

MDH Strategic Plan Annual Report (2016) & Work Plan (2017)

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Summary

In 2015, MDH adopted a new vision statement and strategic imperative as a part of our new 2015-2019 strategic plan.

The MDH vision for health equity in Minnesota, where all communities are thriving and all people have what they need to be healthy.

Strategic Imperative: In order to 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

We began implementation of our strategic plan in January 2016. In December 2016, a thorough review of the first year's progress was undertaken. Six teams, one per strategic plan strategy, reviewed progress for 2016, and generated ideas for work plan activities in 2017. More than 50 people, representing every MDH division or office, participated in the strategy review teams.

Additionally, in November 2016, we convened a conversation with members of communities impacted by health inequities. We then held internal MDH conversations to review and discuss the community's feedback. Themes and advice from both conversations were incorporated into the 2017 strategic plan work plan (the "year-two work plan").

Strategic plan strategies:

- *Build a shared understanding and internal capacity for advancing health equity*
- *Identify and creatively address barriers to working differently*
- *Change systems, structures and policies that perpetuate inequities and structural racism*
- *Listen authentically to and partner with communities*
- *Improve the collection, analysis, and use of data for advancing health equity*
- *Communicate our commitment to advancing health equity*

This report summarizes the progress made in the first year of strategic plan implementation (2016), an outlines our plans for continued work in 2017. You will find a high-level overview of these points on the next two pages. The rest of the report (pages 6-17) shares the 2016 progress and 2017 priority actions in more detail within the context of each of the 6 strategy areas of our strategic plan.

Progress in 2016

Key Accomplishments

The following rose to the top during the review process as important accomplishments of 2016:

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- Improvements to the department's hiring processes were developed including: a centralized Americans with Disabilities Act program, to provide timely and effective accommodations; a pre-offer review process to ensure fair consideration of protected class applicants; and a strategic talent management program to support hiring and succession planning efforts. These improvements were the result of the focused efforts and broad participation in the Partners Acquiring and Retaining Talent (PARNTERS) projects and the hiring of a director and staff for the Office of Inclusion.
- A number of programs engaged with the community in a more authentic manner. Examples include working with the community and other state agencies to develop innovative solutions and designing requests for proposals with communities experiencing inequities. Progress in this area is attributed to the a number of champions working across MDH, and the dedicated leadership provided by the Community Engagement Unit of the Center for Public Health Practice.
- MDH demonstrated its commitment to implementing this strategic plan by convening the first of what are planned to be regularly occurring community conversations to share progress and seek feedback. That feedback was incorporated into the year two work plan.

Key Challenges

The following challenges were identified across all of the strategy areas in 2016:

- More opportunities, tools and resources are needed to build internal capacity. Training and resources that area available must be promoted and available to all.
- Communication about and coordination of activities needs to be improved. Many activities are underway but few are aware of them. This leads to the assumption that the strategic plan is only a document. In some cases this lack of communication and coordination also leads to duplication of efforts across the department.
- While many support the vision for health equity in Minnesota, they often do not know where to start or what is expected of them.

Plans for 2017

To bolster our *health equity capacity building* efforts we have identified targeted areas for capacity building and sharing for each strategy area in the strategic plan. We will use these areas to focus our efforts in 2017. Additionally, the Centers for Health Equity and Community Health (CHECH) will lead and coordinate our efforts in this area. Their work in 2017 will include developing and promoting of a menu of training opportunities, working with the Center for Workforce Development to launch a Health and Racial Equity 101 e-learning course, and coordinating racial equity training at MDH. They will serve as the point of contact for internal capacity building requests.

We will establish an internal Health Equity Council in order to improve *coordination of department-level activities and foster sharing* among MDH divisions/offices.

In order to ensure all MDH employees are taking steps to incorporate health equity into their existing work *program-level expectations* have been set for each strategy area. These expectations are outlined below. Additional detail, including tools and support will be forthcoming.

- All MDH employees must complete MDH's forthcoming Health and Racial Equity 101 e-learning course and engage in a conversation with their supervisor (one-on-one or as a team) about how they can advance health equity as part of their job.
- All MDH managers and supervisors must participate in racial equity training to prepare them to engage in conversations about race and racial equity with their staff.
- All employees applying for federal funds should consider how they could advance the triple aim of health equity and/or the MDH strategic plan within the proposed program.
- All managers and supervisors must ask their staff about barriers encountered (and solutions identified/implemented) in their efforts to advance health equity.
- At least one program in each division/office must undergo an equity review.
- All programs must participate in the collection of baseline data on membership of each of their advisory committees and/or workgroups.
- All programs should consider if they are, 1) promoting a narrow (health is simply the result of personal behaviors and healthcare) or broad narrative about what creates health, and 2) calling attention to existing inequities in the development of all press releases and social media posts.

Modifications to the 2015-2019 Strategic Plan

Overall, the strategies and goals of the strategic plan remain relevant. Two additions were made to the goals to incorporate important aspects that were unintentionally overlooked in the initial plan development.

Under the strategy, change systems, structures, and policies that perpetuate inequities and structural racism, it was recognized that hiring alone would not create a diverse and inclusive MDH work force. MDH must also look at its efforts to retain staff, particularly staff of color. As a result, the following goal was modified.

- MDH examines and redesigns its hiring processes and *employee retention efforts* to eliminate institutional barriers to diversity and inclusion.

Under the strategy, listen authentically to and partner with communities, it was recognized that strengthening community capacity, a component of the triple aim, was not included. While the goals and activities originally outlined are still important, intentionality around strengthening community capacity is also needed. As a result, the following goal was modified.

- MDH partners with and *strengthens the capacity of communities* experiencing health inequities.

Strategy: Build a shared understanding and internal capacity for advancing health equity

Strategy Goals

- MDH employees have the space and time for conversations about structural racism.
- MDH makes available training on how to advance health equity.
- MDH shares tools, resources, and practices across the department.
- MDH supports directors, managers, and supervisors to lead efforts to advance health equity.

Analysis of Progress

A number of capacity building efforts started in 2016, include but are not limited to:

- MDH participation in the state's Government Alliance on Racial Equity (GARE) cohort and subsequent racial equity training for the Executive Office and Division leadership,
- Ted Talk discussions hosted by the Center for Workforce Development and posted online for individuals and teams to view and discuss on their own schedule,
- Training on using narrative to advance health equity offered by the Center for Public Health Practice and additional trainers to provide the training recruited and trained, and
- Development of cultural and racial consciousness competence for inclusion in performance reviews.

Efforts to date have been uncoordinated. While some employees have benefited from the training and resources available, many are not aware they are available or how to access them. In many cases, capacity building and sharing has not gone beyond directors, managers, supervisors and/or those invited to participate. Baseline performance data in this area is positive: 58% of staff agree that in the last year their section engaged in discussions about how their work could advance health equity and 51% of staff agree they understand how to advance health equity as part of their job (MDH Employee Survey, April 2016). Other baseline data is less optimistic: less than half (44%) of staff agree that directors, managers and supervisors at MDH are comfortable talking about race and racism. We need a more coordinated approach and to promote additional resources in 2017.

Priority Actions for 2017

- Establish, coordinate and promote a menu of health equity training opportunities (CHECH).
- Develop, test and rollout a Health and Racial Equity 101 e-learning course for all MDH employees and incorporate it into new employee orientation (CHECH and the Center for Workforce Development).
- Establish a Health Equity "Council" under MDH's Governance Structure to oversee the implementation of the strategic plan (including building internal capacity for advancing health equity) and serve as a forum for sharing across divisions (Center for Health Equity).
- Provide Racial Equity training at MDH (Racial Equity Steering Team).

- Continue to enhance and promote the MDH Health Equity intranet page (Communications Office)

Expected Program-Level Actions for 2017

- All MDH employees must complete MDH's forthcoming Health and Racial Equity 101 e-learning course and engage in a conversation with their supervisor (one-on-one or as a team) about how they can advance health equity as part of their job.
- All MDH managers and supervisors must participate in racial equity training to prepare them to engage in conversations about race and racial equity with their staff.

Strategy: Identify and creatively address barriers to working differently

Strategy Goals

- Funding supports the triple aim of health equity.
- Internal administrative processes are efficient and effective.
- MDH identifies and addresses barriers to advancing health equity.

Analysis of Progress

Incremental progress was made in this area in 2016. Efforts are underway to track MDH grant applications that include effort to advance health equity, office automation projects were initiated, and the PARNTERS program is working to improve MDH's hiring process. While anecdotally barriers to advancing health equity are known, there is no formal process to identify, document and prioritize barriers that need to be addressed. Barriers are identified and addressed at the program level and there is little to no sharing or adoption of those solutions across programs or throughout the agency. A more coordinated approach is needed in 2017.

Priority Actions for 2017

- Adopt the new grant pre-application process and begin tracking the number and percent of incoming grants that include efforts to advance health equity. (Financial Management, Agency Project Planning, Center for Health Equity)
- Complete the Knowledge Retention Project. (Quality Council, Agency Project Planning)
- Document processes for outgoing grants. (Agency Project and Planning)
- Complete the automation of the grant pre-application and RAISE processes, and identify and implement at least one additional office automation project. (Agency Project Planning, Financial Management)
- Establish a Health Equity "Council" under MDH's governance structure to oversee the implementation of the strategic plan and serve as a forum for sharing across divisions. Include the collection, prioritization and triage of specific barriers encountered when working to advance health equity in the group's charge. (Center for Health Equity).

Targeted Capacity Building and Sharing for 2017

- Share examples of programs that have built health equity work into federally funded grant programs.

Expected Program-Level Actions for 2017

- All employees applying for federal funds should consider how they could advance the triple aim of health equity and/or the MDH strategic plan within the proposed program. The Centers for

Health Equity and Community Health will be available to consult with programs during the application process. Financial management will track inclusion of health equity via the grants pre-application process.

- All managers and supervisors must ask their staff about barriers encountered (and solutions identified/implemented) in their efforts to advance health equity. Barriers and solutions will be reported to the Health Equity Council.

Strategy: Change systems, structures, and policies that perpetuate inequities and structural racism

Strategy Goals

- MDH partners with policymakers to make changes in public policy.
- MDH applies a health equity lens to all new and existing internal policies, programs, and practices.
- MDH examines and redesigns its hiring processes and employee retention efforts to eliminate institutional barriers to diversity and inclusion. (*goal modified in 2017 to include employee retention*)
- MDH examines and redesigns its grant-making process with a health equity lens.

Analysis of Progress

In 2016, MDH continued to convene the Healthy Minnesota Partnership and supported the Partnership members to change the conversation about what creates health and link health to a number of important policy issues, such as incarceration and paid leave. Internally, significant progress was made to improve the hiring process, thanks to the initiation and broad participation in the Partners Acquiring and Retaining Talent (PARNTERS) projects and the hiring of a director and staff for the Office of Inclusion. Specific accomplishments include the design and development of a centralized Americans with Disabilities Act program, to provide timely and effective accommodations; a pre-offer review process to ensure fair consideration of protected class applicants; and a strategic talent management program to support hiring and succession planning efforts. These new processes and programs must be implemented and refined in 2017. Retention was identified as an important, but missing component, of diversity and inclusion at MDH. A revision was made to include employee retention in the strategy goals. Efforts to apply a health equity lens to grant-making and other internal policies, programs and practices has occurred largely at the program level to date. Additional coordination, training and tools are needed to move this work forward in 2017.

Priority Actions for 2017

- Continue to support the Healthy MN Partnership to develop and implement the statewide health improvement framework and change the conversation about what creates health. (Center for Public Health Practice)
- Incorporate a health equity review into MDH's internal policy review and approval process. (Health Operations Team)
- Implement and refine the pre-offer review process, strategic talent management project deliverables, and the recruit and select project deliverables. (HRM and Office of Inclusion)
- Review and revise MDH's exit survey process. (HRM and Office of Inclusion)
- Convene a workgroup to examine MDH's grant making processes with an equity lens and recommend revisions to the processes. (Center for Health Equity, Agency Project Planning)

Targeted Capacity Building and Sharing for 2017

- Develop a health equity review tool for internal policies and programs.
- Provide training on how to apply a health equity lens for Grants Managers.
- Share examples of RFPs developed with an equity lens.

Expected Program-Level Actions for 2017

- At least one program in each division/office must undergo an equity review. The Centers for Health Equity and Community Health will develop and tool be available to consult with programs.

Strategy: Listen authentically to and partner with communities

Strategy Goals

- MDH develops and implements a community engagement plan.
- MDH partners with and strengthens the capacity of communities experiencing health inequities. *(goal modified in 2017 to include capacity of communities)*
- MDH aligns its advisory committees' structures, membership, and processes to advance health equity.

Analysis of Progress

The department's Community Engagement Plan was adopted in 2016 and several activities were completed, including the initiation of a community engagement community of practice, and the development and piloting of a survey to collect data on membership on MDH's advisory committees. In addition, there are a number of examples of authentic engagement at the program level including work to develop innovative solutions and design requests for proposals with communities experiencing inequities.

Progress in this area is attributed to a number of champions working across MDH, and to the dedicated leadership provided by the Community Engagement Unit of the Center for Public Health Practice. While there has been progress, it does not yet represent a change in our department's culture: only 21% of staff indicate that including community leaders and/or community based organizations in program decision-making is routine practice (MDH Employee Survey, April 2016). The ability to compensate or make engagement with MDH easier for community members is a major barrier in this area.

It was also identified that strengthening the capacity of communities to create their own healthy future is not addressed anywhere in the strategic plan and it was added to the strategy goals. Continued implementation of MDH's Community Engagement Plan and more intentionality and attention to community capacity is needed in 2017.

Priority Actions for 2017

- Articulate policy concerns, from an equity perspective, in a formal statement about compensation of community members. (Center for Public Health Practice)
- Identify and share methods for compensating community participation. (Center for Public Health Practice)
- Develop and implement a Community Engagement 101 training. (Center for Public Health Practice)
- Develop a tool for programs to examine current and potential community engagement efforts. (Center for Public Health Practice)

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- Convene a group to develop recommendations for incorporating “strengthening community capacity” into the strategic plan. (Center for Public Health Practice)
- Collect baseline data for MDH advisory committee membership. (Center for Public Health Practice)

Targeted Capacity Building and Sharing for 2017

- Convene a Community Engagement Community of Practice.
- Convene MDH’s internal American Indian Committee and regional office staff meetings.

Expected Program-Level Actions for 2017

- All programs must participate in the collection of baseline data on membership of each of their advisory committees and/or workgroups.

Strategy: Improve the collection, analysis, and use of data for advancing health equity

Strategy Goals

- MDH programs collect race, ethnicity, and language (REL) data.
- MDH incorporates social determinants of health into data collection and analysis.
- The MDH IT infrastructure supports data collection and sharing.
- MDH engages community members and partners in all phases of data collection, analysis, and reporting.

Analysis of Progress

Overall, progress in this area occurred at the program level. Department level efforts to improve the use of data to advance health equity were minimal, due to the lack of dedicated staff to lead and coordinate efforts. Previous efforts at MDH to adopt Race, Ethnicity and Language (REL) data standards have stalled, because there is a discrepancy between the data our funders want us to collect and the data we need to collect in order to advance health equity. While MDH has been actively working on its IT infrastructure, including the adoption of a vision for interoperability and efforts to prioritize and coordinate IT investments, it is unclear the extent to which health equity has been considered in these efforts to date.

In addition, MDH employee survey data indicates that community engagement around data is limited. Only 20% of staff indicate that engaging community leadership and/or community organizations in determining what data to collect in their community is routine practice and only 16% indicate that engaging community leaders and/or community organizations in interpretation of data is routine practice (MDH Employee Survey, April 2016). In order to move the priority actions listed below forward, more leadership and coordination is needed in 2017.

Priority Actions for 2017

- Develop and fill the role of health data strategist to lead efforts to improve the collection, analysis and use of data for advancing health equity across the department. (Executive Office)
- Fill vacant positions in the Center for Health Statistics. (CHECH)
- Establish a framework for incorporating the social determinants of health into data analysis; determine how to measure the extent to which this is occurring. (leadership/resources needed)
- Review and provide feedback on the strengths and limitations on the existing draft MDH REL standards. (leadership/resources needed)
- Incorporate health equity into MDH's information technology governance groups and interoperability discussions. (leadership/resources needed)
- Work with the Healthy Minnesota Partnership to conduct and publish a statewide health assessment. (Center for Public Health Practice)

Targeted Capacity Building and Sharing for 2017

- Share the health equity data analysis (HEDA) guide and lessons learned through the Statewide Health Improvement Partnership (SHIP).
- Share Health Policy's work with Voices for Racial Justice around the collection of Race, Ethnicity and Language data.
- Share Office of Statewide Health Initiatives' (OSHI) tribal engagement efforts around SHIP evaluation.

Expected Program-Level Actions for 2017

- None.

Strategy: Communicate our commitment to advancing health equity

Strategy Goals

- MDH develops and implements an internal communications plan for the strategic plan.
- Everyone at MDH is held accountable for advancing health equity.
- Outgoing communications highlight an expanded narrative about what creates health.
- MDH supports local public health and other partners to advance health equity.
- MDH measures, monitors, and reports on progress.

Analysis of Progress

MDH took a number of steps to demonstrate its commitment to advancing health equity in 2016, including convening a community conversation; developing an online resource library for local public health; establishing a method for tracking health equity in MDH press releases and social media posts; and conducting a thorough review of progress on the strategic plan. While these steps represent important progress, many people who participated in the review of the strategic plan were not aware of these or other 2016 accomplishments. More focused and strategic communication is needed in 2017.

While baseline data was gathered for over half of the strategic plan's performance measures, more focus is needed on establishing and collecting data on performance measures that are important and meaningful to the community. For example, we learned that measures related to MDH hiring and grant making are important to the community. Individual accountability for advancing health equity has not been addressed thus far. In 2017, expectations need to be clarified and additional capacity building efforts should be made available to all staff before employees can be held accountable.

Priority Actions for 2017

- Develop a strategic internal and external communications plan for health equity for the department. (resources needed)
- Convene at least two community conversations to share MDH progress and seek feedback. (Center for Health Equity)
- Establish an external Health Equity Advisory Committee to advise and hold MDH accountable. (Center for Health Equity)
- Work with the external Health Equity Advisory Committee to refine/develop performance measures for MDH hiring and grant making. (Center for Public Health Practice)
- Continue to support local public health to conduct health equity data analysis (HEDA). (Office of Statewide Health Improvement, Center for Health Statistics and Center for Public Health Practice)
- Establish an internal Health Equity "Council" under MDH's Governance Structure to oversee the implementation of the strategic plan and serve as a forum for sharing across divisions. Include

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monitor progress on the strategic plan and oversee the strategic communications plan for health equity in the group's charter. (Center for Health Equity)

- Analyze press release and social media data and support health communicators to change the narrative about what creates health. (Communications Office)

Targeted Capacity Building and Sharing for 2017

- Provide training on using narrative to advance health equity for Health Communicators.

Expected Program-Level Actions for 2017

- All programs should consider if they are, 1) promoting a narrow (health is simply the result of personal behaviors and healthcare) or broad narrative about what creates health, and 2) calling attention to existing inequities in the development of all press releases and social media posts.

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