In Spring 2015, Minnesota’s 48 community health boards (CHBs) identified three standards most in need of improvement, taken from the national public health standards developed by the Public Health Accreditation Board (version 1.5). While developed for the purpose of accreditation, these standards allow local, state, and tribal health departments to assess themselves consistently, and identify strengths and areas for improvement. The three standards identified by Minnesota’s CHBs can be used to inform quality improvement plans and strategic plans.

**Regional Priorities**

Public health standards most frequently identified as needing improvement in each region:

- **Northwest** (tied)
  - 8.2 – Competent workforce
  - 9.1 – Performance mgmt. system
  - 11.2 – Financial mgmt. system

- **West Central** (tied)
  - 8.2 – Competent workforce
  - 9.1 – Performance mgmt. system

- **Southwest**
  - 9.1 – Performance mgmt. system

- **South Central** (tied)
  - 7.2 – Health care access
  - 9.1 – Performance mgmt. system
  - 9.2 – QI processes

- **Central** (tied)
  - 8.2 – Competent workforce
  - 9.1 – Performance mgmt. system
  - 9.2 – QI processes

- **Metro**
  - 5.3 – Strategic plan

- **Southeast**
  - 9.1 – Performance mgmt. system

**Statewide Priorities**

Public health standards most frequently identified as needing improvement by Minnesota’s 48 CHBs:

- 9.1 - Use performance management system to monitor organizational objectives: 23
- 8.2 - Ensure competent workforce: 18
- 9.2 - Develop/implement QI processes; integrate into organizational practice: 14
- 5.3 - Develop/implement organizational strategic plan: 13
- 11.1 - Develop/maintain operational infrastructure: 10

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