Meeting notes: Performance Measurement Workgroup

DATE:11.4.24

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), Chris Brueske (MDH), and Meaghan Sherden (SE)

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

Workgroup staff:
Ann March
Ghazaleh Dadres

Decisions made

- **Performance Measures:** Recommendation that MDH and community health boards report on 46 national measures (list at end of notes) was approved unanimously by voting members. If recommendation is accepted, these measures will provide a base for reporting annually, beginning for CY2024 (reported in 2025).
- **Include data from major grant programs in future reports:** Recommendation approved unanimously to include system-level data from grant programs such as SHIP and EPR (list at end of notes).
- **Performance-related accountability requirement:** Recommendation approved unanimously that community health boards demonstrate meeting the following measure as the CY2025 performance-related accountability requirement: Measure 2.2.5 Maintain and implement a risk communication plan for communicating with the public during a public health crisis or emergency.

Recommendations of the performance measurement will be brought before full SCHSAC to consider at their December 2024 meeting.

Action items

- Share workgroup recommendation with partners.
- Complete meeting evaluation: https://www.menti.com/al483w29kuhv or go to Menti.com and enter code: **5306 4117**

Talking points

Recommendation to SCHSAC

The workgroup has prepared their recommendation to SCHSAC on a set of performance measures and the performance-related accountability requirement. Highlights of the recommendation include:

- The workgroup is recommending both the Minnesota Department of Health and community health boards report on a set of 46 national measures. The set measures include:
  - "Pathways Recognition Program" foundational capability measures
  - Measures that relate to the foundational areas
  - 17 of the CY2023 measures, many of which are Pathways measures. The workgroup chose not to include 7 of the former measures from CY2023, noting that some did not need annual reporting and to reduce reporting burden (see list at end of notes).

  Like in CY2023, reporting will be a self-evaluation of how well each measure can be met on the scale of fully meet, substantially meet, minimally meet, and cannot meet. **No documentation will need to be submitted.** Since this is an addition of measures from CY2023, Public Health Practice staff are exploring the provision of added support to community health boards to minimize reporting burden.
- As a step forward to utilize existing data submitted to the Minnesota Department of Health, the workgroup is recommending the inclusion of, in future reports to SCHSAC, system-level data in already submitted through major grant programs such as SHIP and Emergency Preparedness and Response. **No additional information will need to be submitted by community health boards.**
- Community health boards receiving the Local Public Health grant are required to demonstrate meeting a subset of performance measures. The recommendation includes community health boards demonstrate meeting the following measure as the CY2025 performance-related accountability requirement: Measure 2.2.5 Maintain and implement a risk communication plan for communicating with the public during a public health crisis or emergency. Support and technical assistance will be available to community health boards.

Rationale for these recommendations can be found in the notes below.

LPH Act Annual Reporting on Staff and Finance

- The webinar recording of forthcoming changes is now available: Local Public Health Act annual reporting - MN Dept. of Health. Please share with relevant staff. Office hours will begin soon and will be posted on this webpage.
- 10 community health boards and health departments are going to be participating as pilots for the annual reporting shift. The learnings from the pilots will be shared as they go, so non-participating community health boards can update alongside the pilots. Stay tuned for information about how to access the learnings.
- This is a big transition for community health boards and PHP staff want to be responsive. Please communicate when and if there are opportunities and challenges/barriers throughout this transition. Communication can happen through regional representatives on the performance measurement workgroup, scheduled office hours, the public health system consultants, or email ann.march@state.mn.us.

Meeting notes

Sharing from the field and updates

- **Annual reporting shift pilot program participation:** Two additional NE counties interested in joining the performance measurement pilot. Communication to be directed to PHP staff..
- **Unpacking the FPHR framework**: NE Infrastructure staff are guiding board members and CHB staff through foundational public health components, creating awareness of individual contributions (e.g., finance roles) in the overall framework.
- **Multi-county CHBs and reporting:** Reflection on difficulties for joint CHBs with differing philosophies, standards, and board directions conducting shared reporting on performance measures, especially when there is variation in performance measure expectations between counties within joint CHBs. Additional guidance to be provided by MDH to address consistency in performance measures across multi-county CHBs. Structural constraints within joint CHBs was also noted.
- **Internal MDH Coordination:** Internal group at MDH focused on aligning performance measurement efforts within MDH and coordinating strategies for reporting. Standing subgroup established for continued alignment and strategy development.
- **FPHR workgroup:** Workgroup members and subject matter experts will be working in small groups on each of the 13 responsibilities of the FPHR framework. Focus on refining definitions and identifying standards. 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)

Key Findings report on calendar year 2023 data from community health boards

Edits were made based on feedback from the workgroup. Voting members unanimously approved the report for SCHSAC.

Recommendations and Rationale Discussion

Members and participants finalized approvals for recommendations and reviewed, discussed, and revised rationale for each recommendation.

Recommendation 1: Recommendation that MDH and community health boards report on 46 national measures (list at end of notes) was approved unanimously by voting members. If recommendation is accepted, these measures will provide a base for reporting annually, beginning for CY2024 (reported in 2025).

Rationale for recommendation 1:

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 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 (CHBs) 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.
- **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 on annually, will provide a more robust base by which progress over time can be tracked. Like the cost and capacity assessment, the CY2023 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 to monitor the progress towards filling in the patchwork.

Expanding to include reporting by MDH is recommended for the following reason:

- **Provides a more comprehensive picture:** Including the Minnesota Department of Health (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.

Recommendation 2: Recommendation approved unanimously to include system-level data from grant programs such as SHIP and EPR (list at end of notes).

Rationale for recommendation 2:

- **Leverages existing grant reporting:** Community Health Boards submit information to the Minnesota Department of Health through grant reporting. There is interest in inclusion of this existing information into future SCHSAC reports to 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 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: Recommendation approved unanimously that community health boards demonstrate meeting the following measure as the CY2025 performance-related accountability requirement: Measure 2.2.5 Maintain and implement a risk communication plan for communicating with the public during a public health crisis or emergency.

Rationale for recommendation 3:

- **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 CY2023 information submitted by community health boards, communication was a capability that few community health boards indicated able to fully meet. Community health boards can use the feedback received to improve planning and processes around risk communication.

Recommendations of the performance measurement will be brought before full SCHSAC to consider at their December 2024 meeting.

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. **No documentation will need to be submitted.**

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]
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)

Foundational responsibility	**National measures**
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)
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)

Foundational responsibility	National measures
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]

[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

Data from major grant programs

The performance measure recommends incorporating into the report existing data currently reported by community health boards related to grants such as 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)