December 18, 2024

Dear Commissioner Cunningham:

I am pleased to present a set of recommendations regarding system performance measurement for community health boards and the Minnesota Department of Health. These recommendations were developed by the Performance Measurement Workgroup of the State Community Health Services Advisory Committee (SCHSAC) and were approved at the SCHSAC meeting on December 12, 2024.

The report proposes a set of 46 national measures for both community health boards and the Minnesota Department of Health to report on. There is also a recommendation to use community health board data from existing grant reporting in future system reports. Finally, as the CY2025 performance related accountability requirement, community health boards will submit additional information to MDH to demonstrate their ability to meet for one of the performance measures related to risk communication.

These recommendations are connected to statutory requirements for community health boards. The Local Public Health Act requires community health boards to report on performance measures each year, which ties to the first recommendation. Boards that receive local public health grants must also meet accountability standards related to performance, which ties to the third recommendation.

The workgroup's approach has been strategic, aligning with public health system transformation efforts. Having MDH report on measures community health boards report on will provide a more robust picture of system capacity. I believe these recommendations are a crucial step in helping SCHSAC, MDH, and LPH monitor progress towards our vision of governmental public health.

On behalf of SCHSAC, I request your acceptance and approval of this report and the recommendations expressed therein.

Sincerely,

Tarryl Clark, SCHSAC Chair
Stearns County Commissioner

Protecting, Maintaining and Improving the Health of All Minnesotans

January 13, 2025

Dear Chair Clark,

Thank you for sending me the report and recommendations for community health board performance and accountability. I can see from the report that the workgroup membership gave thoughtful consideration when executing their charge.

As commissioner, I am pleased to accept the recommendations for the system performance measures, the inclusion of data from grant reporting in future system reports, and the 2025 performance-related accountability requirement as approved by the SCHSAC on December 12, 2024. Monitoring of these measures will help us evaluate the performance of the public health system.

I appreciate the hard work and dedication of the workgroup membership as they seek to develop a robust picture of system functioning. I look forward to seeing the outcome of these measures. Public health is changing, and these measures will help us monitor that change as we work together to transform Minnesota's public health system.

Sincerely,

Commissioner Brooke Cunningham
Minnesota Department of Health

MN DEPARTMENT OF HEALTH

State Community Health Services Advisory Committee

Performance Measures and Local Public Health Act Performance-Related Accountability

RECOMMENDATIONS OF THE SCHSAC PERFORMANCE MEASUREMENT WORKGROUP

November 2024

Performance Measures and Local Public Health Act Performance-Related Accountability: Recommendations of the SCHSAC Performance Measurement Workgroup

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Include system-level data already collected through grant reporting such as Statewide Health Improvement Partnership (SHIP), Response Sustainability Grant, and Public Health Emergency Preparedness Grant in future performance reports. See Appendix B: Measures in this document for the list of measures. **Existing data would be utilized. No new data would be requested from community health boards.** 4

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Summary of recommendations

The recommendations of SCHSAC's Performance Measurement Workgroup within this report outline annual reporting expectations for community health boards as required by statute. The recommendations expand to include reporting by the Minnesota Department of Health in an effort towards a more robust picture of state and local system strengths and gaps. These reporting recommendations will help SCHSAC monitor the performance of the local and state public health system.

A more detailed report follows this summary, including the background and rationale for these recommendations.

Recommendation 1: Performance measures for community health boards and the Minnesota Department of Health

Community health boards and the Minnesota Department of Health self-report on their ability to meet 46 national measures. This base of measures will be reported in March 2025, looking back on calendar year 2024, and annually thereafter.

See Appendix B: Measures in this document for the list of measures.

Recommendation 2: Include data from major grant programs in future reports

Include system-level data already collected through grant reporting such as the Statewide Health Improvement Partnership (SHIP), Response Sustainability Grant, and Public Health Emergency Preparedness Grant in future performance reports. See Appendix B: Measures in this document for the list of measures.

Recommendation 3: Calendar year 2025 performance-related accountability requirement

Community health boards will demonstrate their ability to meet the following national measure from the Public Health Accreditation Board:

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

Community health boards will submit information about their risk communication plan and process in March 2026, completed in calendar year 2025. The information will be used to assess how well they meet the measure.

Background

Statutory requirements for community health boards

Community health boards have statutory responsibilities under the Local Public Health Act (https://www.health.state.mn.us/communities/practice/lphact/statute/index.html). The Local Public Health Act states that community health boards must annually report to the commissioner on a set of performance measures and be prepared to provide documentation of ability to meet the performance measures. The commissioner, in consultation with SCHSAC, shall develop performance measures and implement a process to monitor statewide outcomes and performance improvement.

- Minn. Stat. § 145A.04, subd. 1a: Powers and duties of a community health board: Duties (https://www.revisor.mn.gov/statutes/cite/145A.04): *Consistent with the guidelines and standards established under section 145A.06, the community health board shall: (4) annually report to the commissioner on a set of performance measures and be prepared to provide documentation of ability to meet the performance measures.*
- Minn. Stat. § 145A.06, subd. 5a: Powers and duties of the commissioner: System-level performance management (https://www.revisor.mn.gov/statutes/cite/145A.06): *To improve public health and ensure the integrity and accountability of the statewide local public health system, the commissioner, in consultation with the State Community Health Services Advisory Committee, shall develop performance measures and implement a process to monitor statewide outcomes and performance improvement.*

Community health boards receiving local public health grants are required to meet a performance-related accountability requirement, which will be comprised of a subset of the annual performance measures and will be selected in consultation with SCHSAC.

- Minn. Stat. § 145A.131, subd 3: Local Public Health Grant: Accountability (https://www.revisor.mn.gov/statutes/cite/145A.131): *(b) By January 1 of each year, the commissioner shall notify community health boards of the performance-related accountability requirements of the local public health grant for that calendar year. Performance-related accountability requirements will be comprised of a subset of the annual performance measures and will be selected in consultation with the State Community Health Services Advisory Committee.*

Recommendations and rationale

The SCHSAC Performance Measurement Workgroup met throughout 2024 to develop these recommendations. The workgroup unanimously approved these recommendations.

Recommendation 1: Performance measures for community health boards and the Minnesota Department of Health

Community health boards and the Minnesota Department of Health self-report on their ability to meet 46 national measures.

These will be reported in March 2025, looking back on calendar year 2024, then annually thereafter. See Appendix B for the list of measures.

There are a total of 78 national measures. These 46 measures were prioritized based on the following key criteria: The measure had to be clear, important for understanding how our public health system is doing, relevant to understanding how our system works for groups facing health disparities, and feasible for any size community health board to report on. In 2023, community health boards reported on 24

national measures. This recommendation includes the majority (17) of those 2023 measures. The workgroup chose not to include 7 of the former measures, noting that some did not need annual reporting and to reduce the reporting burden.

Rationale

A more robust set of measures is recommended for the following reasons:

- **Provides a foundation for long-term tracking:** A strong and consistent set of measures is needed to track progress over time. With foundational dollars recently allocated to support public health, this will help see the impact of funds on the ability to carry out foundational responsibilities and monitor progress over time.
- **Identifies opportunities to strengthen the system:** By gathering data across a comprehensive set of measures, the workgroup can identify where community health boards struggle, which point to where we need to better understand conditions contributing to challenges and identify solutions.
- **Bolsters advocacy for continued funding:** Gathering data on a more robust set of measures provides better information for advocating for continued or increased funding.

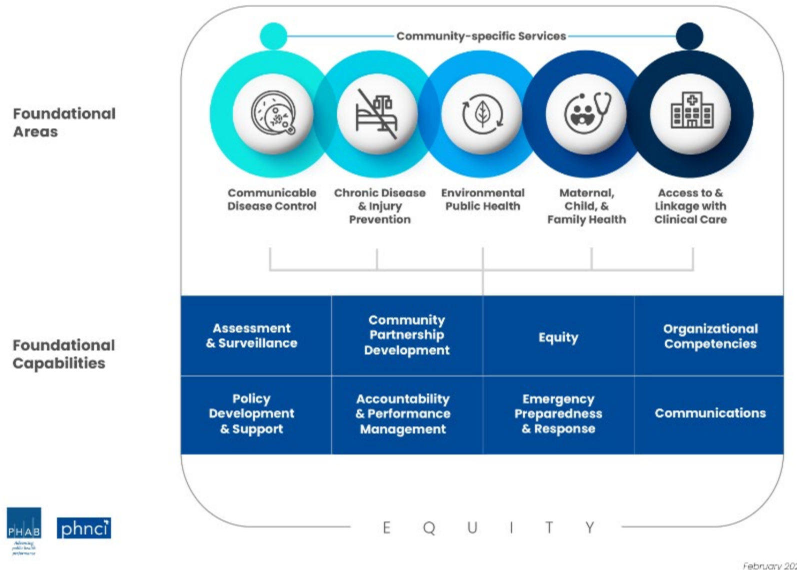
The national measures were selected for the following reasons:

- **Guides public health work**: In 2010, SCHSAC determined that the national measures represent best practice, and all community health boards, regardless of their decision to seek voluntary national accreditation, should work to meet the national measures. Health departments often look to these national measures for direction and guidance in their work.
- **Aligns with the national framework**: These 46 measures all align with the national framework (established by the Public Health Accreditation Board's Center for Innovation) adopted by the Joint Leadership Team in 2023. Alignment helps us stay in sync with efforts to transform the public health system. (Figure 1)
- **Reflects what's needed for a strong foundation**: The measures focus on the foundational responsibilities essential for all public health work. Understanding the strengths and recognizing and addressing gaps is a crucial starting point for making sure we have the foundation to provide basic public health protections. This set of 46 measures includes 34 pathways measures that directly connect to foundational capabilities. These measures are part of PHAB's Pathways Recognition Program. Working towards meeting these measures supports performance improvement efforts, strengthens infrastructure, and facilitates public health system transformation.
- **Allows for tracking progress over time**: These measures, reported annually, will provide a more robust base by which progress over time can be tracked. Like the cost and capacity assessment, the calendar year 2023 findings 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 continue monitoring our progress toward filling in the patchwork.

Expanding to include reporting by the Minnesota Department of Health (MDH) is recommended for the following reason:

- **Provides a more comprehensive picture:** Including MDH in reporting will give a more complete view of the public health system. There is a growing expectation to understand how the broader governmental public health system functions. Having both MDH and community health boards report on similar performance measures, as was done in the cost and capacity assessment, will offer valuable insights into the overall performance of state and local public health efforts.

Figure 1: Foundational Public Health Responsibility Framework



Recommendation 2: Include data from major grant programs (community health boards only)

Include system-level data already collected through grant reporting such as Statewide Health Improvement Partnership (SHIP), Response Sustainability Grant, and Public Health Emergency Preparedness Grant in future performance reports. See Appendix B: Measures in this document for the list of measures. **Existing data would be utilized. No new data would be requested from community health boards.**

Rationale

- **Leverages existing grant reporting:** Community health boards submit information to the Minnesota Department of Health through grant reporting. Including this existing information into future SCHSAC reports will provide more insight without additional reporting burden. Including grant reporting information from these three funding sources is a starting point for leveraging existing reporting.
- **Provides a snapshot of public health work**: Data collected from major grant programs highlights a range of ongoing foundational and impactful public health activities. Including this data in system reports offers a valuable snapshot of public health initiatives and achievements statewide.
- **Adds context for national measures**: Using grant program data helps to illustrate the broader context behind how community health boards meet national measures. This contextualization allows for a deeper understanding of progress, challenges, and specific areas of work related to those measures, enhancing the relevance and comprehensiveness of system performance reports.

Recommendation 3: Calendar year 2025 performance-related accountability requirement (community health boards only)

Community health boards should demonstrate their ability to meet the following subset national measure:

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

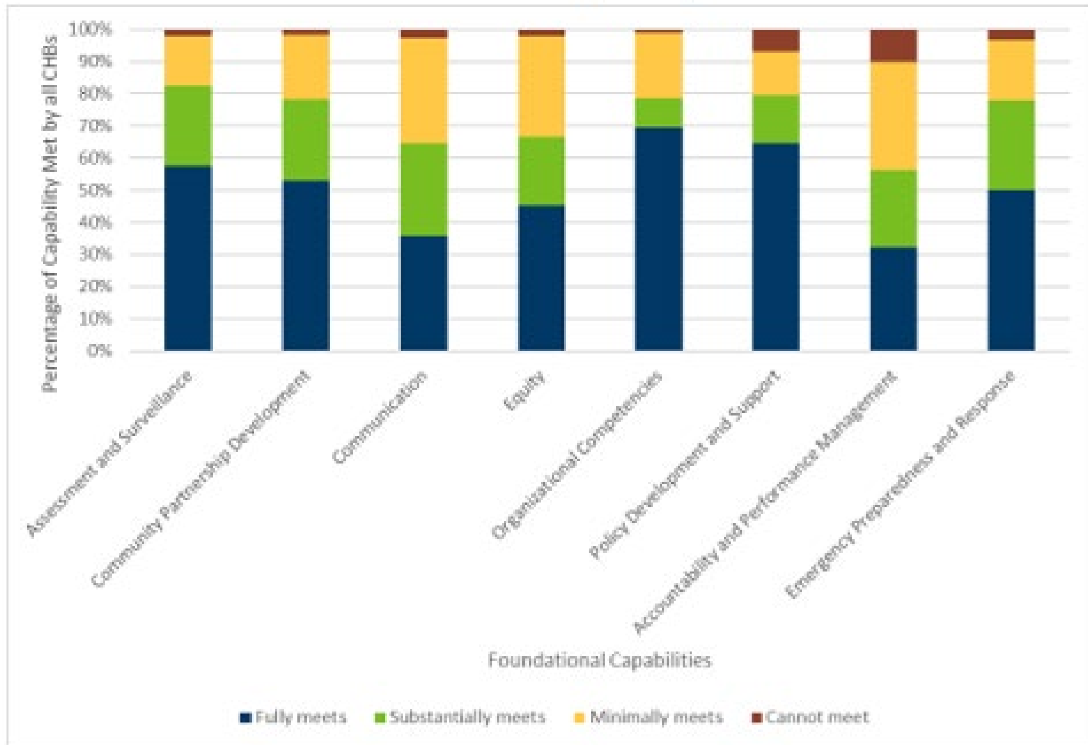
Community health boards will submit information about their plan and process in March 2026, for calendar year 2025. The information will be used to assess how well they meet the measure.

Rationale

The demonstration of the ability of community health boards to meet this measure was selected for the following reasons:

- **Acknowledges the importance of risk communication**: A solid risk communications plan and process helps ensure the public receives timely, accurate information about health threats, current situations, and recommended actions. Clear, reliable communication is essential to guide behavior, address concerns, and protect public health. A deep dive on this measure provides a closer look at how health departments are communicating with vulnerable populations and strategies to improve communications.
- **It's feasible to report on**: The demonstration of meeting this measure is attainable for all community health boards.
- **There are available resources to help improve**: A vast majority of community health boards indicated using Foundational Public Health Responsibility grant funds to improve their communication capacity. Emergency preparedness and response grant money can also support this work. Technical assistance to community health boards is available from MDH Emergency Preparedness and Response.
- **There is opportunity for improvement**: Based on the calendar year2023 information submitted by community health boards, communication was a capability that few community health boards indicated able to fully meet (Figure 2). Community health boards can use the feedback received to improve planning and processes around risk communication.

Figure 2: Percent of national measures met by community health boards for each foundational capability, 2023



A look to the future

A report of findings will be developed annually, and the workgroup will report back findings to SCHSAC. The workgroup recognizes the connection of performance measurement to public health system transformation, and the workgroup's important role in measuring and monitoring progress towards a seamless, responsive, publicly supported system that works closely with community to ensure healthy, safe, and vibrant communities.

Appendix A: Performance Measurement Workgroup charge and membership

Charge

The Performance Measurement Workgroup leads efforts to measure and assess the performance of Minnesota's governmental public health system and its capacity to carry out public health responsibilities. This workgroup:

- Develops and recommends, to SCHSAC, a set of performance measures for Minnesota's governmental public health system.
- Sets and monitors performance-related goals for Minnesota's governmental public health system.
- Analyzes data to assess the performance of Minnesota's governmental public health system.
- Develops system performance reports and communicates findings to SCHSAC, LPHA, and MDH.
- Issues recommendations for continued system performance improvement and accountability to SCHSAC, LPHA, and MDH.
- Engages subject matter experts and other interested parties, including other SCHSAC workgroups, and the Joint Leadership Team, for feedback and discussion about performance measures, goals, analysis, and recommendations related to system performance measurement.
- Considers health equity in all aspects of its' work.
- Advocates for performance management and using data for decision-making.

Membership

- *Amy Bowles, Beltrami County Public Health
- Susan Michels, Carlton, Cook, Lake, St. Louis Community Health Board
- Angie Hasbrouck, Horizon Public Health
- Janet Goligowski, Stearns County Health and Human Services
- Amina Abdullahi, City of Bloomington Public Health
- Michelle Ebbers, DesMoines Valley Health and Human Services
- *Chera Sevcik, Health and Human Services, Faribault and Martin Counties
- Meaghan Sherden, Olmsted County Public Health
- Rodney Peterson, Dodge County Commissioner
- Mark Dehen, Nicollet County Commissioner
- Chris Brueske, Minnesota Department of Health, Office of Data Strategy and Interoperability
- Kristin Osiecki, Minnesota Department of Health, Center for Health Equity
- Ann Zukoski, Minnesota Department of Health, Health Promotion and Chronic Disease Division, Center for Health Promotion
- Mary Orban, Minnesota Department of Health, Community Health Division, Center for Public Health Practice

*Co-chairs

Staff and support

- Ann March, Planner, Minnesota Department of Health, Community Health Division, Center for Public Health Practice
- Ghazaleh Dadres, Research Scientist, Minnesota Department of Health, Community Health Division, Center for Public Health Practice

Appendix B: Measures

National measures organized by foundational public health responsibility

The following measures represent a subset of national measures related to the foundational public health responsibilities. This set of measures will be used to assess local and state ability to meet the national standards using a standardized scale, which would allow continuity of monitoring the performance.

Community health boards and the Minnesota Department of Health will report on their ability to meet each measure below on a scale from fully meets to cannot meet.

The (E) after some of the measures denotes there is an equity component directly related to that measure.

The (P) after some of the measures denotes the Pathways measures.

There are also references for several of the measures to indicate that it was also prioritized as a measure of foundational areas:

[1] Communicable Disease Control

[2] Chronic Disease and Injury Prevention

[3] Environmental Public Health

[4] Maternal, Child, and Family Health

[5] Access to and Linkage with Care

Foundational responsibility	National measures
Assessment and surveillance	1.1.1: Develop a community health assessment. (E) (P) 1.2.1: Collect non-surveillance population health data. (P) 1.2.2: (Local) Participate in data sharing with other entities; (State) Engage in data sharing and data exchange with other entities. (P)[1] 1.3.1: Analyze data and draw public health conclusions. (P) 1.3.3: Use data to recommend and inform public health actions. [2,4] 2.1.1: Maintain Surveillance systems. (E) (P) 2.1.3: Ensure 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards. (P) 7.1.1: Engage with health care delivery system partners to assess access to health care services. [5]
Community Partnership Development	4.1.2: Participate actively in a community health coalition to promote health equity. (E) (P) 4.1.3: Engage with community members to address public health issues and promote health. (E) [2,4] 5.2.2: Adopt a community health improvement plan. (E) (P) 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. (P) [5]

Foundational responsibility	National measures
Communications	2.2.5: Maintain a risk communication plan and a process for urgent 24/7 communication with response partners. (E) (P) 3.1.1: Maintain procedures to provide ongoing, non-emergency communication outside the health department. (E) (P) 3.2.2: Implement health communication strategies to encourage actions to promote health. (E) (P)
Equity	5.2.4: Address factors that contribute to specific populations' higher health risks and poorer health outcomes. (P) 10.2.1: Manage operational policies including those related to equity. (P)
Organizational Competencies	8.1.2: Recruit a qualified and diverse health department workforce. (E) (P) 8.2.1: Develop and implement a workforce development plan and strategies. (E) (P) 8.2.2: Provide professional and career development opportunities for all staff. (P) 10.1.2: Adopt a department-wide strategic plan. (P) 10.2.2: Maintain a human resource function. (P) 10.2.3: Support programs & operations through an information management infrastructure. (P) 10.2.4: Protect information and data systems through security and confidentiality policies. (P) 10.2.6: Oversee grants and contracts. (P) 10.2.7: Manage financial systems. (P) 10.3.3: Communicate with governance routinely and on an as-needed basis. (P) 10.3.4: Access and use legal services in planning, implementing, and enforcing public health initiatives. (P)
Policy Development and Support	5.1.2: Examine and contribute to improving policies and laws. (E) (P) 6.1.4: Conduct enforcement actions. (E) (P) [3]
Accountability and Performance Management	9.1.1: Establish a performance management system. (P) 9.1.2: Implement the performance management system. 9.1.5: Implement quality improvement projects. (P) 9.2.1: Base programs and interventions on the best available evidence. (E) (P) 9.2.2: Evaluate programs, processes, or interventions. 7.1.2: Implement and evaluate strategies to improve access to health care services. (E)

Foundational responsibility	National measures
Emergency Preparedness and Response	2.2.1: Maintain a public health emergency operations plan (EOP)(E) (P) 2.2.2: Ensure continuity of operations during response. (P) 2.2.6: Maintain and implement a process for urgent 24/7 communications with response partners. (P) 2.2.7: Conduct exercises and use After Action Reports and Improvement Plans (AAR-IPs) from exercises and responses to improve preparedness and response. (P)
Measures connected to foundational areas	2.1.4: Maintain protocols for investigation of public health issues.[1,3] 2.1.5: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards. [3] 2.1.6: Collaborate through established partnerships to investigate or mitigate public health problems and environmental public health hazards. [1] 2.1.7: Use surveillance data to guide improvements. [1] 4.1.1: Engage in active and ongoing strategic partnerships. [2,4,5]

Data from major grant programs

The performance measure recommends incorporating into the report existing data currently reported by community health boards related to grants Statewide Health Improvement Partnership (SHIP) and Emergency Preparedness and Response.

From SHIP reporting, the following system-level data will be included related to the following:

- Policy, systems, and environment changes in childcare, community, healthcare, school, and workplace settings.
- Stage of policy, systems, and environment work with partner sites.

From the Response Sustainability Grant (RSG) and Public Health Emergency Preparedness (PHEP) reporting, the following system-level data will be included related to the following:

- Training for emergency preparedness (RSG)
- New, revised, or reviewed memorandum of understandings, memorandum of agreements, and mutual aid agreements (RSG)
- Health equity assessment of plans, policies, procedures (RSG)
- Engagement of communities disproportionately impacted in exercises and after-action report/improvement plans. (PHEP)