DEPARTMENT OF HEALTH

HPCD Strategic Planning Round 1 Stakeholder Engagement: Summary Analysis of Results

CURRENT TO 14 OCTOBER 2022

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1. Introduction

1. 1 Background

1.1.1 Purpose and Schedule

The purpose of this strategic planning effort is to develop goals, strategies, and actions that will protect, maintain, and improve the health of Minnesota's population. A health equity lens helps ensure the division's strategic plan and actions are designed to reduce health disparities. We will review and assess related plans, work within the larger MDH strategic context, gather perspectives and ideas from a range of key stakeholders, and conduct rigorous analyses. We will use all that guidance to draft HPCD's vision, mission, goals, and strategies. We will keep stakeholders informed, seek feedback on drafts, and work together on detailed action plans to advance our collective mission and vision.

- **Engagement Round 1, May through mid-October 2022:** Gather input from key stakeholders on issues and topics. Share results.
- **Analyses and planning, November-December 2022:** Conduct analyses and use results with Round 1 input to refine the mission and vision. Draft goals and strategies.
- **Engagement Round 2 and final Plan, January-March 2023:** Gather feedback on draft mission, vision, goals, and strategies. Finalize the working Strategic Plan based on feedback.

1.1.2 Engagement Principles

HPCD is committed to reflecting the following core values in our engagement. Stakeholder engagement…:

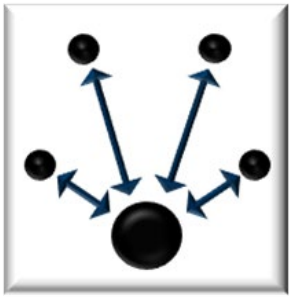
- Is based on the belief that those who are affected by a decision have a right to be involved in the decision-making process.
- Includes the commitment that the stakeholder contributions will influence the decision.
- Promotes sustainable decisions by recognizing and communicating the needs and interests of all participants, including decision makers.
- Seeks out and facilitates the involvement of those potentially affected by or interested in a decision.
- Seeks input from participants in designing how they participate.
- Provides participants with the information they need to participate in a meaningful way.
- Communicates to participants how their input affected the decision.

Source: Adapted from the International Association for Public Participation (www.iap2.org)

HPCD is committed to the following engagement objectives:

- Anchor our engagement in health equity and best practices
- Conduct this engagement process with cultural humility and an appreciation for the depth and breadth of stakeholder contributions
- Meaningfully engage the full spectrum of key stakeholders across the state
- Provide stakeholders with essential background information and context for this planning effort
- Ensure engagement opportunities and formats are welcoming, respectful, culturally appropriate, accessible, and safe for stakeholders
- Offer multiple opportunities and formats for key stakeholders to contribute
- Understand points of alignment and distinction for the work of HPCD and key stakeholders
- Strengthen relationships between HPCD and key stakeholders

The engagement goal and promise for this strategic planning process are as follows:



- **Stakeholder engagement goal**: To work directly with stakeholders throughout the process to ensure that their concerns and aspirations are consistently understood and considered.
- **Commitment to our stakeholders:** We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how stakeholder input influenced the decision.

Source: Adapted from the International Association for Public Participation (www.iap2.org)

1.2 Overview

Below is an overview of this analysis of all Round 1 results.

1.2.1 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.

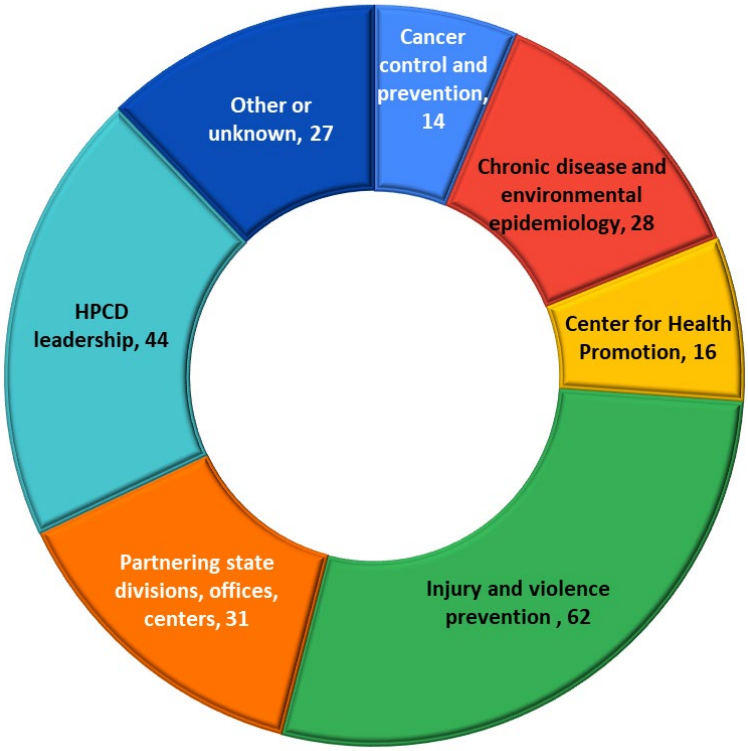
HPCD Staff and Internal Agency Contributors

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 (see graphic below):

- 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. 14 staff were from Cancer Control and Prevention; 28 from Chronic Disease & Environmental Epi; 16 from the Center for Health Promotion; 62 from the Injury & Violence Prevention Section; 31 from partnering state divisions, offices, or centers; 44 from HPCD leadership, and 27 other.

Internal Contributors by Group
n=222



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?

External Partner Contributors

Approximately 138 external partners contributed via virtual session or online, and from a variety of organization types (see graphic below):

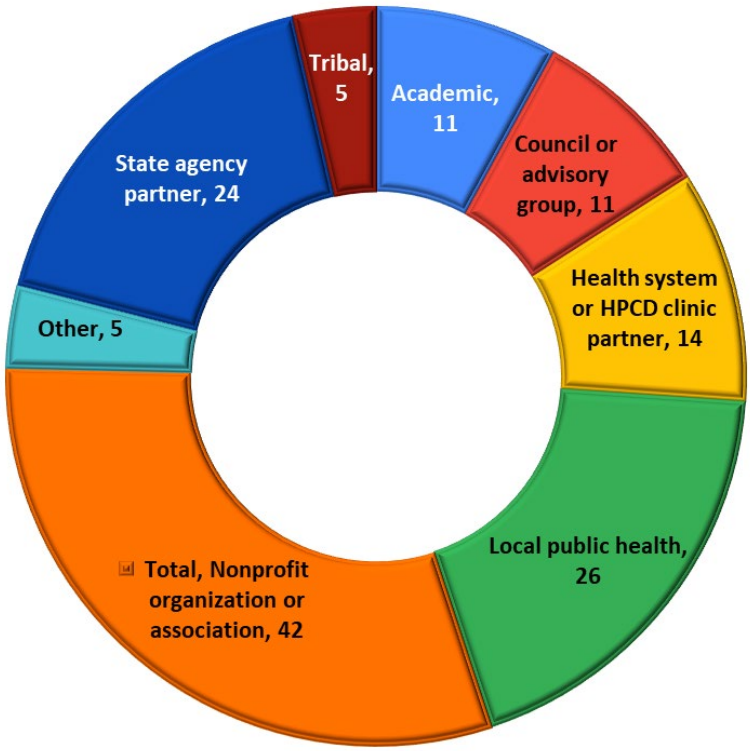
- 72 participated via virtual sessions convened by HPCD strategic planning steering committee members and facilitated by the consulting team
- 66 responded to the same questions via an online survey
- 11 participants were from academic institutions, 11 from council or advisory groups, 14 from health systems or clinics, 26 from local public health, 42 from nonprofit organizations or associations, 24 state agency partners, and 5 identified as other.

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

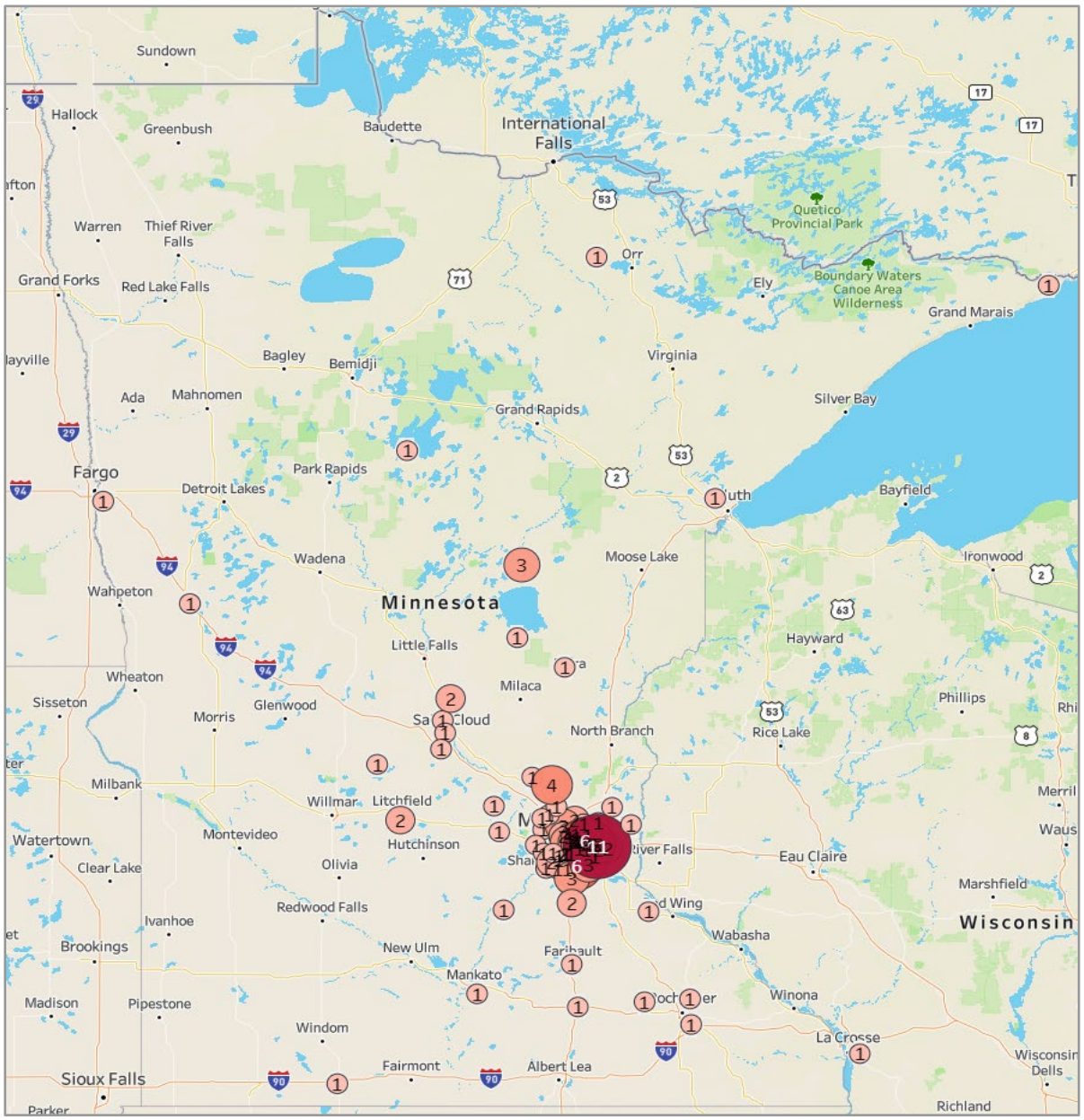
N=138



ZIP Code information was captured for external partners as they registered for a virtual session or participated via the online survey. Results below are from the 138 participants who provided valid ZIP codes. While the majority of contributors were located in the Twin Cities Metro area, there was representation from across the state. **Visit the interactive map here to pan and zoom and filter by organization type.**

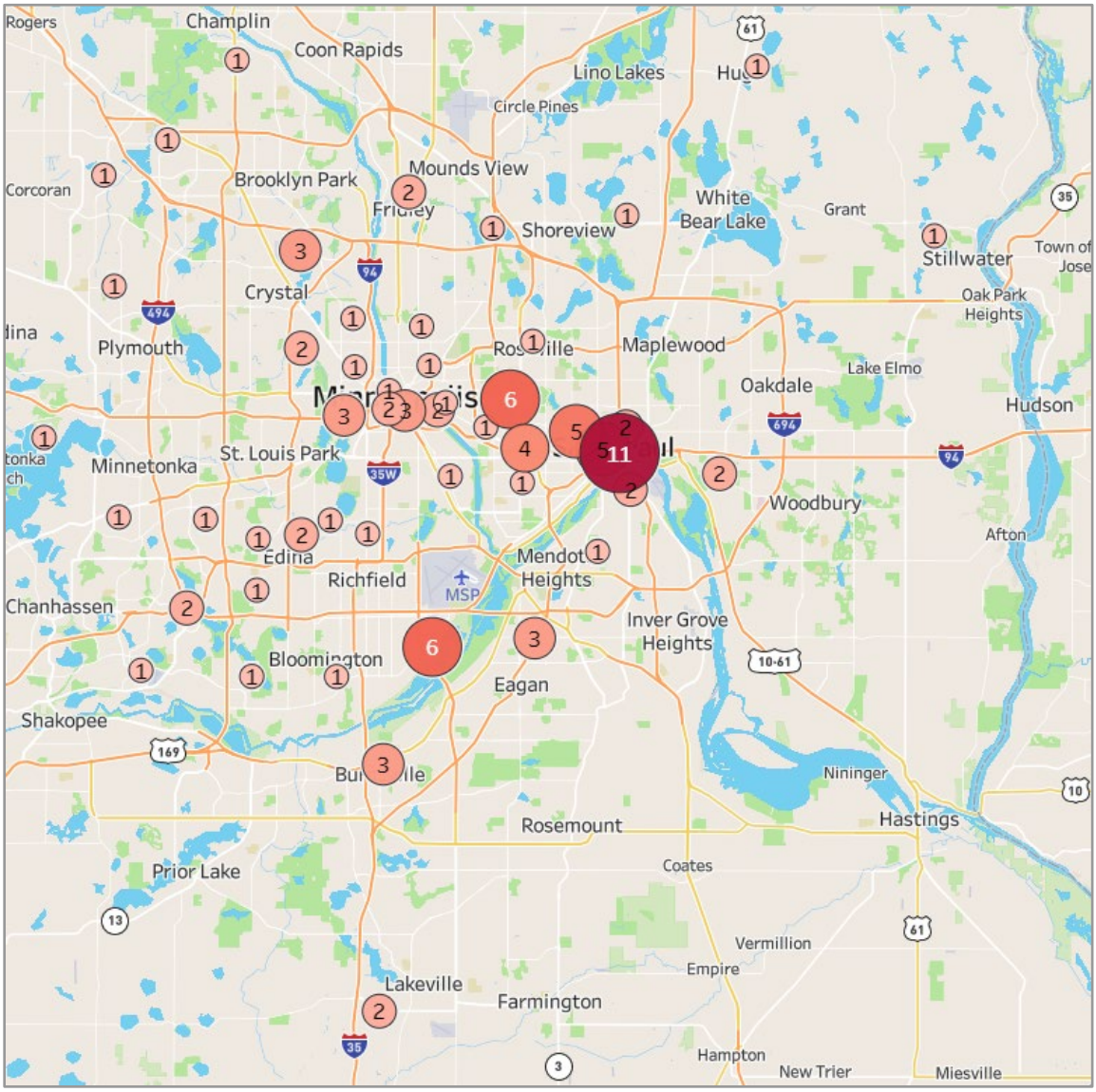
External Contributors by ZIP Code (statewide)

n=138



External Contributors by ZIP Code (Twin Cities only)

n=138



1.2.2 Methodology, Presentation

Responses to each question are presented alphabetically and generally remain as written by the contributor or documented by a facilitator. Minor edits were made to correct obvious spelling or punctuation errors that affect clarity.

2 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.

3 Summary Analysis of Results

3.1 Staff and Internal Agency Contributions

3.1.1 Staff 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?

There were approximately 393 ideas offered in response to this question; below is a summary analysis of those.

Across all groups of participants, there was strong and specific support for advancing health equity through HPCD projects and in partnership with others.

Build into *all* HPCD efforts the understanding, expectations, and commitment to address social determinants of health and advancing health equity

- Take a more holistic approach; understand the intersectionality of many issues that result in disparities and inequities; build trust by recognizing racism as a public health crisis and driver of inequities; recognize past harms
- Take the time to prioritize equity; provide awareness, education, and support along with accountability
- Look at systems change at individual, family, community, and policy levels
- Be more innovative and creative about removing barriers to good health or preventing health problems; examples included providing stipends for low-income people to get new walking shoes so they can be more active, partnering to support more mobile clinics
- Invest more in stress management to reduce risk for chronic disease "rather than just trying to get someone to come to a system that isn't working for people." (Center for Health Promotion)

> *Equity approaches often do not hold up in our urgent culture in MDH. The only way to prioritize equity is to slow down for the explicit purpose of creating space for conversation, co-planning, and listening to voices of community (and the MDH staff that most directly interact with community). – Agency-wide leadership*

Build *intentional* relationships with priority populations/communities we serve

- Strengthen and expand partnerships to reach more broadly, deeply, and effectively into the highest-risk communities; those may include but are not limited to people who are BIPOC, non-English speakers, in poverty, without employer-provided health insurance, rural, elder, with disabilities, and many others
- Bring partners into HPCD efforts earlier; develop joint, consensus goals; plan together; ask them how to best accomplish goals
- Have community organizations lead the work rather than just sitting on advisory boards
- Be more intentional about partnering with Tribal communities, which have some of the deepest disparities and needs in Minnesota and the US
- Work with community organizations that intentionally strength community capacity – beyond just being community based

Change systems, structures, and processes for working with partners so it's easier, more efficient, effective, and fair for both the organizations and the people we're serving

- Align granting/funding and review process and participants to focus on the greatest needs, disparities, and inequities
- Share our learnings with other partners to help improve how they work with high-priority communities
- Conduct more participatory action research
- Do more joint grant writing, project implementation, and reporting and provide much more technical assistance to community partners that need it

Future: Communities who experience oppression-caused marginalization and disparities are already fighting for and organizing for their health and well-being. We can listen, learn, and change our work to support. Nobody is able to understand or care about the well-being of a community more than do members of that community. They know how we can best meet our MDH mission of health and well-being. – Injury and Violence Prevention

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Empower the voice of partners – Other

Hire, develop, and retain more people with lived experiences or deep connections in priority communities; center health equity

- Update our hiring and contracting process to better compensate people with lived experience as full staff/teammates and consultants
- Hire qualified, diverse researchers who bring diverse perspectives
- Hire staff from across the state; hire people with strong communication skills, especially across diverse groups
- Address internal groups with cultures that don't support advancing health equity
- Include health equity in all job descriptions
- Provide professional development to better equip staff to close health equity gaps

Engage more people with lived experience in overall agency policy development and engagement at the legislature. – Injury and Violence Prevention

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Require health equity competency as a core job function. – Other staff

Improve communications, information-sharing, and collaboration

- Provide resources and information in ways that are understandable, relevant, and meaningful
- Internally, better share information about learnings, programs and projects, partners, relationships, and opportunities
- Externally, share directly with the people we serve to educate, learn, build relationships; tell compelling stories about our data and learnings
- Help the public understand how data gathering and analyses shape prevention and effective action, social determinants of health, and the importance and benefits of health equity to everyone

Refine data, research, evaluation

- Be more planful, inclusive, and collaborative as we gather better and more relevant data, conduct better analyses, and share across units, programs, projects, and with partners
- Collaborate with partners and people we serve to gather and share meaningful information that is of mutual benefit
- Measure the effects of interventions / policies on reducing disparities, and build that into our evaluation and policy surveillance work; explicitly measure and communicate about health equity

Utilize GIS and other predictive statistical modeling through spatial models to improve effective communication and understanding of health disparities across the state that need health equity initiatives emphasized. – Other staff

- Create central repositories and ensure access to data, information, and learnings internally, by partners, and with others doing related work
- Use a wider variety of tools and techniques to understand what is happening across the state to different populations and in different areas; find parity between qualitative and quantitative data

3.1.2 Staff 2. What are some ways to measure our contributions to health equity as individuals, groups, and the division?

There were approximately 334 ideas offered in response to this question; below is a summary analysis of those.

Measure outcomes collaboratively

- Measure the extent to which our work helps improve outcomes, close gaps / decrease disparities, meet priority needs, advance health equity, etc.; measure impact, value, and benefits
- Engage people in the communities / populations being served in determining measures and processes for assessing health equity and outcomes; participatory evaluation
- Regularly and accurately assess needs of priority populations; work with community providers to do so, in all cases using a health equity lens
- Routinely gather partner feedback on how to improve their relationships with HPCD
- Leverage work that others have done on health equity measurement frameworks rather than making it up ourselves (several participants included specific links)

Align decisions, funding, and supports with needs and impacts/outcomes

- Create, refine, and use measures of health equity to shape decisions; have a common framework for measuring health equity and our value added
- Hold ourselves accountable and make necessary changes in systems, structures, policies, relationships

Center health equity in our data gathering, reporting, and technical assistance

- Ensure health equity is centered in our processes to gather, use, and report data; change regular unit reports/updates to embed equity, and use that information to improve our work
- Increase the number and range of data points so we can better analyze and understand needs, impacts, and outcomes – including social determinants of health – so we have a bigger picture and can be more effective
- Provide technical assistance and educational materials statewide and in different languages
- Find ways to reduce burdens on communities responsible for data collection and reporting
- Evaluate effectiveness of partnerships; hold partners accountable to health equity work

Improve internal mechanisms for assessment, accountability, and continuous improvement

- Regularly assess internal understanding and implementation of key health equity priorities, and provide the needed

I think using our data and cross-walking it with other data sources that show social trends like where people live, where we're seeing greater levels of poverty, where we see other social determinants of health like pollution, lack of greenspace, public safety incidents, etc. Use this data to determine what we do, and continue to use it as a map moving forward. This will help us to measure what we're doing.
– Center for Health Promotion

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As an individual, we need to regularly check our biases and ensure our work is accurately depicting the biggest needs of the populations we represent, no matter our background.
–Center for Health Promotion

professional development, coaching, and counseling to close gaps; survey staff to learn more and make changes
- Challenge ourselves to do better, including in comparing ourselves to other public health agencies
- Include health equity in all position descriptions in addition to it being a primary role for some; ensure all plans, projects, partnerships, activities center health equity

Communicate progress and efforts to improve
- Celebrate success in our external and internal work; highlight successes that are co-developed and community led
- Share our internal and external successes and what we're actively working to improve
- Widely share information on outcomes so others can also refine their efforts based on rigorous and relevant findings

Equitable not equal funding or population funding to those most affected by health inequities. An internal assessment of funding to populations more affected would be a good measure… –Agency-wide leadership

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(W)e need an operationalized definition of health equity that will allow us to measure contributions toward (or not in support of) achieving or advancing health equity from the individual, unit, section, and division levels. –Manager/supervisor

3.1.3 Staff 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?

There were approximately 376 ideas offered in response to this question; below is a summary analysis of those.

Develop organized, efficient processes for internal collaboration
- Create a "triage" system to organize issues/work as it comes in to ensure all appropriate units or people are engaged
- Co-locate groups that do related or connected work
- Support more direct connections between staff in different programs, rather than having to go through the manager/supervisor
- Improve collaboration and coordination, such as consolidating multiple very small contracts or projects into larger efforts that have higher impact and better outcomes
- Establish common understandings and agreements about how our practices and approaches reach or fail to reach populations affected by disparities
- Align best practices, consistency, efficiencies, and processes across the division; streamline contracting processes; reduce bureaucratic barriers; simplify (rather than supplement) instructions and processes required to complete administrative tasks

Having a strategic plan!!!! Having goals and clear direction will help us make decisions and prioritize work. We're usually collectively understaffed, underfunded, and put into situations where we must meet certain requirements of funders that don't necessarily align with the needs we see in our own state. Unfortunately, we have to say no to projects. This will help us have some guidelines to help make those tough calls, and hopefully help us keep manageable workloads without compromising impact to our communities. I also think we should think about ways we can collaborate more with other units… –Center for Health Promotion

- Build budget and policy recommendations inclusively across the division

Collaborate with, value, and compensate partners, communities

- Share information and better coordinate partnerships, outreach, engagement, and other relationships within HPCD, with other MDH divisions, and with other agencies
- Coordinate our work across multiple stakeholders, partners, communities
- Compensate community members for their expertise and time

Ensure sufficient, qualified, diverse, supported, and properly compensated staff

- Better integrate more diverse people, skills, and perspectives throughout the division
- Hire and retain more diverse staff to bring new perspectives to the table, which "would help me complete my work better because I would feel more confident that our proposals & work is more culturally relevant."
- Strengthen, expand communities of practice and explore an internal advisory or leadership group to help navigate staff transitions and advance needed changes
- Recognize our own biases and systems of oppression, and an internal culture that explicitly favors, rewards, and supports people who may not center health equity; make necessary changes
- Make it easier for people to work on different projects according to their skills and interests, "rather than just their spot on the org chart"
- Provide professional development, training; support staff to better understand and work with underrepresented communities and better center health equity in our work; 'create separate spaces for white staff to process white supremacist trauma/emotions in settings that don't rely on our BIPOC colleagues to hold space for us"
- Consider more administrative support for senior staff; improve administrative processes across the division, and continually evaluate and streamline them; fully staff administration and operations positions

Encourage community engagement - being in and with the community to learn and build relationships not only when funding ties MDH to the community. –Manager / supervisor

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Utilizing a Public Engagement Framework will enhance transparency, government accountability, and enable citizens to actively participate in shaping what affects their lives. Involving the public also helps to establish a more responsive environment for innovation and stakeholder support-and influencing the gridlock. –Manager / supervisor

Division and MDH leadership should proactively treat the employees as team members, each has own responsibilities and expertise, and in the lived experiences are as important as the letters after their name. – Cancer Control and Prevention/SAGE

Create shared data access and use

- Properly protect data privacy *and* find ways to ensure different people / programs have efficient and timely access to what they need; break down the silos; create centralized, accessible sources of critical data; develop better data management, systems, and processes
- Create agency-to-agency data use agreements so multiple sections have access to what they need
- Share data within and between state, county, and local organizations, and across states
- Automate, streamline, and expedite whenever possible so systems and processes work properly and staff has more time to do important work ourselves and with partners

- Learn and leverage data visualization tools, platforms, and data layers for internal and external communications
- Better explain and strengthen access to the valuable internal communications resources available to us
- Provide access to a common set of resources for translations and sufficient, consistent funding built into budgets

Improve and expand relevant, meaningful external communications

- Provide culturally specific communications materials; more website pages in different languages; more user-friendly Language Line
- Provide direct communications support so staff can properly prepare accessible, public-facing content
- Present HPCD to communities and the public as a whole, "rather than a collection of interest groups focused on body parts or diseases"

Seek equity-focused funding and partners

- Find more long-term, sustainable funding sources; increase variety and use of external grants/funding
- Seek flexible funding that supports work across topic areas for key priorities and needs
- Develop an equity-focused process to seek funding and partners

For those of us with the most privilege (particularly white privilege) who also hold more positions of power within MDH, we can intentionally or unintentionally become gatekeepers, when certain health equity work or health equity thinking makes us feel uncomfortable or we have a gut reaction because something doesn't align with our experiences or public health training. This can create barriers when others are trying to push the envelope on health equity work. We need to support and require leadership who have the privilege to manage their own feelings on this, so that they don't end up gatekeeping the work that needs to happen.
– Injury and Violence Prevention

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We need to hire contractors to do work for us because we don't have the expertise or resources internally. We spend lots of money for sometimes a very underwhelming quality of work.
– Center for Health Promotion

3.1.4 Staff 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?

There were approximately 308 ideas offered in response to this question; below is a summary analysis of those.

Be organized, integrated, streamlined, responsive

- Create and share inventory of partners, projects, and contacts across HPCD and MDH
- Get ourselves organized about who's working on what and with whom and better link parallel work and build synergy; don't put the burden on the partner to make sure we work together
- Build internal capacity and advance hiring practices so we can have more direct relationships with community partners
- Simplify, streamline, and increase flexibility around grants, reimbursements, contracts, compensation for community expertise, etc.
- Assess, decide, and act more quickly on things we need to change or improve

Consistently include contracts for culturally specific media/marketing led by/created by/distributed by members of the key audience.
– Injury and Violence Prevention

Collaborate and share decision making with partners, communities

- Increase shared decision making; understand what partners do -- listen and learn; ask partners what's working, what's not, and how to improve; they are the community experts

- Let go of the… "model that says we know what the problem is and how to fix it and better engage the partners in solutions around barriers they might better support."
- Explore options to routinely consult with external partners, such as "…advisory councils made up of external partners to obtain feedback and guidance -- obtain different perspectives while having the whole team help us prioritize."
- Understand the history of oppression and racism that communities have experienced; understand what community organizations are doing and experiencing in their daily work – "what does trauma-informed granting look like?"
- Collaborate on needs, priorities, and actions
- Share what we know about science and best practices, and learn from community the knowledge to develop and implement programs, along with community-led impact evaluation

Coming to a common understanding of the work that really needs to be done based on both evidence-based science and community viewpoints.
–Chronic Disease and Environmental Epidemiology

⌘

Engage with communities as partners, sharing science and best practices that are occurring nationally, and collaborating to integrate with community knowledge and needs.
–Center for Health Promotion

Strengthen partner and community relationships, communication

- Build and maintain relationships with partners
- Communicate more intentionally, regularly, and consistently with partners
- Share innovative work by partners with funders; feature their work on our website and social media; provide partners with press releases and other promotional content for them to share locally
- Help partners and the public better understand the notion of public health, what we do, why it's important, and how it benefits them
- Be clear about what we can and can't do and why

Improve data gathering and access

- Expand and deepen community and partner access to relevant and appropriate data, beyond our canned reports
- Better explain the importance, benefits, and value of good / expanded data gathering, and how it is used to improve public health
- Be at trusted source of relevant, valuable, accessible / understandable, and timely data, information, and guidance

Consistently expand 'evidence-based' requirements which we know are generally based on norms to white middle class people, to include practice-based evidence, promising practice, etc.
–Injury and Violence Prevention

Support more flexible, joint funding

- Seek more flexible, varied, and stable funding to better support sustained work with community partners
- Work with community partners to jointly apply for grants and other funding; help them learn to do the same themselves so they can get additional funding from a variety of sources
- Encourage and support variety of collaborations among partners rather than pitting them against each other
- Provide better, earlier direction and training to help ensure partners and communities complete processes and procedures correctly (data gathering, reporting, invoicing, grant-writing, working with us, etc.)
- Help local public health agencies connect and engage with community partners to better address local needs

- Provide technical assistance on public education, advocacy

4.1.5 Staff 5. What criteria should HPCD use to decide which initiatives to pursue, reduce, or eliminate?

There were approximately 314 ideas offered in response to this question. Below is a summary analysis of those, organized by general category.

Health and community benefits, effectiveness, outcomes

- Health equity, health outcomes; extent to which equity is centered; "Does the work allow us to work through an equity lens?"
- Scale of impact, benefits
- Reducing disparities
- Alignment with community priorities
- Focusing on populations with the greatest needs, highest risks, disproportionate burdens
- Magnitude of problem
- Sustainability, replicability, cost-effectiveness

System-level change, policies

- Impact on social determinants of health
- Ability to shape new policies or eliminate harmful policies
- Impact on prevention efforts
- Impact on partner and community relationships; opportunities to improve, deepen, or expand internal and external relationships
- Eliminates duplication, streamlines, or expedites processes

Capacity

- Availability of sufficient and appropriate staff, partners, and others
- Staff and partner capacity and time to do the work well
- Readiness of communities and organizations to partner, advance, and sustain

Alignment with mandates, requirements, direction

- Alignment with funder requirements
- Alignment with MDH and HPCD strategic direction
- Alignment with community needs and priorities
- Cross-check with mandates and requirements to determine if those burdens are sufficiently offset by the likely impacts, value, and benefits
- Examine our own work and our collaborations to ensure we and they are not contributing to harms; hold ourselves and our institutions accountable

Process improvement

- Consider equity in every step of our decision-making processes
- Collaborate with partners and community organizations in our evaluations and decisions
- Conduct evaluations that are more detailed, specific, collaborative, and participatory
- Determine what approaches are most effective, why, and for whom; examine and adjust to changes over time on multiple variables
- Conduct pilots and use results to determine focus, scale, etc.
- Ensure accuracy of evaluations and assessments by using both quantitative and qualitative methods
- Wrestle with how to measure the impact of preventing disease and disability
- Look for emerging opportunities to increase impacts; explore alternative ideas, approaches
- Leverage multiple funding sources, partnerships, and collaborations internally and externally with

partners, community organizations, other agencies
- Learn from our counterparts in other states
- Prioritize and provide clear direction "rather than assuming more is always better and piling too much on staff for them to be successful or effective"
- Look across MDH and other agencies to minimize duplication or find opportunities to collaborate

3.1.6 Staff 6. Other thoughts about the HPCD's strategic direction?

There were approximately 134 ideas offered in response to this question. Below is a summary analysis of those, organized by general category.

Internal equity focus, communication, collaboration, shared decision making
- Advance equity within HPCD, in our work, and with external partners
- Create a safe environment to explore complex and challenging issues
- Routinely engage staff and use those broader perspectives to shape decisions
- Explicitly facilitate information-sharing and strong collaboration across the division, within MDH, across agencies, with partners and community organizations
- Support stronger and new communities of practice
- Strengthen our communications capabilities so more staff can benefit from these important resources

Staffing, supervision, support
- Prioritize staff well-being; acknowledge, support, and reward staff
- Align models and approach to changing workforce needs and expectations
- Use equity-centered approaches to compensation
- Stay flexible about remote work, schedules, etc., and find ways to strengthen internal relationships and collaboration
- Better support supervisors to meet all the requirements, demands, and needs of people, programs, funders, leadership, regulations
- Provide the professional development and training staff need for a variety of hard and soft skills

Hiring, workloads
- Fill vacant positions
- Find solutions to workload challenges
- Hire more diverse staff and people with different lived experiences; define expertise more broadly
- Balance strong retention practices with more diverse hiring

Strategic priorities, advancement
- Broadly and routinely share our findings, learnings, and new priorities internally and externally
- Continue inviting multiple internal and external perspectives to refine and improve our work
- Actively advance our work based on our new strategic plan; hold ourselves accountable; routinely update and make it a living guide; reinforce importance of aligning our work with strategic priorities and expanding collaborations so we improve outcomes; support units and sections to explicitly align their work with the division's strategic priorities
- Coordinate our work across the division, within MDH, and with other agencies and partners.
- Expand our external relationships to better reach our key populations throughout the state
- Make strategic planning and priorities relevant and meaningful to all staff

3.2 External Partner Contributions

3.2.1 External 1. Thinking about the various issues or barriers your group now faces when conducting public health work, how could HPCD better support your work?

There were approximately 265 ideas offered in response to this question; below is a summary analysis of those.

Respect, value, and collaborate with partners, community

- Ask for community input and listen to what they have to say; help with community-led health needs assessment
- Share decision making
- Support "braided" funding efforts to bring more money to community-led organizations working on multiple topics
- Collaborate on priorities, projects, education and prevention efforts, awareness, policy making; help partners and community organizations improve outreach, impact, and sustainability; support community organizations to directly engage their community members in new and different ways
- Work with contractors, organizations, people with relevant lived experience
- Offer multiple opportunities to both small and large organizations
- Jointly create new research partnerships to address specific populations and needs; expand variables considered so results are more relevant to different populations, needs, priorities, location, etc.
- Help build or rebuild relationships that were lost or damaged during the pandemic, such as with underserved communities and Tribal nations
- Support community organizations to find, learn from, and work with other community organizations on common projects and priorities
- Consider a "whole-person" approach to all of HPCD's work, rather than by unit, project, or funding

> *Allow organizations to come at an issue via another issue that is currently important and top of mind to the community, such as healing work/trauma - go upstream where the community wants to go.*
> *– Health system / clinic partner*

Collaborate on education, training, advocacy

- Promote understanding and action around social determinants of health
- Be the leading voice on critical issues
- Raise understanding of and attention to root causes, linkages that affect health, prevention, and social determinants of health; support access for people throughout the state to the full range of health resources, health insurance, telehealth, and so on
- Build broad trust in public health; highlight tremendous success of previous efforts that people forget: seat belts, smoking cessation, healthy lifestyles, etc.
- Collaborate on training for public health professionals to raise awareness and increase understanding of contemporary and effective public health approaches, strategies, and solutions
- Support a wider variety of organizations to contribute to legislative and other advocacy efforts
- Support education, prevention, and awareness efforts around key public health topics especially for hard-to-reach groups, remote locations, children and young adults, people with access barriers, and others

Improve and expand data access and communications

- Share data, learnings, outcomes that are meaningful to recipients at state and local levels; provide

better and more timely access to critical data and information to improve decision making
- Work with partners to better integrate data sets to inform decisions
- Provide more accessible information through infographics, multiple channels; provide toolkits for outreach, education, and other efforts
- Provide tailored messaging and support external partners in the same: culturally specific, different languages, text / audio / video, using examples and language that is relevant to specific groups or particular experiences (disability, incarceration, language, condition, geography, etc.)
- Provide easily accessible information on the website, tailored to different audiences and needs (general public, partners, providers, etc.); make guidelines clearly evident

Expand funding access and capacity
- Support collaborative efforts to improve funding for specific projects, building organizational or community capacity
- Help organizations find funding for their community priorities
- Support funding for cross-organization work on health equity
- Help partners and community organizations seek and find funding and staff for public health efforts, and sustain that work

Improve internal systems and help partners navigate them
- Organize and coordinate work within HPCD and MDH so that partners can work more effectively and efficiently across groups toward common ends
- Make it cleaner, faster, and easier for partners to access data: eliminate repeated contracts and agreements; provide approved data more quickly; resolve delays with requests that span multiple units
- Simplify and streamline paperwork, duplication of effort, excessive or unrealistic reporting
- Help organizations understand who and how to work with HPCD and other state agencies

3.2.2 External 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?

There were approximately 245 ideas offered in response to this question. Below is a summary analysis of those ideas, organized by general category.

Collaboration, trust
- Trust, two-way trust, trustworthiness; transparency
- Shared leadership, power; respectful relationships where we learn from each other; mutually beneficial relationships
- Strong interpersonal relationships; we know each other and are open and candid about concerns and successes; grantees share barriers and challenges with HPCD and are comfortable inviting HPCD to contribute to their strategic planning processes
- Strong, respectful, and successful collaborations with Tribal nations and other agencies

Trust and respect for each other's work and role within our communities - that leads to positive outcomes for people – Council/advisory group

- Active, ongoing collaboration; co-designed projects; joint, strategic approach for funding and programs that improve the health of Minnesotans; aligned goals, plans, priorities, benchmarks, messaging
- Be a "hub and conduit" for collaboration, networking, coordination; address issues and needs across the state, not just in the Twin Cities
- Partner on community-led efforts that address local priorities
- Opportunities to serve on project, program, special interest groups within HPCD

[The relationship is] longitudinal rather than transactional
– Health system / clinic partner

⌘

We share mutually agreed-upon goals and are addressing the root causes of poor health, poor well-being and inequity. Members from historically underrepresented populations are at the table with their voices.
– Health system / clinic partner

Communication, information, advocacy

- The data reflect us and our needs; relevant, disaggregated, customizable, specific
- Data and information are accessible and actionable for a wide range of users and across the entire state; plain language, visualizations; culturally responsive; multiple languages
- Jointly developed information campaigns; multiple platforms; diverse perspectives
- Open, frequent, regular, and frank communications
- Cross-promotion of community work
- Work together on policy issues, legislative changes, public awareness, opportunities and challenges, trend-tracking, education
- Disability justice is embedded into the work
- Provide new information about best practices, evidence-based programs, and other critical topics that can be easily implemented as part of local public health efforts

Transparent sharing of data and opportunities for community to give input into what questions are asked, how it is analyzed, how it is reported and what actions find the findings
–Health system / clinic partner

⌘

Shared information on how innovative models, including metrics, on early detection, diagnosis can improve whole person care – Nonprofit

⌘

Data sharing, collaborative planning and coordinated work that is being evaluated together – Local public health

Internal alignment, efficiency

- Projects are effectively organized across HPCD groups to leverage "intersectionality of programs and efforts"
- Make connections among various partners so we can all work together more effectively
- Divisions priorities clearly drive funding and programs
- Make it easy and straightforward to complete agreements, contracts, reports, etc.; fewer hoops to jump through; strong, flexible agreements; clear and reasonable arrangements
- Efficient, effective innovation
- Timely response
- Reliable, dependable, accountable

Successes

- Our work together improves people's lives
- Active and ongoing community engagement that builds understanding, trust, and support for improvements that affect their lives
- Effective responses to needs of specific populations

Minnesota residents' health is number one in importance in all partners' actions. We all benefit from information garnered from collaborative work and MN residents have access to the most useful resources, information, programs.
– Health system / clinic partner

3.2.3 External 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)?

There were approximately 240 ideas offered in response to this question. Below is a summary analysis of those, organized by general category and including both anticipated needs and HPCD's potential role.

Collaboration, relationships

- Break down internal silos
- Build strong community relationships; develop common goals, aligned priorities, plans
- Share power, leadership, decision-making
- Collaboratively advance shared priorities; joint action, advocacy, research, education
- Create trusting, ongoing, partner and community collaborations; actively collaborate and communicate with community; work with partners and communities to eliminate disparities
- Lead joint community outreach and engagement especially with hard-to-reach population
- Include community members on advisory groups
- Transparent, consistent, routine data sharing that is relevant, customized, and localized

Thinking proactively about including people and those that support them early and often in conversations, that lead to clear communication about policy changes that impact their life – Council/advisory group

⌘

…Sharing of data in plain language that includes how it can be acted on that are created in collaboration with the community. How can our data folks generate research and shape findings so that all players can act. A systems approach. –Health system / clinic partner

Awareness of and responsiveness to various diseases

- Critical health issues affecting disability and other specific populations, and capacity to respond effectively
- Secondary trauma in children leading to increased chronic disease
- Abuse and neglect of children and vulnerable adults
- Mental health, suicide prevention, substance abuse issues and needs
- Prevention, management, policies, and regulations around cancer, chronic disease, diabetes, cardiovascular disease and hypertension, and others
- Acute illnesses (e.g., COVID) affecting or leading to chronic illness, stroke, and other health issues
- Indoor air quality needs
- Impact of climate change on health
- Food scarcity, food deserts; access to healthy food
- Changing culture of violence; advocate for stronger gun controls
- Provide information on innovative, collaborative approaches to health, wellness, prevention, education
- Support more community-based and family-centered interventions and prevention

[HPCD role] Providing guidance on how to recognize, evaluate, and manage the impact of chronic disease on other health issues, including mental health in order to keep people engaged and productive in the community as long as possible. – Nonprofit

Health equity, social determinants of health

- Address injustices that result in health issues
- Address social determinants of health and poverty-related health issues; provide concrete services and advocate for legislative changes
- Support more community health workers

Customized outreach, communication, and education

- Education and awareness campaigns
- Prevention education
- Communications that are consistent, coordinated, tailored, culturally responsive, in multiple languages

3.2.4 External 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?

There were approximately 220 ideas offered in response to this question; below is a summary analysis of those.

Build collaborative, trusting relationships; share leadership

- Become known and trusted in communities; be "present"
- Support communities to decide what works for them rather than deciding for them; co-create solutions; listen to people's stories to understand their needs
- Share leadership; support community leadership and capacity-building
- Bring people with lived experience into decision-making roles to plan and develop local public health policies and practices
- Invite community voice and listen; embed culturally specific solutions into HPCD's work
- Jointly leverage community-based experts, community health workers, navigators, and others who reflect, know, and are trusted by those communities; recognize that needs and solutions vary significantly by population and location, so work with local groups and adjust accordingly
- Include people with intersecting identities at the decision-making table
- Partner with cities and counties to support and improve local outreach and engagement; help find stable funding for sustained engagement
- Support collaboration and joint efforts among grantees

Update and improve internal approach, organization

- Break down internal silos and work with external providers to more effectively address priority public health issues
- Work closely with other divisions in MDH and other state agencies that have more direct connections than HPCD does with diverse communities and Tribal nations
- Demonstrate HPCD's commitment to health equity in our work, relationships, communications
- Use a trauma-informed approach throughout the organization

…evidenced-based is based on non-POC communities and in counties, not tribal nations. – Tribal

⌘

If we consider well-being equity, it requires dignity and agency. New. So often decisions are made for populations of color without their input, a very act that crushes both agency and dignity.
–Health system / clinic partner

I think talking about it and creating the awareness of this long-standing discrepancy is a solid first step. It has helped our organization to ask different questions and follow up more closely that perhaps we did in the past in an effort to ensure that all individuals are getting their essential health needs met.
–Nonprofit

⌘

Examine how community focused RFPs, grant reporting and all rules and operations prevent community-based organizations from successfully apply and implementing grants
–Health system-clinic partner

- Develop a "team" relationship with local public health
- Routinely examine the criteria used to include or exclude certain groups, and stay open to new approaches that advance health equity
- Lead efforts to systematically gather more granular race and ethnicity data, and expand well beyond those to other critical factors that correlate with health
- Provide health equity training within HPCD and support the same for local public health, continuing education for existing professionals, licensing agencies, counties, providers, and others
- Provide anti-bias education tailored to Minnesota's makeup
- Transform approaches so they work virtually / digitally and are accessible (culture, language, via slow Internet, etc.)

Working now - the public health "floor: or basic level of services/protections has produced general health benefits for the vast majority of people in MN - examples - clean water, "clean" food, clean air. Not working now - the "floor" is too low and not specific enough to make the next level of public health improvement - examples - not everyone has clean water or air. The system needs to recognize and then address these gaps. –Council/advisory group

Lead advocacy and system change efforts

- Advance policy changes that ensure the sustainability of health equity work
- Think about public health more broadly and help advocate for improvements to the wide range of social determinants of health
- Recognize that health equity may be understood and interpreted differently across the state; use language and descriptions that bring people together in support of better outcomes
- Support efforts to educate skeptical elected officials and other decision makers about public health and health equity, in ways they will understand, appreciate, and support
- Advocate for more accessible, affordable physical and mental health care for all Minnesotans
- Support updated education and training for health care professionals that centers health equity and recruits more people who reflect Minnesota's diverse population

Assess and update processes and systems to eliminate implicit bias and systemic racism. – Nonprofit

⌘

Locally we have struggled with county policies that aren't open to supporting folks with lived experience, represent BIPOC communities or immigrant communities… it helps when another organization helps them build credibility by contracting with them first for instance –Local public health

Expand diverse staff, competencies, relationships

- HPCD staff and project leads should better reflect the communities being served
- Expand staff cultural and linguistic competencies
- Help create a more inclusive education/employment pipeline to ensure a competent, diverse workforce
- Hire and compensate for lived experience and community relationships on par with other critical skills and capabilities

Improve data and research access and dissemination

- Collect more precise and specific data to better understand incidence, mortality, and disparities, clarify needs, and identify focus areas
- Make it easy for people to find what they want, how and when they want it (e.g., user-customized reports); find more effective ways to share learnings and guidance so more can benefit

- Support easier access to relevant and understandable health information, statewide, and for a wide variety of people and needs
- Deliver programs and services in multiple languages
- Support partners to do more targeted outreach and communications

We should be the learner not the educator in these engagement efforts. Community health workers and healthcare navigators who are racial minorities should expand from facilitation of individual needs to mediation of this engagement.
–Academic institution

3.2.5 External 5. What are the greatest challenges to accelerating health equity, and how can we collaborate to overcome them?

There were approximately 220 ideas offered in response to this question. Below is a summary analysis of those, organized by general category and including challenges and proposed solutions.

Our health systems are built upon white supremacy and ableism. Many systems are designed to NOT be equitable and perpetuate access for those who already have the most resources. Need to remain focused on big-picture systems change centered in equity, anti-ableism, anti-racism.
–Council/advisory group

⌘

Fostering real leadership and direction from Native communities and communities of color - really listening and shifting institutions based on what they say is needed
–Academic institution

⌘

Bias, need for education, misinformation, lack of funding. Collaborate to engage and educate, advocate, share facts, identify funding sources, identify data gaps. Collaborate to ensure lived experiences are included in solutions. Expand partnerships outside of MDH with communities and professionals. Shared communications. Shared strategies and public health campaigns.
–Council/advisory group

Collaboration and shared decision making

- Continued systemic racism and oppression; systems of white supremacy; doing things the way we've always done them; serving as gatekeepers to money and power; asking community to advise but then doing what the system planned to do all along; not creating welcoming places to work and collaborate (rigid work environments/ meeting schedules/etc.); not compensating stakeholders for their input and contributions
  - Every step of the way, intentionally ask ourselves why we do what we do
  - Slow things down to include community and those with lived experience early in the process
  - Pay people for their expertise and time
  - Continue to promote culture and identity in health care; build culturally and community-specific awareness and solutions
- Lack of trust and collaboration between organizations / institutions and communities
  - Work with communities, collaborate on challenges and solutions
  - Build and maintain authentic relationships
  - Embed important trust-(re)building into all efforts
  - Collaborate with community organizations that have relationships; build strong partnerships; listen and learn
  - Working with other agencies to acknowledge lived experience and historical mistrust of systems, and effectively engaging underrepresented communities
  - Jointly seek funding to meet local needs and deliver community-led programs; provide information about funding opportunities; support community-led grant and other funding proposals

Approach, perceptions, commitments

- Health equity is not centered in decision making

  - Use health equity lens to drive decisions about funding, collaborations, programs
  - Lead *through* fear, guilt, resistance, discomfort, biases, mistakes to advance health equity
- Disparities in care and outcomes; limited access to health care/equity for certain populations and in many rural areas; "Everywhere, individuals with lower incomes, rural residents, and people of color experience worse health outcomes"
  - Interpret health equity broadly and inclusively, recognizing the need to jointly and locally understand the needs, develop solutions, and support sustained success
  - Make intentional commitments to working on these issues for the neediest populations (people with disabilities, seniors, rural residents, people of color, etc.)
  - Provide more prevention and wellness programs
  - See people holistically and approach the work accordingly
- Local misperceptions and skepticism are driving decisions and "the perception that there is a magic number where <our> County will be 'diverse' enough to begin discussions on race, racism, health disparities, bias, etc. …We aren't at that number now, and thus this is 'not our issue' or the work is for someone else."
  - Help local public health educate decision makers and other skeptics understand local relevance and the importance of dealing with disparate outcomes
- The system is designed to the outcomes we are observing
  - Lead the effort to change systems, structures, and policies
  - Advocate for legislative commitments to health equity
  - Support access and affordability of equitable health care for all Minnesotans
- Recognize that our understanding of diseases is built on a biased framework and a medical model
  - Don't wait for perfect academic data that may show up 10 years from now; listen to and learn from communities now, and jointly pilot, evaluation, improve, and take promising programs to scale
  - Move from a medical model to a true prevention and health promotion model, and implement those successful strategies to change outcomes
  - Be part of eliminating those biases and changing people's understandings and actions
  - Help close gaps in health literacy, awareness, understanding, and trust; make information accessible to those who need it

Removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.
– State agency partner

⌘

…not feeling welcomed or understood in the healthcare setting largely managed and run by people that don't look like you or speak your language. Increase efforts to bring minority communities into the healthcare team.
– Health system / clinic partner

Training, support, and technical assistance

- Acknowledge the biases in ourselves and our organizations
  - Address them with training, engagement, and awareness campaigns
  - Provide training, build capacity of agency staff "along their health equity journey"
  - Provide staff with the time and support needed to learn and change how they do their work
  - Build in the time for staff to reach out, engage, and collaborate
- Provide technical assistance to help community organizations use their data to understand the problems, then jointly decide how to proceed
- Improve community access to relevant data, information, and resources; provide timely, relevant, and accessible data to support local decision making

- Work with organizations to increase funding for local efforts

3.2.6 External 6. Other thoughts about HPCD's strategic direction?

There were approximately 48 ideas offered in response to this question. Below is a summary analysis of those, organized by category.

Outreach, education

- More ready-made materials for local outreach and education
- Invite community contributions to communications

Collaboration, engagement

- Participation in decision making that reflects the communities being served; don't limit participation to large or vocal populations or organizations
- Recognize important distinctions *within* groups that have significant impacts on health outcomes
- Work with partners to reach into communities where they have strong existing relationships
- Ensure staff have the time to invest in this work

Create a space that promotes and provides support to community driven action and work locally
–State agency partner

Lack understanding of state efforts

- Need to understand more about what HPCD, MDH, and other agencies do in relation to local efforts, which groups are working with specific entities (such as local public health agencies or clinic partners) and on what

Internal coordination, efficiencies

- Create opportunities to better coordinate, leverage, streamline within MDH and across state and local agencies/organizations for better outcomes
- More timely, efficient, streamlined contracting, recruitment, communication, etc.; work together on solutions

Advocacy, system change

- Lead systems change at the state level and involve groups and organizations around the state to be part of the effort
- Help lead efforts to focus on prevention and addressing social determinants of health
- Take a whole-person, interconnected, systems approach to chronic disease

This planning process

- What happens next?
- Will anything really change?
- How do we participate in change at the state and further support changes in our own organizations?

"Thanks for letting us voice our thoughts!"