

Meeting notes: Performance Measurement Workgroup

DATE: 2.5.24

ATTENDANCE

Members present:

Susan Michels (NE), Amy Bowles (NW), Angie Hasbrouck (WC), Meaghan Sherden (SW), Chera Sevcik (SC), Chris Brueske (MDH), Kristin Osiecki (MDH), Mary Orban (MDH), Rod Peterson (SCHSAC),

Participants present:

Nicole Ruhoff (Central), Joanne Erspamer (NE), Johanna Christensen (MDH), Laura Guzman-Corrales (MDH), Kelly Nagel (MDH), Rebecca Schmidt (WC)

Workgroup staff:

Ann March

Ghazaleh Dadres

Decisions made

No formal decisions at this meeting

Action items

- If you haven't already, complete the short meeting evaluation (5 minutes): <https://www.menti.com/al483w29kuhv>.
- Share workgroup highlights with those in your region (LPH reps) or other interested parties. You are welcome to use the "sharing from the field" padlet (<https://padlet.com/annmarch/sharing-from-the-field-d8xs3imtlhrs4wtc>) to record any input received (from regions or other interested parties) related to our governmental public health system performance measurement work.

Talking points

- The workgroup's workplan for 2024 includes continued work identifying performance measures for both MDH and LPH, setting goals for progress, developing reports, and communicating out findings from 2023 reporting.
- An inventory of measures will be developed and prioritized by the workgroup. Planning is underway on approach to populate the inventory based on ideas generated.

Meeting notes

Sharing from the field and updates

PERFORMANCE MEASUREMENT WORKGROUP 2.5.24 NOTES

Regional updates:

- Health departments are planning around use of the new foundational grant. Many are planning to use foundational funding for staffing to support increased foundational activities. There is some uncertainty around moving forward on some of the initiatives being proposed.
- Regional (In NE) effort underway to review FPHR capabilities and assess what each county is doing during monthly LPHA meetings, plus taking a deeper dive into one or two capabilities per meeting. Some counties are starting to discuss reporting and its potential integration into electronic health record software system (ie. Nightingale notes).
- Some anticipation about annual reporting, especially for new directors or those who have not previously reported.
- The importance of measuring MDH's role in the system was highlighted as this is a shift from previous work.
- Interest in public health system contribution to addressing issues such as mental health, considering recent policies and funds available.

Staff updates:

- Local Public Health Act annual reporting: Getting ready to open reporting mid-February. Planning additional ways to support LPH such as office hours.
- Cost and capacity: Videos shared for navigation of dashboards and a live webinar in April for Q&A. Work is being done to improve dashboard to make more user-friendly.
- Funding opportunities that will support FPHR: New FPHR funding to build capacity for foundational work. Innovation grants for testing new approaches, second round coming soon.
- Upcoming discussions: planning is happening around discussions to better define foundational vs. important but specific to community, and establishing standards for what it means to “meet” public health responsibilities.

CY2024 workplan

Reviewed goals and activities of the performance measurement workgroup’s workplan. Goals include:

- Goal 1: Develop and recommend, to SCHSAC, a set of performance measures for Minnesota’s governmental public health system.
- Goal 2: Collect and analyze data, set goals in order to monitor progress on measures.
- Goal 3: Develop report and communicate findings.
- Goal 4: Provide input to contribute and inform related efforts, including planning for annual reporting alignment with foundational public health responsibilities.

Major outputs include developing an inventory of measures, report development for CY2023, recommendations to SCHSAC on CY2024 performance measures and CY2025 performance-related accountability requirement.

No changes at this time identified. Workplan will be finalized and posted.

[Identifying Measures for Foundational Areas-exploring approaches](#)

Ideas were generated for an approach to collecting more objective measures to understand the functioning of the system, organized around the foundational public health responsibility framework:

- Develop an inventory of measures for prioritization.
- Examine cost and capacity assessment data, noting variations in implementation levels across areas.
- Proposed a focused approach by prioritizing areas with less clarity, such as access to linkage to care and environmental health.
- Suggestion to examine current funding for public health responsibilities and infrastructure for potential data collection priorities.
- Interest in understanding how the different areas of MDH, like chronic disease, maternal child health, are looking at and using the National Headline, Minnesota Activities document, and if, for example, it informs performance metrics for grants. Then we can identify commonalities measured through grant reporting and find the gaps (where is information already collected? What's missing?)
- Leverage data catalog efforts underway by DSI. Could be a crosswalk opportunity to look at what data is coming in and where it is, then fill gaps.
- Use the framework's the national headlines, Minnesota activities to ensure alignment.
- Consider current events and public interest when prioritizing measures.

Next steps: staff and co-chairs will consider the ideas generated and formulate a plan.

Unpacking the vision for system transformation

The Joint Leadership Team's vision for system transformation was reviewed (below). The workgroup began discussion about what a system that embodies this vision looks like and consider will consider future measures on progress toward achieving the vision.

We envision a seamless, responsive, publicly-supported public health system that works closely with the community to ensure healthy, safe, and vibrant communities. This system of state, local, and tribal health departments will help Minnesotans be healthy regardless of where they live.

Seamless:

- ensuring equity for all, regardless of geographic location.
- clear roles for state and local entities.
- seamless communication and collaboration between different agencies and levels of public health administration
- data across the public health system is collected in standard ways and shared broadly when legal and appropriate. How much public classified data could be shared right now?

Responsive:

- Addressing community needs promptly with a flexible system.
- A collaborative effort made in partnership with individuals and community organizations to create community led solutions for challenges. Public health has funds/capacity to lead this work well.
- Ensuring open lines of communication. Knowing the partners in the community that need to be engaged in the work.

PERFORMANCE MEASUREMENT WORKGROUP 2.5.24 NOTES

- Use of syndromic surveillance data is a good example of data that is highly responsive and can be more easily shared across the public health system in MN.

Publicly Supported:

- Positive sentiment towards public health initiatives
- Investing in the system financially and otherwise.

The workgroup can continue to add reflections to the Menti: <https://www.menti.com/aln64nz5zae3>