



DECEMBER 2016

From Information to Action: Using Data to Improve the Public Health System

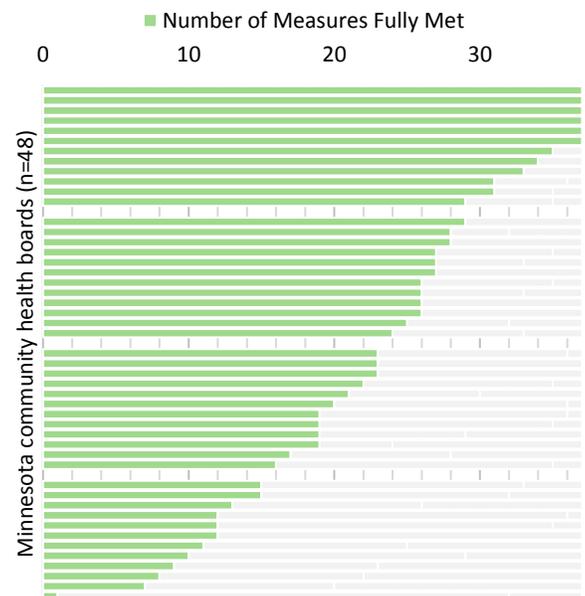
The Performance Improvement Steering Committee (Committee) is charged with monitoring and improving the performance of Minnesota’s local public health system. Each year the Committee looks at performance data from CHBs on measures that were developed through national consensus and supported by SCHSAC.

- Over time, the Committee has seen system-wide improvement, yet some CHBs cannot meet even half of the measures.
- The Committee is concerned because the measures represent a CHBs ability to (1) operate effectively and efficiently; (2) understand the health strengths and needs of the community; and (3) identify and implement creative solutions to difficult community problems.
- While the Committee can describe the range in performance, it does not have enough information to explain why CHBs cannot meet the measures. As a result, the Committee urges SCHSAC to identify and act on barriers to more widespread improvement, in order to better serve communities and fortify the whole system.
- The Committee also urges CHBs to continue progress on three priority areas – performance management, workforce development, and health equity.

SCHSAC SHOULD ACT TO FORTIFY THE LOCAL PUBLIC HEALTH SYSTEM

Despite focused effort, every year the Committee has seen differences in the ability of CHBs to meet performance measures, as shown in the graph to the right. There is a clear gap between a few CHBs who can fully meet most or all measures and most CHBs who cannot. This impacts local communities and strains the statewide system. Having a better understanding of the barriers CHBs face will help SCHSAC and the Committee identify solutions that lead to a stronger more effective local public health system.

In order to make further progress, the Committee urges SCHSAC to take action to understand why CHBs are not able to meet measures and take action to address the identified barriers.



For more information about resources and support available to help your community health board improve, contact:

MDH Centers for Health Equity and Community Health, Center for Public Health Practice
651-201-3880 | health.ophp@state.mn.us
www.health.state.mn.us/divs/opi/

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OPPORTUNITIES FOR CHBs TO IMPROVE PERFORMANCE

1 | PERFORMANCE MANAGEMENT

Performance management helps CHBs demonstrate that they are making progress toward their goals, and it identifies opportunities to improve efficiency and effectiveness. In 2015, 31% of CHBs had a performance management process in place ([PHAB Measure 9.1.3: Implemented performance management system](#)).

What you can do: Develop performance measures for one or more public health services. Track, analyze and use data for decision-making. Join MDH's virtual Community of Practice to share your experience and learn from others. [Contact an MDH Performance Improvement Consultant](#) for assistance.

2 | WORKFORCE DEVELOPMENT

A strong workforce is necessary to effectively address local needs and prepare for new or emerging concerns. In 2014, 23% of CHBs reported having a workforce development plan that met national standard. In 2015, this increased to 31%. PISC expects to see additional gains made in 2016. The Committee calls for sustained action in this area to build on this progress. ([PHAB Measure 8.2.1: Workforce development strategies](#))

What you can do: [Contact your MDH Public Health Nurse Consultant](#) to schedule a core competencies assessment and participate in a facilitated workshop to create a workforce development plan.

3 | ADVANCING HEALTH EQUITY

Advancing health equity helps assure that all people can attain their highest possible level of health. This is a new and evolving area of public health practice. The Committee embraces the recommendations of the Health Equity Workgroup, and encourages CHBs to adopt one or more of the practices described in the report. In 2017, PISC will be working on ways to collect better data to measure performance in this area.

What you can do: [Read the SCHSAC report](#) and [use the health equity resource library](#) to implement one or more of the recommended practices. [Contact MDH's Public Health Practice Section](#) for support.

LOOKING AHEAD TO 2018

The national measures monitored by the Committee are used to demonstrate the organizational capacity of Minnesota's public health system. For most public health activities, there are no measureable expectations that apply to all CHBs. As a result, the data collected about these services is largely descriptive. It can be used to share information about public health activities, but it cannot be used to drive system-wide improvement.

In some areas this is beginning to change. The Environmental Health Continuous Improvement Board (EHCIB) developed new annual performance measures for Food, Pools and Lodging Services that apply to locally run programs, the Minnesota Department of Health, and the Minnesota Department of Agriculture. For the first time Minnesota will have a complete picture of Food, Pools, and Lodging Services across the state. The Committee will examine this data when it is available and will work with the EHCIB to support improvement efforts. The Committee would like to see performance measures like these developed for other areas of responsibility as well.