Meeting notes: Performance Measurement Workgroup

DATE: 5.4.26

ATTENDANCE

Members present:
Chera Sevcik, (SC), Michelle Ebbers (SW), Amina Abdullahi (Metro), Susan Michels (NE), Meaghan Sherden (SE), and Chris Brueske (MDH)

Participants present:
Joanne Erspamer (NE), Nicole Ruhoff (Central), Kim Milbrath (MDH), Liana Scheiber (MDH), Kim Edelman (MDH), 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: June 1, 2026 at 11:00 a.m.

Talking points

- The workgroup shared what changes they've seen or experienced in our governmental public health system in the past 5 years. Themes centered around working more with partners, across regions across counties, better understanding of foundational work and a working towards a stronger foundation, growth in data- including shared technology and exchange, working more closely with community, proactive communication, and increased investments, including investments towards innovation.
- The workgroup discussed using the 2025 qualitative performance data and accountability requirement data as a starting point for deeper, focused conversations, at the regional level, to add context and story behind the numbers, surface system challenges and opportunities, and spark ideas for innovation and improvement.

- The workgroup had an exploratory conversation to begin scoping potential future quantitative performance measures. Partners will have opportunities to provide input as this work develops. Results-Based Accountability (RBA) will be used to guide this work moving forward.

Meeting notes

Using existing PM data to spur deeper conversation

The workgroup discussed being more intentional in how 2025 performance data and past performance accountability data is used to support structured conversations across the public health system, rather than relying on the more informal or organic discussions that occurred in prior years. Participants saw value in using the data to provide deeper context and "the story behind the numbers" for reporting and decision-making, including informing SCHSAC discussions and broader system transformation efforts. The conversations are intended to help surface system-level strengths, challenges, and opportunities; support continuous improvement and accountability; and spark ideas for innovation across the public health system. There was support for beginning these discussions regionally.

Participants identified several ways the data could be analyzed and presented to support meaningful conversation and learning. Suggested approaches included regional and capability-based breakdowns, population-based comparisons, trend analysis over time, and deeper measure-level reviews where gaps emerge.

It was highlighted that informal and cross-county collaboration efforts that build system capacity are often not visible in existing measures and interest in finding opportunity to better recognize and document these partnerships as part of the system story.

Proposed next steps include developing regional and population-based data views, preparing preliminary trend analyses, creating a facilitated conversation guide for regional discussions.

Scoping for system improvement

Members discussed clarifying what should be included in the boundaries of system performance measurement as they consider future quantitative performance measures to guide system improvements. Using a boundary-setting exercise ("inside the fence," "influence/shape," and "contribute"), participants explored how different public health activities and outcomes relate to the governmental public health system. There was broad agreement that foundational functions and core operations, such as inspections, data systems, and workforce capacity, fall clearly within system responsibility, while policy and systems change work are areas the system can influence. Broader population health outcomes, such as obesity, mental health, and community safety, were generally viewed as shared outcomes shaped by many sectors and partners.

The workgroup indicated most comfort anchoring system performance measures around work the system directly controls and what can be broadly influenced and shaped by governmental public health. A continued emphasis has been on the importance of showing how those efforts contribute to broader population outcomes over time.

The workgroup agreed on using Results Based Accountability as an approach to guide future conversations.