

# Meeting notes: Performance Measurement Workgroup

DATE: 11.6.23

## Attendance

Members present:

Amy Bowles (NW), Susan Michels (NE), Janet Goligowski (Central), Amanda Schuler (WC), Amina Abdullahi (Metro), Chera Sevcik (SC), Meaghan Sherden (SE), Chris Brueske (MDH), Kristin Osiecki (MDH), Ann Zukoski (MDH), Mary Orban (MDH), Rod Peterson (SCHSAC), Michelle Ebbers (SW), Mark Dehen (SCHSAC),

Participants present: Nicole Ruhoff (Central), Peggy Sammons (Central), Joanne Erspamer (NE)

Workgroup staff: Ann March (MDH), Ghazaleh Dadres (MDH)

## Decisions made

- Performance measures: Consensus on including 24 national measures in the CY2023 Local Public Health Act performance measure reporting (see measures below). These measures are a subset of PHAB measures. (note: This included the addition of measure 5.2.3)
- Performance-related accountability requirement: Consensus on the CY2024 Local Public Health Grant accountability requirement focused on PHAB measure 1.3.3: Use data to recommend and inform public health actions.

## Meeting Notes

### Updates

Information and updates around the following were provided:

- Ann M. providing SCHSAC exec a staff report on workgroup activity November 9.
- Workgroup recommendations to full SCHSAC will be December 7. A brief report will be developed and reviewed by workgroup members in advance of the December meeting.
- Cost and capacity assessment-JLT memo of key findings and full report emailed 2 weeks ago to workgroup members. Results and toolkits to use the results coming this fall. Our workgroup will have the opportunity to dig deeper into the findings.
- Funding formula WG-The workgroup came to a consensus on a formula: [Foundational Public Health Responsibilities Funding Workgroup: Meeting Summary, October 12, 2023 \(state.mn.us\)](#) They are providing input on reporting and will likely engage the PMW in conversation about standards related meeting foundational public health responsibilities.

## Sharing from the field

Workgroup members provided updates. Highlights include:

- Request for advance notice if reporting includes changes in how the data is collected by LPH so there is ample time to organize reporting systems accordingly.
- Consideration for many new LPH staff not familiar with past reporting. Engage LPH in discussions about what should be measured.
- Would like to see incremental change (to reporting), that there a lot of moving parts.

## Performance Measures

Members reviewed performance measures that were prioritized at the previous meeting. Discussion held about adding 5.2.3 Monitor and revise the CHIP. This was added. Workgroup members found consensus around including 24 PHAB measures as part of LPH annual reporting (see below).

The national measures were selected for the following reasons:

- **Build on the cost and capacity baseline:** The cost and capacity assessment revealed our public health system as a patchwork of implementation, with some jurisdictions better able to fully implement foundational public health responsibilities than others. This subset of measures will help us monitor the progress towards filling in the patchwork.
- **Align with the national framework:** These measures align with the [national framework](#) (established by the Public Health Accreditation Board's Center for Innovation) recently adopted by the Joint Leadership Team and proposed by the SCHSAC Foundational Public Health Responsibility Funding Workgroup. Alignment helps us stay in sync with efforts to measure progress and transform the public health system.
- **Guide public health work:** In 2010, SCHSAC determined that the national standards and measures represent best practice, and all community health boards, regardless of their decision to seek voluntary national accreditation, should work to meet the standards and measures. Health departments often look to the Public Health Accreditation Board for direction and guidance in their work.
- **Reflect foundational knowledge, skills, and abilities:** The measures focus on the foundational capabilities essential for all public health work. Understanding the strengths and recognizing and addressing gaps in these capabilities is a crucial starting point for making sure we have the foundation to provide basic public health protections.
- **Provide continuity and tracking:** Many of these national measures align with past (pre-COVID-19) local public health annual reporting. By using a subset of national measures, we can track changes over time.
- The subset of measures below was prioritized by workgroup members based on the following criteria:
  - Clarity: The measure is clear and understandable
  - Importance: The measure tells us important information about how our (state and local) system is functioning and reflects where we aspire to be as a system.
  - Equity: It is a measure that could help us understand how our (state and local) system works for population groups that experience health disparities.
  - Feasible: The measure is feasible for any size community health board to report on.

## Performance-related Accountability Requirement

Members considered the focus of the accountability requirement on a data measure. This measure will be worked during CY2024 and reported on in March 2025. The workgroup came to consensus that accountability reporting will be around PHAB measure 1.3.3: Use data to recommend and inform public health actions.

The demonstration, discussion, and report on of the ability of community health boards to meet Measure 1.3.3: *Use data to recommend and inform public health actions* was selected for the following reasons:

- **Acknowledges the importance of data:** Data plays an important role in public health efforts. Looking at this measure provides a closer look at how health departments use data to drive actions for public health and determine what changes are needed to make a real impact.
- **It’s feasible to report on:** The demonstration of meeting this measure is attainable for all community health boards.
- **There is opportunity for improvement:** Community health boards use data to act in various public health areas, but there are opportunities for improvement. The 2022 cost and capacity assessment revealed challenges in using data and across the system.
- **There’s been a focus on data:** There are ongoing initiatives and many discussions revolving around data happening across the state. There's interest in taking steps to enhance this capability.
- **There are available resources help improve:** There is capacity at MDH to support CHBs in improving their data capabilities. Collecting and sharing examples could help everyone in the system learn and improve. New legislative funding is available to support work on foundational public health responsibilities, including data capability.
- **This supports public health system transformation efforts:** A collection of examples and exploring external, internal, and other factors that affect progress in implementing this foundational capability will contribute to learning across the system and inform what is needed for meaningful change.

## Prioritized measures

CHBs will report on their ability to meet each measure below on a scale from fully meet to not met. The (E) after some of the measures denotes there is an equity component directly related to that measure.	
Foundational Capabilities	PHAB Measures
Assessment and Surveillance	1.1.1 Develop a community health assessment (E) 1.3.3: Use data to recommend and inform public health actions. 7.1.1: Engage with health care delivery system partners to assess access to health care services. (E)
Community Partnership Development	4.1.3: Engage with community members to address public health issues and promote health. (E) 5.2.2: Adopt a community health improvement plan (E) 5.2.3: Implement, monitor, and revise as needed, the strategies in the community health improvement plan in collaboration with partners.
Communications	3.1.1: Maintain procedures to provide ongoing, non-emergency communication outside the health department. (E) 3.2.2: Implement health communication strategies to encourage actions to promote health. (E) 3.1.4: Use a variety of methods to make information available to the public and assess communication strategies.
Equity	5.2.4: Address factors that contribute to specific populations' higher health risks and poorer health outcomes. 10.2.1: Manage operational policies including those related to equity

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**CHBs will report on their ability to meet each measure below on a scale from fully meet to not met.**  
 The (E) after some of the measures denotes there is an equity component directly related to that measure.

Organizational Competencies	8.2.2: Provide professional and career development opportunities for all staff. 8.1.1: Collaborate to promote the development of future public health workers.
Policy Development and Support	5.1.1: Maintain awareness of public health issues that are being discussed by those who set policies and practices that impact on public health. 6.1.5: Coordinate notification of enforcement actions among appropriate agencies.
Accountability and Performance Management	9.1.1: Establish a performance management system. 9.1.2: Implement the performance management system. 9.1.3: Implement a systematic process for assessing customer satisfaction with health department services. (E) 9.2.2: Evaluate programs, processes, or interventions. 7.1.2: Implement and evaluate strategies to improve access to health care services. (E)
Emergency Preparedness and Response	2.2.1: Maintain a public health emergency operations plan (EOP)(E) 2.2.3: Maintain and expedite access to personnel and infrastructure for surge capacity. 2.2.4: Ensure training for personnel engaged in response. 2.2.7: Conduct exercises and use After Action Reports and Improvement Plans (AAR-IPs) from exercises and responses to improve preparedness and response.