

Health Promotion and Chronic Disease Division Strategic Plan

FINAL REPORT

September 2023

TABLE OF CONTENTS

Introduction	1
Vision, mission, goals, and strategies	1
Definitions.....	1
Final working plan summary.....	2
Planning process and participation	3
Engagement design and work planning	3
Round One input.....	5
SWOT analysis.....	7
Vision and mission	8
Goals and strategies	9
Round Two feedback	11

Introduction

The purpose of this strategic planning effort was to develop goals, strategies, and actions that will protect, maintain, and improve the health of Minnesota's population. A health equity lens helped ensure the division's strategic plan and actions are designed to reduce health disparities.

Beginning in April 2022, we planned our process, reviewed and assessed related plans, worked within the larger MDH strategic context, gathered perspectives and ideas from all staff and key partners, and conducted rigorous analyses.

We used all that guidance to draft the Health Promotion and Chronic Disease Division's (HPCD) vision, mission, goals, and strategies. We kept stakeholders informed, sought feedback on drafts, and finalized our plan together by June 2023.

We are now collaboratively developing and implementing detailed action plans to advance our mission and vision.

This is a *working* plan. We will routinely seek feedback from staff and key partners to assess our performance on key strategies that drive our goals, honor our mission, and advance toward our vision, and will update our action plans and key strategies accordingly. Please follow our work via our public strategic planning website: [HPCD Strategic Planning](https://www.health.state.mn.us/about/org/hpcd/strategicplan.html) (<https://www.health.state.mn.us/about/org/hpcd/strategicplan.html>).

With overwhelming gratitude to the staff and partners who helped shape this inclusive and rigorous progress, below is information on our collective vision, mission, long-term goals, and mid-term strategies that will guide our work for years to come. Following that is a summary of our strategic planning process and participation.

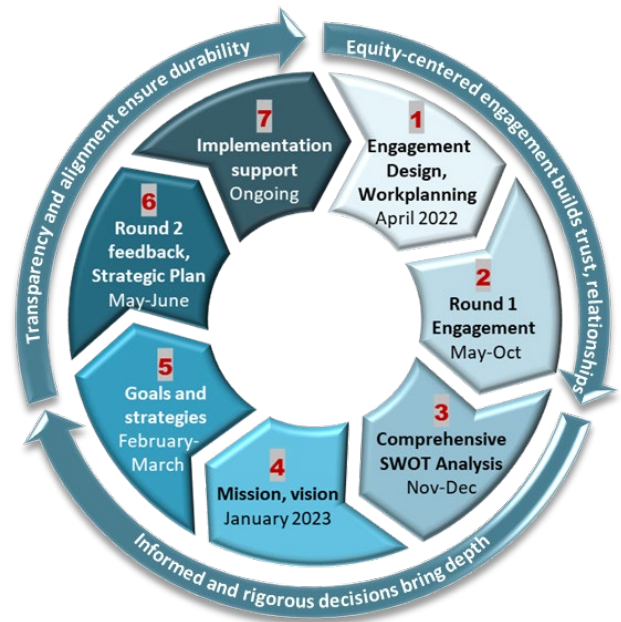
Vision, mission, goals, and strategies

Definitions

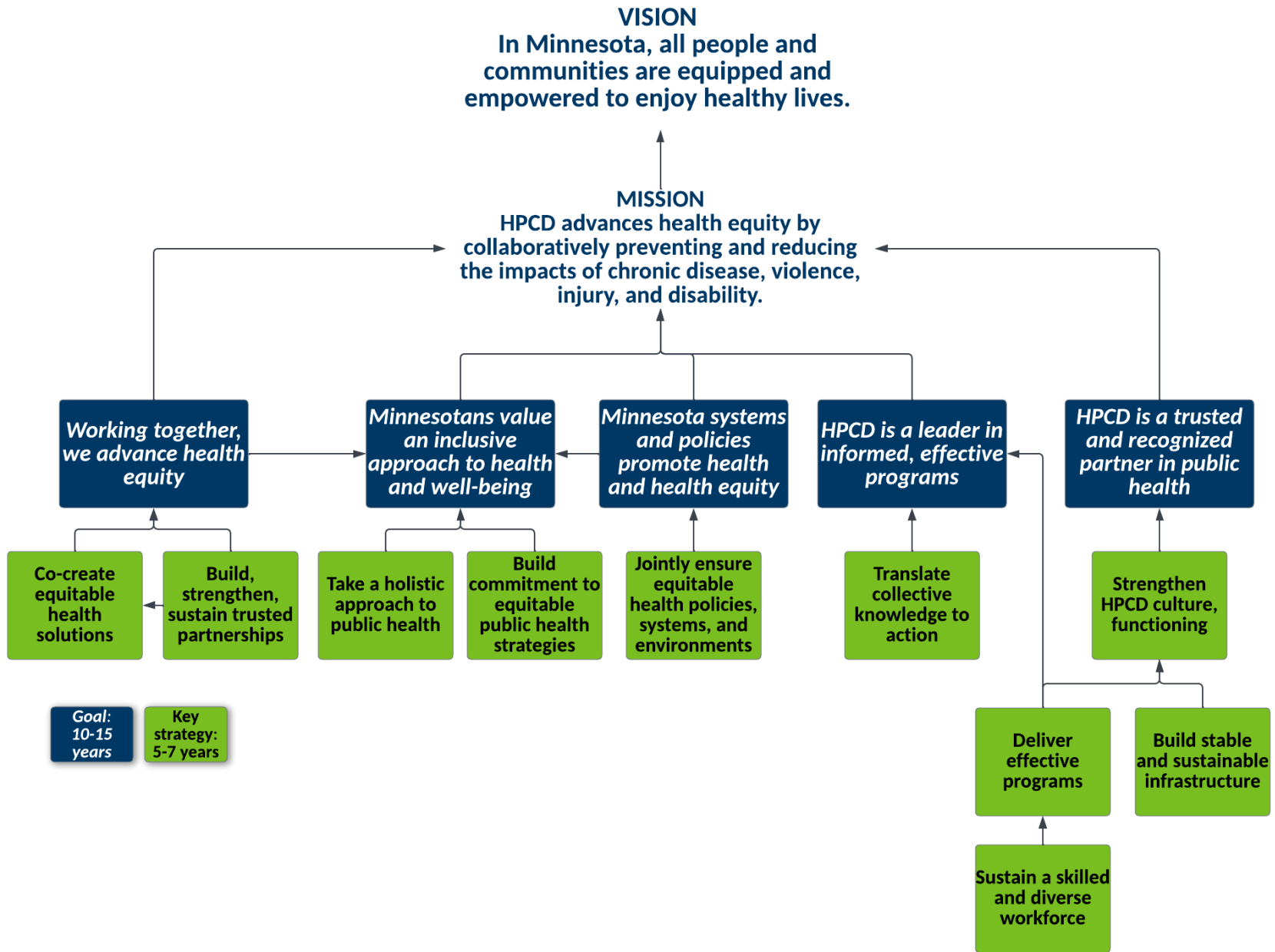
Vision (desired end state): A brief statement describing the clear and inspirational long-term desired change resulting from an organization or program's work. The best visions are inspirational, clear, memorable, and concise.

Mission (what we do): A brief statement describing the reason an organization or program exists and used to help guide decisions about priorities, actions, and responsibilities. Good mission statements should be clear, memorable, and concise.

Goals and strategies: The goals and strategies were developed based on robust and inclusive staff and partner input and results from the SWOT analysis (strengths, weaknesses, opportunities, threats). Leadership used a "causal" strategy mapping process that rigorously links actions to results using arrows. The strategy map is read from bottom to top, repeatedly asking, "What do you get as a result of that." Goals are written as outcomes and look out 10-15 years, and key strategies are generally 3-7 years. Hundreds of shorter-term supporting actions were drafted and are the basis for section- and project-specific action plans.



Final working plan summary



Vision: In Minnesota, all people are equipped and empowered to enjoy healthy lives.

Mission: HPCD advances health equity by collaboratively preventing and reducing the impacts of chronic disease, violence, injury, and disability.

- Goal: Working together, we advance health equity.
 - Key strategy: Co-create equitable health solutions
 - Key strategy: Build, strengthen, sustain trusted partnerships
- Goal: Minnesotans value an inclusive approach to health and well-being.
 - Key strategy: Take a holistic approach to public health
 - Key strategy: Build commitment to equitable public health strategies
- Goal: Minnesota systems and policies promote health and health equity.
 - Key strategy: Jointly ensure equitable health policies, systems, and environments
- Goal: HPCD is a leader in informed, effective programs.
 - Key strategy: Translate collective knowledge to action
 - Key strategy: Deliver effective programs
 - Key strategy: Sustain a skilled and diverse workforce
- Goal: HPCD is a trusted and recognized partner in public health.
 - Key strategy: Strengthen HPCD culture, functioning
 - Key strategy: Deliver effective programs
 - Key strategy: Sustain a skilled and diverse workforce

Planning process and participation

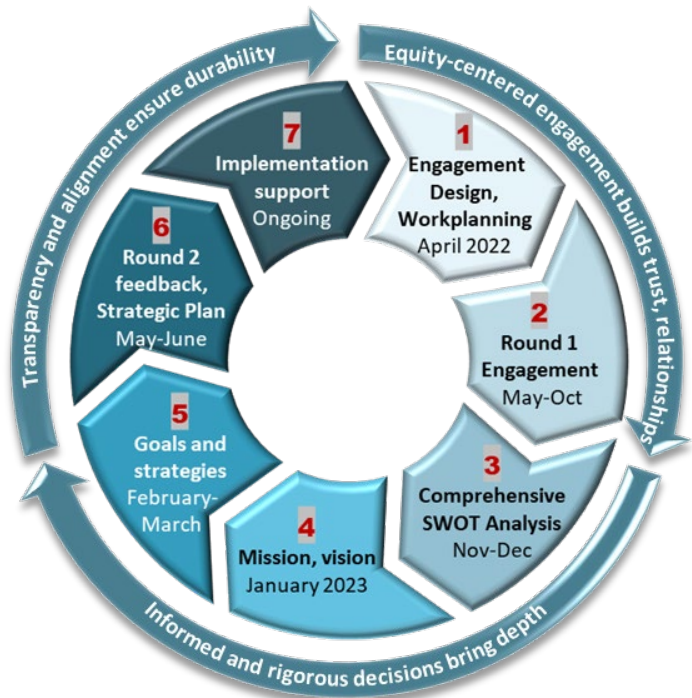
This section summarizes HPCD’s 2022-23 strategic planning process and participation.

Engagement design and work planning

In April 2022, HPCD assembled a 20-member strategic planning Steering Committee to work with our consultants through the entire process. Membership included all senior leaders and intentionally drew from all sections:

- Director's Office
- Cancer Control and Prevention/SAGE
- Center for Health Promotion
- Chronic Disease Environmental Epidemiology
- Injury and Violence Prevention

The Committee’s responsibilities included shaping and guiding the process, content, and schedule; serving as process champions with staff and external partners; facilitating or



hosting many of the engagement sessions; and providing feedback and direction on draft analyses and reports.

Early in the process, the Steering Committee finalized the following principles to underpin our engagement efforts. These were included in the engagement Design, shaped the Workplan, and were shared on the public [HPCD Strategic Planning website](https://www.health.state.mn.us/about/org/hpcd/strategicplan.html) (<https://www.health.state.mn.us/about/org/hpcd/strategicplan.html>).

Engagement principles

HPCD 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 \(www.iap2.org\)](http://www.iap2.org)

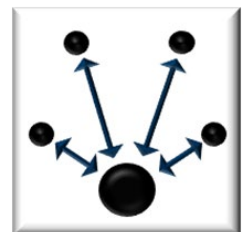
HPCD committed to the following engagement objectives:

- 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 \(www.iap2.org\)](http://www.iap2.org)



Key stakeholders, communications

Key stakeholders were identified and analyzed in this first phase, and actively included throughout the strategic planning process. They included:

- 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
- External partners from the following arenas: Academic, councils or advisory groups, health systems or HPCD clinic partners, local public health, Tribal health, nonprofit organizations or associations, and other state agencies

Staff and external partners were routinely updated via email as the project progressed, and there were two in-depth presentations and Q&A sessions at regular Division-wide meetings in October 2022 and January 2023.

Round One input

These engagements for staff and external partners occurred from May through mid-October 2022. Stakeholders contributed via virtual sessions convened and facilitated by HPCD strategic planning Steering Committee members or responded to the same questions via an online survey.

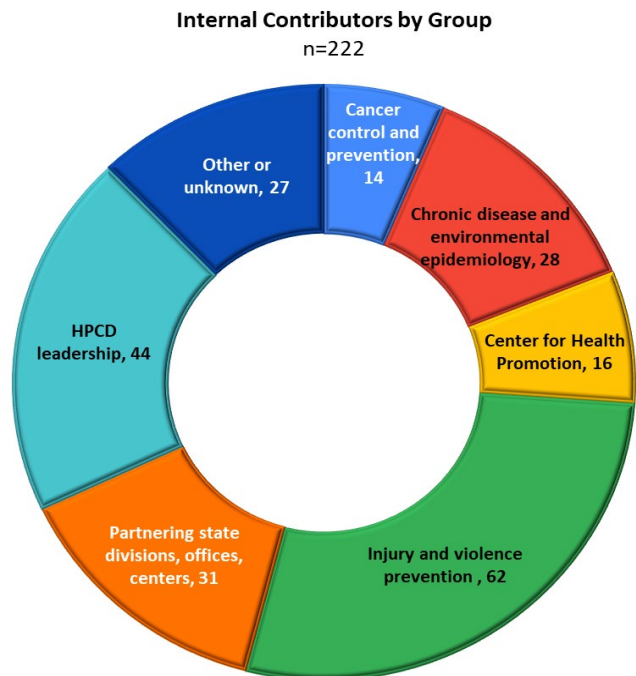
Staff / agency participants

The total number of staff/agency participants was approximately 222, with 209 contributing 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.

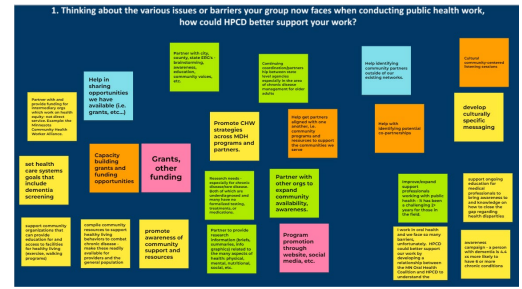
Response type:

- HPCD leadership: 44
- Partnering state divisions, offices, centers: 31
- Injury and Violence Prevention: 62
- Center for Health Promotion: 16
- Chronic Disease and Environmental Epidemiology: 28
- Cancer Control and Prevention: 14
- Other or unknown: 27

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?

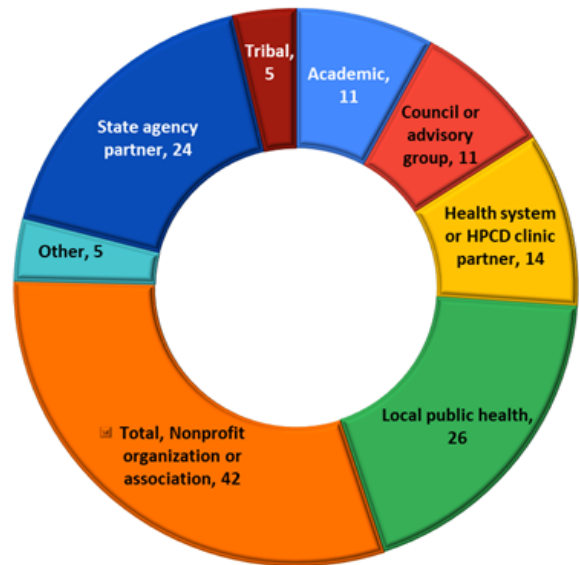


External partner contributors

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

- 72 participated via virtual sessions convened by HPCD strategic planning Steering Committee members and facilitated by the consulting team
- 66 responded to the same questions via an online survey
- State agency partner: 24
- Tribal: 5
- Academic: 11
- Council or advisory group: 11
- Health system of HPCD clinic partner: 14
- Local public health: 26
- Nonprofit organization or association: 42
- Other: 5

External Contributors by Organization Type
N=138



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?

Round 1 results were compiled, analyzed, and shared on the project website.

SWOT analysis

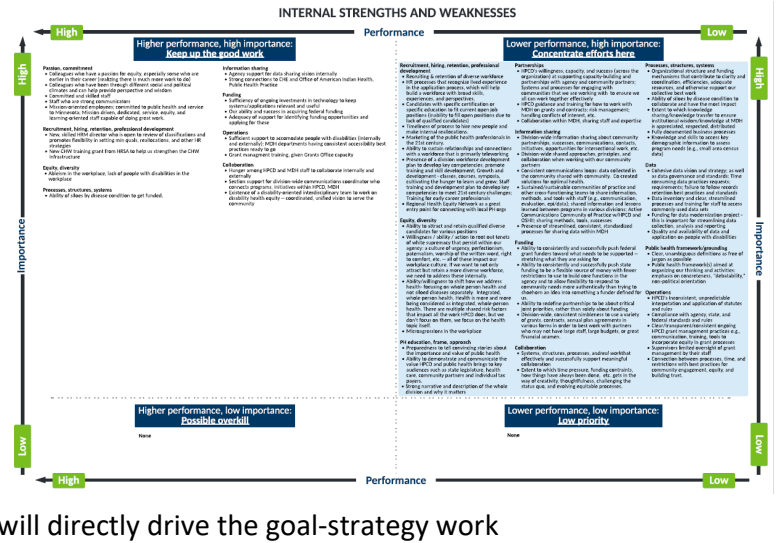
The SWOT analysis (strengths, weaknesses, opportunities, and threats) was done from late November through early December 2022. Contributions to the SWOT analysis were informed by Round 1 engagement results and the significant and substantive knowledge of the participants, who included HPCD staff and invited external stakeholders with solid knowledge of issues relevant to HPCD's work. All were provided with background information, SWOT instructions and examples, and invited to contribute their ideas asynchronously to common worksheets over several weeks. Of the invitees, approximately 40 internal and external key stakeholders contributed a wide variety of insightful ideas and information that provided important guidance for this strategic planning process.

Steering Committee members further organized the ideas by category, refined the content to resolve duplicates and similar issues, and clarified language as needed. They then scored the ideas as follows:

- Internal conditions (strengths and weaknesses) by current performance (high/low) and importance (high/low)
- External opportunities by impact (major/minor) and probability (major/minor)
- External threats by impact (major/minor) and probability (major/minor)

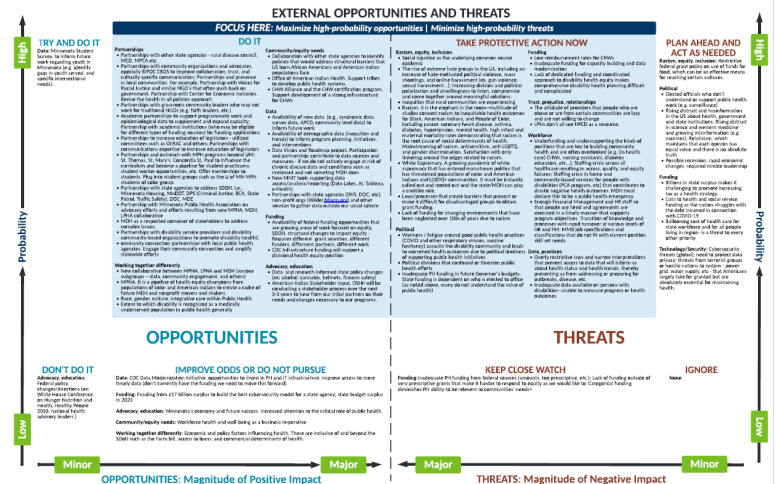
Based on those scores, the content was then "mapped" onto the formats shown in the graphics. These were presented to the Steering Committee in January 2023 with the following information:

- SWOT results provide strong guidance on where HPCD should -- and should not -- focus its strategic efforts
- Round 1 engagement results combined with SWOT results will shape the vision and mission efforts
- Round 1 engagement results, SWOT results, working versions of a vision and mission, and deep participant knowledge will directly drive the goal-strategy work



Committee members then focused on the following:

- For external opportunities and threats, on the items in the top center -- maximizing high-probability opportunities and minimizing high-probability threats
- For internal strengths and weaknesses, on the items in the top right that are low performance and high importance



Vision and mission

Process

The purpose of this 6-hour workshop with HPCD managers and supervisors in January 2023 was to develop draft versions of a Division vision and mission. It was facilitated by HPCD’s strategic planning consultant. Participants received extensive prep materials and the agenda in advance, which included reading the following:

- Process reminder: The working draft vision and mission statements will help guide development of goals and strategies. Stakeholders will then provide feedback on the draft vision, mission, goals, and key strategies and those results will be used to refine and finalize the strategic plan.
- State and MDH vision, mission, value information
- Round 1 Engagement Themes and Analysis
- SWOT memo and results

They also received clear definitions and specific guidelines for building both the vision and mission:

- **Vision definition (desired end state):** A brief statement describing the clear and inspirational long-term desired change resulting from an organization or program’s work. The best visions are inspirational, clear, memorable, and concise.



- **Definition of mission statement (what you do):** A one-sentence statement describing the reason the organization exists and used to help guide decisions about priorities, actions, and responsibilities. Good mission statements are written in the present tense and should be clear, memorable, and concise.

Draft results

Working draft vision statement: Using the prompt, “In 25 years, as a result of our work in HPCD...,” participants generated a wide range of ideas, clustered and organized them, and after significant discussion reached consensus on the following: In Minnesota, all people and communities are equipped and empowered to enjoy long, healthy lives.



Working draft mission statements: With the mission statement building blocks arranged in columns, participants generated a wide range of ideas under each, clustered and organized within the blocks and then across them. After significant discussion there was consensus on the following two options:

- HPCD collaborates to create and implement equitable solutions that prevent and reduce chronic disease, violence, injury, and disability.
- HPCD collaborates to prevent and reduce chronic disease, violence, injury, and disability to achieve health equity.

These drafts, along with draft goals and strategies, were offered for Round 2 feedback in late spring 2023.

Goals and strategies

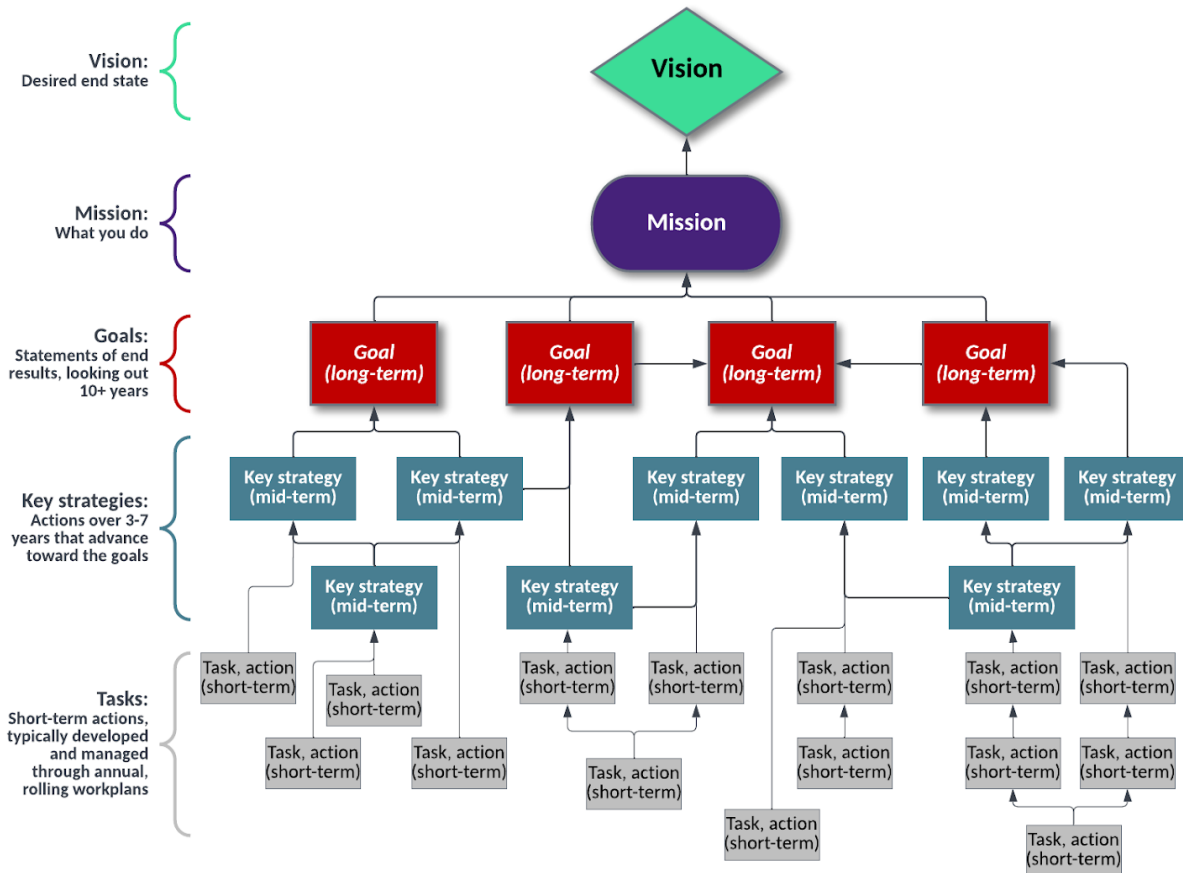
Preparation

In this full-day workshop in February 2023, HPCD managers and supervisors began identifying long-range goals and mid-range strategies to advance the organization’s mission and vision and drive HPCD’s strategic direction.

Developing goals and strategies was the culmination of all previous steps. Participants served as *stewards* of the voices and learnings from that work, and came to the workshop prepared to lead with the results from the Round 1 engagement themes and analysis, SWOT memo and results, and working draft vision and mission.

Essential definitions

Vision, mission, goals, key strategies, and tactics: The graphic below illustrates how all the elements connect, followed by key definitions for the work on goals and strategies and during the workshop.



Goals: Goals are the “whys” that drive an organization or initiative over time. They resonate well across all stakeholders, remain relevant for many years, and are both inspirational and aspirational. They are ends, *not* means, and link directly to mission and vision. Importantly, goals are statements of being – what you are committed to saying will characterize your future. For our work together, the format for goals is: **+++ is**

or has... *Examples from various organizations:* Recognized as the “go-to” organization for (blank). A national leader in innovative (blank) practices. Members reflect the demographics of the communities we serve. Vibrant and resilient. Financially sustainable.

Strategies: Strategies are the “whats” that will make the “whys” (goals) happen. They should be high-level and mid-term, *not* easy tasks that can be quickly done and then checked off your list. They are strong, substantive, and point clearly to action. For our work together, the format for strategies as follows: **(Verb)...** *Examples from various organizations:* Measure our performance against accountability standards. Engage stakeholders in ongoing decision making around key issues. Provide high-quality, accessible training. Create reciprocal relationships with key stakeholders. Publicize the results of our work.

Tasks/tactics: These are the “hows” that advance the strategies and eventually meet the goals. They are typically the basis for annual work plans. So, for example, tasks to support the strategy of “Publicize the results of our work” could be “Write newsletter articles about key projects,” or “Include testimonials and quotes in social media posts.” Although some tactics are likely to be identified, they are not the focus of this workshop; tasks/tactics will be developed by staff later.

Workshop process

The workshop used a highly participatory process that began by identifying robust and relevant mid-term *strategies* -- the heart of the work -- and built toward robust long-term goals by articulating critical **causal** connections between and among them. Work begins with this key question: What must HPCD do over the next five-seven years to live our mission and advance toward our vision?

Participants practiced first as a group, then over the course of the day generated and organized hundreds of ideas, elaborated on the strategy clusters that emerged, and finally reached consensus on a draft set of long-term goals and mid-term key strategies.



Draft results, next steps

After the workshop, HPCD leadership cleaned and organized the results in preparation for Round Two feedback. See detailed information on results in that section below.

Round Two feedback

Process and content

Based on the engagement design and workplan, the consultants engaged HPCD staff and key partners throughout the state to provide feedback on the draft vision, two mission options, goals, and key strategies. Drafts and questions are shown below. Round Two content included information on the process to date and the project website link. Staff contributed via a virtual session or an online survey with the same content, and partners contributed online only.

Vision draft and questions:

- Draft vision: In Minnesota, all people and communities are equipped and empowered to enjoy long, healthy lives.
- Questions:
 - What inspires you about this vision?
 - What are your questions or concerns?

Mission drafts and questions:

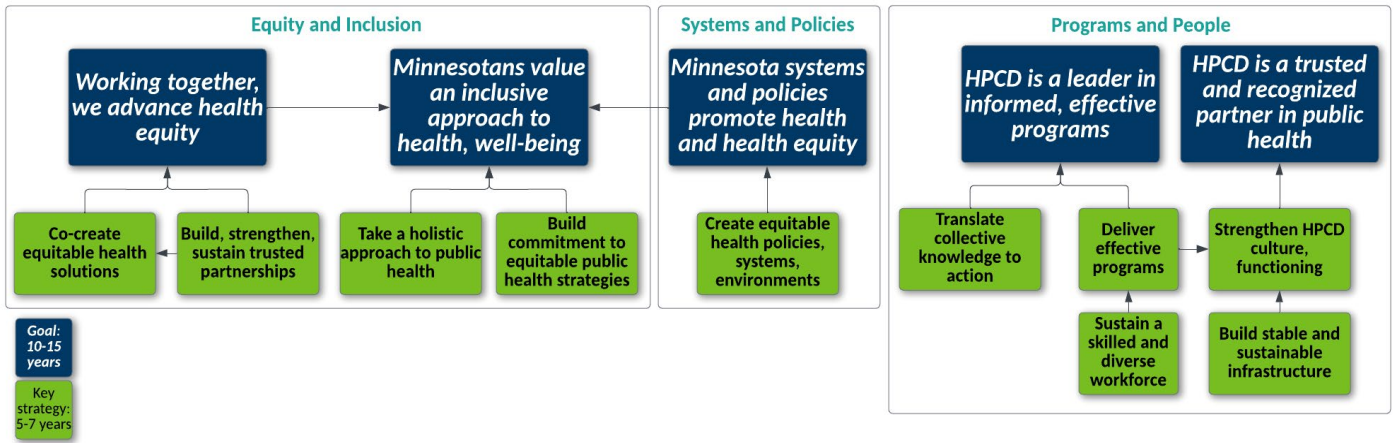
- Draft A: HPCD collaborates to create and implement equitable solutions that prevent and reduce chronic disease, violence, injury, and disability.
- Draft B: HPCD collaborates to prevent and reduce chronic disease, violence, injury, and disability to achieve health equity.
- Questions for both:
 - What do you find exciting or appealing about this mission statement?
 - What are your questions or concerns?

Goal and key strategy clusters: Both virtual and online formats included the information below.

- The draft goals and strategies were developed based on staff and partner input and the SWOT analysis results.
- HPCD leadership used a “causal” strategy mapping process that links actions to outcomes using arrows.
- Definitions: Goals = 10-15 years and key strategies = five-seven years
- High-level summaries of the draft shorter-term actions supporting each of the clusters.

The draft goals and key strategies were presented in three separate clusters: Equity and Inclusion, Systems and Policies, and Programs and People. For each cluster, participants were asked to respond to two questions:

- What do you find exciting or appealing about these key strategies and goals?
- Which of these are confusing or may be hard to explain? For those, what changes would you recommend?



Feedback

- From staff, 26 people provided feedback via one of three virtual sessions and an online survey; participants were from all sections and the director’s office.
- From partners, 18 people contributed via an online survey; participants were from local public health, nonprofit organizations or associations, health system or HPCD clinic partners, state agency partners, and academia.

Responses from staff and partners were combined and presented alphabetically following each set of information. In a subsequent work session, HPCD leadership team members reviewed the results and made decisions on final language for the vision, mission, goals, and key strategies that section and project leads will use to develop aligned workplans.

Minnesota Department of Health
 Health Promotion and Chronic Disease Division
 PO Box 94975
 St. Paul, MN 66164-0975
 651-201-5400
directorshpcd@state.mn.us
www.health.state.mn.us