

HPCD Strategic Planning Round 1 Stakeholder Engagement: Summary of Themes

CURRENT TO 14 OCTOBER 2022

Introduction

The MDH [Health Promotion and Chronic Disease Division](#) initiated a strategic planning effort in April 2023. The purpose of this effort is to develop goals, strategies, and actions that will protect, maintain, and improve the health of Minnesota's population. A central overarching goal in this effort is to maintain a health equity lens to ensure that the division's strategic plan and actions are designed to reduce disparities.

One early component of this initiative included engagement with a variety of internal (MDH) and external stakeholders. These sessions took place over the summer and fall of 2023 with an analysis and report in October 2023. This report is a summary of themes from multiple engagement sessions.

For more detailed summary, please see the report: [HPCD Strategic Planning, Round 1 Stakeholder Engagement: Summary Analysis of Results \(PDF\)](#). For questions about the planning process, please contact directorshpcd@state.mn.us.

Engagement Process, Content, Participation

Based on the engagement design and workplan, staff and consultants engaged HPCD staff and key partners throughout the state via virtual sessions and online surveys.

HPCD Staff and Internal Agency Contributors

The following participated via virtual sessions convened and facilitated by HPCD strategic planning steering committee members or responded to the same questions via an online survey:

- HPCD division staff, which includes the Director's office and its four sections: Cancer Control and Prevention/SAGE (cancer screening program), Chronic Disease and Environmental Epidemiology, Center for Health Promotion, and Injury and Violence Prevention
- Staff from HPCD's key internal partnering MDH divisions, offices, and centers

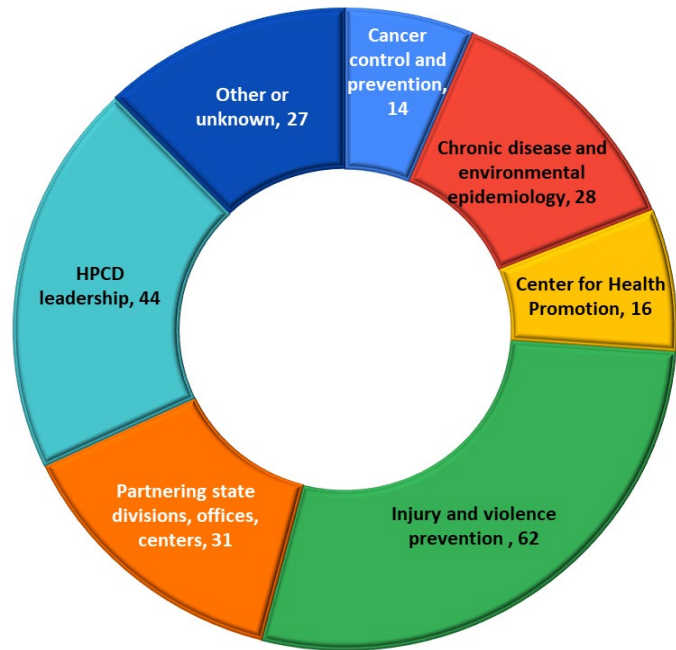
The total number of staff/agency participants is approximately 222, with 209 via virtual sessions and 13 who responded to one or more of the narrative questions in the online survey. Some of the virtual session counts likely included staff hosts, which would be duplicates.

HPCD STRATEGIC PLANNING THEMES

Information about the strategic planning process and timing was provided in both formats, then participants responded to the questions below. Virtual session participants typed their own responses to each question into a Google Jamboard, followed in some cases by brief discussions; survey participants typed their ideas into text boxes.

1. Health equity is central to HPCD’s work, and we know there’s much more to do. In what ways does your current work *advance* health equity priorities, and what new or innovative work would accelerate change?
2. What are some ways to measure our contributions to health equity as individuals, groups, and the division?
3. Thinking about the barriers you face when conducting public health work, what improvements to HPCD or MDH systems, structures, or processes would help overcome those barriers and yield better results?
4. Thinking about the various issues or barriers *external* groups working with HPCD face when conducting public health work, how could we better support their work?
5. What criteria should HPCD use to decide which initiatives to pursue, reduce, or eliminate?
6. Other thoughts about the HPCD’s strategic direction?

Internal Contributors by Group
n=222



External Partner Contributors

Approximately 138 external partners contributed via virtual session or online, and from a variety of organization types:

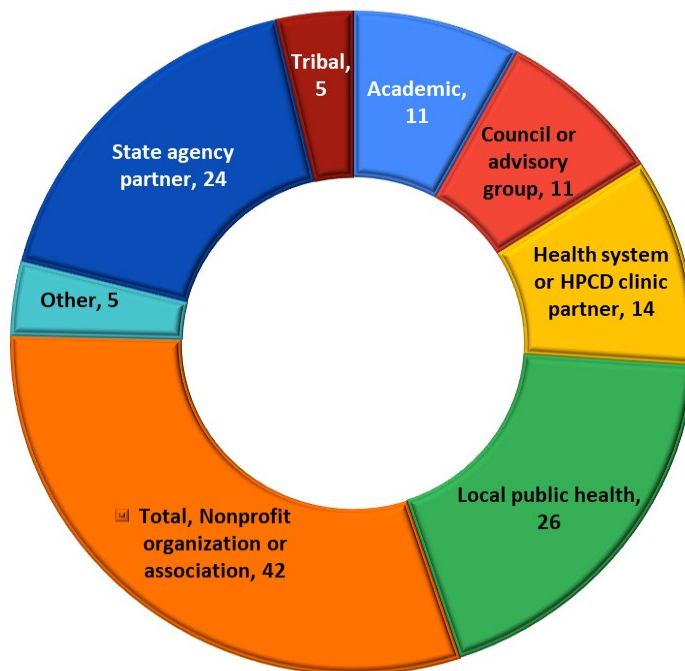
- 72 participated via virtual sessions convened by HPCD strategic planning steering committee members and facilitated by the consulting team
- 66 responded to the same questions via an online survey

Information about the strategic planning process and timing was provided in both formats, then participants responded to the questions below. Virtual session participants typed their own responses to each question into a Google Jamboard, followed in some cases by brief discussions; survey participants typed their ideas into text boxes.

1. Thinking about the various issues or barriers your group now faces when conducting public health work, how could HPCD better support your work?
2. Imagine it's a few years in the future and your group has an excellent, mutually beneficial relationship with HPCD (beyond funding). What are key features of that relationship?
3. Thinking 5-7 years ahead, what injury, violence prevention, or chronic disease needs do you anticipate, and what role should HPCD play in addressing those (beyond funding)?
4. Health equity is central to HPCD's work, and we know there's much more to do. What is working now, and what new or innovative work would accelerate health equity?
5. What are the greatest challenges to accelerating health equity, and how can we collaborate to overcome them?
6. Other thoughts about HPCD's strategic direction?

External Contributors by Organization Type

N=138



Themes

A variety of themes emerged across the 3,100+ ideas from HPCD staff and external partners, focused primarily on ways to center health equity and improve health outcomes for all Minnesotans.

Intentional, inclusive, and respectful external collaboration.

There was overwhelming support from the full spectrum of participants to develop, deepen, and expand authentic collaborations with partners and community organizations. That included building trusting relationships, being trustworthy, legitimately sharing power and decision making, and respecting lived experiences and deep community expertise.

Both staff and external contributors consistently recognized and valued HPCD's expertise, knowledge, and tremendous value – and expected partners and community organizations to be understood as bringing the same and treated accordingly. Recognizing the wide range of issues, needs, populations, and priorities under the public health umbrella, their priorities were specifically around HPCD and partners/communities *jointly*:

- Understanding local and population-specific needs, with their many nuances and intersectionalities
- Identifying approaches, programs, funding, and other resources
- Implementing effective solutions; conducting inclusive and participatory evaluations
- Refining efforts to be sustainable and effective over time.

Participants also urged more inclusive, collaborative efforts around advocacy, policy, education, awareness.

Robust and connected internal systems, structures, and processes.

There was widespread agreement among staff and external partners that the desired outcomes could be achieved only with significant and timely internal changes. There were numerous examples of missed opportunities, confusion, duplications of effort, gaps, inefficiencies, and mistakes. These cause frustration, hurt, and distrust that damage relationships and outcomes.

At the same time, participants clearly articulated the path forward, stressing the urgent need to “break down silos” to effectively collaborate, share information and resources, and effect change. They insisted on fast changes to ensure ongoing collaboration across groups within HPCD, within MDH, and with other state agencies doing related work – and across sectors, regions, and populations.

While many recognized and appreciated the coordination that was already happening, none found it to be consistent or sufficient to meet current needs, much less the commitments to health equity. There was also palpable frustration that as partners and community organizations, they were seemingly expected to identify and organize all these intersectionalities rather than HPCD doing that internally.

Relevant, meaningful, localized information sharing.

There was significant and specific urgency for HPCD to generate and share information differently. External partners and community organizations, as well as some staff, pressed for decisions about data, data gathering, and results to be jointly determined and shared. They insisted that the data be specific, relevant, meaningful, and valuable to them, and customizable to ensure it meets their needs by locale, group and subgroup, and a variety of unique, combined variables. And both big institutions and small community organizations require easy, timely access, while fully agreeing to also uphold privacy and other laws and regulations.

Alignment and leadership.

Participants from multiple groups urged HPCD to *lead* with health equity, and to do so through struggle, fears, and mistakes – because that was believed to be the only path to success. Work inside the organization and with other state and local partners and community organizations must be aligned with HPCD’s strategic priorities. Decisions about projects, initiatives, relationships, collaborations, hiring, and funding must be made using a health equity lens.

Participants were clear HPCD must be open, forthright, and consistent about its internal and external expectations and commitments to health equity and strategic priorities, accompanied by both support and accountability. To effect change, it must provide quality and timely professional development, support growth and improvement, own and learn from mistakes, and acknowledge successes achieved jointly with others. And they were unequivocal that internal and external alignment, leadership, and equitable health outcomes depended upon inclusive collaboration at every step, using measures and assessments that are jointly developed and implemented.

Minnesota Department of Health
Health Promotion & Chronic Disease Division
PO Box 64882
St. Paul, MN 55164-0882
651-201-5000
directorshpcd@state.mn.us
www.health.state.mn.us

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