



December 16, 2025

Commissioner Brooke Cunningham
Minnesota Department of Health
P.O. Box 64975
St. Paul, MN 55164

Dear Commissioner Cunningham:

I am pleased to present a set of recommendations regarding performance accountability for community health boards. These recommendations were developed by the SCHSAC Performance Measurement Workgroup and were approved at the SCHSAC meeting on December 11, 2025.

SCHSAC recommends community health boards submit information to demonstrate to MDH their ability to develop and implement performance management systems for calendar years 2026, 2027, and 2028.

Strengthening performance management practices will help ensure that limited public health resources are used effectively and efficiently and will support greater health equity for the communities we serve. There is strong momentum in the field, with many community health boards already working with MDH and leveraging the Foundational Public Health Responsibilities Grant to advance accountability and performance management efforts locally. A phased approach, focusing on development in 2026–2027 and implementation in 2028, provides needed clarity and adequate time for implementation.

The workgroup's approach has been thoughtful and strategic, grounded in data and informed by input from the field. I believe these recommendations represent another important step toward a governmental public health system that is seamless, responsive, and publicly supported.

On behalf of SCHSAC, I request your acceptance of the recommendations expressed in this report.

Sincerely,

/s/ De Malterer

Commissioner De Malterer, SCHSAC Chair
District 4 Commissioner, Waseca County
2025-2026 Chair, State Community Health Services Advisory Committee (SCHSAC)



Protecting, Maintaining and Improving the Health of All Minnesotans

December 16, 2025

Commissioner De Malterer
District 4 Commissioner, Waseca County
2025-2026 Chair, State Community Health Services Advisory Committee (SCHSAC)
307 North State Street
Waseca, MN 56093

Dear Chair Malterer,

Thank you for sending me the report and recommendations for community health board performance 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 2026, 2027, and 2028 performance-related accountability requirements, which call for community health boards to develop and implement performance management systems. Effective performance management is vital for strengthening our organizational capacity and enabling us to respond effectively to changing public health challenges, improving health outcomes, and advancing equity.

Performance management is also important to the Minnesota Department of Health, and we are committed to building a robust performance management system alongside community health boards as we seek to promote accountability, strengthen decision-making, and support learning and innovation.

It is clear the workgroup took a thoughtful and strategic approach to their recommendations. I appreciate the careful use of data, the meaningful engagement, and the dedication to advancing public health reflected in the recommendations. I share your belief that this work represents an important step toward building a governmental public health system that is seamless, responsive, and strongly supported by the communities it serves.

Sincerely,

/s/ Brooke Cunningham

Commissioner Brooke Cunningham
Minnesota Department of Health



Local Public Health Act Performance-Related Accountability Requirement for Community Health Boards

**RECOMMENDATIONS OF THE SCHSAC PERFORMANCE
MEASUREMENT WORKGROUP**

November 2025

**Local Public Health Act Performance-Related Accountability Requirement for
Community Health Boards: Recommendations of the SCHSAC Performance
Measurement Workgroup**

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Contents

Summary of recommendations	1
Recommendation 1: Calendar year 2026 performance-related accountability requirement	1
Recommendation 2: Calendar year 2027 performance-related accountability requirement	1
Recommendation 3: Calendar year 2028 performance-related accountability requirement	1
Background	2
Statutory requirements for community health boards	2
The Performance Measurement Workgroup	2
Recommendation overview and rationale	3
Overview	3
Rationale	3
Rationale for the three-year approach	4
Appendix A: Performance Measurement Workgroup charge and membership	5
Charge	5
Membership	5
Staff and support	5

Summary of recommendations

This report provides recommendations from the Statewide Community Health Services Advisory Committee (SCHSAC) Performance Measurement Workgroup on the performance-related accountability requirement for community health boards receiving the Local Public Health Grant under Statute 145A.

The recommendations cover three years (2026-2028), giving community health boards a clear understanding of what to expect and time to plan accordingly. They focus on strengthening performance management systems.

The workgroup prioritized the measures outlined below to build a consistent, data-driven approach that strengthens accountability, advances equity, and supports continuous improvement across Minnesota's local public health system.

Additional background and rationale for the recommendations begin on page 2.

The SCHSAC Performance Measurement Workgroup developed these recommendations through discussion and consensus among the workgroup's voting members; the recommendations were unanimously approved.

Recommendation 1: Calendar year 2026 performance-related accountability requirement

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

Establish a performance management system. (public health accreditation measure 9.1.1)

Community health boards will submit information about this measure in March 2027, completed in calendar year 2026. For this first year, submissions will focus on demonstrating progress toward meeting the measure rather than full achievement.

Recommendation 2: Calendar year 2027 performance-related accountability requirement

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

Establish a performance management system. (public health accreditation measure 9.1.1)

Community health boards will submit information about this measure in March 2028, completed in calendar year 2027. For this second year, reporting will assess how well they meet the measure.

Recommendation 3: Calendar year 2028 performance-related accountability requirement

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

Implement the performance management system. (public health accreditation measure 9.1.2)

Community health boards will submit information about this measure in March 2029, completed in calendar year 2028. The information will be used to assess how well they meet the measure.

Please note, there are no new recommendations from the workgroup related to annual reporting on performance measures. In 2024, SCHSAC and the commissioner of health approved the recommendation for community health boards and the Minnesota Department of Health to report annually on a set of 46 national measures and utilize grant data collected through grant reporting from major grants. Because the 2024 recommendations specified that these items would be collected annually, they are not included in this year's recommendations and will remain in effect until a change is proposed and approved. (See calendar year 2025 recommendations report: [Performance Measures and LPH Act Performance-Related Accountability \(PDF\)](#))

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>).

Community health boards receiving local public health grants are required to meet a performance-related accountability requirement, comprised of a subset of the annual performance measures selected in consultation with SCHSAC. [Sec. 145A.131 MN Statutes](#)

The Performance Measurement Workgroup

SCHSAC's 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. Their charge includes developing and recommending a set of performance measures for Minnesota's governmental public health system and the annual performance-related accountability requirement for community health boards.

The Performance Measurement Workgroup re-established in 2023, and is comprised of:

- Eight representatives from the Local Public Health Association (LPHA) from each of the eight SCHSAC regions
- Four representatives from Minnesota Department of Health (MDH) (from the Public Health Strategy and Partnership, Health Promotion and Chronic Disease, and Health Equity Strategy and Innovation Divisions, and the Office of Data Strategy and Interoperability)
- An elected official representing SCHSAC.

The group is co-chaired by LPHA representatives, with staff support from the MDH Center for Public Health Practice.

See [Appendix A](#): Workgroup charge and membership.

Recommendation overview and rationale

The SCHSAC Performance Measurement Workgroup met throughout 2025 to develop the following recommendations, which were unanimously approved by the workgroup.

Overview

For calendar years 2026-2028, community health boards will demonstrate their ability to meet the following subset of national measures from the public health accreditation board:

CY2026: Establish a performance management system. (9.1.1)

CY2027: Establish a performance management system. (9.1.1)

CY2028: Implement the performance management system. (9.1.2)

In March 2027, 2028, and 2029, community health boards will submit information about the indicated measure for the prior calendar year. MDH, in collaboration with local public health representatives from the Performance Measurement Workgroup, will determine the specific information that community health boards will submit. For the first reporting year (CY2026), submissions will focus on demonstrating progress toward meeting the measure rather than full achievement.

Rationale

These performance measures were selected for the performance-related accountability requirement for the following reasons:

Importance of performance management

- Performance management ensures that limited public health resources are used in the smartest way possible, helping agencies adapt, improve, and achieve better health and greater equity for their communities. It gives health departments a structured way to:
 - Track progress toward goals and identify gaps, including inequities in outcomes or access.
 - Improve efficiency and effectiveness of programs and services to reach those most in need.
 - Promote accountability to communities, funders, and policymakers.
 - Strengthen decision-making by using reliable data rather than assumptions.
 - Support learning and innovation through continuous improvement cycles.

Opportunity for growth and learning

- Performance management is a statutory requirement, and there is an opportunity for improvement and growth, as indicated by the CY2024 reporting on these two measures (see figure 1).
- Focusing on this measure creates opportunities for statewide sharing of tools, resources, and best practices among local health departments, strengthening systemwide capacity.
- Implementing a performance management system will support improvement of other foundational responsibilities.
- MDH continues to strengthen its own accountability and performance management practices. Parallel efforts within MDH are needed to build and demonstrate a robust performance management system promotes shared learning, transparency, and alignment across state and local

governmental public health. This reciprocal commitment will support mutual accountability and data-driven improvements.

Readiness to act

- The MDH Center for Public Health Practice staff are actively building skills to support local health departments in establishing and implementing performance management systems. Tools have been developed to support this work.
- There is momentum in the field, with many community health boards already engaging with MDH experts on this work and using the Foundational Responsibilities (FPR) Grant funding on accountability and performance management efforts.

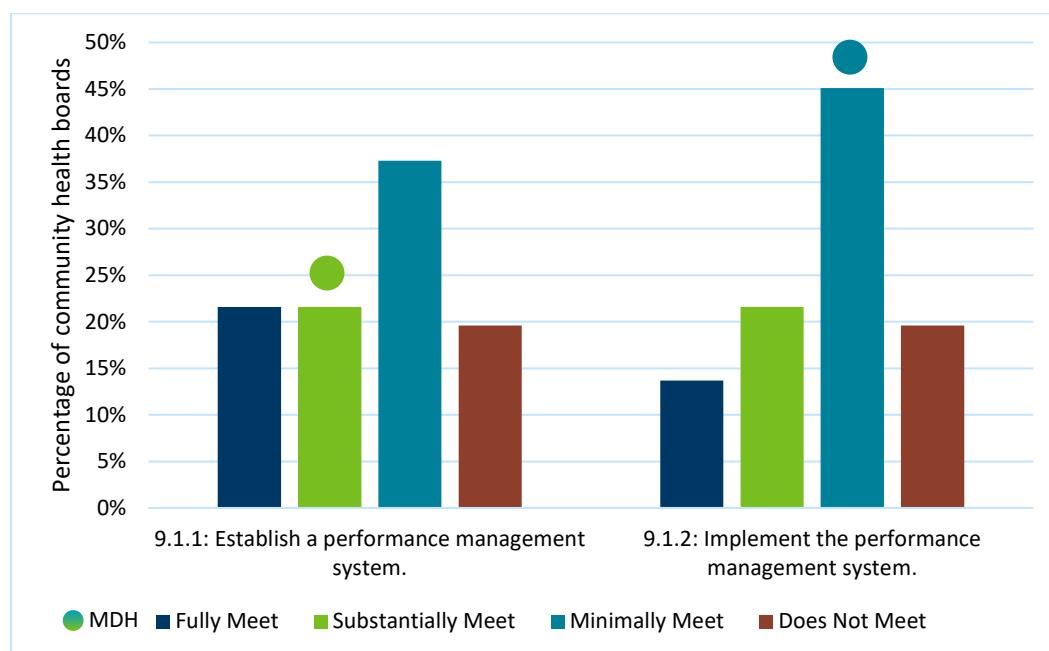
Rationale for the three-year approach

Consistency and predictability for community health boards

- A phased approach – focusing on development in 2026–2027 and implementation in 2028 – provides clarity and sufficient time for planning.
- Allowing two years to develop performance management systems supports community health boards with limited capacity to prepare effectively.

Figure 1: Community health board and Minnesota Department of Health's ability to meet performance management measures, CY2024

Data from CY2024 Local Public Health Act annual reporting. 51 community health boards responded.



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