



*Protecting, Maintaining and Improving the Health of All Minnesotans*

January 2026

Dear Nina Arneson of Goodhue Community Health Board:

The purpose of this letter is to inform you of the results of the calendar year 2024 performance-related accountability review for your community health board. This accountability requirement is outlined in the Local Public Health Act (Minn. Stat. § 145A.131, subd. 3b). Community health boards were required to demonstrate their ability to meet the following subset national measure:

*Measure 1.3.3: Use data to recommend and inform public health actions.*

This measure was selected by MDH, in consultation with SCHSAC, to be the performance-related accountability requirement for 2024 because of the essential role data plays in driving public health efforts, and the dedication and focus statewide on improving capacity to use data more effectively.

**Your community health board provided appropriate documentation demonstrating how data is used to inform public health action and has met the 2024 performance-related accountability requirement.**

In addition, your community health board reported “fully” or “substantially” meeting Measure 1.3.3 in the CY2024 annual reporting, reflecting a strong capacity in using data to inform public health action. To sustain this strength, ongoing attention to system maintenance, workforce skills, and collaborative opportunities can help ensure this capability remains resilient and responsive.

If you have questions, please contact your public health system consultant.

Thanks for your continued efforts to improve the health of the people of Minnesota.

Sincerely,

A handwritten signature in black ink, appearing to read 'Chelsie Huntley'.

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# Meeting Performance Measures in 2024: Goodhue

## LOCAL PUBLIC HEALTH ANNUAL REPORTING

### Overview

In 2025, 51 community health boards and the Minnesota Department of Health reported on 46 national performance measures for calendar year 2024 aligned with the [Foundational Public Health Responsibilities Framework](#). A list of the 46 measures is included in Table 1. These findings provide insight into Minnesota's public health system capacity.

This report summarizes performance measurement data reported by **Goodhue Community Health Board** for calendar year 2024.

### What's included

- **Goodhue's** ability to meet 46 national measures aligned with foundational responsibilities, 2024: Table 1.
- Minnesota community health boards' ability to meet 46 national measures by population served, 2024, with **Goodhue** highlighted: Figure 1.
- Minnesota community health boards' ability to fully meet a subset of measures by community health board size (very small, small, medium, large): Figures 2 through 9.

### How you can use this report and its data

This report can be used to identify strengths and opportunities for improvement. It could help to identify your community health board priorities, action planning, and use of resources, including Foundational Public Health Responsibility funding.

If you would like help interpreting this data or would like to discuss ideas on using your data to communicate progress or improve quality, please contact the MDH Center for Public Health Practice (health.ophp@state.mn.us) or your public health system consultant: [Who Is My Public Health System Consultant?](#)

## About the measures and reporting

The 46 national measures are a subset of measures from Public Health Accreditation Board (PHAB) (version 2022) and are aligned with the foundational responsibilities. In Minnesota, community health boards are not required to become accredited; however, these national measures represent best practices for governmental public health. If you would like to learn more about each measure and related requirement and elements, see the performance measurement instructions [LPH Act Annual Reporting Instructions - MN Dept. of Health](#)

Data reflect the ability of community health boards to meet each measure between the reporting period of January 1, 2024, through December 31, 2025. Community health boards were asked to engage key staff in reviewing the 46 measures and consider the requirements and related elements for each measure. They were not required to submit any documentation. Community health boards selected from the following response options: Fully meet, Substantially meet, Minimally meet, and Does not meet. Multi-county community health boards were asked to report on the lowest level of capacity of member health departments.

## Limitations

Reporting on these performance measures in Minnesota for the Local Public Health Act restarted in 2023, therefore there is limited trend data. Future community profiles will include data across multiple years, allowing for boards to monitor changes over time.

For more limitations, please refer to the Performance Measurement Key Findings Workgroup Report for 2024: [Past Data: LPH Act Annual Reporting - MN Dept. of Health](#)

## More information

- To find 2024 **system-wide** data and analysis on performance measures, finance, and staffing, visit: [Past Data: LPH Act Annual Reporting - MN Dept. of Health](#)
- To find past years' data **specific to your community health board**, log into REDCap and select that year's project. For help in accessing REDCap, visit: [Log into REDCap for LPH Act Annual Reporting](#)
- Visit [Funding for Foundational Public Health Responsibilities - MN Dept. of Health](#) for more information about the Foundational Responsibilities Grant, and how funding can be used to support strengthening foundational responsibilities.
- **Questions?** Contact Ann March at [ann.march@state.mn.us](mailto:ann.march@state.mn.us) or Ghazaleh Dadres [Ghazaleh.dadres@state.mn.us](mailto:Ghazaleh.dadres@state.mn.us)

## Goodhue's ability to meet 46 national measures

**Table 1: Ability to meet 46 national measures, 2023-2024**

*Note: "N/A" means community health boards were not asked to report on that measure that year.*

Capability/Area	Measure	Ability to meet 2023	Ability to meet 2024
Accountability and performance management	7.1.2: Implement and evaluate strategies to improve access to health care services.	Minimally meets	Minimally meets
	9.1.1: Establish a performance management system.	Substantially meets	Substantially meets
	9.1.2: Implement the performance management system.	Minimally meets	Substantially meets
	9.1.3: Implement a systematic process for assessing customer satisfaction with health department services.	Minimally meets	N/A
	9.1.5: Implement quality improvement projects.	N/A	Substantially meets
	9.2.1: Base programs and interventions on the best available evidence.	N/A	Substantially meets
	9.2.2: Evaluate programs, processes, or interventions.	Minimally meets	Fully meets
Assessment and surveillance	1.1.1: Develop a community health assessment.	Fully meets	Fully meets
	1.2.1: Collect non-surveillance population health data.	N/A	Fully meets
	1.2.2: (Local) Participate in data sharing with other entities; (State) Engage in data sharing and data exchange with other entities.	N/A	Fully meets
	1.3.1: Analyze data and draw public health conclusions.	N/A	Fully meets
	1.3.3: Use data to recommend and inform public health actions.	Fully meets	Fully meets
	2.1.1: Maintain Surveillance systems.	N/A	Substantially meets
	2.1.3: Ensure 24/7 access to resources for rapid detection, investigation, containment, and mitigation of health problems and environmental public health hazards.	N/A	Fully meets
	2.1.7: Use surveillance data to guide improvements.	N/A	Substantially meets
	7.1.1: Engage with health care delivery system partners to assess access to health care services.	Fully meets	Fully meets
Communicable disease control	2.1.4: Maintain protocols for investigation of public health issues.	N/A	Fully meets
	2.1.6: Collaborate through established partnerships to investigate or mitigate public health problems and environmental public health hazards.	N/A	Fully meets
Communications	2.2.5: Maintain a risk communication plan and a process for urgent 24/7 communication with response partners.	N/A	Substantially meets

COMMUNITY HEALTH BOARD PROFILE 2024: GOODHUE

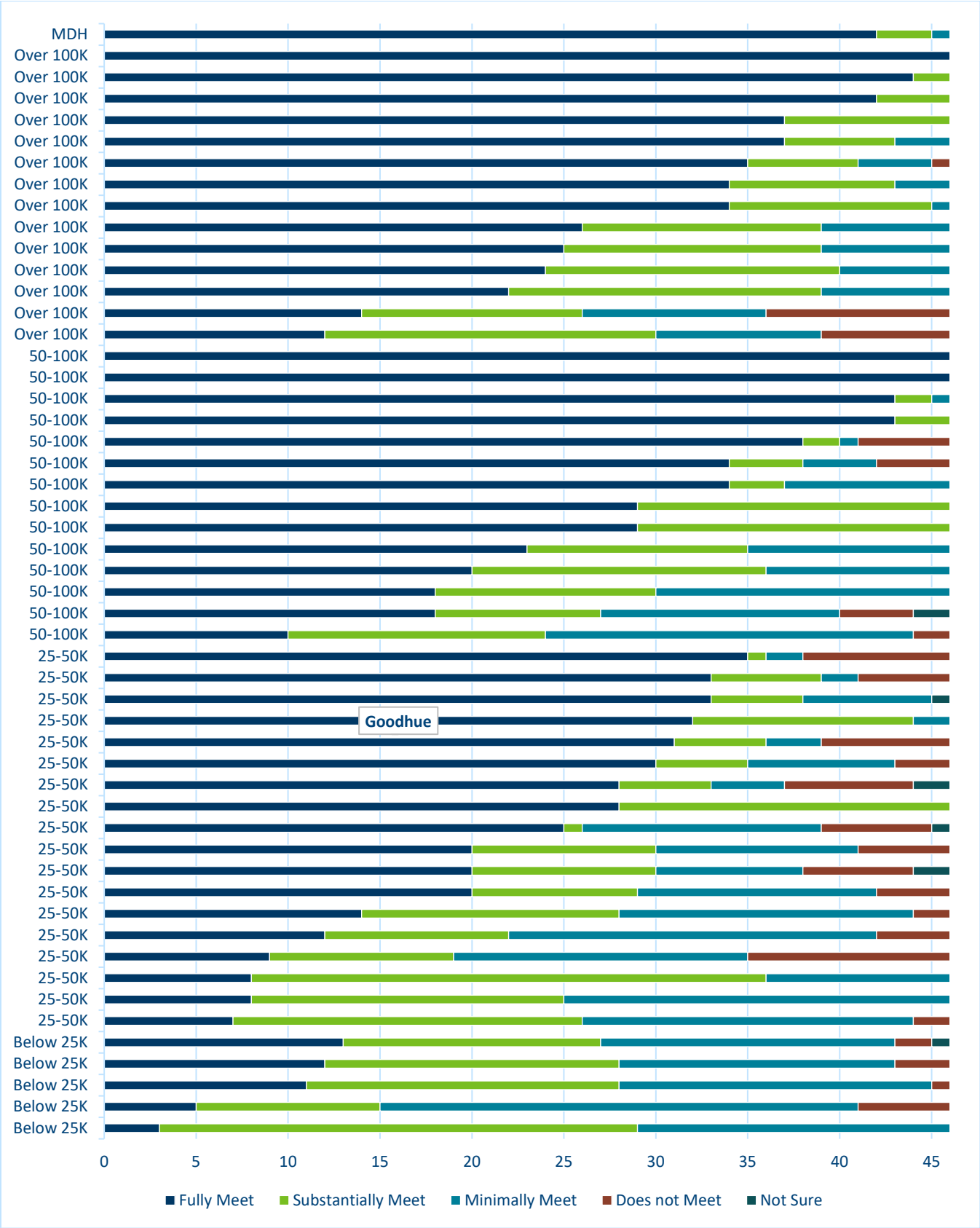
Capability/Area	Measure	Ability to meet 2023	Ability to meet 2024
	3.1.1: Maintain procedures to provide ongoing, non-emergency communication outside the health department.	Minimally meets	Minimally meets
	3.1.4: Use a variety of methods to make information available to the public and assess communication strategies	Fully meets	NA
	3.2.2: Implement health communication strategies to encourage actions to promote health.	Substantially meets	Substantially meets
Community partnership development	4.1.1: Engage in active and ongoing strategic partnerships.	N/A	Fully meets
	4.1.2: Participate actively in a community health coalition to promote health equity.	N/A	Fully meets
	4.1.3: Engage with community members to address public health issues and promote health.	Fully meets	Fully meets
	5.2.2: Adopt a community health improvement plan.	Fully meets	Fully meets
	5.2.3: Implement, monitor, and revise as needed, the strategies in the community health improvement plan in collaboration with partners.	Fully meets	Fully meets
	7.2.1: Collaborate with other sectors to improve access to social services.	N/A	Fully meets
Emergency preparedness and response	2.2.1: Maintain a public health emergency operations plan	Fully meets	Fully meets
	2.2.2: Ensure continuity of operations during response.	N/A	Fully meets
	2.2.3: Maintain and expedite access to personnel and infrastructure for surge capacity.	Fully meets	N/A
	2.2.4: Ensure training for personnel engaged in response.	Fully meets	N/A
	2.2.6: Maintain and implement a process for urgent 24/7 communications with response partners.	N/A	Fully meets
	2.2.7: Conduct exercises and use After Action Reports and Improvement Plans (AAR-IPs) from exercises and responses to improve preparedness and response.	Fully meets	Fully meets
Environmental Public Health	2.1.5: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards.	N/A	Fully meets
Equity	5.2.4: Address factors that contribute to specific populations' higher health risks and poorer health outcomes.	Substantially meets	Substantially meets
	10.2.1: Manage operational policies including those related to equity.	Fully meets	Fully meets
Organizational Competencies	8.1.1: Collaborate to promote the development of future public health workers.	Fully meets	N/A
	8.1.2: Recruit a qualified and diverse health department workforce.	N/A	Substantially meets
	8.2.1: Develop and implement a workforce development plan and strategies.	N/A	Substantially meets

Capability/Area	Measure	Ability to meet 2023	Ability to meet 2024
	8.2.2: Provide professional and career development opportunities for all staff.	Fully meets	Fully meets
	10.1.2: Adopt a department-wide strategic plan.	N/A	Fully meets
	10.2.2: Maintain a human resource function.	N/A	Fully meets
	10.2.3: Support programs & operations through an information management infrastructure.	N/A	Fully meets
	10.2.4: Protect information and data systems through security and confidentiality policies.	N/A	Fully meets
	10.2.6: Oversee grants and contracts.	N/A	Fully meets
	10.2.7: Manage financial systems.	N/A	Fully meets
	10.3.3: Communicate with governance routinely and on an as-needed basis.	N/A	Fully meets
	10.3.4: Access and use legal services in planning, implementing, and enforcing public health initiatives.	N/A	Fully meets
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.	Minimally meets	N/A
	5.1.2: Examine and contribute to improving policies and laws.	N/A	Fully meets
	6.1.4: Conduct enforcement actions.	N/A	Substantially meets
	6.1.5: Coordinate notification of enforcement actions among appropriate agencies.	Fully meets	N/A

## Minnesota community health boards' ability to fully meet 46 national measures by board size, 2024

Figure 1: Number of measures met by population served, 2024

COMMUNITY HEALTH BOARD PROFILE 2024: GOODHUE



## Minnesota community health boards' ability to fully meet one measure from each capability, 2024

The figures on the following pages present pie charts showing Minnesota community health boards' (CHBs) ability to fully meet one selected measure from each foundational capability, grouped by population size. CHBs can use this information to compare their CHBs performance with others serving a similar population. These measures were chosen by MDH and affirmed by SCHSAC's Performance Measurement Workgroup because they represent the capability or reflect a key function within that capability.

The selected measures illustrated below include:

- **Assessment and surveillance.** Measure 1.3.3: Use data to recommend and inform public health actions
- **Community partnership and development.** Measure 4.1.3: Engage with community members to address public health issues and promote health.
- **Equity:** Measure 5.2.4: Address factors that contribute to specific populations' higher health risks and poorer health outcomes.
- **Organizational competencies.** Measure 8.2.2: Provide professional and career development opportunities for all staff.
- **Policy development and support.** Measure 5.1.2: Examine and contribute to improving policies and laws.
- **Accountability and performance management.** Measure 9.1.2: Implement the performance management system.
- **Emergency preparedness and response.** Measure 2.2.1: Maintain a public health emergency operations plan (EOP)
- **Communications.** Measure 3.2.2: Implement health communication strategies to encourage actions to promote health.

If your CHB would like to see data in a specific format or how your CHB compares to other CHBs in your population category or region, please contact Ann March at [ann.march@state.mn.us](mailto:ann.march@state.mn.us) or Ghazaleh Dadres [Ghazaleh.dadres@state.mn.us](mailto:Ghazaleh.dadres@state.mn.us).

### Community health board size legend

Very small: Five boards, have fewer than 25,000 residents

Small: 18 boards, have 25,000 to 50,000 residents

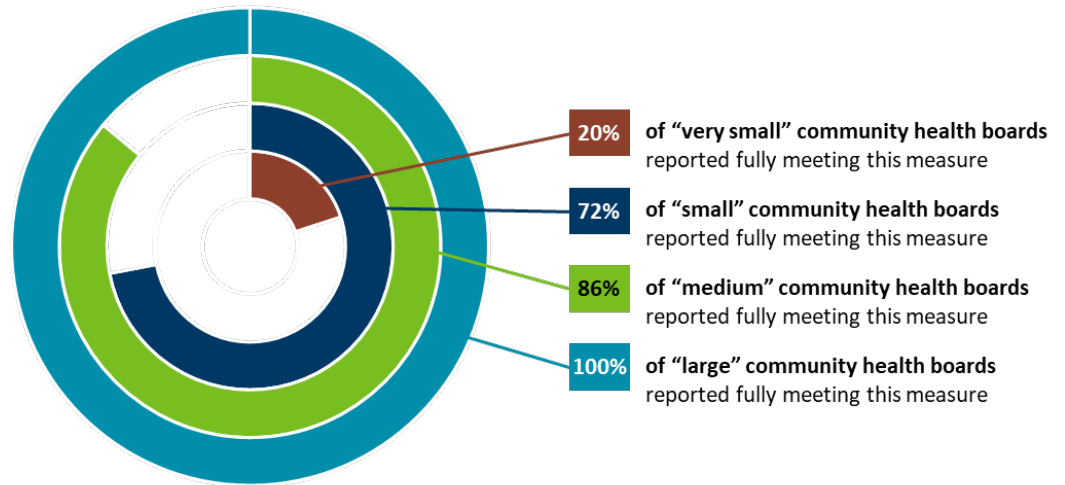
Medium: 14 boards, have 50,000 to 100,000 residents

Large: 14 boards, have greater than 100,000 residents

## Figure 2: Assessment and surveillance. Measure 1.3.3: CHB ability to use data to recommend and inform public health actions, 2024

*Goodhue is considered a “small” community health board (25K to 50K residents).*

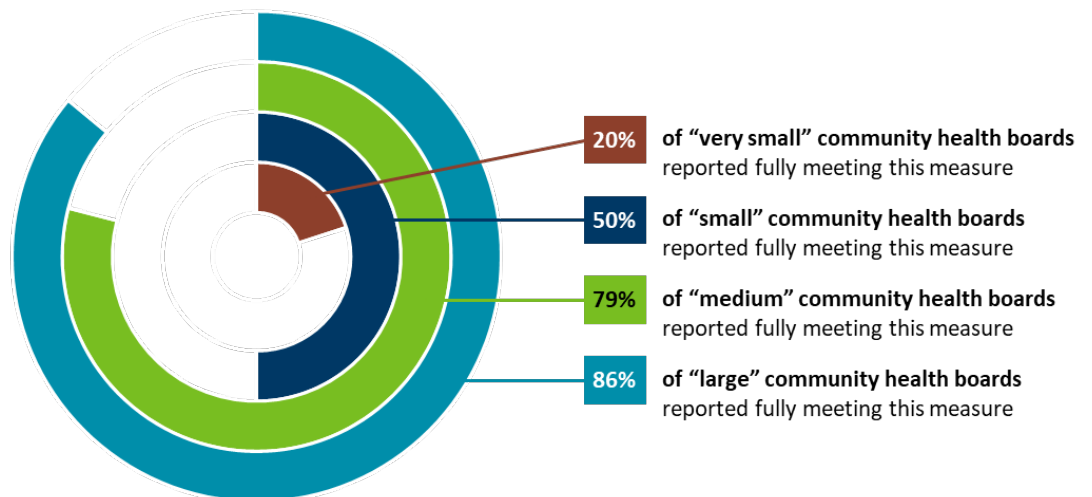
*Goodhue reported it could fully meet Measure 1.3.3.*



## Figure 3: Community partnership and development. Measure 4.1.3: Engage with community members to address public health issues and promote health, 2024.

*Goodhue is considered a “small” community health board.*

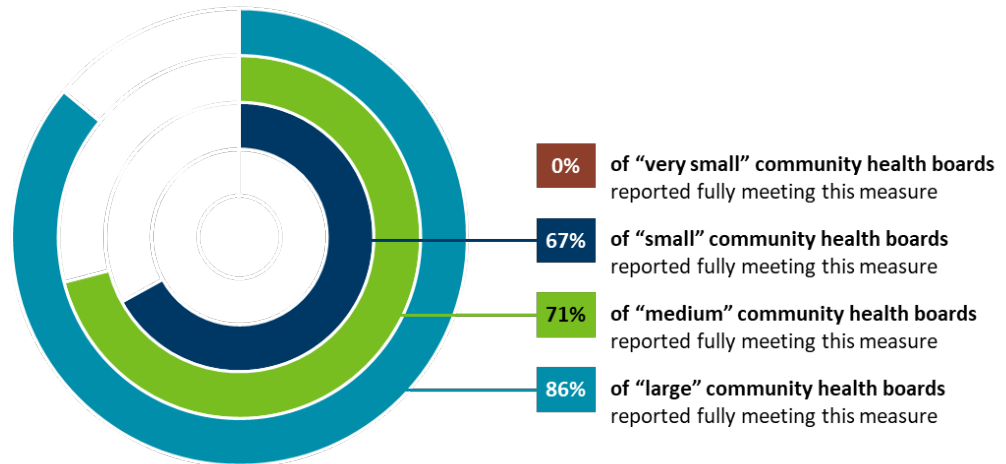
*Goodhue reported it could fully meet measure 4.1.3.*



**Figure 4: Equity: Measure 5.2.4: Address factors that contribute to specific populations' higher health risks and poorer health outcomes, 2024.**

*Goodhue is considered a “small” community health board.*

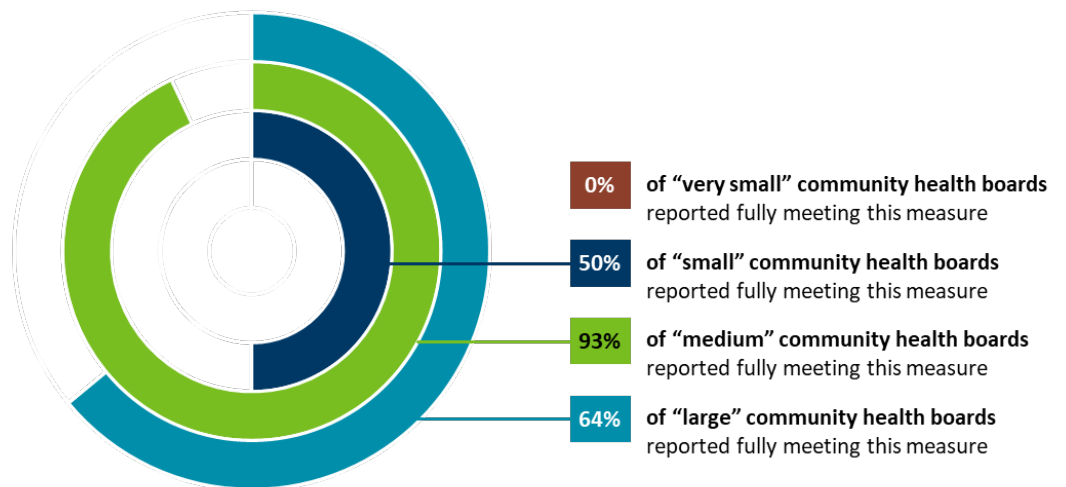
*Goodhue reported it could substantially meet measure 5.2.4.*



**Figure 5: Organizational competencies. Measure 8.2.2: Provide professional and career development opportunities for all staff, 2024.**

*Goodhue is considered a “small” community health board.*

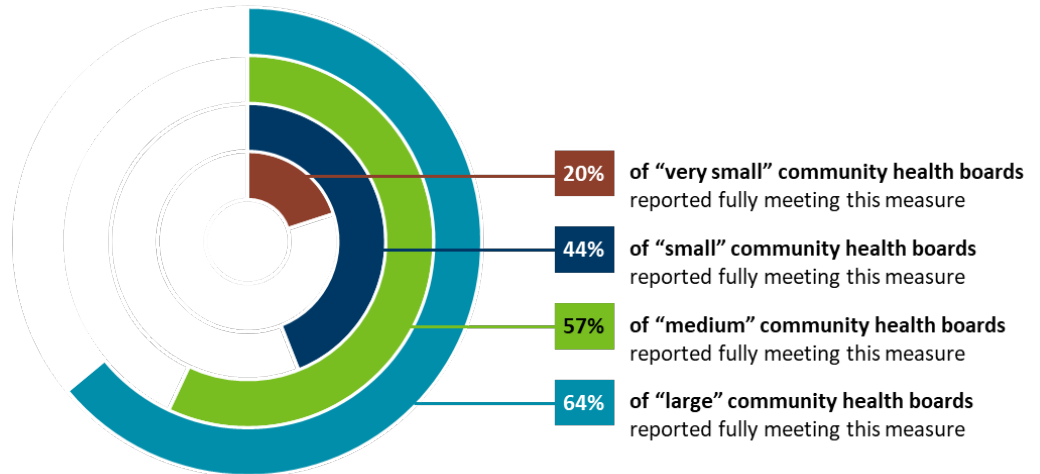
*Goodhue reported it could fully meet measure 8.2.2.*



**Figure 6: Policy development and support. Measure 5.1.2: Examine and contribute to improving policies and laws, 2024.**

*Goodhue is considered a “small” community health board.*

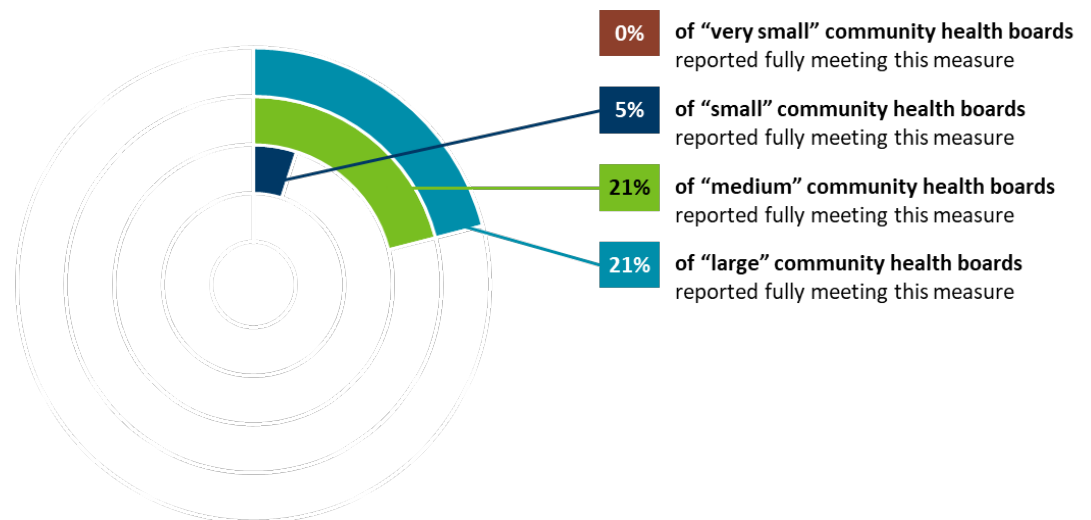
*Goodhue reported it could fully meet measure 5.1.2.*



**Figure 7: Accountability and performance management. Measure 9.1.2: Implement the performance management system, 2024.**

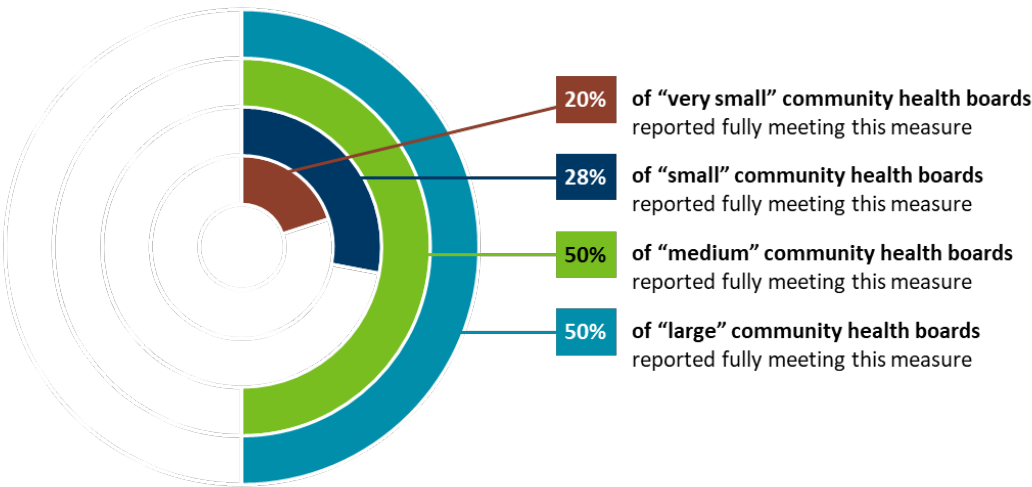
*Goodhue is considered a “small” community health board.*

*Goodhue reported it could substantially meet measure 9.1.2.*



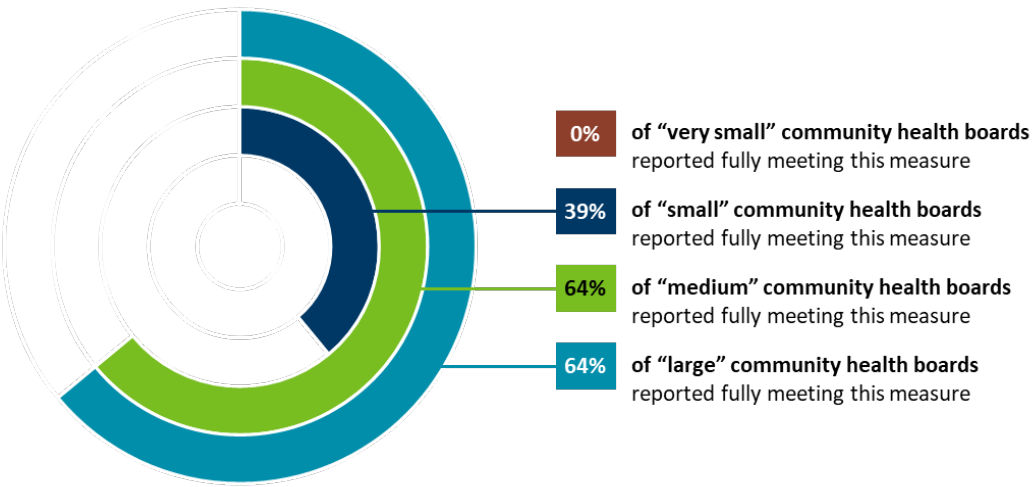
**Figure 8: Emergency preparedness and response. Measure 2.2.1: Maintain a public health emergency operations plan, 2024.**

*Goodhue is considered a “small” community health board.*  
*Goodhue reported it could fully meet measure 2.2.1.*



**Figure 9: Communications. Measure 3.2.2: Implement health communication strategies to encourage actions to promote health, 2024.**

*Goodhue is considered a “small” community health board.*  
*Goodhue reported it could substantially meet measure 3.2.2.*



## COMMUNITY HEALTH BOARD PROFILE 2024: GOODHUE

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December 2025

*To obtain this information in a different format, call: 651-201-3880.*