Community Engagement Plan: 2016-2019

May 2016

MDH Minnesota Department *of* Health

CONTENTS

Minnesota Department of Health

HEALTH PARTNERSHIPS DIVISION
PO BOX 64975 ST. PAUL, MN 55164-0975
651-201-5000 www.health.state.mn.us/divs/opi

INTRODUCTION AND BACKGROUND

The Minnesota Department of Health (MDH) Strategic Plan states that the central challenge facing state, local and tribal health departments in Minnesota is health equity. While MDH is proud of is successes in keeping Minnesotans healthy, the plan acknowledges that the "opportunity to be healthy is not equally available everywhere and for everyone in Minnesota." It goes on to state that "if progress is not made towards health equity—where all persons, regardless of race, income , creed, sexual orientation, age gender or geography have the opportunity to reach their full health potential—continued progress towards making Minnesota a healthier state will not be possible."

One of the primary strategies outlined in the MDH Strategic Plan to advance health equity is to:

> *Listen authentically to and partner with communities:*
>
> *MDH has much to learn from communities. MDH must acknowledge and honor the knowledge and lived experience of communities. MDH must shift the way it partners with communities so that solutions are identified and implemented in partnership with communities. MDH should seek opportunities to share decision-making with populations experiencing inequities as a means of strengthening outcomes that will ultimately advance health equity.*

To advance this strategy, the MDH Strategic Plan calls for MDH to:

- *Develop and implement a departmental community engagement plan.*
- *Partner with communities experiencing health inequities.*
- *Align advisory committee structure, membership and processes to advance health equity.*[1]

What is community engagement?

The Centers for Disease Control and Prevention (CDC) defines community engagement as "the process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests or similar situations with respect to issues affecting their well-being."[2] (Engagment, 2011)

Effective community engagement is critical because the way work is done with communities can actually advance or hinder health. The Public Health Accreditation Board (PHAB) standards and measures state that "community engagement also has benefits of strengthening social engagement, building social capital, establishing trust, ensuring accountability, and building community resilience."[3]

In February 2014 the Minnesota Department of Health submitted a report to the Minnesota State Legislature on health equity. This report included two recommendations that inform this community engagement plan:

DEFINITIONS

Community

Community is a group of people who have common characteristics or shared identity; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other similar common bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making and action.

Community Engagement

The process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests or similar situations with respect to issues affecting their well-being.

[1] Minnesota Department of Health. (2015). Strategic Plan: 2015-2019. Online: www.health.state.mn.us/about/strategicplan.pdf
[2] National Institute of Health. (2011). Principles of Community Engagement; Second Edition. Pg. 7.
[3] Public Health Accreditation Board. (2015). Standards and Measures Version 1.5. Online: www.phaboard.org/accreditation-process/public-health-department-standards-and-measures/

- *Recommendation 4:1 – Strengthen community relationships and partnerships to advance health equity.*
- *Recommendation 4:2 – Create avenues for meaningful participation of Minnesota's diverse communities in project governance and oversight, assuring that the people who are affected by various decisions are involved in the decision-making process.*[4]

Finally, this community engagement plan was framed by three practices MDH has identified that when integrated into the work of the department can advance health equity:

- Expand the understanding of what creates health.
- Strengthen the capacity of communities to create their own healthy futures.
- Implement a "health in all policies" approach with health equity as a goal.[5]

These recommendations and practices reflect the understanding that power is increased through organized action. Communities that are organized and that have the power to influence decisions for positive impacts on their living conditions are healthier. MDH wants to partner with communities that are working out of this understanding and those communities that are open to building this understanding and capacity. MDH cannot alone strengthen the social and economic conditions that advance racial equity and health equity, but must work with community partners to reach its strategic vision for health equity in Minnesota, where all communities are thriving and all people have what they need to be healthy.

Plan Development

The process for developing the *Community Engagement Plan* included a variety of activities to identify vision statements, strategies, and actions to support MDH in its efforts to listen authentically to and partner with communities and to meet the intent of the MDH Strategic Plan and the recommendations of the *Advancing Health Equity* report.[6] The process included multiple points of connection with community partners and MDH staff, which are described in this plan.

While the plan includes a handful of ways that MDH will work with local health departments, key governmental partners in public health, a comprehensive plan for these MDH partners was not within the plan's scope. Implementation of the plan will provide additional opportunities for MDH to learn with and from all its partners, including local health departments.

ENVIRONMENTAL SCAN

In February 2015, MDH established the Community Engagement Unit within the Health Partnerships Division to increase the capacity of MDH and local public health partners to use community engagement to advance health equity. This unit convened an internal planning group and a group of external partners to assist with the development of the Community Engagement Plan.

An environmental scan (a review of the current and anticipated factors that may have an impact on the organization) was conducted to answer a set of questions:

- What are the strengths of MDH related to community engagement?
- What are the weaknesses of MDH or areas of attention needed around community engagement?
- What are the opportunities community engagement present to MDH?
- What are the risks or threats MDH related to community engagement?

[4] Minnesota Department of Health. (2014). Advancing Health Equity: Report to the Legislature.
[5] Minnesota Department of Health. (2015). Strategic Plan: 2015-2019.
[6] Minnesota Department of Health. (2014). Advancing Health Equity: Report to the Legislature. Online: www.health.state.mn.us/divs/chs/healthequity/legreport.htm

MDH extended an invitation for internal and external stakeholders[7] to consider questions about community engagement via a survey. Over 80 internal stakeholders and over 110 external stakeholders responded to these surveys. Both the internal partners and external planning group reviewed the survey results and identified four themes:

1. The need for MDH to increase its capacity for community engagement.
2. The importance of developing authenticity in MDH relationships with the community.
3. Concern that MDH will not devote adequate resources to community engagement and will continue with business as usual.
4. The importance of developing a transparent process for evaluating the community engagement efforts of MDH.

Comments received include the following:

1. The need for MDH to increase its capacity for community engagement:

- MDH must increase its capacity to authentically engage community partners and to provide the support necessary for partners to increase their capacity and experience of agency, to support and influence the work of MDH statewide.
- MDH capacity and that of communities can provide opportunities to strengthen current public health practices.
- It is important to acknowledge that community partners often encounter challenges with resources and capacity.
- MDH needs to work to solicit widespread MDH commitment to align with the Advancing Health Equity report.
- MDH needs to identify resources and dedicate staff time to community engagement, both within the department and in grant requirements.
- It would be helpful for community partners to know more about how various divisions of MDH currently engage with the community and which practices are bringing success or challenges, so that the department and its partners can build on successes.
- MDH has a strong foundation for community engagement because of their numerous partnerships, expertize, credibility and the various ways of working with communities.

2. The importance of developing authenticity in MDH relationships with the community:

- The authenticity of relationships, with an emphasis on intentionally sharing power and decision making, is critically important.
- MDH must engage in authentic conversations with partners about the conditions that create health.
- MDH must build partnerships with community organizations, understand the importance of community engagement in undoing systematic racism, and nurture community-focused conversations and interactions.
- The creation and expansion of current opportunities for community input would help to address issues surrounding representation, connection, the sharing of information with the community, and equity.
- Authentic community engagement requires a significant commitment of time.
- MDH (and policy makers) will expect a measurable return on investment; communities will have expectations for implementation of their feedback.
- The “voice of the community” cannot be represented by a single voice or perspective given the complex needs of any one community.
- MDH staff have limited knowledge of the lived experiences of historically marginalized people and there is a concurrent overall lack of trust of MDH on the part of the community.
- MDH relies on a small set of the same community partners and needs to open up opportunities for community leaders to sit in on task forces, advocate for communities, and be part of decision making processes.

[7] Stakeholders are persons, groups or organizations that have an interest or concern in an organization, and can affect or be affected by the organization's actions, objectives and policies.

- Current engagement efforts feel disconnected, participants are not fully involved in decision making processes, and information is frequently not framed in ways that are relevant to community partners.

3. Concern that MDH will not devote adequate resources to community engagement and will continue with business as usual:

- What communities expect of MDH based on the *Advancing Health Equity* report is disconnected from what MDH is able to do with limited organizational capacity and resources, creating tension.
- New approaches are required to disseminate information and or do community engagement work.
- Additional efforts must be utilize to invite, get feedback and work with members of diverse communities in Minnesota.
- MDH must stop doing "business as usual" and start using innovating approaches to authentically engage with communities and learn from the expertise, wisdom and knowledge that communities have to offer MDH work and decision-making processes.
- MDH must move from a "deficit oriented" to an "assets oriented" approach in the public health work it does with communities.

4. The importance of developing a transparent process for evaluation the community engagement efforts of MDH:

- Evaluation is key component of authentic community engagement (both internal and external stakeholders/voices identified the need for a process for evaluation of community engagement efforts).
- Evaluation efforts require a transparent process around the collection of information and tools to ensure that feedback is collected, tracked, and updates are provided to community members.
- MDH must also collect information on the extent to which MDH is able to determine whether community engagement efforts have had any impact on the community's health.

VISION STATEMENTS FOR COMMUNITY ENGAGEMENT

The meetings with internal and external partners led to development of a set of vision statements to guide MDH in the practice of community engagements. These vision statements are meant to be a description of the future state of MDH. They serve as a frame for consideration of the strategies and activities.

MDH values, develops and maintains strong and authentic partnerships with community-based organizations.

MDH develops processes in partnership with community-based organizations, at times taking the lead and at times following the lead of these organizations. MDH values and utilizes the expertise of large and small organizations and the communities to which they are accountable, knowing that all can partner with MDH to create changes important to health and well-being. Community engagement processes assure that MDH intentionally shares leadership and strengthens relationships among participants and between MDH and the communities it serves.

MDH engages partners in the full range of its processes.

MDH starts community engagement early on in every activity, infusing it into the processes of (for example) assessment, planning, implementation and evaluation. MDH community engagement practices include culturally-specific conversations. MDH collaborates with communities and shares how programs and processes have been changed as a result of engagement.

MDH visibly supports authentic community engagement at all levels of the organization.

MDH leadership, managers and supervisors visibly support community engagement through their communications and actions. MDH leadership and staff have the knowledge, skills and abilities to carry out and support engagement efforts. MDH engagement work emphasizes values of working with communities and openness to transforming public health practice. MDH communicates clearly and honestly with community partners to build mutual trust and facilitate mutual accountability.

MDH directs resources and designs systems to support community engagement work.

MDH provides sufficient resources for engagement work. Efforts are coordinated across the department, aligned with the Center for Health Equity, and reflected in expectations for the state's governmental public health system. MDH and community partners learn together from the successes and challenges of community engagement processes. Position descriptions, recruitment and hiring practices reflect the value of cultural competency and community engagement skills MDH recruits, employs and retains staff at all levels of the organization who are reflective of all communities in Minnesota. MDH provides training and other forms of preparation for staff to authentically engage community partners.

MDH dismantles institutional and structural racism in partnership with communities.

MDH community engagement efforts intentionally advance racial equity and dismantle institutional and structural racism. MDH intentionally and clearly identifies and raises the topics of race and power. Populations of color and American Indians,

along with other populations experiencing health inequities, are involved in identifying issues, developing processes, setting agendas, and making decisions to dismantle institutional and structural racism.

STRATEGIES FOR MOVING FORWARD

To realize the vision for community engagement at MDH, brainstorming sessions were held with internal and external stakeholder groups to consider both what MDH needs to do and what MDH and community partners need to do together.

The internal planning team grouped the results of these brainstorming sessions into a set of 12 proposed strategies. The planning team then requested input into the prioritization of these 12 strategies via a survey, distributed to the external stakeholder planning group and to the MDH Community Engagement Community of Practice—an internal MDH group that meets quarterly to strengthen community engagement practice. In addition the Center for Health Equity Advisory Committee and the internal community engagement planning team prioritized the strategies during in-person meetings.

Some of the strategies below were chosen because they were prioritized by the stakeholders. One additional strategy was developed to align with the MDH strategic focus on strengthening community capacity to create their own health futures.

The internal planning team developed the four-year goals and objectives.

Increase knowledge, skills, and abilities of MDH staff to jointly develop public health processes, products, and policies with community partners.

MDH will provide training, coaching and technical assistance for staff to engage effectively with communities. These skills include the ability to work with a range of organizations and communities; understand individual, institutional and systemic racism; build and sustain relationships; and talk about race.

Dedicate and share resources for community engagement.

MDH will strive to provide financial, human, and material resources and adequate meeting space to support engagement efforts. MDH will administer contracts to implement engagement efforts; provide financial and other supports for participants when possible; and provide technical assistance to partners to support their participation.

Build an institutional culture of community engagement.

MDH will develop an organizational culture that values community engagement and asks a new set of questions to avoid defaulting to the way things have always been done. This includes creating a method for internal communications about community engagement efforts, being open and honest about how systemic racism is perpetuated at all levels of the organization, and developing tools to support engagement throughout MDH processes.

Incorporate community engagement expectations into RFPS, contracts, and other funding agreements.

MDH will consider how community engagement is incorporated into contracts for local health departments, community-based organizations, and other MDH contracts where applicable. MDH will consider with its partners how to advance community engagement and how MDH can support the community engagement activities of grantees.

Share power and decision-making.

MDH will be clear about the scope and limits of each engagement effort and will, where possible, develop shared outcome measures, co-define terminology, and clarify strategies for collecting and disseminating data with community partners.

Support community efforts to make a positive impact on the conditions that create health.

MDH will provide data and other information that communities need to support community efforts to make positive changes in the conditions that create health. MDH engagement efforts will intentionally build relationships and support partnerships that strengthen community capacity and power to improve key conditions in the community.

Respect and incorporate the cultural wisdom of communities in Minnesota.

MDH will adopt the practices of listening to communities, respecting and appreciating cultural differences, and incorporating the wisdom of community partners in its activities. Together, MDH and its partners will strengthen public health practice.

FOUR-YEAR GOALS AND OBJECTIVES

STRATEGY 1: INCREASE KNOWLEDGE, SKILLS, AND ABILITIES OF MDH STAFF TO JOINTLY DEVELOP PUBLIC HEALTH PROCESSES, PRODUCTS, AND POLICIES WITH COMMUNITY PARTNERS

MDH offers training, technical assistance and coaching to support community engagement activities	TBD% increase in KSA self-assessment by community engagement community of practice members by December 2019
MDH shares tools, resources, and practices across the department	At least one new community engagement tool, resource, and/or practice will be added to an internal repository every six months between June 2016 and December 2019

STRATEGY 2: DEDICATE AND SHARE RESOURCES FOR COMMUNITY ENGAGEMENT

MDH clearly identifies dedicated staff support for community engagement efforts	*Performance measure TBD*
MDH increases identification and use of the meeting spaces of community-based organizations	*Performance measure TBD*

STRATEGY 3: BUILD AN INSTITUTIONAL CULTURE OF COMMUNITY ENGAGEMENT

MDH aligns its advisory committee structures, membership, and processes to advance health equity	75% of MDH group members agree that they know how their input has made a difference by December 31, 2019 60% of MDH advisory committees meet or exceed their goals for membership from communities experiencing inequities by December 31, 2019
MDH expresses a clear set of community practice expectations	80% of staff agree that MDH has clear expectations for how we work with the community by December 31, 2019
MDH reports are informed by community partners	50% of MDH reports include a description of the community engagement process used to inform the report and how the information was used in the report by December 31, 2019

STRATEGY 4: INCORPORATE COMMUNITY ENGAGEMENT EXPECTATIONS INTO RFPS, CONTRACTS, AND OTHER FUNDING AGREEMENTS

MDH establishes and monitors community engagement performance measures for contracts and RFPs	50% of OSHII SHIP grantees meet performance measures for the community leadership teams by December 31, 2019

MDH implements a Health Equity Review tool for RFPs that includes community engagement	100% of health equity reviews of RFPs address community engagement by December 31, 2019

STRATEGY 5: SHARE POWER AND DECISION-MAKING

MDH partners with communities experiencing health inequities	75% of MDH programs that work with tribes will jointly create strategies/objectives with tribal nations by December 31, 2019
MDH seeks and incorporates community feedback	50% of new, MDH initiated RFPs are developed with input from the communities they are intended to impact by December 31, 2019
MDH reports the impact of community feedback	75% of MDH group members indicate that they know how their participation has made a difference in the MDH group that they serve on by December 31, 2019
MDH includes partners in decision making	50% of MDH group members that agree that they are able to influence decisions of the MDH group that they serve on by December 31, 2019

STRATEGY 6: SUPPORT COMMUNITY EFFORTS TO POSITIVELY IMPACT THE CONDITIONS FOR HEALTH

MDH provides information that is useful to communities	60% of MDH staff agree that MDH gives partners useful information to share with the communities they represent December 31, 2019
Communities increase their action to create the conditions for health	60 % of advisory group members report that they regularly share what they learn with others December 31, 2019 50% of advisory group members build new relationship with others on the MDH group they serve on December 31, 2019 25% of advisory group members that work with other members of the group to partnerships and collaborations to impact health December 31, 2019
MDH engages community members and partners in all phases of data collection, analysis and reporting	50 % of staff indicate that engaging community leaders and/or community organizations in determining what data to collect in their community is routine practice by December 31, 2019 50 % of staff indicate that engaging community leaders and/or community organizations in interpretation of data is routine practice by December 31, 2019 50 % of staff indicate that engaging community leaders and/or community organizations in communicating data findings in their community is routine practice by December 31, 2019

STRATEGY 7: RESPECT AND INCORPORATE CULTURAL WISDOM OF COMMUNITIES IN MINNESOTA

MDH implements a coordinated approach to working with tribal nations	75% of MDH programs that work with tribes will co-create strategies/objectives with tribal nations by December 31, 2019
MDH advisory groups incorporate cultural wisdom of communities	50% of people of color and American Indians serving on MDH advisory groups indicate that they know how their participation has made a difference in the MDH group that they serve on

NEXT STEPS

Each year MDH will develop an annual work plan specifying implementation activities. Some of these Year One activities are already underway and some are planned. Please see the Community Engagement Plan Work Plan: 2016-2017 for a selected list of Year One activities. For example:

- Questions have been added to the annual staff survey to measure community engagement understanding within MDH and a member self-identification form and annual survey for members of MDH advisory, workgroups and partners has been developed. The 2016 results from these surveys will be used a baseline to measure progress toward the four-year goals and objectives.
- The MDH Community Engagement Community of Practice started in 2014. Four meetings are scheduled for 2016 and content will be developed to support the implementation of the community engagement plan.
- Each section of the Health Policy Division will choose and implement community engagement pilot projects in 2016.
- The Community Engagement Unit will develop a Community Engagement 101 class in partnership with Human Resource Management.

The plan also recognizes that work with community partners is not new, thus as MDH builds internal capacity to do this work, staff will continue and enhance their current work with community partners. For example:

- The next round of Tobacco-Free Community grants will incorporate community engagement expectations.
- MDH programs will continue to be supported to work productively with tribal nations including the joint development of strategies and objectives.
- The Office of Minority and Multicultural health will continue to work in partnership with the African American community to address high rates of infant mortality and the systemic causes of those rates.

The MDH Community Engagement Unit will develop a process to monitor progress on the annual work plans and on overall progress on the four year goals and objectives.

APPENDIX A: INTERNAL PLANNING TEAM

PROJECT SPONSORS

ThaoMee Xiong, Center for Health Equity
Deb Burns, Health Partnerships Division

MDH INTERNAL TEAM

TEAM LEADS

Jeannette Raymond, Health Partnerships Division
Marisol Chiclana-Ayala, Health Partnerships Division

TEAM MEMBERS

Etonde Awaah, Center for Health Equity
Dorothy Bliss, Health Partnerships Division
Xiaoying Chen, Center for Health Equity
Sarah Chute, Infectious Disease Epidemiology, Prevention and Control Division
Sara Cronquist, Health Partnerships Division
Jackie Dionne, Director of American Indian Health
Christine Godwin, Office of Statewide Health Improvement Initiatives
Lonna Hunter, Community and Family Health Division
Sida Ly-Xiong, Health Policy Division
Jodi Nelson, Health Partnerships Division
Melanie Peterson-Hickey, Center for Health Equity
Danushka Wanduragala, Infectious Disease Epidemiology, Prevention and Control Division

APPENDIX B: COMMUNITY PARTNERS TEAM

Jay Colond, Minnesota Department of Human Services
Monique Drier, City of Brooklyn Center
Theresa Evans Ross, Consultant
Deb Foster, Ain Dah Yung Center
Mónica Hurtado, Voices for Racial Justice
Clarence Jones, Southside Community Health Services
Carla Kohler, CLUES
Ruby Lee, CLUES
Gene Nichols, Open Cities Health Center
Melanie Plucinski, American Indian Cancer Foundation
Jen Stevens, White Earth Health Offices
Joann Usher, Rainbow Health
Vishwarupa Vasani, Minneapolis Public Health Department
Noya Woodrich, Greater Minneapolis Council of Churches

APPENDIX C: FULL TEXT, RECOMMENDATION 4 (ADVANCING HEALTH EQUITY REPORT)

Recommendation 4: Strengthen community relationships and partnerships to advance health equity.

MDH has a commitment to and a long history of working in partnership with local health departments and local elected officials to promote population health. Over time, this state-local partnership for public health has led to mutual accountability and ultimately to better health for the people of Minnesota. MDH has many additional formal working relationships (e.g., the American Indian Tribal Health Directors and the Office of Minority and Multicultural Health Advisory Committee) as well as numerous informal connections with community members and professionals in various areas. To advance health equity, however, MDH must broaden the scope of their partnerships to develop stronger connections with Minnesota's diverse communities. Actions within this recommendation include:

4.1 Expand the range and depth of MDH relationships with multiple communities.

A first step in expanding relationships in the community is for all MDH programs to identify the populations that are affected by health inequities in their areas, and for MDH staff to intentionally develop working relationships with people in these populations. Developing meaningful and effective working relationships takes significant commitments of time and resources, but building relationships in the community is a necessary and important step toward sharing decision making.

4.2 Create avenues for meaningful participation of Minnesota's diverse communities in project governance and oversight, assuring that the people who are affected by various decisions are involved in the decision-making process.

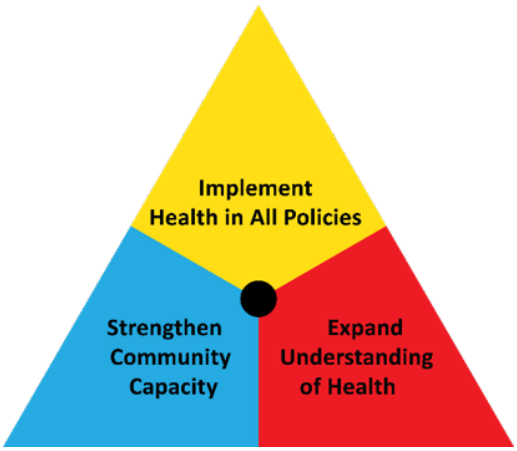
Despite the challenge of considering multiple opinions and conflicting points of view, the community's voices and wisdom have an essential place in the decision-making processes of MDH, particularly when policies are being considered and grants are being provided. Strategies are needed for MDH to solicit input, sort through and weigh conflicting advice, assure that those most affected are included, and use input to make decisions that improve health equity.

MDH should seek opportunities to share decision making with affected populations as a means to making stronger decisions that will ultimately advance health equity.

As MDH works to strengthen community relationships, opportunities also are needed for mutual capacity building: MDH has much to learn from the community as well as resources to offer. The "science" of public health should be combined with lived experience and community wisdom to advance health equity.

APPENDIX D: TRIPLE AIM OF HEALTH EQUITY (MDH STRATEGIC PLAN 2015-2019)

In order to reach its goals and ultimately achieve a state where everyone in Minnesota has the opportunity to be healthy, regardless of race, ethnicity, gender, social class, or geography, MDH must become better equipped to advance health equity by integrating the following practices into all of its work.



Many attribute good health to personal choices and excellent medical care. These do influence health and are important, but in reality, clinical care is a relatively small contributor to a person's overall health—around 10 percent. Some models suggest that the biggest contributors to health are socio-economic factors, like education, income, individual and community-level wealth, transportation and housing. Looking at the conditions that create or limit opportunity provides important perspectives for understanding both the nature and the sources of disparate health outcomes, and also helps point to viable and effective solutions. We need to **expand our understanding of what creates health**.

In order to advance health equity, the "science" of public health must be combined with lived experience and community wisdom. Minnesota has a long history of partnership between state and local health departments, as well as stakeholders in health care and community organizations. We should build upon this rich experience and expand relationships to include the communities experiencing the greatest health inequities as a means to identifying and implementing more effective solutions. We need to acknowledge that communities themselves need to be involved in creating policies and systems that improve conditions for their residents. We need to **strengthen the capacity of communities to create their own healthy futures**.

By taking a broader view of what creates health, we can better understand how policies related to transportation, housing, education, public safety or environmental protection can affect health outcome. "Health in all policies" is a collaborative approach that integrates and articulates health considerations into policy making across sectors, and at all levels, to improve the health of all communities and people. Health in all policies emphasizes the need to collaborate across sectors to achieve common health goals, and is an innovative approach to the processes through which policies are created and implemented. Health in all policies without a focus on equity, may lead to unintended structural inequities. We need to **implement a "health in all policies" approach with health equity as the goal**.

APPENDIX E: NOTES, COMMUNITY ENGAGEMENT SURVEY

MDH extended an invitation for internal and external stakeholders to consider questions about community engagement via a survey. Over 80 internal stakeholders and over 110 external stakeholders responded to these surveys. Both the internal partners and external planning group reviewed the survey results and identified four themes:

1. The need for MDH to increase their capacity for community engagement.
2. The importance of developing authenticity in MDH relationships with the community.
3. Concern that MDH will not devote adequate resources to community engagement and will continue with business as usual.
4. The importance of developing a transparent process for evaluating the community engagement efforts of MDH.

A summary of the survey comments follows each theme, below.

1. THE NEED FOR MDH TO INCREASE ITS CAPACITY FOR COMMUNITY ENGAGEMENT.

MDH must increase its capacity to authentically engage community partners and to provide the necessary support for partners to increase their capacity and experience of agency in order to support and influence the work of MDH statewide. MDH capacity and that of the communities can provide opportunities to strengthen current public health practices and successfully challenges in community engagement work. It is important to acknowledge that community partners encounter challenges with resources and capacity.

The major issues noted include: the need for MDH to develop capacity for engagement; the need for widespread MDH commitment to align with the Advancing Health Equity Report; the capacity for programs to identify a community and plan engagement activities; the importance of identifying resources and staff time dedicated to community engagement; that resources and time for community engagement activities must be reflected in RFP requirements; and the importance of authentic conversations with partners on the conditions that create health.

Multiple respondents thought it would be helpful to know more about how various divisions of MDH are engaging with the community and what practices are bringing success or challenges, so that the department and its partners can build on successes. There is also acknowledgement that MDH has a strong foundation for community engagement because of their numerous partnerships, expertise, credibility, and various ways of working with communities.

2. THE IMPORTANCE OF DEVELOPING AUTHENTICITY IN MDH RELATIONSHIPS WITH THE COMMUNITY.

Another important aspect around community engagement work is the authenticity of relationships, with an emphasis on intentionally sharing power and decision making. In all areas, both internal and external responders reflected similar values related to the community, representation, expectations, and equity.

Patterns that emerged from the survey focused on building partnerships with community organizations, utilizing current public health infrastructure and procedures, understanding the importance of community engagement in undoing systemic racism, and nurturing community-focused conversations and interactions.

Several responses expressed concern on items such as the actual time that authentic community engagement would require, an MDH expectation of a measurable return on investment, and implementation of community feedback. A concern was raised that “the voice of the community” cannot be represented by a single voice or perspective given the complex needs of any one community. Other concerns around authentic community engagement included: current engagement efforts feel disconnected, participants are not fully involved in the decision making process, and that

information is not framed in a way that is relevant to community partners. There was also concern around the lack of knowledge of the lived experiences of historically marginalized people and an overall lack of trust.

The issue of expectations was noted at length by both internal and external voices. One major theme was the reliance on a small set of community partners and a sense that the same community partners were routinely sought after. Another highly discussed topic was how we can "open up opportunities for community leaders to sit in on task forces, advocate for communities, and be part of the decision making process." The creation and expansion of current opportunities for community input would help to address issues surrounding representation, connection, the sharing of information with the community, and equity.

3. CONCERN THAT MDH WILL NOT DEVOTE ADEQUATE RESOURCES TO COMMUNITY ENGAGEMENT AND WILL CONTINUE WITH BUSINESS AS USUAL.

MDH understands and recognizes the tension between the expectations community members have about the work of MDH and what MDH is doing to fully engage with communities in Minnesota. There is a disconnect between what communities expect of MDH based on the Advancing Health Equity Report and what MDH is able to do with limited organizational capacity and resources.

Several responses were concerned about the lack of knowledge MDH has around the experiences of historically marginalized communities, new approaches to disseminate information and or do community engagement work. Additional efforts must be utilize to invite, get feedback and work with members of diverse communities in Minnesota. There is an opportunity for MDH to stop doing "business as usual" and start using innovating approaches to authentically engage with communities and learn from the expertise, wisdom and knowledge that communities bring to MDH work and decision making processes. The idea is to move MDH from a "deficit oriented" to an "assets oriented" approach in the public health work it does with communities.

4. THE IMPORTANCE OF DEVELOPING A TRANSPARENT PROCESS FOR EVALUATION THE COMMUNITY ENGAGEMENT EFFORTS OF MDH.

Evaluation is another key component to authentic community engagement. Both internal and external stakeholders/voices identified the need for a process for evaluation of community engagement efforts. The evaluation efforts would require a transparent process around the collection of information and tools to ensure that feedback is collected, tracked, and updates are provided to community members. Internal voices placed emphasis on the need to collect information on the extent to which MDH is able to determine whether community engagement efforts have had any impact on the community's health.