



Local Public Health Performance Measures and Performance-Related Accountability

RECOMMENDATIONS OF THE SCHSAC PERFORMANCE MEASUREMENT WORKGROUP

November 2023

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

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LOCAL PUBLIC HEALTH PERFORMANCE MEASURES & PERFORMANCE-RELATED ACCOUNTABILITY:
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December 14, 2023

Commissioner Brooke Cunningham
Minnesota Department of Health
P.O. Box 64975
St. Paul, MN 55164-0975

Dear Commissioner Cunningham:

I am pleased to present a set of recommendations regarding statutory obligations for statewide local public health performance and accountability. These recommendations were developed by the Performance Measurement Workgroup of the State Community Health Services Advisory Committee (SCHSAC) and were approved by SCHSAC at our meeting on December 6, 2023.

As outlined in the Local Public Health Act, community health boards are required to annually report on a set of performance measures. Additionally, community health boards receiving the local public health grant must meet a performance-related accountability requirement. The report proposes a set of 24 national measures for community health boards to report on, along with a subset national measure for them to demonstrate their ability to meet.

The workgroup's approach has been strategic, aligning with public health system transformation efforts and building on the recent cost and capacity assessment.

I believe these recommendations are a crucial step in helping SCHSAC monitor progress towards a governmental public health system that is seamless, responsive, and publicly supported.

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

Sincerely,

A handwritten signature in black ink that reads "Tarryl Clark". The signature is written in a cursive, slightly slanted style.

Tarryl Clark, SCHSAC Chair
Stearns County Commissioner



Protecting, Maintaining and Improving the Health of All Minnesotans

December 14, 2023

Commissioner Tarryl Clark, Chair
State Community Health Services Advisory Committee (SCHSAC)
705 Courthouse Square
St. Cloud, MN 56303

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 2023 performance measures and the 2024 performance-related accountability requirement as approved by the SCHSAC on December 6, 2023. 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 to restart this process following the pause due to the tremendous workload of local public health during the pandemic. 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,

A handwritten signature in black ink that reads 'Brooke A. G.' with a long, sweeping horizontal line extending to the right.

Brooke Cunningham, MD, PhD, Commissioner
Minnesota Department of Health

Summary of recommendations

Community health boards have statutory responsibilities under the [Local Public Health Act](https://www.health.state.mn.us/communities/practice/lphact/statute/index.html) (https://www.health.state.mn.us/communities/practice/lphact/statute/index.html). The recommendations proposed by the State Community Health Services Advisory Committee (SCHSAC) Performance Measurement Workgroup relate to responsibilities of community health boards to:

- **Annually report on a set of performance measures** ([Minn. Stat. § 145A.04, subd. 1](https://www.revisor.mn.gov/statutes/cite/145A.04) [https://www.revisor.mn.gov/statutes/cite/145A.04]; [Minn. Stat. § 145A.06, subd. 5a](https://www.revisor.mn.gov/statutes/cite/145A.06) [https://www.revisor.mn.gov/statutes/cite/145A.06]).
- **Demonstrate accountability by meeting a subset performance measure/s** ([Minn. Stat. § 145A.131, subd. 3](https://www.revisor.mn.gov/statutes/cite/145A.131) [https://www.revisor.mn.gov/statutes/cite/145A.131]).

A more detailed report follows this summary, including the background and rationale for these recommendations. The recommendations by the SCHSAC Performance Measurement Workgroup reflect a modest number of measures to restart reporting that paused during the pandemic response. These reporting recommendations will help SCHSAC monitor the performance of the public health system.

Recommendation for 2023 performance measures

Community health boards self-report on their ability to meet 24 national measures from the Public Health Accreditation Board.

These will be reported in March 2024 as part of Local Public Health Act annual reporting, looking back on calendar year 2023. See [Appendix B: Performance measures](#) in this document for the list of measures.

Recommendation for the 2024 performance-related accountability requirement

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

Measure 1.3.3: Use data to recommend and inform public health actions.

Community health boards will submit a narrative example in March 2025, looking back on calendar year 2024. The narrative example will be used to assess how well they meet the measure. They will be asked to discuss and report on internal and external factors impacting the ability to use data to recommend and inform public health actions.

Workgroup charge and background

SCHSAC formed the Performance Measurement Workgroup in late 2023 to lead efforts to measure and assess the performance of Minnesota's governmental public health system and its capacity to carry out [foundational public health responsibilities](https://www.health.state.mn.us/communities/practice/systemtransformation/foundationalresponsibilities.html) (https://www.health.state.mn.us/communities/practice/systemtransformation/foundationalresponsibilities.html). In 2023, the workgroup focused on developing recommendations to SCHSAC related to the statutory obligations for statewide local public health system performance and accountability. (See [Appendix A: Performance Measurement Workgroup membership](#) in this document for the list of workgroup members.)

Statutory responsibilities

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 the State Community Health Services Advisory Committee, 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) (<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) (<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 the State Community Health Services Advisory Committee.

- [Minn. Stat. § 145A.131, subd 3: Local Public Health Grant: Accountability](https://www.revisor.mn.gov/statutes/cite/145A.131) (<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.*

The recommendations in this report are intended to meet the above statutory responsibilities. Before COVID-19, community health boards annually reported on a set of performance measures, along with staffing and finance, as part of local public health annual reporting. Reporting on a set of performance measures paused during the pandemic in acknowledgment of the intensity of pandemic response efforts for local public health.

Recommendations and rationale

The workgroup met six times between August and December to develop these recommendations. The recommendations were unanimously approved by the workgroup.

2023 performance measures recommendation

Community health boards self-report on their ability to meet 24 national measures from Public Health Accreditation Board.

These will be reported on in March 2024, looking back on calendar year 2023. See Appendix B for the list of measures.

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There are a total of 78 measures from the Public Health Accreditation Board. These 24 measures were prioritized based on these key criteria: They 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.

Performance measures rationale

The national measures were selected for the following reasons:

- **Build on the cost and capacity baseline:** The cost and capacity assessment 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 monitor the progress towards filling in the patchwork.
- **Align with the national framework:** These measures align with the national framework (established by the Public Health Accreditation Board's Center for Innovation) recently adopted by the Joint Leadership Team and proposed by the SCHSAC Foundational Public Health Responsibility Funding Workgroup. Alignment helps us stay in sync with efforts to measure progress and transform the public health system.
- **Guide public health work:** In 2010, SCHSAC determined that the national standards and measures represent best practice, and all community health boards, regardless of their decision to seek voluntary national accreditation, should work to meet the standards and measures. Health departments often look to the Public Health Accreditation Board for direction and guidance in their work.
- **Reflect foundational knowledge, skills, and abilities:** The measures focus on the foundational capabilities essential for all public health work. Understanding the strengths and recognizing and addressing gaps in these capabilities is a crucial starting point for making sure we have the foundation to provide basic public health protections.
- **Provide continuity and tracking:** Many of these national measures align with past (pre-COVID-19) local public health annual reporting. By using a subset of national measures, we can track changes over time.

2024 performance-related accountability requirement recommendation

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

Measure 1.3.3: Use data to recommend and inform public health actions.

Community health boards will submit a narrative example of using data to inform public health action in March 2025, looking back on calendar year 2024. The narrative example will be used to assess how well they meet the measure. They will be asked to discuss and report on internal and external factors impacting the ability to use data to recommend and inform public health actions.

Rationale for performance-related accountability requirement recommendation

The demonstration, discussion, and report on of the ability of community health boards to meet Measure 1.3.3: Use data to recommend and inform public health actions was selected for the following reasons:

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- **Acknowledges the importance of data:** Data plays an important role in public health efforts. Looking at this measure provides a closer look at how health departments use data to drive actions for public health and determine what changes are needed to make a real impact.
- **It's feasible to report on:** The demonstration of meeting this measure is attainable for all community health boards.
- **There is opportunity for improvement:** Community health boards use data to act in various public health areas, but there are opportunities for improvement. The 2022 cost and capacity assessment revealed challenges in using data and across the system.
- **There's been a focus on data:** There are ongoing initiatives and many discussions revolving around data happening across the state. There's interest in taking steps to enhance this capability.
- **There are available resources help improve:** There is capacity at MDH to support community health boards in improving their data capabilities. Collecting and sharing examples could help everyone in the system learn and improve. New legislative funding is available to support work on foundational public health responsibilities, including data capability.
- **This supports public health system transformation efforts:** A collection of examples and exploring external, internal, and other factors that affect progress in implementing this foundational capability will contribute to learning across the system and inform what is needed for meaningful change.

A look to the future

A report of findings will be developed in 2024, and the workgroup will report back findings to SCHSAC later in 2024.

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 close with community to ensure healthy, safe, and vibrant communities. The workgroup will continue to work to align with existing work including other SCHSAC workgroups.

Appendix A: Performance Measurement Workgroup membership

The Performance Measurement Workgroup is comprised of local public health representation from each State Community Health Services Advisory Committee (SCHSAC) region, elected officials serving on SCHSAC, and representatives from several divisions within the Minnesota Department of Health (MDH).

Current members

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

*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: Performance measures

National measures organized by foundational public health capabilities

The following measures represent a subset of Public Health Accreditation Board (PHAB) measures related to the eight foundational public health capabilities. This set of measures will be used to assess the community health board’s ability to meet the national standards using a standardized scale, which would allow continuity of monitoring the performance of the community health boards and relating back to the trends and data in areas where similar data has been collected in the past.

National measures from the Public Health Accreditation Board

Community health boards will report on their ability to meet each measure below on a scale from fully meet to not met.

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

Foundational capability	PHAB measures
Assessment and surveillance	1.1.1 Develop a community health assessment. (E) 1.3.3: Use data to recommend and inform public health actions. 7.1.1: Engage with health care delivery system partners to assess access to health care services. (E)
Community Partnership Development	4.1.3: Engage with community members to address public health issues and promote health. (E) 5.2.2: Adopt a community health improvement plan. (E) 5.2.3: Implement, monitor, and revise as needed, the strategies in the community health improvement plan in collaboration with partners.
Communications	3.1.1: Maintain procedures to provide ongoing, non-emergency communication outside the health department. (E) 3.2.2: Implement health communication strategies to encourage actions to promote health. (E) 3.1.4: Use a variety of methods to make information available to the public and assess communication strategies.
Equity	5.2.4: Address factors that contribute to specific populations' higher health risks and poorer health outcomes. 10.2.1: Manage operational policies including those related to equity.
Organizational Competencies	8.2.2: Provide professional and career development opportunities for all staff. 8.1.1: Collaborate to promote the development of future public health workers.
Policy Development and Support	5.1.1: Maintain awareness of public health issues that are being discussed by those who set policies and practices that impact on public health. 6.1.5: Coordinate notification of enforcement actions among appropriate agencies.

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Foundational capability	PHAB measures
Accountability and Performance Management	9.1.1: Establish a performance management system. 9.1.2: Implement the performance management system. 9.1.3: Implement a systematic process for assessing customer satisfaction with health department services. (E) 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) 2.2.3: Maintain and expedite access to personnel and infrastructure for surge capacity. 2.2.4: Ensure training for personnel engaged in response. 2.2.7: Conduct exercises and use After Action Reports and Improvement Plans (AAR-IPs) from exercises and responses to improve preparedness and response.