DEPARTMENT OF HEALTH

State Community Health Services
Advisory Committee

Meeting notes: Performance Measurement Workgroup

DATE: 10.2.23

Attendance

Members present:
Amy Bowles (NW), Susan Michels (NE), Janet Goligowski (Central), Amanda Schuler (WC), Amina Abdullahi (Metro), Chera Sevcik (SC), Meaghan Sherden (SE), Chris Brueske (MDH), Kristin Osiecki (MDH), Ann Zukoski (MDH), Mary Orban (MDH), Rod Peterson (SCHSAC), Michelle Ebbers (SW)

Participants present:
Bree Allen (SC), Nicole Ruhoff (Central) Johanna Christensen (MDH), Joanne Erspamer (NE), Jaimee Brand (SC), Evelyn Combs (MDH)

Workgroup staff: Ann March (MDH), Ghazaleh Dadres (MDH)

Decisions made

- No formal decisions made during this meeting

- Prioritized national measures for each of the foundational public health capabilities.*

Meeting notes

Updates

Information and updates around the following were provided:

- Cost and capacity assessment-JLT developing key findings, results and toolkits to use the results coming this fall. Our workgroup will have the opportunity to dig deeper into the findings.

- Funding formula WG-they are still meeting to developing a funding formula recommendation. There are reporting requirements attached to this funding and this WG would like to align with our work. Susan and Bree sit on that workgroup.

- Infectious Disease Continuous Improvement Board-finalizing their common activities framework. Not quite ready to engage around measure development.

- Environmental Health Continuous Improvement Board-Restarting, interested in a conversation about measure development for the foundational area of environmental health. In initial stages of development but wants to connect with our workgroup.

- Public Health Emergency Preparedness (PHEP) Oversight workgroup-new grant contracts going out from PHEP. Interested in alignment around the emergency preparedness capability.

- Need to have a modest set of performance measures included in LPH annual reporting (CY 2023), reported in 2024. Measures will need to be realistic to what LPH can report on retrospectively.

Sharing from the field

Workgroup members provided updates. Highlights include:

- The pre-COVID reporting had limitations around telling us how well health departments were meeting foundational capabilities.

- Desire for consistency in tracking, and pulling the information. Assistance getting systems" set up so that "data" so it is entered in the same way and thus extracted in the same way.

- Wanting to know what are the measures and how will they be measured? What does "met" mean? What are the definitions and how will we "track" how close, or far, from met we are?

- Several attended SCHSAC, which was focused on system transformation. Raised questions about how our measurement work interfaces and caution about rushing measurement. Would like more discussion around this.

- Workgroup should have a conversation about the terms we use and communication or what we mean when we use those terms to avoid misunderstanding about our work.

- There are many new staff across the state in local public health who don't have prior experience with performance measures in annual reporting.

- Helpful having MDH staff presentation to the SE region on system transformation. Helping them think about working in alignment.

- There is interest in leveraging existing work as we think about performance measurement.

Measuring Foundational Capabilities

National measures for foundational capabilities were prioritized by workgroup members.* Workgroup members began interacting with measures to generate ideas for what could be collected and how to standardize what it means to meet or partially meet measures.

Measuring Foundational Areas

This work will be continued into 2024. Subject matter expert groups of MDH and LPH working together in these areas are interested, but not ready to engage in measurement work. We'll stay connected to their work.

*Prioritized measures

CHBs 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 Capabilities	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)
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.
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.