

Meeting notes: Performance Measurement Workgroup

DATE: 2.2.26

ATTENDANCE

Members present:

Chris Brueske (MDH), Chera Sevcik, (SC), Ann Zukoski (MDH), Mary Orban (MDH), Michelle Ebbers (SW), Amina Abdullahi (Metro), Rod Peterson (SCHSAC), Janet Goligowski (Central), Susan Michels (NE), Amy Bowles (NW), and Meaghan Sherden (SE).

Participants present:

Kim Milbrath (MDH), Johanna Christensen (MDH), Joanne Erspamer (NE), Nicole Ruhoff (Central), Allie HawleyMarch (MDH), and Murphy Anderson (MDH).

Workgroup staff:

Ann March

Ghazaleh Dadres

Decisions made

Voting on charter revision and membership renewal for five members. Charter revisions approved unanimously. Membership renewals were approved unanimously. These will be sent to SCHSAC chair for approval.

Action items

- Provide updates to regions and others (talking points below).
- Next meeting: March 3, 2026 at 11:00 a.m.

Talking points

- Workgroup approved a few minor charter revisions and approved membership renewal of five members. Renewed term for these members is to December 31, 2027.
- Workgroup continued conversation about next steps in system improvement. The workgroup has been focused on measuring foundational public health responsibilities. The framework represents “modern practice” in the system transformation roadmap. This conversation included:
 - Discussion about the value and appropriateness of setting some system-level targets on the qualitative performance measures reported on by MDH and CHBs.

- What does success look like (with respect to foundational responsibilities). See notes for themes.
- The workgroup wants to identify a few key priorities for improving the public health system, weighing where needs are greatest, state and local priorities, what could have the most impact, and what is feasible given capacity and resources.

Meeting notes

Workgroup business

Charter and Membership

Reviewed proposed updates to the workgroup Charter. Updates include:

- Added language on membership renewal.
- Clarified that the workgroup will vote on new and renewing members and forward recommendations to the SCHSAC Chair to approve appointments per established process.
- Updated meeting frequency to “at least” six meetings per year.
- Clarified two-year term lengths with the option for renewal upon confirmation of support from those the member represents.
- Moved the membership roster to an appendix for ease of updates.

Charter revisions were unanimously approved.

Membership voting

- Five members are seeking renewal and have confirmed regional support: Amina (metro), Mary (MDH), Amy (NW), Susan (NE), and Janet (Central)

Membership renewals were unanimously approved.

Workgroup Functioning Survey

Reviewed results of the workgroup functioning survey. Workgroup staff and chairs will use results to improve workgroup functioning and the experience of members.

- Strengths noted: respect for one another, clear participation expectations, understanding of how decisions are made and how input is used, and MDH–local public health engaging as collaborative partners.
- Areas for continued improvement identified: comfort sharing differing perspectives and collaborative problem-solving.
- Members shared general support for varied engagement methods (e.g., small groups, surveys, Padlet, and follow-up opportunities). Noted talking points help facilitate discussion with partners.

Next Steps Toward System Improvement

The workgroup reviewed its role in measuring, monitoring, and identifying system-level improvements across community health boards and MDH. This work is grounded in assessing performance related to foundational public health responsibilities and aligns with the Joint Leadership Team’s Public Health System Transformation Roadmap, particularly the modern practice pathway. The discussion emphasized the importance of maintaining awareness of broader system transformation efforts so the workgroup is positioned to support future initiatives and apply performance measurement where appropriate.

The workgroup revisited a previously established process for advancing system performance work, including moving from qualitative performance measures toward prioritization, potential quantitative measures, and system improvement strategies.

Setting goal/targets for system performance

Members discussed whether it is appropriate to set numerical goals or targets based on the qualitative performance data currently being collected.

- Questions raised about scope and accountability, noting that the workgroup measures system performance but does not directly control resources, implementation, or supports needed to achieve targets.
- Questions were raised about the purpose of targets, including: Who the targets are for (e.g., CHBs, MDH, SCHSAC), how the targets would be used, what happens if targets are not met.
- Some members supported setting system-level benchmarks as a way to establish a clear reference point for performance, identify gaps and understand why performance varies across the system, inform reporting and discussions with SCHSAC, the Joint Leadership Team, or other decision-makers.
- It was emphasized that targets should not be punitive, but rather a tool to support learning, transparency, and system improvement.
- The idea of focusing on improvement over time (e.g., increasing the percentage of measures substantially met) was discussed as an alternative to fixed, potentially arbitrary thresholds.
- Members agreed that additional clarity is needed regarding:
 - What is within the workgroup’s scope of responsibility.
 - Whether goals should reflect absolute benchmarks or incremental progress.
 - How results would be communicated and used to support improvement.

No decisions were made. The discussion was intended to surface perspectives and inform continued exploration of whether and how to set system-level targets.

Prioritizing for system improvement

What does success look like? Workgroup members reflected on what success looks like for governmental public health related to carrying out foundational responsibilities. The following themes emerged:

- Shared understanding and comparability across the system, where state and local public health use common language and measures while acknowledging differences in structure, size, and context.
- A capable and supported workforce, with all community health boards, regardless of size and structure, having the skills, capacity, or access needed to carry out foundational responsibilities.

- Effective collaboration and resource sharing, including regional and cross-partner approaches that reduce silos and improve efficiency.
- System readiness and resilience, with increased preparedness for emergencies and emerging public health threats.
- Equitable access to supports, as well as structures and relationships in place ensuring communities and health departments can access data, tools, and partnerships necessary to meet public health needs.
- Healthier communities over time, with residents experiencing improved health and reduced barriers to well-being.

Where do we focus system improvement efforts? Workgroup members participated in a Padlet exercise to identify priorities for improvement and areas where the group should focus its efforts. The workgroup will continue to unpack and work towards prioritizing. Highlights:

- Discussion reinforced the need to prioritize strategically, recognizing that the full framework cannot be addressed at once. Members emphasized balancing system needs and priorities, potential impact, and feasibility/capacity when determining focus areas.
- Data emerged as a central theme, including the need to modernize reporting systems, reduce duplicative and siloed data collection, and improve data usability and feedback loops between state and local partners.
- Members highlighted the importance of clarity of purpose for data collection, including understanding why data are collected, how they are used, and how they connect to decision-making, accountability, and outcomes.
- Several participants emphasized aligning foundational public health responsibilities with population health outcomes, suggesting that identifying desired outcomes first could help guide which responsibilities prioritize.
- “Access” over “ownership” was emphasized, meaning success does not require every health department to house all expertise or systems, but rather to have reliable access through regional partnerships, shared services, and state support.
- Interest was expressed in leveraging existing data and resources, including MDH’s data catalog, to avoid creating new reporting burdens and to support performance management across the system.
- focus on improvements that are actionable, aligned, and meaningful for both state and local public health.

Sharing from the field and updates

- Infectious disease trends were noted as emerging public health concerns, highlighting the need for ongoing monitoring.
- Several regions are developing collaborative data collection frameworks across multiple counties to improve coordination, standardization, and use of regional health data. Examples include joint powers agreements and shared survey processes.
- Member shared some CHBs in their region have expressed questions and uncertainty about the new LPH Act Annual Reporting transition.