Meeting notes: Performance Measurement Workgroup

DATE: 3.2.26

ATTENDANCE

Members present:
Chera Sevcik, (SC), Mary Orban (MDH), Michelle Ebbers (SW), Amina Abdullahi (Metro), Rod Peterson (SCHSAC), Susan Michels (NE), Amy Bowles (NW), and Meaghan Sherden (SE), Susan Michels (NE), Angie Hasbrouck (WC).

Participants present:
Kim Milbrath (MDH), Melanie Countryman (Metro), Joanne Erspamer (NE), Nicole Ruhoff (Central), Allie HawleyMarch (MDH), and Murphy Anderson (MDH).

Workgroup staff:
Ann March
Ghazaleh Dadres

Decisions made

No decisions were made

Action items

- Provide updates to regions and others (talking points below).
- Next meeting: April 6, 2026 at 11:00 a.m.

Talking points

- Discussed CHB profiles and gathered feedback for improvement. Consensus is the profiles are useful for updates to boards and planning. Getting profiles back timelier would be beneficial. Staff are looking into options for automation, with the eventual goal of making available on a dashboard to improve access to information more quickly and error reduction. Currently, embedding Microsoft Power BI dashboards into websites is still being tested at MDH.

- 2026-2028 performance-related accountability requirement planning- a subgroup of workgroup members has been meeting to provide input on what CHBs will submit to demonstrate meeting accountability measures related to establishing and implementing performance management systems. They are taking into consideration the variation of starting points for this work across the state and focused on progress and alignment with PHAB. Details will be going to CHBs soon. CHBs

are encouraged to use the [Local Public Health Performance Management Hub - Home](#) for information to build or improve performance management systems.

- The workgroup continued discussing the potential role of system-level goals or targets for qualitative performance measures MDH and CHBs report on each year. The conversation centered on how goals could support improvement, clarify expectations, and strengthen shared accountability across the public health system.

- The workgroup is also working to narrow priorities for system improvement, with a lot of energy around data, performance management, and strengthening organizational competencies. The workgroup is also discussing how to connect system improvement to population health outcomes.

Meeting notes

Workgroup business

Charter and Membership

Charter revisions and membership renewals scheduled for SCHSAC approval in March.

Workgroup business

CHB performance measure profiles

Workgroup gave input on CHB profiles. These individual profiles reflect how CHBs reported, how they compare statewide and to CHBs of similar size (for a subset of measures). Discussion takeaways:

- Profiles are used, especially for board/commissioner updates, accountability conversations, consultant check-ins, and informing strategic planning.

- Structured definitions and numeric thresholds reduced subjectivity and improved confidence in reporting and explaining results.

- Making comparisons can be challenging, and it's important to understand the context behind the CHBs responses when sharing results locally (e.g., why the ability to meet a measure may have declined since the prior year). Multi-county CHBs report at the level of the lowest ability, which can make comparisons feel less reflective of individual county performance. However, this approach helps multi-county CHBs identify gaps across member counties and creates an opportunity to leverage shared structure, resources, and leadership to strengthen capacity and lift performance for all counties governed by the CHB.

- Format and timeliness are opportunities for improvement. There is interest in moving from static Word documents to a more automated, interactive dashboard (e.g., Power BI) to increase usability, speed, and accuracy. Currently, embedding Microsoft Power BI dashboards into websites is still being tested at MDH.

2026-2028 Accountability requirement: planning documentation to demonstrate meeting

Several members of the workgroup met three times in February to provide input and planning around what CHBs would submit to demonstrate meeting the performance-related accountability requirements around establishing and implementing a performance management system. Core to planning is the recognition that CHBs across the state are at varied points and stages of performance management. The workgroup reviewed draft plans and discussed resources to support CHBs. CHBs are encouraged to use the Local Public Health Performance Management Hub - Home for information to build or improve performance management systems.

Next Steps Toward System Improvement

The workgroup continued conversation around next steps towards system improvement.

Setting goal/targets for system qualitative performance measures

The workgroup continued exploring the idea of having goals/targets for the system qualitative performance measures.

- The group discussed whether system-level goals or targets, if established, should focus on absolute benchmarks, improvement over time, or continued trend monitoring, with general interest in an improvement-focused or hybrid approach.

- There was recognition that goals may need to vary (e.g., performance management systems may lend themselves to clearer benchmarks, while other areas may be better suited to improvement targets).

- Members emphasized that any system-level targets must clearly define how the data will be used and should directly inform system improvement efforts.

- There was discussion about ensuring that system-level goals drive collective accountability and shared responsibility.

- The group noted the importance of determining whether goals are intended for the overall system, individual CHBs, MDH, SCHSAC, and aligning expectations accordingly.

Prioritizing for system improvement

The workgroup continued conversation to surface ideas and focus for prioritizing system improvement. Key takeaways

- There is strong energy around a few themes: data and modernization, accountability and performance management (especially given CHB readiness over the next three years), and strengthening organizational competencies and capacity to support public health work. Communication also emerged as a potential priority.

- A question emerging is whether to prioritize strengthening foundational capabilities first or start with shared health outcome and work backward to determine which areas and capabilities need to be strengthened to move those outcomes. There is interest in grounding this work in real-world priorities so the focus feels relevant and connected to population health.

  A strong desire to avoid working in silos. Alignment with related efforts, particularly the Data Modernization Workgroup, will be important as we narrow toward a focused set of priorities. The workgroup received an update from members of the data modernization workgroup, which is in the process of strategic planning and will be bringing a recommendation to SCHSAC.