Meeting notes: Performance Measurement Workgroup

DATE:10.7.24

ATTENDANCE

Members present:
Rod Peterson (Dodge Co.-SCHSAC), Amy Bowles (NW), Chera Sevcik, (SC), Angie Hasbrouck (WC), Amina Abdullah (Metro), Janet Goligowski (Central), Susan Michels (NE), Kristin Osiecki (MDH), Mary Orban (MDH), Ann Zukoski (MDH), Michelle Ebbers (SW), and Chris Brueske (MDH)

Participants present:
Joanne Erspamer (NE), Murphy Anderson (MDH), Laura Guzman-Corrales (MDH), Melanie Countryman (Metro), Allie Hawley-March (MDH), Kelly Nagel (MDH), and Johanna Christensen (MDH)

Workgroup staff:
Ann March
Ghazaleh Dadres

Decisions made

No formal decisions at this meeting

Action items

- Voting members should respond to poll to vote on measure recommendation. The poll will be emailed out before the next meeting.
- Collect feedback about measure recommendations from region, partners, subject matter experts.
- Review final draft SCHSAC report on CY2023 performance measure key findings. Final draft will be emailed.
- Complete meeting evaluation: https://www.menti.com/al483w29kuhv or go to Menti.com and enter code: **5306 4117**

Talking points

- The SHCSAC report on CY2023 performance measure key findings is nearly complete. Workgroup members have been contributing to revisions. The report will be shared with full SCHSAC in December.
- Workgroup members shared and considered feedback from regions and partners on draft measures. The group is considering a set of 45 national measures, that would serve as a base that MDH and LPH can expect to report on annually. From this set of 45, they considered 2 measures as options

for the community health board's performance-related accountability requirement. Workgroup members also discussed different approaches to measures of equity and incorporating data already reported through major grant initiatives like SHIP and OSHII that can substantiate or add context to the national measures.

- Public Health Practice staff have been attending regional LPHA meetings in September and October and hosting webinars to share plans for aligning Local Public Health Act staff and finance reporting with the foundational public health responsibility framework. Recruitment for CHBs of different sizes, structures, and collection systems to participate in a pilot is underway. This transition pilot is intended to be continuous learning and sharing along the way. A webinar recording and FAQs will be posted here. Questions or concerns can be emailed to ann.march@state.mn.us.

Meeting notes

Sharing from the field and updates

- Workgroup Measures Review: A small group met since the last meeting to develop recommendations for the full workgroup's consideration. Measures were sent out for review and feedback, with additional sharing anticipated during the discussion of the measures.
- Biannual Work Plan for SCHSAC: The workgroup's work plan was shared with and presented to SCHSAC Executive Committee in September. No feedback or changes were requested. Work plans will be approved at the full SCHAC meeting this month. The workgroup will monitor progress and update as needed.
- CY2023 SCHSAC report: Feedback on the draft report provided by the workgroup has been incorporated. Revisions are ongoing, with a final draft expected soon. Additional feedback is encouraged by Wednesday.
- MDH Reporting Path Forward: MDH small group is working on reporting mechanisms and will provide updates as progress is made. Next meetings are October 8 and October 31.
- Local Public Health Act Annual Reporting transition of staff and finance: Webinars have been conducted to explain reporting on staff and finance under the Local Public Health Act. Feedback from a regional LPHA meeting emphasized concerns about the timeline for implementing new data collection systems for the 2026 start. Clarification is needed about pilots and level of reporting detail. Suggestions included slowing down the timeline to allow for better system readiness and training. The complexity and potential burden of detailed time tracking for staff under new foundational capabilities reporting was shared. Mixed readiness among counties for pilot projects, with some prepared and others lacking necessary systems. Considerations include the possibility of county-specific participation in pilots and sharing subscription for reporting tools across counties.
- Other Updates and Sharing: Communication grants (innovation grant) have facilitated partnerships, and spawned new initiatives like podcasts and video ads being launched (NW region)
- SCHSAC FPHR workgroup
  - Notes from the FPHR meetings will be posted on the SCHSAC workgroup webpage: Standing and active SCHSAC workgroups - MN Dept. of Health (state.mn.us)
  - The workgroup will form subgroups for each capability and area. Subject matter experts will be engaged in these subgroup discussions. Subgroups will operate between October 2024 and February 2025.

- The workgroup voted to modify blended summary (adopt Fact Sheet and adapt FPHR Summary) as a starting point for small group work.
- The workgroup began reflecting on distinctions between foundational in every community and community-specific activities by looking at topics through the lens of what is foundational as described in the documents and description that accompanied the adopted FPHR framework.

Measurement Discussion

Workgroup members and participants shared feedback from partners and regions related to the measure proposal developed by the small working group of members and participants. Discussion focused on retaining all 45 national measures for foundational public health capabilities and areas, measuring equity, identifying a measure for the performance-related accountability requirement, and utilizing existing data reported to MDH by community health boards through grant initiatives like SHIP, Public Health Emergency Preparedness and the Response Sustainability Grant (RSG).

- Overall agreement to proceed with all 45 national measures:
  - There was general consensus that while this is a heavy lift, it is crucial for establishing a comprehensive baseline. The 24 measures collected in CY2023 were a good start, but this more robust assessment will provide a more comprehensive baseline picture of the system that we can monitor over time.
  - Collecting this data upfront is seen as essential for long-term planning, system improvements, and legislative advocacy.
  - Collecting data on a more substantial set of measures allows for identification of challenges and areas of growth. It will help the workgroup in developing future measurable performance measures to help us better understand our state and local system functioning.
  - Discussion was had about the importance of reporting by multi-county CHBS based on the lowest capacity participant to ensure system gaps are not masked.
  - There was interest in exploring how the public health system consultants could support data collection, particularly smaller departments.
- Workgroup discussed the addition of secondary question for a subset of measurs to better capture the extent of equity efforts.
  - Five identified key measures were identified related to Community Health Assessment, Community Health Improvement Plan, risk communication, urgent 24/7 partner communication, and workforce diversity.
  - A suggestion to develop clearer, measurable indicators for equity work before proceeding.
  - Agreement to form a small group to further develop equity measurement approaches and provide recommendations for a more data-informed approach to equity reporting.
- The group considered two measures as possible deep dives for the performance-related accountability requirement that community health boards receiving local public health grant must demonstrate meeting for accountability. Measures considered were:

  Measure 1.3.3: Use data to inform public health action.

Measure 2.2.5: Maintain a risk communication plan and process for urgent 24/7 communication with response partners.

- Most favored measure 2.2.5 for the performance-related accountability requirement. There's consensus that both are important but that communication may require more immediate attention due to gaps seen in the CY2023 data. It was noted that a vast majority of community health boards are working on building communication capacity with their foundational public health responsibility funds. Participants also discussed the potential for capturing equity implementation with measure 2.2.5.

- Discussed existing measures reported on by CHBs through SHIP and emergency preparedness. Participants generally support the idea of aligning these measures with existing efforts across programs to reduce duplication and enhance coordination. This helps substantiate statewide public health work without creating additional reporting burdens.

An official vote will be made by voting members of the workgroup in the coming weeks. A link to a poll will be emailed. Work will begin on a recommendation report for SCHSAC.

	Responsibility	National measures
Foundational Capabilities	Assessment and surveillance	1.1.1 Develop a community health assessment. (E) 1.2.2: (Tribal/Local) Participate in data sharing with other entities; (State) Engage in data sharing and data exchange with other entities. 1.3.1: Analyze data and draw public health conclusions. 1.3.3: Use data to recommend and inform public health actions. 2.1.1: Maintain Surveillance systems. (E) 2.1.3: Ensure 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards. 7.1.1: Engage with health care delivery system partners to assess access to health care services. (E)
	Community Partnership Development	4.1.2: Participate actively in a community health coalition to promote health equity. (E) 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. 7.2.1 Collaborate with other sectors to improve access to social services.

	Responsibility	National measures
	Communications	2.2.5 Maintain a risk communication plan and a process for urgent 24/7 communication with response partners. (E) 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)
	Equity	5.2.4: Address factors that contribute to specific populations' higher health risks and poorer health outcomes. (E) 10.2.1: Manage operational policies including those related to equity. (E)
	Organizational Competencies	8.1.2: Recruit a qualified and diverse health department workforce. (E) 8.2.1: Develop and implement a workforce development plan and strategies. (E) 8.2.2: Provide professional and career development opportunities for all staff. 10.1.2: Adopt a department-wide strategic plan. 10.2.2: Maintain a human resource function. 10.2.3: Support programs & operations through an information management infrastructure. 10.2.4: Protect information and data systems through security and confidentiality policies. 10.2.6: Oversee grants and contracts. 10.2.7: Manage financial systems. 10.3.3: Communicate with governance routinely and on an as-needed basis. 10.3.4: Access and use legal services in planning, implementing, and enforcing public health initiatives.
	Policy Development and Support	5.1.2: Examine and contribute to improving policies and laws. (E) 6.1.4: Conduct enforcement actions. (E)
	Accountability and Performance Management	9.1.1: Establish a performance management system. 9.1.2: Implement the performance management system. 9.1.5: Implement quality improvement projects. 9.2.1: Base programs and interventions on the best available evidence. (E) 9.2.2: Evaluate programs, processes, or interventions. 7.1.2: Implement and evaluate strategies to improve access to health care services. (E)

	Responsibility	National measures
	Emergency Preparedness and Response	2.2.1: Maintain a public health emergency operations plan (EOP)(E) 2.2.2: Ensure continuity of operations during response. 2.2.6: Maintain and implement a process for urgent 24/7 communications with response partners. 2.2.7: Conduct exercises and use After Action Reports and Improvement Plans (AAR-IPs) from exercises and responses to improve preparedness and response.
Foundational Areas **Note that some of these measures are also in the capability list and listed more than once because they span several areas.**	Communicable Disease Control	1.2.2: (Tribal and local health departments only): Participate in data sharing with other entities; (State health departments only): Engage in data sharing and data exchange with other entities. 2.1.4: Maintain protocols for investigation of public health issues. 2.1.6: Collaborate through established partnerships to investigate or mitigate public health problems and environmental public health hazards. 2.1.7: Use surveillance data to guide improvements.
	Chronic Disease and Injury Prevention	1.3.3: Use data to recommend and inform public health actions. 4.1.1: Engage in active and ongoing strategic partnerships. 4.1.3: Engage with community members to address public health issues and promote health.
	Environmental Public Health	2.1.4: Maintain protocols for investigation of public health issues. 2.1.5: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards. 6.1.4: Conduct enforcement actions.
	Maternal, Child, and Family Health	1.3.3: Use data to recommend and inform public health actions. 4.1.1: Engage in active and ongoing strategic partnerships. 4.1.3: Engage with community members to address public health issues and promote health.
	Access to and Linkage with Care	4.1.1: Engage in active and ongoing strategic partnerships. 7.1.1: Engage with health care delivery system partners to assess access to health care services. 7.2.1: Collaborate with other sectors to improve access to social services