

Meeting notes: Performance Measurement Workgroup

DATE: 12.4.23

Attendance

Members present:

Susan Michels (NE), Amanda Schuler (WC), Amina Abdullahi (Metro), Chera Sevcik (SC), Chris Brueske (MDH), Kristin Osiecki (MDH), Mary Orban (MDH), Michelle Ebbers (SW), Mark Dehen (SCHSAC),

Participants present:

Nicole Ruhoff (Central), Joanne Erspamer (NE), Johanna Christensen (MDH), Renee Kidney (MDH)

Workgroup staff:

Ann March

Ghazaleh Dadres

Decisions made

- No formal decisions at this meeting

Meeting notes

Sharing from the field and updates

Information and updates around the following were provided:

- Several regions reported that no concerns were expressed with the selected 2024 reporting and the manageability of the chosen approach.
- Workgroup members shared a few announcements about changes in their region, this included the potential separation of Brown and Nicollet County CHB, with a tentative completion timeline by the end of 2024, and Benton County officially announcing their split from Human Services in early 2024, after being combined since 2012.
- An update on the recent activities of the Funding Formula Workgroup was provided. The group finalized their recommendations for SCHSAC and will present them at the upcoming meeting on Wednesday. Key recommendations that are relevant to the measurement workgroup were highlighted:
 - Recommendation: For the purposes of these funds, MDH should use definitions developed for the national [Framework for Foundational Public Health Services](#).
 - Recommendation: Community health boards should not be allowed to use these funds for community health priorities until SCHSAC has adopted a set of minimum standards for FPHR implementation.

- Recommendation: The FPHR Funding Workgroup recommends that SCHSAC create a workgroup to establish these standards and inform the development of a process by which MDH can determine that foundational public health responsibilities are fully implemented in any given jurisdiction.
- Recommendation: MDH should work with the SCHSAC's Performance Measure Workgroup to align Local Public Health Act annual reporting with the Foundational Public Health Responsibilities to monitor improvement in Minnesota's ability to implement foundational public health responsibilities.
- The workgroup will need to remain flexible in the face of evolving expectations.
- Information on the progress of videos related to cost and capacity dashboards was provided. Four videos, developed in collaboration with the University of Minnesota, focus on utilizing the dashboards and interpreting data. Videos are under review and will be made available on YouTube for easy access.

Performance Measures and Accountability Requirement

Workgroup recommendations will be brought to vote by SCHSAC at their meeting December 6. Workgroup staff are working on instrument development.

Feedback on additional LPH annual reporting questions

Members reviewed and provided feedback regarding a set of questions related to accreditation and health equity that have historically been included as part of annual reporting to gather information about the local public health system (not performance measures). The questions focus on achievement of accreditation/reaccreditation and interest and voluntary accreditation. The equity questions were also asked pre-pandemic.

Discussion about accreditation questions:

- Support for asking these questions to track changes in local public health, especially in comparison to the pre-COVID period.
- Recognition of value of periodic inquiries to inform MDH about future planning and resource needs.
- Highlighted the importance of understanding agencies' intent and addressing gaps in capacity.
- Suggestion to include additional reasons for disinterest in pursuing accreditation:
 - funding-related challenges, in addition to fees, funding for dedicated staff
 - time constraints for the work that goes into organizing and compiling needed documentation
 - organizational challenges
- The group expressed general support for adding these questions to annual reporting.
- The group suggested keeping these questions as part of regular, periodic inquiries rather than an annual routine.

Discussion about health equity questions:

- The national framework for public health responsibilities highlights equity as a capability and emphasizes its integration throughout public health efforts.
- Expressed the importance of including these questions due to the integral role of equity in transformational work.

- Suggestion that including these questions would offer a distinction between the pre-COVID period and the current status.
- Noted the questions involve a scale rating rather than an open narrative, reducing the time intensity for respondents.

Feedback will be brought back to public health practice.

Planning for 2024

Workgroup members discussed proposed goals for 2024:

CY2023 LPH Performance Measures Reporting:

- Objective: Bring back the findings of the 2023 performance measures reporting to SCHSAC during 2024.
- Action: Work group members will review the data, discuss findings, and provide input into the reports.

Local Public Health Staffing and Finance Planning:

- Objective: Develop a plan in 2024 for shifting future finance and staffing reporting to align with the foundational public health responsibility framework.
- Action: Seek input from work group members (and regions) to ensure a smooth transition for local public health without causing undue burden. Several members indicated interest in being part of the conversation.

Identifying System Performance Measures:

- Objective: Begin identifying performance measures for both local and state systems in 2024.
- Action: Determine priorities, engage subject matter experts, and monitor relevant developments.

Workgroup members shared hopes/goals for 2024 to be used as part of planning.

Workgroup Evaluation

Workgroup members asked to complete an evaluation of workgroup functioning.

National Measures from the Public Health Accreditation Board

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)

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<p>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.</p>	
	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.
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.