

Meeting Performance Measures in 2024: Freeborn

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 **Freeborn Community Health Board** for calendar year 2024.

What's included

- **Freeborn'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 **Freeborn** 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 or Ghazaleh Dadres Ghazaleh.dadres@state.mn.us

Freeborn’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.	Does not meet	Substantially meets
	9.1.1: Establish a performance management system.	Does not meet	Minimally meets
	9.1.2: Implement the performance management system.	Does not meet	Minimally 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	Does not meet
	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	Substantially meets
	1.2.1: Collect non-surveillance population health data.	N/A	Substantially 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	Substantially 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	Minimally meets
	2.1.7: Use surveillance data to guide improvements.	N/A	Minimally meets
	7.1.1: Engage with health care delivery system partners to assess access to health care services.	Minimally meets	Substantially meets
Communicable disease control	2.1.4: Maintain protocols for investigation of public health issues.	N/A	Minimally meets
	2.1.6: Collaborate through established partnerships to investigate or mitigate public health problems and environmental public health hazards.	N/A	Fully meets
Communication	2.2.5: Maintain a risk communication plan and a process for urgent 24/7 communication with response partners.	N/A	Minimally meets

COMMUNITY HEALTH BOARD PROFILE 2024: FREEBORN

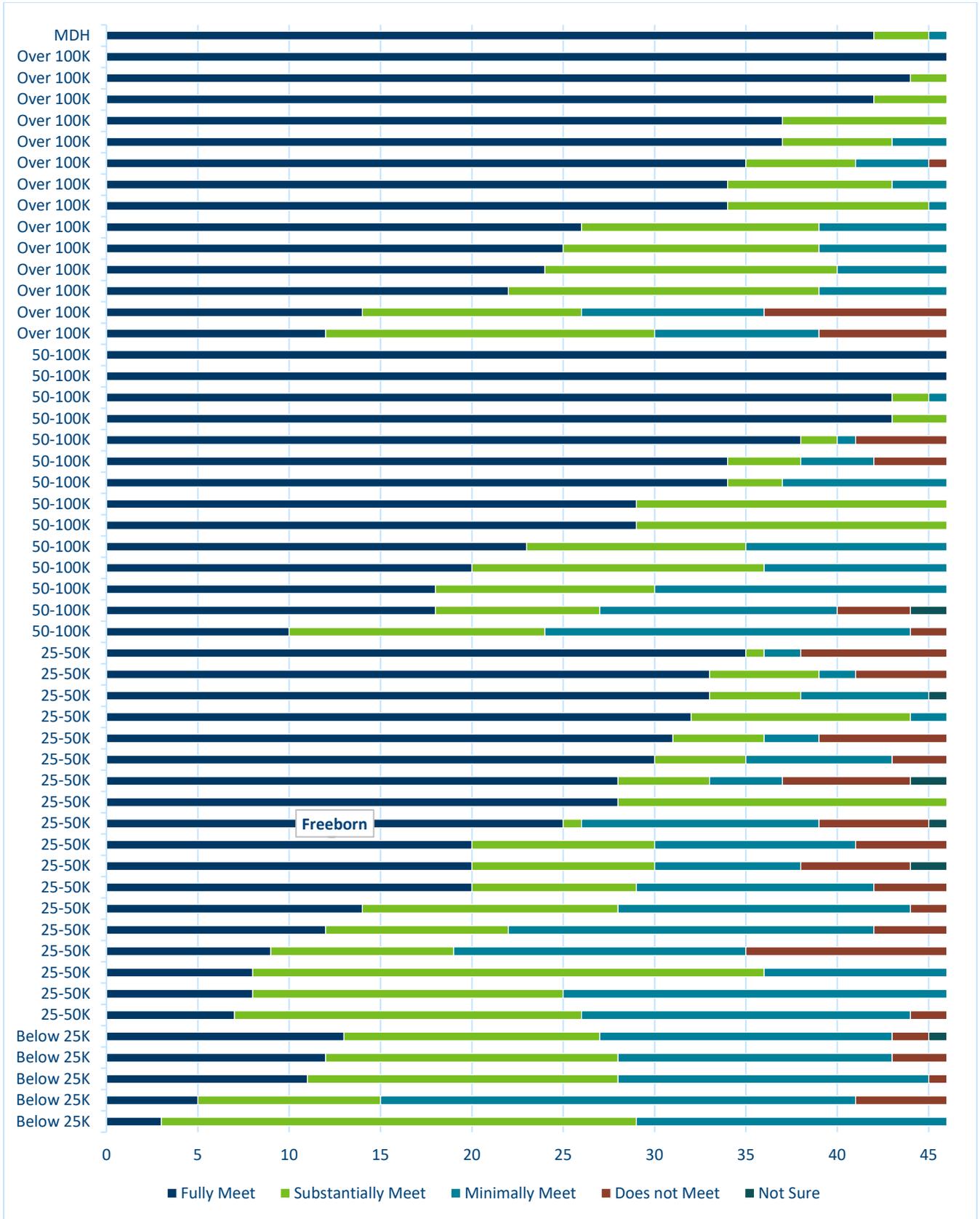
Capability/Area	Measure	Ability to meet 2023	Ability to meet 2024
	3.1.1: Maintain procedures to provide ongoing, non-emergency communication outside the health department.	Minimally meets	Substantially meets
	3.1.4: Use a variety of methods to make information available to the public and assess communication strategies	Substantially meets	NA
	3.2.2: Implement health communication strategies to encourage actions to promote health.	Does not meet	Minimally 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	Substantially meets
	4.1.3: Engage with community members to address public health issues and promote health.	Does not meet	Fully meets
	5.2.2: Adopt a community health improvement plan.	Substantially meets	Substantially meets
	5.2.3: Implement, monitor, and revise as needed, the strategies in the community health improvement plan in collaboration with partners.	Minimally meets	Minimally meets
	7.2.1: Collaborate with other sectors to improve access to social services.	N/A	Substantially meets
Emergency preparedness and response	2.2.1: Maintain a public health emergency operations plan	Substantially meets	Minimally 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.	Does not meet	N/A
	2.2.4: Ensure training for personnel engaged in response.	Substantially meets	N/A
	2.2.6: Maintain and implement a process for urgent 24/7 communications with response partners.	N/A	Minimally 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.	Substantially meets	Substantially meets
Environmental Public Health	2.1.5: Maintain protocols for containment and mitigation of public health problems and environmental public health hazards.	N/A	Minimally meets
Equity	5.2.4: Address factors that contribute to specific populations' higher health risks and poorer health outcomes.	Substantially meets	Fully meets
	10.2.1: Manage operational policies including those related to equity.	Minimally meets	Minimally 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	Fully meets

Capability/Area	Measure	Ability to meet 2023	Ability to meet 2024
	8.2.1: Develop and implement a workforce development plan and strategies.	N/A	Minimally meets
	8.2.2: Provide professional and career development opportunities for all staff.	Does not meet	Minimally 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	Minimally meets
	10.2.4: Protect information and data systems through security and confidentiality policies.	N/A	Minimally 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	Substantially 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.	Does not meet	N/A
	5.1.2: Examine and contribute to improving policies and laws.	N/A	Substantially meets
	6.1.4: Conduct enforcement actions.	N/A	Does not meet
	6.1.5: Coordinate notification of enforcement actions among appropriate agencies.	Does not meet	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: FREEBORN



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 or Ghazaleh Dadres 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

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

Freeborn reported it could fully meet Measure 1.3.3.

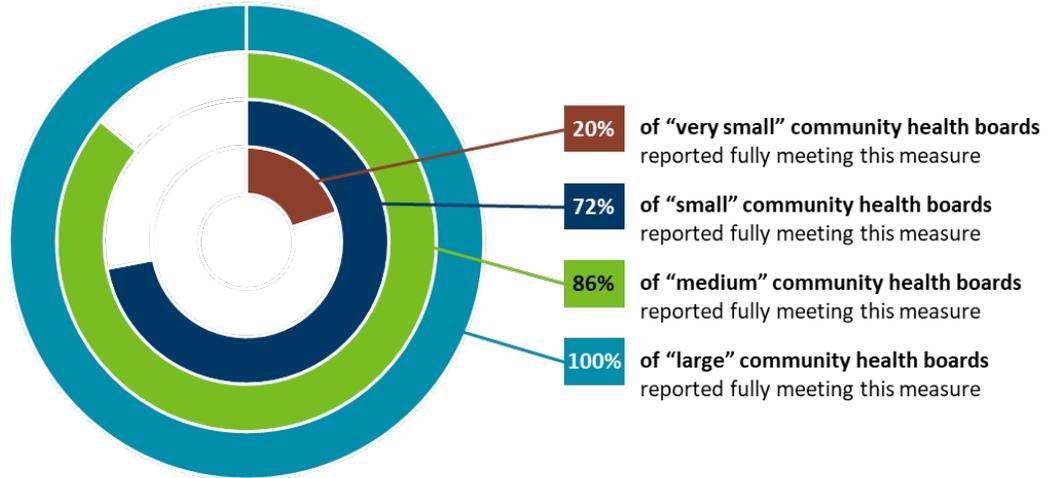


Figure 3: Community partnership and development. Measure 4.1.3: Engage with community members to address public health issues and promote health, 2024.

Freeborn is considered a “small” community health board.

Freeborn reported it could fully meet measure 4.1.3.

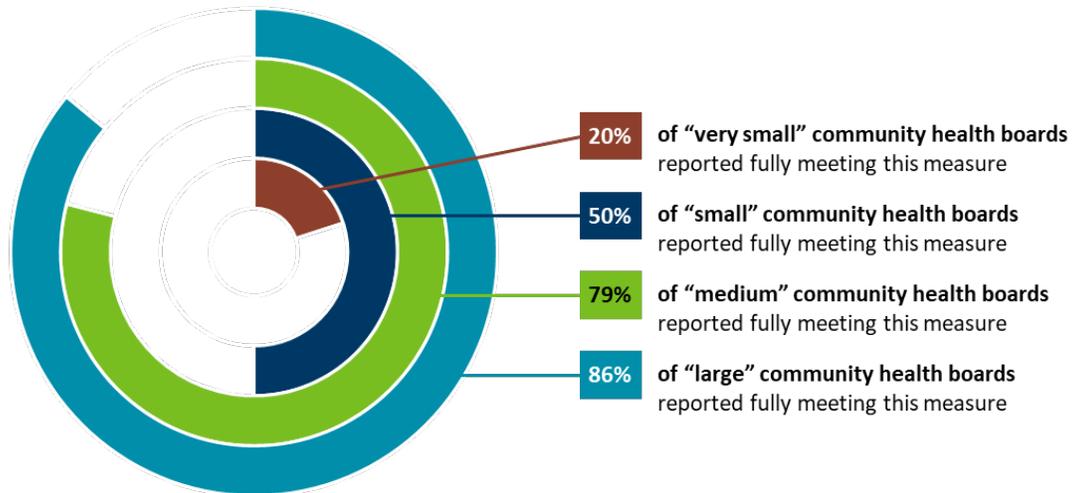


Figure 4: Equity: Measure 5.2.4: Address factors that contribute to specific populations' higher health risks and poorer health outcomes, 2024.

Freeborn is considered a "small" community health board.

Freeborn reported it could fully meet measure 5.2.4.

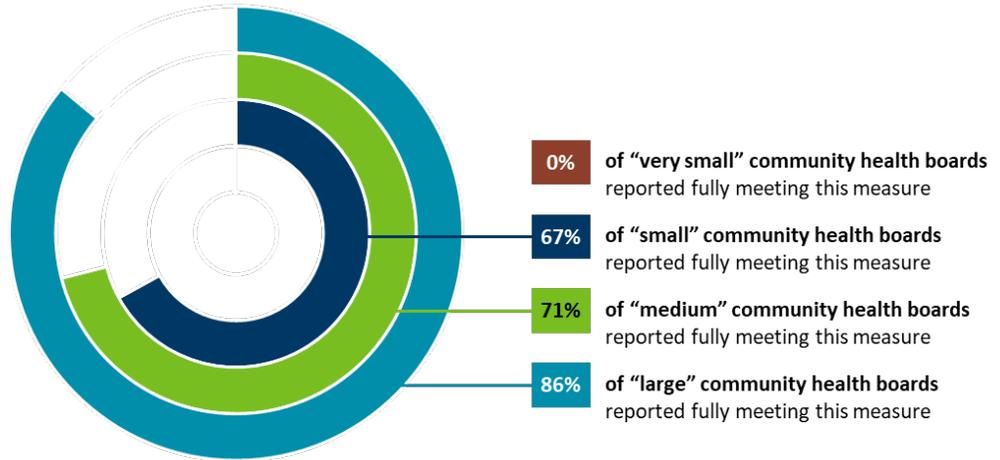


Figure 5: Organizational competencies. Measure 8.2.2: Provide professional and career development opportunities for all staff, 2024.

Freeborn is considered a "small" community health board.

Freeborn reported it could minimally meet measure 8.2.2.

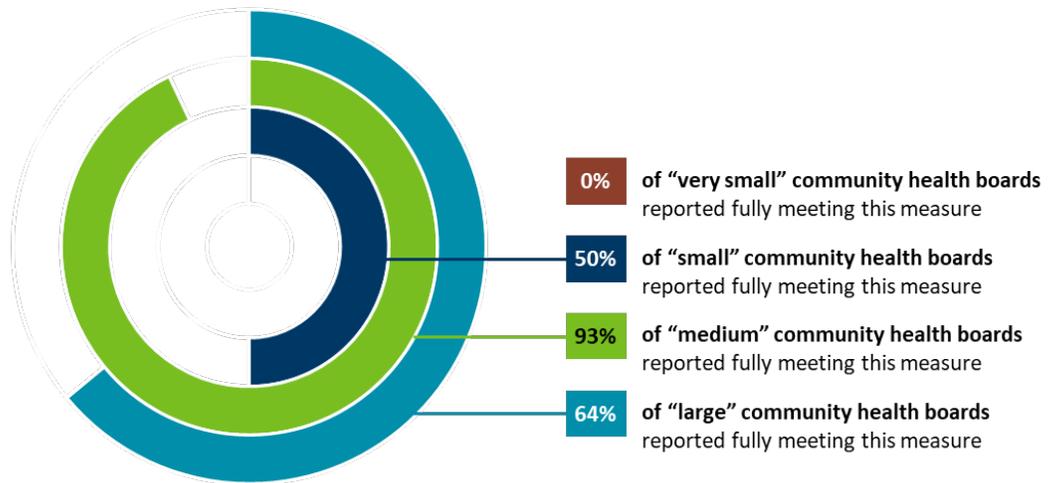


Figure 6: Policy development and support. Measure 5.1.2: Examine and contribute to improving policies and laws, 2024.

Freeborn is considered a “small” community health board.

Freeborn reported it could substantially meet measure 5.1.2.

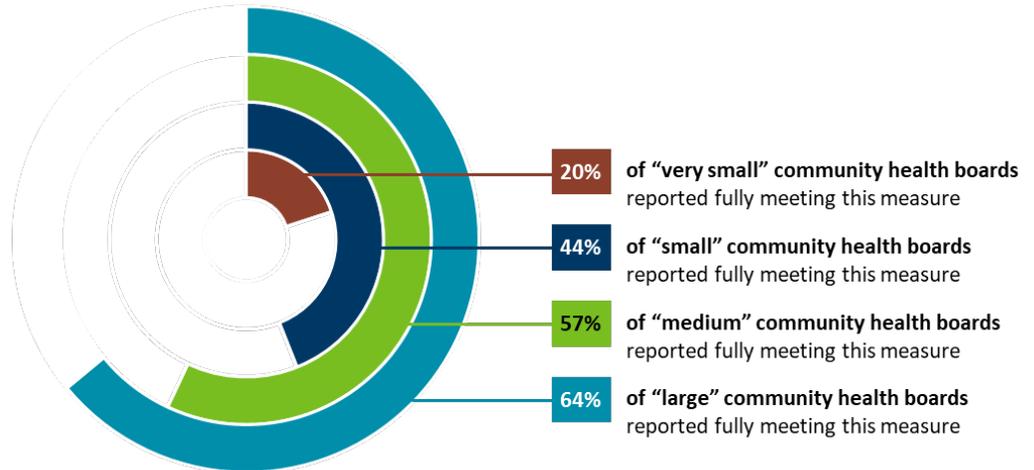


Figure 7: Accountability and performance management. Measure 9.1.2: Implement the performance management system, 2024.

Freeborn is considered a “small” community health board.

Freeborn reported it could minimally meet measure 9.1.2.

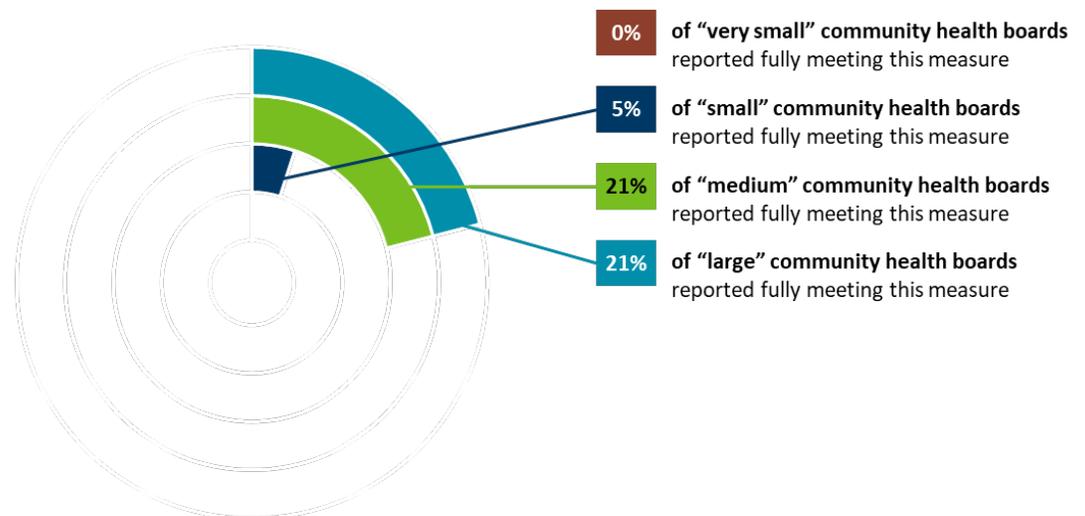


Figure 8: Emergency preparedness and response. Measure 2.2.1: Maintain a public health emergency operations plan, 2024.

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

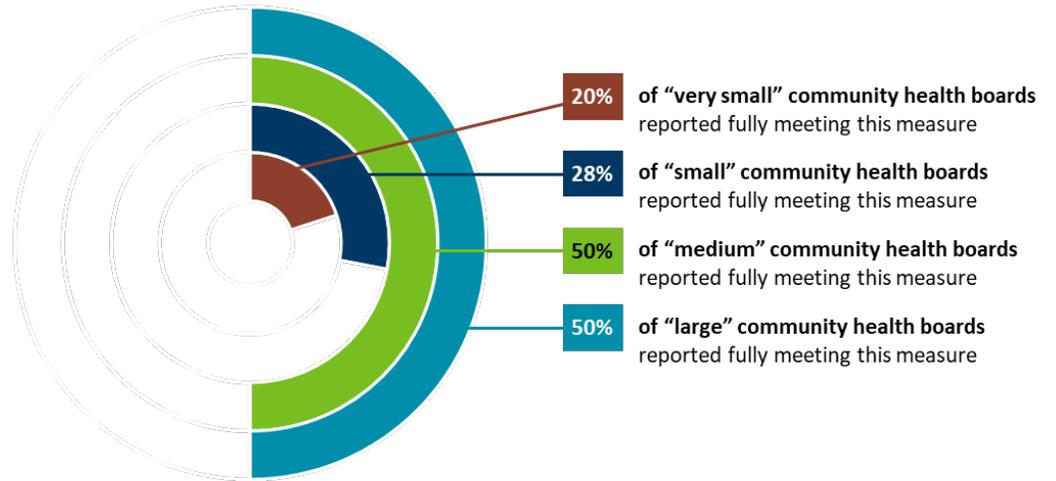
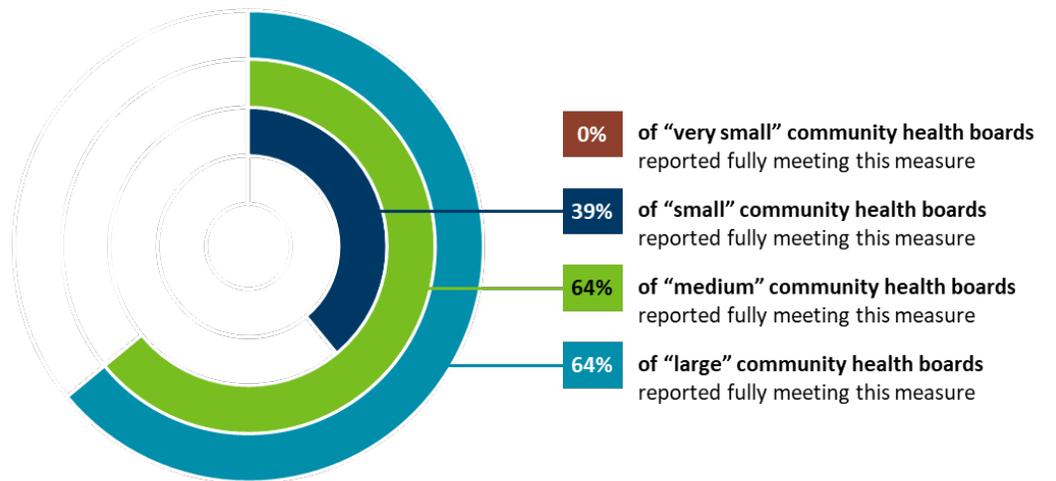


Figure 9: Communications. Measure 3.2.2: Implement health communication strategies to encourage actions to promote health, 2024.

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



COMMUNITY HEALTH BOARD PROFILE 2024: FREEBORN

Minnesota Department of Health

PO Box 64975

St. Paul, MN 55164-0975

651-201-3880

health.ophp@state.mn.us

www.health.state.mn.us

December 2025

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