

Meeting notes: Performance Measurement Workgroup

DATE: 7.1.24

ATTENDANCE

Members present:

Susan Michels (NE), Amy Bowles (NW), Meaghan Sherden (SW), Chera Sevcik, (SC), Michelle Ebbers (SE), Kristin Osiecki (MDH), Mary Orban (MDH), Ann Zukoski (MDH), and Rod Peterson (SCHSAC).

Participants present:

Joanne Erspamer (NE), Nicole Ruhoff (Central), 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

- 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.
- Review workgroup message boards on Basecamp for further discussion on draft plan for future shifts in LPH Act annual reporting on expenditures and staffing.

Talking points

- Workgroup members reviewed and discussed the preliminary analysis of the CY2023 performance measure data collected from Community Health Boards through Local Public Health Act annual reporting. Insights from the workgroup will be incorporated into a draft report, which will be brought back to the workgroup.
- Workgroup members reviewed and provided additional input on a draft plan for future shifts in LPH Act annual reporting on expenditures and staffing to align with the foundational public health responsibility framework. Adjustments were made to the plan based on workgroup feedback. More information will be available soon. Highlights of the proposed draft plan include:

- Gives CHBs over a year to adjust systems in which expenditure and staff data are tracked.
- CHBs who can adapt their systems more quickly will be able to report by FPHR sooner.
- A pilot study of CHBs will help inform the transition and clarify ambiguities and minimize challenges.
- New guidance and tools will be available to improve consistency in reporting.

Meeting notes

Sharing from the field and updates

- Biannual work plan: This is a new requirement of SCHSAC for workgroups. The workgroups draft plan will need to be submitted in August.
- New SCHSAC Foundational Public Health Responsibility Work Group: The first meeting is July 2, 2024. Three Performance Measure Workgroup members and participants are sitting on this new workgroup (Ann Zukoski, Joanne Erspamer, and Rod Peterson) More information about the workgroup, including it's charge can be found here: [Standing and active SCHSAC workgroups - MN Dept. of Health \(state.mn.us\)](#)
- Connecting national measures to foundational areas: A subgroup of our performance measurement workgroup met since the last meeting to identify alignment of PHAB measures with the foundational areas. This was then crossed with the FPHR descriptions for each area on the FPHR fact sheet. This will be brought back to the full workgroup at an upcoming meeting for review and discussion.

CY2023 Performance Measure Data Review and Discussion

The preliminary data submitted by community health boards in March 2024 for CY2023 was presented to the workgroup. All 51 community health boards reported. The workgroup discussed the findings from the local public health system data.

General themes from the discussion:

- Accomplishments Despite Challenges: CHBs are meeting many foundational capabilities despite staff turnover and COVID-19 impacts, with many reporting full or substantially meeting most measures.
- Post-COVID Reductions: There is a noticeable decline in the number of CHBs fully meeting measures compared to pre-COVID years (2017, 2018).
- Validation of Efforts: Data supports the effectiveness of investments in workforce development, data, and emergency preparedness.
- Rural vs. Urban Discrepancies: Rural areas face more challenges in meeting measures, reflecting ongoing difficulties in providing public health services in these regions. This has been a persistent finding.
- Patchwork System: The system shows variation, indicating diverse needs and resources across regions.
- Gaps in Capabilities: Communication, accountability, performance management, and equity are areas with significant gaps.

- Impact of Personnel Turnover: High staff turnover due to COVID-19 has affected public health performance, despite funding.
- Contextual Factors: Various contextual factors influence public health performance.
- Need for Deeper Analysis: There's interest in understanding why certain measures are unachievable and a need to emphasize equity in the analysis.
- Limited Data Scope: Current data reflects only local public health, not including MDH or tribal data, which limits the overall system perspective.
- Collaboration and Solutions: Suggestions for regional collaboration, creative staffing solutions, and understanding additional factors needed to bridge performance gaps.
- Impact of New Funding Formulas: Curiosity about the effects of new funding formulas on CHB performance.

Reporting Limitations:

- Comparison Challenges: Changes in measure elements and guidance from version 2022 vs. earlier versions impact responses.
- Self-Reported Data: CHBs self-report without submitting actual documentation, affecting data consistency.
- Variability in Data Application: Differences in how agencies interpret and apply critical lenses to questions and documentation.

Additional Analysis Requested:

- Examine national measures met by CHBs in each region by foundational capabilities.
- Explore opportunities to compare current findings with the cost and capacity assessment.

SCHSAC Report Recommendations:

- Meaningful Insights: Distill data into actionable insights focusing on the most concerning and proudest public health efforts.
- COVID-19 Impact: Highlight the significant impact of COVID-19 on public health performance.
- Statutory Requirements: Include data directly linked to statutory requirements.
- Clarity and Definitions: Ensure clear definitions and explanations of key terms and metrics.
- Strengths and Gaps: Present data on both strengths and weaknesses in the public health system.
- Improvement Recommendations: Offer actionable steps to address gaps, such as including creative staffing solutions and potential regional collaborations.

LPH Act Annual Reporting: Staffing and Finance Shift

A revised plan and timeline was shared with workgroup members for discussion. The goal of this renovation is to shift staff and expenditure reports from the six areas of responsibility to FPHR in CY2026, reported in March 2027. Highlights of the plan include:

- Gives CHBs over a year to adjust systems in which expenditure and staff data are tracked.

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- CHBs who can adapt their systems more quickly will be able to report by FPHR sooner.
- A pilot study of CHBs will help inform the transition and clarify ambiguities and minimize challenges.
- New guidance and tools will be available to improve consistency in reporting.

Continued conversation with the workgroup will happen through Basecamp and the next meeting.