

CASE STUDY REPORT

March 2019

HEALTH EQUITY LEARNING COMMUNITY

Minnesota Department of Health

INNOVATION CHARACTERISTICS

Collaborative

Co-produced

Creates value

Replicable



The Minnesota Department of Health (MDH) is supporting public health transformation throughout the state by facilitating the Health Equity Learning Community, comprised of six local health departments (LHDs) adopting policies and practices to advance health equity. The learning community supports the implementation of new health equity strategies and includes webinars, in-person meetings, and active coaching from state health department staff. The LHDs in the learning community seek to engrain new policies and practices into their agencies' daily work, thereby sustaining progress made. This work is seen as representing the beginning of a shift toward statewide transformation of public health organizational practices in Minnesota, at both the state and local levels, and has led to the launch of a second cohort of the learning community that builds upon progress made with the first cohort. This project was implemented by MDH with funding and support from the Robert Wood Johnson Foundation through the Public Health National Center for Innovations (PHNCI) Public Health Innovations Implementation Grant Program.

Background

MDH recognized the need to address the root causes of health disparities through health equity approaches. To better advance health equity approaches, they knew they needed to fundamentally transform existing organizational practices and policies. While there is broad support for the concept of health equity throughout Minnesota, it can be challenging to identify and introduce new public health practices, particularly those that advance health equity. In 2016, Minnesota's State Community Health Services Advisory Committee (SCHSAC) convened a health equity workgroup and developed a report, *Local Health Department Practices to Advance Health Equity*, which urged LHDs to integrate six

transformative practices into their daily work.¹ These practices are: building a shared understanding of health equity; equipping staff with necessary knowledge and skills; demonstrating an organizational commitment to health equity; engaging the community; collecting and using data for change; and influencing public policy.

Following the report, local stakeholders continued to grapple with how to take tangible action to advance health equity. While developing their strategic plan, MDH and the MDH Center for Public Health Practice (CPHP), specifically, made advancing equity a strategic priority. Following SCHSAC's report and recommendations, CPHP began offering training and resources to local public health leaders upon request. To meet the needs of LHDs in a more systematic way, CPHP piloted a learning community with six LHDs to support the adoption of health equity practices and set the stage for the diffusion of health equity practices across the state.

MDH Center for Public Health Practice. CPHP embraces cross-department collaboration and seeks to leverage the strengths of their individual employees. CPHP advances public health practice both on the state level and among LHDs in Minnesota by providing training and technical assistance, oversight, and facilitating partnerships. CPHP promotes quality improvement and performance management practices and is accustomed to questioning the status quo, proactively seeking out opportunities to design and implement new initiatives. When Minnesota's SCHSAC identifies an area of concern, CPHP staff convene and facilitate workgroups to collectively consider strategies for addressing the issue and operationalizing next steps; these open conversations foster forward thinking and innovative questioning within the public health system.

Health Equity Learning Community

The Health Equity Learning Community project was established by CPHP to advance health equity and support transformation throughout Minnesota. Based on the SCHSAC health equity workgroup report and recommendations, CPHP established the learning community, with funding and support from PHNCI, to help LHDs identify how and where to begin transforming practices and policies to align with health equity approaches, within their organizations and communities. The learning community is comprised of teams from six LHDs that represent four regions on Minnesota and serve both large and small communities. These LHDs were competitively chosen through an application process due to their demonstrated experience with innovation, strong internal and external partnerships, and eagerness to advance transformation efforts in their communities. CPHP asked the teams to focus on three of the six transformative practices identified by SCHSAC: aligning programs and resources with the organizational commitment to health equity, working in true partnership with the community, and working at the policy level.

The LHDs in the learning community conducted internal assessments, which were organizational scans to identify areas of opportunity to advance health equity in their agencies and to determine which stakeholders should be involved.

¹ Local Health Department Practices to Advance Health Equity: Final Report and Recommendations from the SCHSAC Advancing Health Equity Workgroup. Minnesota Department of Health. http://www.health.state.mn.us/divs/opi/pm/schsac/docs/wkgrp/2016-08_equality-wkgrp-report.pdf. Created August 2016. Accessed December 18, 2018.

INNOVATION FOCUS

Topic Areas

Health equity; systems transformation

Summary

A learning community comprised of LHDs that receive coaching from state agency staff to develop and implement new health equity strategies.

Location Served

Six LHDs across Minnesota

Partners

Local health departments

Key Characteristics

- Learning community
- Coaching
- Small tests of change

End User/Target Audience

LHDs participating in the learning community and their communities

All 51 LHDs in Minnesota

Minnesota Department of Health

Based on those results, the local teams developed individual action steps to outline how to drive progress. Recognizing that innovation is not a linear process, CPHP encouraged the LHDs to try new things, learn from their experiences implementing different activities, and not fear the potential for failure, which could hold them back from testing innovative practices. With this guidance, the six LHDs began implementing their unique projects to advance health equity and transformation. Activities included:

1. Establishing a local advisory committee and transforming recruitment strategies;
2. Incorporating equity into county waste management planning;
3. Expanding community engagement through listening sessions with the local Somali community;
4. Engaging community members experiencing food insecurity;
5. Assessing organizational capacity to advance health equity; and
6. Piloting a health equity assessment tool with WIC program staff.

To support implementation, CPHP held health equity learning events with the LHDs in the form of webinars and in-person meetings, and staff from CPHP provided individualized coaching to the participating local teams to address any barriers they experienced. The webinars and in-person meetings covered various concepts in health equity and provided space for rich engagement across the LHDs. Individualized coaching complemented the webinar content and helped local teams apply the lessons to their specific project needs. In particular, coaches helped the six LHDs advance their projects by prompting them, through questions, to think critically about health equity, and by holding them accountable to taking action within their health departments.

Conceptualizing the Health Equity Learning Community. CPHP staff researched health equity efforts at the national level and investigated best practices from past projects within their department as well as broader health equity initiatives in Minnesota. CPHP's approach to local transformation was informed by a previous MDH Health Equity Data Analysis project that required LHDs to approach data collection and analysis differently, evaluate the root causes that drive community health inequities, and engage with the populations that bear the greatest burden of disparities throughout the process. In addition, CPHP reflected on their prior experiences with learning collaboratives. For example, they decided to incorporate coaching into the learning community based on the past lesson learned that monthly webinars did not provide sufficient support for fostering practice change.

Implementation Experiences

Some of CPHP's lessons learned from implementing the Health Equity Learning Community are discussed below.

Importance of coaching. The role of the CPHP coach was to empower local teams to develop and implement their own strategies for advancing health equity. This entailed both organizational and personal growth, as local public health staff adjusted their personal and agency-wide practices to incorporate health equity. Coaches also helped local participants navigate moments of tension, engage in collective problem-solving, and challenge the status quo.

Effects of the grant agreement. MDH supported LHD participation in the learning community with small grant awards. The grant agreements helped formalize expectations between CPHP and each local health department. For LHDs, the grant agreement increased the visibility of the effort within county government and provided resources to support staff time doing the work. Nonetheless, learning community participants' past experience with grants sometimes inhibited creativity and innovation; typically, grants from the state health department are highly structured, with funding provided to carry out specific activities or produce specific deliverables. In this case, LHDs were given broad freedom to test equity practices in whatever way made sense within their local context, and this created tension and discomfort for some teams. In response, CPHP focused communications on the *practices* rather than projects. CPHP

staff emphasized learning in all of its communications with LHDs and used coaching strategies to support the capacity of LHDs to test new approaches to their work.

Establishing advisory partnerships. For this project, CPHP established a steering committee to provide advice and insight to CPHP staff that led the learning community. The committee includes leadership from MDH, LHDs, and community partners. While some of these individuals had collaborated previously on other projects, the Health Equity Learning Community brought them to work together in a different way. CPHP met with the steering committee over the course of the project to discuss their successes and challenges and gain insight from the varied perspectives of the group members. Conversations with the steering committee were purposefully unstructured to facilitate organic conversations and earnest feedback.

Readiness among local health departments. CPHP found that LHDs were at various levels of readiness at the beginning of project activities, and therefore required varying levels of support. For instance, CPHP envisioned that the learning community would consist of a process similar to rapid cycle quality improvement, in which the local teams would test activities, evaluate their outcomes, and adapt the activities to test again. Ultimately, LHDs completed fewer testing activity cycles than CPHP had expected. Recognizing that LHDs are often small organizations with limited resources, CPHP moderated their expectations for how far the LHDs would get and celebrated each of their successes. Readiness also related to each LHD's level of familiarity and comfort with health equity, and CPHP adjusted their individual timelines and coaching practices accordingly.

Tailoring content to local health departments' needs. CPHP consulted subject matter experts, used insights from the steering committee, and relied on feedback from learning community participants to shape the content of the learning community meetings. CPHP adapted the content of the learning community to ensure that they were meeting each LHD at their respective levels of progress, focusing on providing foundational content in the meetings and leveraging coaches to address needs specific to local teams. Beyond content, CPHP learned how to better organize the webinars over time to enhance the experience of the learning community members.

Challenging the traditional state-local dynamic. Through the coaching component of the Health Equity Learning Community, CPHP sought to redefine the typical relationship between the state and local health departments, from one where state department staff provide advice and guidance to locals, to one where state staff and local participants engage in bidirectional conversations and problem solving. This transition was difficult for both the coaches and the staff from LHDs. At times, state-level coaches were concerned whether they had achieved the appropriate balance between consulting – providing technical direction and guidance to LHDs – and coaching – empowering the LHDs to develop strategies independently. While the state-level coaches typically embraced a coaching approach with the LHDs, they found that there were some circumstances in which they needed to be more consultative by providing direct advice or instruction on some components of the health equity projects.

Local staffing concerns. Staffing capacity and transitions posed challenges for CPHP, as they led the learning community, and LHDs, as they advanced their health equity projects. Some LHDs experienced substantial team and leadership turnover during the project, which delayed teams' progress. In addition, CPHP initially encountered challenges to developing content that was appropriate for the size and scope of participating LHDs. CPHP ultimately focused on broadly applicable tools that would be useful for all LHDs regardless of capacity, such as program assessment tools.

Working through uncertainty. At times, the LHD teams struggled with the uncertainty and complexity involved in tailoring and implementing initiatives for advancing health equity. For example, according to CPHP, some of the LHDs struggled with challenging the status quo, which was critical to both pursuing innovation and advancing equity. CPHP sought to reinforce that LHDs did not need to know all of the answers from the start and instead encouraged them to embrace learning along the way.

Framing failures as learning opportunities. CPHP encouraged LHDs to approach the project as a learning experience. When local teams faced barriers or when their activities did not turn out as planned, CPHP encouraged them to focus on the lessons learned and applying that knowledge to their next efforts. However, it was challenging to balance an emphasis on learning with community accountability, as community members could be adversely impacted if the local teams did not implement activities as planned.

Considerations for Replication

Coaching was an essential element of the Health Equity Learning Community. According to CPHP staff implementing the project, providing one-on-one engagement was critical to maintaining momentum for LHDs. CPHP prepared staff for coaching by teaching a focused conversation method intended to empower local teams, drawing on various other coaching concepts, and offering consultant-led trainings.² Coaching pushed local teams to challenge the status quo, think about creative approaches, and advance their initiatives. Coaching also made the program flexible; coaches could address an LHD's specific, locally determined needs and supported their individual progress each month, effectively meeting them where they were. This ensured that CPHP could support both personal growth and tangible action.

According to CPHP, the value of this innovation lies in the process of convening a learning community. CPHP publicly shares the tools and resources they developed for their learning community, which others can use, but they noted that the content of the learning community meetings can be adapted to address unique community needs and priorities. They suggested that other communities use their existing materials either as templates for adapting their own content or as inspiration for creating entirely new materials. They noted that the content and strategies that worked for the six LHDs in Minnesota may not serve as a one-size-fits-all approach for other communities. Ultimately, potential replicators should ensure that their own learning community is structured to respond to their local strengths, challenges, and opportunities for improvement.

Results

Each of the local teams made progress toward advancing health equity in their respective communities by approaching their work in new ways. LHDs implemented changes in organizational practices that amplify their ability to identify and address health disparities. These changes are contributing, ultimately, to broader organizational transformation in public health throughout the state.



RESOURCES

Resource Library for Advancing Health Equity in Public Health. An online collection of materials and tools to help health departments build health equity capacity. Resources align with the six practices to advance health equity—building a shared understanding of what creates health, equipping staff, demonstrating organizational commitment, engaging the community, collecting and using data for change, and influencing public policy.

- ▶ <https://www.health.state.mn.us/communities/practice/resources/equitylibrary/index.html>

Health Equity Learning Community Website. Provides an overview of the Health Equity Learning Community and resources to support replication. These include an implementation guide, webinar materials, best practices for coaching, and materials used by MDH to assess successes, challenges, and lessons learned from the learning community.

- ▶ <https://www.health.state.mn.us/communities/practice/ta/learning/equity/index.html>

Health Equity Learning Community Cohorts. Documents describing the LHD experiences in the first learning community, including results, successes, and next steps.

- ▶ <https://www.health.state.mn.us/communities/practice/ta/learning/equity/cohorts.html>

² Health Equity Learning Community: Coaching. Minnesota Department of Health. <https://www.health.state.mn.us/communities/practice/ta/learning/equity/index.html#coaching>. Accessed March 14, 2019.

In the interim, LHDs identified the following selected achievements as a result of participating in the learning community:

- Created a local health equity advisory committee;
- Amplified local staff capacity around health equity;
- Implemented organizational health equity assessments;
- Developed health equity-related recommendations for local programs;
- Enhanced equity considerations in LHD hiring practices;
- Broadened engagement with partners and community members around health equity; and
- Created new organizational policies to advance health equity.

Beyond these specific achievements, LHDs are better equipped to approach their work with a health equity lens. Participants have tools and new skills for assessing the equity-related dimensions of program decisions, project activities, and organizational operations. Toward the end of the grant period, local teams were asking new questions, making different observations, and expressing an energetic commitment to equity. Participating LHDs have not only begun to transform their internal practices, but are committed to richer partner engagement.

As the Health Equity Learning Community advanced, LHDs increasingly shared tools and resources between themselves and more broadly within their own organizations. In accordance with CPHP's ultimate goal to diffuse health equity practices across the state, participants in the learning community have become champions for health equity practices; they have shared their stories with others, presented what they learned at a statewide conference, and continue to work towards equity in their organizations. MDH has taken lessons learned from the first learning community to inform a work plan for diffusing equity practices statewide, and CPHP has created an implementation guide that can be used to replicate the learning community.

Next Steps

Although the first cohort of the Health Equity Learning Community has ended, CPHP emphasized that the LHDs are continuing their efforts to embed health equity considerations into their organizational structures. At the final in-person learning community meeting, CPHP encouraged LHDs to consider how to sustain their health equity work outside of the formal structure of the learning community. According to CPHP, this project marks the beginning of a long-term effort to advance health equity throughout the state. With additional funding from PHNCI, CPHP is conducting a second learning community with a new cohort LHDs to continue advancing transformation throughout Minnesota.

For More Information about the Health Equity Learning Community Project:

Contact:

Chelsie Huntley, BSN, MPA
Director, Center for Public Health Practice, Minnesota Department of Health
chelsie.huntley@state.mn.us

The Health Equity Learning Community Project was conducted with funding from the Public Health National Center for Innovations (PHNCI), with support from the Robert Wood Johnson Foundation (RWJF), through the Public Health Innovations Implementation Grant Program. NORC at the University of Chicago developed this case study, through an evaluation contract with PHNCI, based on conversations with staff who implemented the project.