs and advance health equity.
☐	☐	☐	Collaborated with other governmental and cross-sector partners to develop, implement, and maintain written policies on data sharing.
☐	☐	☐	Established the needed relationships/partnerships to carry out the assessment and surveillance activities.
☐	☐	☐	Communicated data (accurate, tailored for specific audience, with health equity in mind etc.) with community members or community partners.

Other activities related to relationships, connections, power dynamics, describe:

Reflection question: *We are moving towards a seamless, responsive, publicly supported governmental public health system. Thinking about effectively using data to inform public health actions, what existing relationships, connections, and power dynamics should stay the same? What needs to change?*

Reflections:

Transformative Change: Mental Models

Mental models: Habits of thought—deeply held beliefs and assumptions and taken-for-granted ways of operating that influence how we think, what we do, and how we talk.

Examples of mental models related to data might include:

- The belief that we need to understand the disparities between different groups within a population to design effective and targeted interventions (vs. accepting data averages for a population and employing strategies that "do the most for the most").
- The belief that data work is for the data person only, and not everyone sees data in their role.
- The assumption that a small department can't do data work well.
- The belief that "data speaks for itself".
- The belief that quantitative data is more valuable than qualitative data.

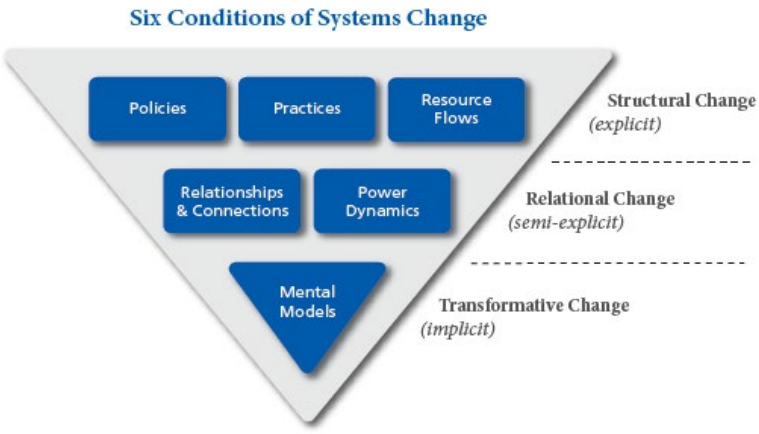
Reflection question: *We are moving towards a seamless, responsive, publicly supported governmental public health system. Thinking about effectively using data to inform public health actions, what existing mental models should stay the same? What mental models need to change?*

Reflections:

Appendix A: The Waters of System Change

The "Waters of System Change" describes how shifting the underlying conditions that are holding the problem in place is necessary for system change. To shift the conditions, we must first step back and uncover and better understand what those conditions are. The Waters of System Change framework can help us to look deeper into understanding the conditions that impact the ability to use data effectively across the system.

[The-Water-of-Systems-Change-FSG-2018.pdf (ncfp.org).]



Appendix B: Foundational public health responsibility description

Assessment and 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 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

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