

Meeting notes: Performance Measurement Workgroup

DATE: 5.5.25

ATTENDANCE

Members present:

Chris Brueske (MDH), Chera Sevcik, (SC), Angie Hasbrouck (WC), Amina Abdullah (Metro), Ann Zukoski (MDH), Mary Orban (MDH), Meaghan Sherden (SE), Janet Goligowski (Central), and Michelle Ebbers (SW).

Participants present:

Nicole Ruhoff (C), Joanne Erspamer (NE), Allie Hawley-March (MDH), Hailey Bomar (MDH), and Kim Milbrath (MDH).

Workgroup staff:

Ann March

Ghazaleh Dadres

Decisions made

None

Action items

- Provide updates to regions and others (talking points below).
- To prepare for data analysis and prioritizing, email Ann or Ghazaleh know if have any additional suggestions to the following:
 - *What questions do we want the data to help us answer?*
 - *What criteria should we use to prioritize public health responsibilities to focus on?*

Talking points

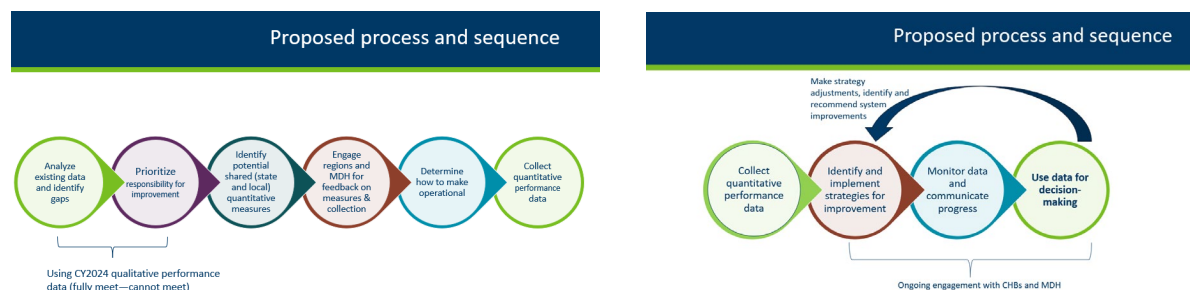
- Performance Measurement Workgroup – Next Steps and Discussion Highlights: The workgroup is beginning to focus on how to carry out their charge related to recommending system improvements, including identifying future quantitative performance measures shared by MDH and CHBs to complement current qualitative self-reported data.
- Preparing for Data Analysis and Prioritization: The workgroup is considering additional analysis of qualitative data to see trends and patterns to include in the SCHSAC report and be better able to prioritize for system improvements.

- Annual reporting: Closed the end of April. The workgroup will be spending the next few months reviewing data and contributing to the report that will go to SCHSAC the end of December.
- Update on the FPHR Workgroup: The SCHSAC FPHR Workgroup is developing minimum standards to determine when CHBs have fulfilled foundational responsibilities—a requirement for spending FPHR grant funds beyond foundational work. Regional input opportunities are coming soon; final recommendations will be brought to SCHSAC in December 2025.

Meeting notes

Next Steps for Workgroup

The workgroup discussed how to approach the part of their charge focused on recommending system improvements. Chris Brueske, Director of Data Strategy and Interoperability at MDH, provided a recap of the March performance management presentation and the workgroup reviewed the group's previous conversation about potential next steps. The system data currently collected is qualitative performance data, with self-reporting about how well CHBs and MDH are meeting a set of national measures. The workgroup reviewed a potential process and sequence to identify future quantitative measures, strategies for improvement, and monitoring, communicating progress, and making adjustments towards system improvement.



Key points discussed

- There was general agreement that the proposed process reflects the workgroup's previous conversations.
- No set number of priorities has been defined; flexibility remains to determine what is feasible for the system.
- Suggestion to look at what other states like Indiana have done to develop quantitative performance measures. Indiana has a public dashboard with key indicators, though there's uncertainty about depth and use.
- Collecting quantitative data would complement current annual qualitative reporting. May want to consider adjustments to frequency of qualitative reporting.
- Members expressed a desire for a proposed timeline rather than creating one from scratch. There was interest in learning how long it took Indiana to go from planning to data collection.
- A future in-person meetings may be beneficial for planning, especially early in the process.

Preparing for data analysis and prioritization

Workgroup discussed additional or different analysis on the qualitative performance data that would help them understand the gaps and opportunities. The following were suggested:

- Analyzing where performance is not fully met, particularly patterns in minimal and cannot meet to identify the hardest measures to meet across the system.
- Identifying common barriers within measures that many cannot or minimally meet.
- Analyzing results by CHB size and organizational structure (health and human services, hospital-based, etc.)
- Relationship of funding to ability/capacity to meet measures.

The workgroup suggested the following as possible criteria to prioritize:

- Biggest gaps or needs
- Impact
- Long term collection potential
- Opportunities
- Importance (what is most important to CHBs and MDH)
- Capacity to address (ie. Consider what FPHR funds supporting?)

Annual reporting

Timeline for report development was shared and discussed. Feasibility of tight timeline was discussed. Also discussed was a need for more clarity around regional reviews with respect to purpose and extent of review, which may impact timeline.

April	Annual reporting closed
May	Data clean-up, begin analysis
June	Preliminary data to review
June to mid July	Additional analysis as needed
Mid July to late August	Report writing, analysis as needed
September	Report reviewed by regions and MDH, feedback to workgroup
October	Feedback considered, report revisions
Early November	Report approval vote by PMW
November	PM report to SCHSAC exec
December	PM report to SCHSAC

- Importance
- Capacity (ie. Consider what FPHR funds supporting?)

Sharing from the field and updates

PERFORMANCE MEASUREMENT WORKGROUP 5.5.24 NOTES

An update on the FPHR workgroup was provided, including the timeline and series of events from work on the pre-COVID Minnesota model to current work. Highlights:

- The SCHSAC Foundational Public Health Responsibilities Workgroup continues to meet, with the goal of developing minimum standards to measure whether community health boards have fulfilled foundational responsibilities, before FPHR Grant funds could be used for local community health priorities.
- As part of this process, this SCHSAC workgroup aims to make the foundational responsibilities clear, concise, actionable, and relevant for Minnesota, so that fulfillment of responsibilities can be consistently measured (but will not change the [framework](#) or change the intent of [categories \(aka headlines\) of work \(PDF\)](#)).
- The workgroup does this by meeting regularly as a whole workgroup, and also breaking out into smaller, responsibility-specific subgroups that include subject matter experts from LPH and MDH who can take a deeper dive into each individual responsibility. These responsibility-specific subgroups are just wrapping up, and LPHA regions and subject matter experts will have the opportunity for additional feedback. After that, this SCHSAC workgroup will share its recommended standards with SCHSAC in December 2025.