

My Work → Our Work:  
Creating a Culture of Collaboration through Knowledge Sharing

**MPA Capstone Paper**

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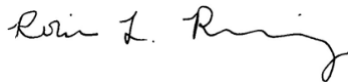
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*\*Names are withheld to protect anonymity*

## Executive Summary

The purpose of our study was to examine the Hennepin County Public Health Department (HCPH) and its many programs and their community engagement programs. In 2019, the Hennepin County Public Health Department finds itself facing new challenges, including regularly changing federal and state requirements, constantly updated grant requirements and uncertain funding streams are having an impact on how health service programs are delivered to residents. At the same time more technology, and a growing, increasingly diverse population requires HCPH to increase access, to streamline and provide more targeted services all while being mindful of government funds “for these reasons, it is imperative that there is shared knowledge about existing services and community health engagement initiatives. (HCPH Capstone Workshop Proposal Form, 2019).

As a step to address this problem, the staff at HCPH developed a project proposal to build more collaboration among its community engagement programs. Our client, Veronica Schulz, Strategic Initiatives and Community Engagement for HCPH, had the idea of a framework as a central knowledge sharing tool for all staff to share the community engagement work being done at HCPH. The client also wanted further study to find other ways to help reduce gaps, see fewer overlaps in programming, improve collaboration, and increase knowledge sharing among HCPH staff. Given that each of our team members has an interest in community engagement, we chose to work with HCPH on their project, and this report is the result of our work.

To better understand the problem at hand our team focused on three specific research questions:

1. What are the community health engagement activities being done at HCPH?
2. What are the challenges to sharing knowledge?
3. What are the gaps and overlaps?

Our analysis of the existing literature and the interview data suggests that the following findings and recommendations will help HCPH build a stronger culture of collaboration, a better sense of trust amongst themselves. This will lead to a more cohesive internal knowledge base, fewer gaps, and fewer overlaps in community health engagement programs.

***Finding I:*** *Knowledge gaps exist among staff however, they are eager to share their accomplishments and learn about others’.*

### ***Recommendations:***

- Continue Lunch & Learns. All participants say these have been a successful step to reducing knowledge gaps.
- Find ways for Community Engagement Steering Committee members to disseminate information with their program staff to address knowledge dams

- Implement community-building activities both within and between programs to help build relationships and to promote knowledge sharing ways to connect teams that are doing complementary work to increase knowledge sharing and collaboration between programs.

***Finding II:*** *There is strong support for the Community Engagement Framework from staff and leadership; and it must be kept up to date.*

***Recommendations:***

- Require all departments to fill out the framework, once completed, analyze it to identify gaps and overlaps to find opportunities to improve collaboration
- Keep the information relevant and up to date, update it every six months, create calendar reminders to prompt an update.
- Embed the framework in the organizational culture
- Consider additional uses for the tool; including for grant applications and as a reference for future initiatives looking to learn from past initiative's missteps or successes
- Keep activities that have ended in the framework for a certain period of time because the information will still be relevant for someone who may be searching to understand similar engagements or communities.

***Finding III:*** *Trust is necessary for building relationships and for effective collaboration at HCPH. A key component of trust is having all programs use a common definition of community engagement to ensure shared language and cultural competency.*

***Recommendations:***

- Have a consistent definition of Community Engagement
- Managers and supervisors should create opportunities for face to face activities and team-building exercises, as referenced in our previous findings, in order to help build trust between staff.
- Include time in staff meeting for community-building activities
- Work to make continuous and intentional efforts toward building cultural competency for HCPH staff. This will help to build trust and create opportunities for authentic conversations.

## Introduction

Hennepin County is the largest county in Minnesota and has a population of more than 1.2 million residents, almost 20% of whom speak a language other than English at home. The Hennepin County Public Health Department has an annual budget of \$63 million with half coming from the Federal Government *see figure 1* (Hennepin County Public Health Department Annual Bulletin, 2018).

Funding source	Amount
Federal, State, and Local Grants	\$30,026,934
Fees for Service	\$6,331,190
Licenses and Permits	\$1,781,121
Property Tax	\$25,686,414
<b>Total</b>	<b>\$63,825,659</b>

*Figure 1 Hennepin County Public Health Department (HCPH) Funding Sources, (Hennepin County Public Health Department Annual Bulletin, 2018)*

The department is responsible for a wide array of public health services across the county. Since the programs are community-based, they all require community engagement activities in order to connect county residents to information on the variety of health care services available to them. As uncertainty regarding state, federal funds has grown over the past decade, it has put pressure on Hennepin County to be more streamlined and mindful of its spending.

The Hennepin County Department of Public Health Department identified a need for stronger collaboration and knowledge sharing in its community engagement activities as a potential opportunity to align resources, streamline services and identify gaps and overlaps within its 21 different programs and many different initiatives. Given the sheer number of programs along with the open space model of their office, getting to know the scope of work of all programs is difficult for staff members across the department. To identify and assess gaps and overlaps in community engagement activities, HCPH determined that it would likely benefit from a process and/or tool as it currently lacks the cohesive knowledge and the internal practices to do so. To address this, we gathered data on a proposed tool and provided knowledge to the Hennepin County Public Health Department to strengthen its ability for cross-activity collaboration and information sharing by researching the following problem statement:

*The Hennepin County Public Health Department lacks a cohesive internal knowledge base, which is potentially leading to gaps and overlaps in community health engagement programs.*

## Research Strategy & Methodology

### Design & Methods

We began our project with a literature review investigating the effects of telecommuting offices, changing organizational culture, and leadership's role in that change. Using our literature review, and organizational knowledge of the Hennepin County Public Health Department, we chose to employ a case study approach to identify barriers to knowledge sharing within the department and assess the potential effectiveness of a Community Engagement Framework proposed by our client.

Given the size of the department and the fact that our team only had two full months to work on this project, we designed our research to include participants from four community engagement programs along different sections on the Hennepin County Public Health Department Community Engagement Continuum (*Figure 2*). Hennepin County Public Health bases its continuum on a model designed by the International Association of Public Participation which was highlighted in the handbook, *Principles for Community Engagement* (McCloskey, Aguilar-Gaxiola, Davis & Michener, 2011 p. 7). The continuum is designed to show the differing levels of engagement a program can be categorized under.

As Figure 2 shows, the Hennepin County Public Health Department chooses to categorize its community engagement efforts along these following levels: Outreach, Consult, Involved, Collaborate, and Shared Leadership, which are the same as the national standard but has added Community-Led as an additional level. Community engagement programs can exist along the continuum over time based on the work they are doing and how they are doing it.

### Hennepin County Public Health Community Engagement Continuum

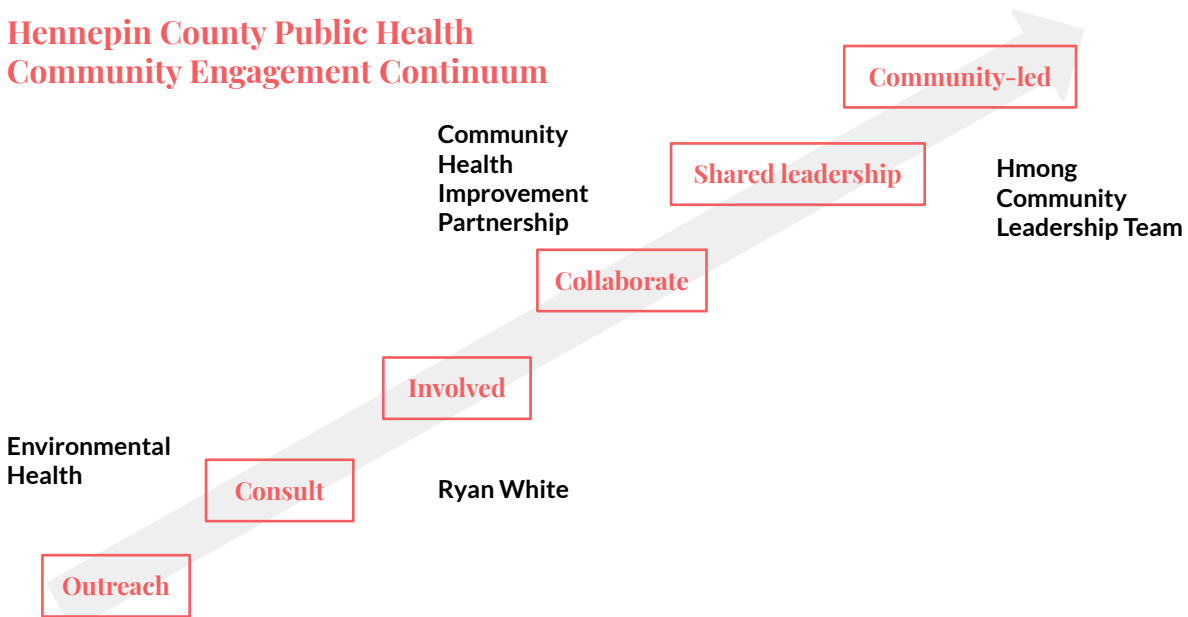


Figure 2 Hennepin County Public Health Community Engagement Continuum (Hennepin County Public Health, 2019)

Selected participants are staff members from Environmental Health, Community Health



Improvement Partnership (CHIP), Ryan White Program, and the Hmong Community Leadership Team (Hmong CLT) an initiative of the Health Promotion Program. It is our understanding that the aforementioned programs were selected based on their position within the Hennepin County Public Health Community Engagement Continuum (Hennepin County Public Health, 2019). By including programs from several categories along the continuum we were able to gather data that would lead to an analysis that would be applicable to all types of community engagement programs at HCPH. Our sample size of 12 participants and interview subjects were selected from each of these programs by HCPH staff.

### ***Data Collection & Analysis***

Our team considered various methods of data collection for this study and ultimately decided on conducting interviews with participants since we would need very detailed responses in order to properly investigate our problem statement. An interview guide was designed with a total of 12 questions using findings from our literature review and organizational information gathered from our research, and conversations with our client. All interview participants were asked the same questions, slightly modifying them to adjust for varying job functions and programs. All of the interviews took place between Monday, July 15 and Friday, July 26, 2019. We each participated in 27 hours of interviews - either in person or by listening to the audio.

We had two interviewers present at each interview with one asking the questions and the other recording the interview and taking notes. The third member of our team that was not present listened to the audio of the interview, listening for nuances, non-verbal data, and to ensure data and interpretation accuracy. After each interview, the lead interviewer wrote a *contact note* to analyze the data collected and identify emerging themes. All interview notes were coded so that coinciding statements could be grouped for analysis. This also allowed us to anonymize the data so that statements could not be linked to any one staff member.

### ***Ethical Considerations***

Although the Hennepin County Public Health Department employs more than 800 staff and we ultimately only interviewed 12 participants from HCPH programs, there is still some degree of risk, as there would be in any research project. Potential risks to participants could include:

- Potential backlash from Hennepin County Public Health Department leadership if they were to be identified as being critical of the department
- Exposure of personal values/biases

In order to minimize risks we:

- Used limited personal descriptors in this report
- Anonymized data collected
- Provided a disclosure clause upfront acknowledging potential risks through an informed consent form.

### ***Potential Data Distortions***

Given our time limitations, we were unable to conduct interviews with staff from all Hennepin County Public Health Department Community Engagement Programs. However, from the four programs selected, the data gathered resulted in significant overlap throughout the responses of all participants.

## **Community Engagement Framework & Analysis**

### ***Framework Creation***

We refer to the tool that HCPH was interested in investigating as “the framework.” This tool is essentially a matrix that catalogues all the basic information about all community engagement initiative throughout the department. During our initial meeting with the client, we developed an initial list of categories to be included in the framework. These categories were based on both the clients’ experience at HCPH and our combined professional experience.

During each interview, we introduced the framework concept, purpose, and categories to the interviewee and asked for feedback (Appendix B). All interview participants indicated that the community engagement concept would be a good step in addressing collaboration and knowledge sharing at HCPH. Using the data gathered in interviews our team built a framework with the categories that were deemed most important by our interviewees. Although interviewees often wanted fewer categories, they also expressed a need for additional categories that they thought would be valuable. Our goal was to strike a balance between brevity and usefulness so that it would be manageable yet robust enough to make a difference.

This resulted in a Community Engagement Framework with twenty categories, not including the program title and initiative title. From left to right, the framework will start with the broader program area of Hennepin County Public Health, for example, “Health Promotion,” or “WIC.” The second column will indicate the specific community engagement initiative within that larger program area, for example (corresponding with above), “Healthy Brooklyns,” or “Thrive By Five.” The categories are in order from left to right on the framework template, as follows:

- **HCPH Point-of-Contact and preferred method of contact.** This is meant to be used by other HCPH if they have questions about the initiative or see potential areas for collaboration.
- **Community (Population) Engaged With**, followed by columns **Age**, and **Race/Ethnicity**. The column Community (Population) Engaged With is intended to be a catch-all for any descriptors about the targeted group that do not fit within the bounds of Age or Race/Ethnicity. For example, this could be a religious or cultural affinity, or homeless.
- **Geographic Area and Location.** Geographic area will indicate the targeted region or city, for example, All of Hennepin County or Brooklyn Center. This category will have a defined list of options to choose from. Location will indicate the specific place the engagement took place, for example, School or Community Center.
- **Health Topic**, for example, tobacco awareness, or disease prevention.

- **Community Engagement Continuum.** Indicating where the community engagement activity falls on the continuum, which includes Outreach, Consult, Involve, Collaborate, Shared Leadership, Community-Led.
- **Goal/Objective/Purpose of the Community Engagement Initiative.** This will be an open-ended description.
- **Community Engagement Method.** This category includes the following options for selection: Key Informative Interviews, Community Assessment Need Surveys, focus groups, Stakeholder Meetings, Resident Focus groups, Dot Exercise, Asset mapping, 1on1 meetings, GIS Mapping, Surveys, Roundtable Discussions, Community Events, Other: Explain.
- **Date Engagement Began,** which is just a date, and **Lifespan or Timeframe of Engagement,** which includes: Periodic, One-time, Just Beginning, Starting Outreach, Pilot, Action Phase, Closing Down, On-going, and Concluded.
- **Evaluating the Community Engagement Activity;** three columns, including metrics of measurement, tools used (with space for a document upload), and outcomes.
- **Dedicated resources and Resource Constraints.** This column indicates dedicated resources and any resource constraints related to community engagement.
- **Partners Involved.** Any and all external partners involved in the community engagement initiative.
- **Notes.** This column leaves space for any remaining notes.
- **Last Updated.** The last column captures the date the form was last updated.

In order to have a working prototype of the framework, we worked with Jeremy Gharineh, Support Specialist of Strategic Initiatives in Hennepin County to construct a survey-like form that community engagement staff will fill out that would populate. This form will then populate the framework which would be housed on Sharepoint, the internal website for employees of HCPH. All framework categories will be able to be filtered and staff can conduct searches by any of the subjects of the categories mentioned above using the search bar.

### ***Framework Analysis: Gaps, Overlaps & Collaboration***

To aid our project the client provided us with a handful of existing documents containing information about various programs and community engagement activities. Participants also supplied us with spreadsheets with their program information, which we added to the data we had. Additionally, the Hennepin County Public Health section of the Hennepin County Government website provided additional information as well. We used information from these sources to populate the framework in order to analyze the results and identify gaps and overlaps. However, due to the scattered and incomplete nature of the information provided, it proved difficult to complete the framework and run an analysis of the programs. The best information we received about gaps and overlaps came from our interviews. The interviewees provided examples of overlaps and areas where collaboration could happen and has happened. Given the comprehensive list of categories above, there are strong reasons to suspect that, once completely filled out, the framework will be very helpful in identifying gaps and overlaps.

### ***Gaps***

During our interviews, participants were not able to identify any gaps in programming

that they were aware of, although one interviewee informed us that they didn't know of much public health community engagement work taking place in the far western cities of Hennepin County (Interviewee 1, Program E). Our team only did a deep dive into four (of the many) HCPH programs and did not have the complete framework data available to be able to do a thorough gap analysis for Hennepin County Public Health. Again, because we created a thorough list of categories we are suspect that once the framework is completely filled out, it will be very helpful in identifying gaps by geography or a population measure such as race, age or ethnicity.

### ***Overlaps***

A few overlaps in programming were identified by HCPH staff during our interviews. For example, one interviewee noted that they learned that another program was meeting with farmers market vendors at the same time that they were meeting the vendors. Another interviewee mentioned that some of the programs developed for schools like sexual disease prevention and teen pregnancy prevention could be combined to save resources for HCPH and valuable instruction time for the schools. A key benefit in identifying overlaps could be, as in the case with the farmers market vendors, saving time for the clients so they don't have to take extra time out of their busy schedules to attend two different meetings of the Public Health Department when they could attend just once. In our view, any overlaps should be seen as opportunities for collaboration. Through interviews, we learned that both CHIP and Health Promotion work with residents in multi-family housing. Although Health Promotion's focus is on healthy eating, tobacco prevention, and active living and CHIP has a housing focus in rental communities, there could be a possibility to combine programming when they convene residents.

### ***Collaboration***

We did hear about some great examples of collaboration that are already happening and certainly, there are many examples to be found within HCPH already. A few we found:

- Environmental Health, GIS mapping, and the Swim Foundation worked together to identify areas in the county with a higher incidence of drowning deaths and then proactively began to offer free swimming lessons in those areas in order to reduce deaths by drowning.
- Environmental Health (lodging inspections) and “No Wrong Door”, Hennepin County's initiative to reduce sex trafficking, partnered during Super Bowl 52 in Minneapolis last year to reduce sex trafficking and then again when new legislation was passed that required sex trafficking training for lodging operators.
- Health Promotion and Environmental Health have partnered together several times on youth tobacco reduction initiatives in Hennepin County.
- Health Promotion regularly partners with schools, cities, multi-unit housing complexes, parks, youth organizations, and other organizations in order to achieve their program goals.

It is important to note that some collaborative work is already being done and by using the framework, there is a strong potential for many more collaborations within the Hennepin County Health Department.

## **Application of Community Engagement Framework**

The four community engagement programs used in the study are listed below. In addition to gathering information about knowledge sharing practices, we used data provided by interviewees to conduct a proof of concept for the Community Engagement Framework. By doing a deeper dive into these four activities, we were able to get a strong sense of how each different program would utilize and fill in the framework.

### **1. *Environmental Health - Outreach***

Hennepin County's Environmental Health program provides food, beverage, and lodging inspections and an enforcement program to prevent water and foodborne illnesses for some cities. This work provided by HCPH Environmental Health covers all cities in Hennepin County except Bloomington, Brooklyn Park, Edina, Minneapolis, Minnetonka, Richfield, and Wayzata.

Their community engagement is mostly at the outreach end of the Community Engagement Continuum. For example, one of their biggest engagement efforts is sending out the quarterly e-newsletter, Food Digest, to roughly 2,500 subscribers, typically food operators. This newsletter provides a feedback option, so it does go a little beyond outreach. In addition to Food Digest, Environmental Health does city outreach by doing joint inspections with city officials who perform inspections for those cities. Environmental Health also works with students and schools to do shadows and culinary demonstrations about food safety. Environmental Health has unique one-time community engagement initiatives and may see fit to use the community engagement framework by documenting each one-time initiative, or by grouping together similar engagements under one entry.

### **2. *Ryan White - Involved***

The Ryan White program “works to help low-income people living with HIV access the health care and supportive services needed to successfully treat the disease” (“Ryan White HIV Services,” 2019). Hennepin County Public Health administers the Federal Ryan White Part A grant for the entire Minneapolis-St. Paul metropolitan area. This means that they contract with community-based organizations and clinics to provide medical and supportive services to this population.

Ryan White has many community engagement activities that typically involve the program's target population, low-income individuals living with HIV, and often communities of color. One example of a Ryan White program community engagement is their West African Task Force. This effort employs members of the West African community to reach other members of this community, specifically in Brooklyn Park and Brooklyn Center. This task force was created because the data showed this population was disproportionately affected by HIV/AIDS. This group engages in HIV community action planning, HIV education and testing, training of women and spiritual leaders, and community outreach events (Freeman, Hanft, Tran, 2019, p.6). This initiative began in 2017 and is on-going with additional funding provided by the Minnesota Department of Human Services. The West African Task Force engagement initiative falls at Collaboration on the Community Engagement Continuum.

### ***3. Community Health Improvement Partnership - Collaborate***

The Community Health Improvement Partnership (CHIP) was founded in 2012 to “foster alliances across organizations in multiple sectors to target community health issues together for greater impact.” (“Community Health Improvement Partnership”, 2019). It was founded by the Community Health Boards of Hennepin County, Bloomington, Minneapolis, Edina, Richfield, and their partners. In 2017, after 5 years, they used data and community input to reframe their focus on increased mental health and well-being within communities over the next 3-5 years.

The two overarching strategies are:

1. Support mental wellbeing in communities through policy and systems changes
2. Address housing stability as a social determinant of mental health and wellbeing (“Community Health Improvement Partnership”, 2019)

For the purposes of the framework, we’ve broken down the CHIP program into two community engagement activities; mental wellbeing and housing stability to conduct a proof of concept. Our interviews with staff indicate that both engagement activities will be a good fit for the framework. During the course of the interview, we learned that CHIP is a fairly independent entity within the public health department, with only one staff member, the director, responsible for HCPH’s part in the program. Both engagement activities target adult residents of Hennepin County although the housing program specifically targets residents who are renters. The community engagement happens in hospitals, libraries, community health organizations, housing organizations and communities, and government facilities. These engagement efforts fall under the collaboration and shared leadership portion of the Community Engagement Continuum. Community engagement is conducted through key informative interviews, community assessment needs surveys, focus groups, and stakeholder meetings.

CHIP is predicated on partnership with other community health entities, but the program also partners with the following groups and organizations: Pillsbury United Community, Allina, City of Minneapolis Health Department, City of Bloomington Health Department, City of Hopkins Planning and Economic Development, City of Edina Community Health Services, Twin Cities LISC, Neighborhood HealthSource, Stratis Health, Minnesota Women Indian Resource Center, AEON Housing, CommonBond Housing, Headway Emotional Health Services, Archdiocese of Saint Paul and Minneapolis.

### ***4. Hmong Community Leadership Team - Community-Led***

The Hmong Community Leadership Team is a community engagement activity within the Health Promotion program of Hennepin County Public Health. After conducting a Health Equity Data Analysis (HEDA), HCPH discovered that the southeast Asian population had disproportionately high rates of diabetes. Health Promotion received a Statewide Health Improvement Partnership (SHIP) grant to address this issue and per grant guidelines were required to form a community leadership team. The Hmong community is the largest group of Southeast Asians in Hennepin County, specifically in the Brooklyn Park and Brooklyn Center area. Because Health Promotion is, self-admittedly, not a diverse staff, they hired a consultant, a

Hmong woman with a Ph.D. in Public Health, who has done diabetes research to lead this initiative. The engagement takes the form of key informant interviews and focus groups. They have held three meetings, each with 9-12 attendees.

This initiative is a good litmus test for understanding whether other Health Promotion community engagement initiatives will work in the framework. Health Promotion has over 20 different community engagement initiatives and has always been branded the “community engagement arm” of HCPH. (Interviewee 3, Program A). It is important that the framework makes sense for cataloging their initiatives because other programs with less community engagement experience will likely look to them for guidance and example.

After looking closely at these four community engagement activities, the evidence suggests that the community engagement framework would be functional for all programs and initiatives for the following reasons:

- They all operate at different points along the Continuum of Community Engagement, which means they are different types of engagement, from e-newsletter distribution to community member-driven change.
- These community engagement activities also range from large programs (Ryan White, CHIP) to small initiatives (Hmong CLT, and the individual engagements of Environmental Health).
- The broad range of engagement, which all fit into the categories outlined in the framework, provide proof-of-concept for using this framework for all community engagement activities taking place within Hennepin County Public Health.

## **Overall Findings & Recommendations**

### ***Finding I***

*Knowledge gaps exist among staff however, they are eager to share their accomplishments and learn about others’.*

All interview participants indicated that they lacked at least some knowledge about other HCPH programs' community engagement efforts due to a lack of a cohesive internal knowledge base. This finding is important as it substantiated the need for this study. One staff member said,

*“before I got involved in ... [community engagement steering committee], I didn’t make the time to understand what the other areas were doing, so I think your project will be very helpful. I think the majority of people just focus on their specific responsibility.”*  
(Interviewee 1, Program D).

As this quote shows, there is currently ‘my program/their program’ mentality at HCPH. During interviews, most staff indicated a much stronger identification with their own program than with HCPH or Hennepin County as a whole. When asked to identify gaps or places of overlap between activities, most staff were unable to answer because they “don’t know enough about the

other programs or activities to identify any.” (Interviewee 1, Program E) and “there are a lot of gaps, we just don’t know what they are.” (Interviewee 3, Program A).

After discussing this, we found that all interviewees hoped to increase their knowledge. They expressed strong interest in learning what is being done by other programs *and* in sharing what they are doing in their own programs. “What’s going on, who’s doing it, on what level, for how long, and are these ongoing relationships?” (Interviewee 1, Program B). Staff conveyed a real sense that if they had greater department-wide knowledge, they would be much better equipped to serve residents. One interviewee said they felt unequipped to answer certain questions about HCPH services stating,

*[we] “get asked questions about direct service (clinical, medical, social work side) when you get asked those questions, you could easily share that information, ‘here let me connect you with this person to get you on food stamps, etc.’ that could go a long way with [community] relationship building and collaboration between other departments.” (Interviewee 3, Program A).*

Everyone feels that they also have useful, important information to share with other activities, especially as it relates to working with certain communities or populations.

Interviewees said that there are some successful actions already being taken to improve knowledge sharing in the department including monthly workshops called Lunch and Learns, for which they expressed strong support. However, despite widespread support for this program, most interviewees said that those who attend them do not necessarily go back to their teammates and share information they learned. In addition, employees are able to attend these Lunch and Learns remotely via Skype, which is beneficial in order to reach as many staff as possible, and thus a net positive overall, but at the same time removes a necessity to connect with colleagues face-to-face.

On this note, nearly every participant expressed an interest in finding more ways to connect in person with their colleagues as a way to improve knowledge sharing and collaboration. One interviewee said that “it seems people are hungry to SEE others and make personal connections and really get to know them.” (Interviewee 4, Program A).

This is a point where the literature and the interviews align perfectly. We learned during the interviews that Public Health employees mostly telecommute and when they are in the office, they do not have a designated workspace. This is commonly known as hoteling.

*“That is the main problem, that we work in silos. Most of us don’t even come into the office. We don’t have any forum where all line staff come together. The opportunities to understand what we all do are limited. Supervisors do get together every two months.” (Interviewee 1, Program A).*

This lack of interaction with colleagues is a barrier to information sharing and certainly leads to knowledge gaps among staff. However, most of the interviewees made it clear while



they understand the downside to this work environment, they were in favor of the telecommuting policy overall and do not want that to change much.

### ***What the Literature Says***

*Knowledge sharing and collaboration comes from an intentional organizational culture shift.*

It is clear that knowledge gaps exist among staff within the HCPH Department, but there is a clear desire to get to know each other better, thus reducing these gaps. The literature suggests that this kind of change has to come from an organizational culture shift and our literature review offers some suggestions for how this can be achieved. The Society of Human Resource Management defines organizational culture as “shared beliefs and values established by leaders and then communicated and reinforced through various methods, ultimately shaping employee perceptions, behaviors, and understanding” (“Understanding and Developing Organizational Culture”, 2019). Although, this study is not a full organizational culture study, both our interview and literature findings affirm that an organizational culture shift is needed at HCPH if employees are to move from a “my work” to “our work” mentality, and create a culture of collaboration.

In *A Roadmap for Achieving Real Culture Change in Your Organization*, Bowden and Russo suggest that to shift organizational culture, in this case from “my work to our work” requires time and investment, is relatively straightforward if the following six steps are followed:

1. **Define your current reality** - understand available resources and define the highest priority and performance metrics.
2. **Clarify the vision** - define what the current cultural beliefs and values are and determine which ones need to be changed.
3. **Engage others** - include a broad set of people to be part of the process to ensure buy-in and accountability.
4. **Manage the change** - develop a plan, communicate often and follow the plan
5. **Build capabilities** - determine if any new skills will be required and implement any needed training. Be intentional about using cross-departmental (or in this case cross-program) teams to include the transfer of skills and knowledge.
6. **Sustain performance** - reinforce with regular measuring of results and metrics

This literature finding suggests that these steps could have a very positive effect on HCPH as it relates to both community engagement and program knowledge sharing as well as the sharing of resources.

Galambos, Dulmus, and Wodarski, in *Principles for Organizational Change in Human Service Agencies*, note “Agencies over time tend to become preoccupied with their own maintenance and survival, a phenomenon known as goal displacement. Organizational change is an effort to counter these goal displacement tendencies in order to ensure that human service agencies serve the purposes for which they were created” (Galambos, Dulmus, Wodarski, 2005 p. 64). Our research indicated that ‘goal displacement’ was something that HCPH is both grappling with, and working to address through our study by demonstrating that there is a

recognition by our client and staff that changes need to be made to move forward with more knowledge sharing and collaboration in order to better serve the residents of Hennepin County.

Several strategies were identified in *Principles for Organizational Change in Human Service Agencies*, as effective in managing change in human services organizations. Two of which are applicable to HCPH:

- **Knowledge Diffusion** - the authors specifically point out the use of new technology as a way to support increased knowledge diffusion. This is a clear alignment with our data as knowledge sharing is identified as a top priority for this project and by the interviewees. All interviewees expressed a strong interest in knowing more about the community engagement work being done by the other programs and sharing what they are doing as well, the Community Engagement Framework is a key part of increasing knowledge sharing between programs.
- **Staff Development** - described as the resources and training needed to be able to identify and make the needed changes. This was a sentiment expressed by all of our interviewees who expressed concern about having the time and resources needed to be able to fully engage in both the framework and in spending more time learning from their colleagues about their community engagement activities which could be mitigated through a commitment from leadership for staff development (Galambos, Dulmus, Wodarski, 2005 p. 66-67).

In addition to the literature on organizational culture, we decided to take a look at the research around telecommuting/hoteling, because HCPH employees mostly telecommute and do not have assigned workspaces, and this working arrangement came up as a challenge of knowledge sharing and collaboration.

One study concluded that telecommuting leads to a more positive telecommuter - supervisor relationship. The study also showed that the relationship between telecommuters and their coworkers, became increasingly negative as employee interaction decreased. (Gajendran & Harrison, 2007 p.1536 ). However, other researchers found that informal communication and relationship building can help build telecommuting employees' sense of connection to their organization and their co-workers. For instance, “Our findings point to the importance of relationship-building values that transcend technology, such as trust, liking and friendship, and the need for informal communication opportunities to nurture such relationships” (Fay & Klein, 2011 p. 42). This aligns well with our project where the data suggests that current relationships with colleagues are neutral, as interviewees expressed an interest in learning more about getting to know people better, but did not express any feelings positively or negatively toward other colleagues.

In addition, our literature review of Gajendran & Harrison’s piece also shows that employees who telecommute three or more days a week are much more satisfied with their jobs than employees who go into offices five days a week. They also found that telecommuting employees did not necessarily miss the regular interaction with their co-workers, as long as there

were certain things put in place to connect them like regular all-department meetings, small group conference calls, social meetups (virtual or in-person) and knowledge-sharing events, like lunch and learns. One interviewee suggested a sort-of speed dating event for HCPH employees in order to efficiently meet one another and learn what each other did within the department. Basically, any way to get to know their colleagues on a more personal level, share ideas and feel like a team.

### ***Recommendations***

After analyzing the findings from both the interviews and literature review about the subject of knowledge gaps among employees; we suggest the following recommendations in order to mitigate the effects of telecommuting, and ultimately improve service for residents.

- Continue Lunch & Learns. All participants say these have been a successful step to reducing knowledge gaps.
- Find ways for Community Engagement Steering Committee members to disseminate information with their program staff to address knowledge gaps
- Implement community-building activities both within and between programs to help build relationships and to promote knowledge sharing.

### ***Finding II***

*There is strong support for the Community Engagement Framework from staff and leadership; and it must be kept up to date.*

Our second finding is staff members see the Community Engagement Framework as a useful tool to improve collaboration and knowledge sharing. They also feel its success is directly tied to leadership and staff prioritization of it. During one of our interviews, prior to even introducing the framework concept, one staff member said, “[in regards to information sharing in Department] we are improving but there’s a long way to go, it requires a system and process to be able to learn about it.” (Interviewee 3, Program A). This statement reinforced the need for a system and process to aid in knowledge sharing. In fact, all interviewees agreed that there was a need for something to be done to improve collaboration across programs. Our client felt that ideally the framework would be ingrained in HCPH as a regular process-- one which staff is prepared for, and aware they need to do as part of their job description.

In addition to using the framework as a tool for collaboration and knowledge sharing, staff also see this a way to catalog information for programs and activities should they need to access a particular record for program design or grant writing. For example, one interviewee said that as a way of maximizing framework effectiveness, programs that have concluded should remain in the framework as a reference or guide for future activities that may be similar or work with the same community.

There was some concern among interviewees that there might not be enough capacity or incentive to maintain it. For example, “We’ve tried things like this before, and it’s only as good as the information people are willing to put into it,” said one staff member. (Interviewee 1, Program B). Another interviewee said, “You’re only as strong as the weakest link, so if people don’t participate it’s not going to work.” (Interviewee 2, Program A). Staff also expressed that time is already strained because they are understaffed, and constantly taking on new initiatives. One interviewee said “as staff leave or retire, we’re not replacing their positions. And if we are, it’s a slowdown, so people aren’t being replaced for four or five or six months, so people frankly don’t have time” (Interviewee 1, Program B).

Staff concerns were incorporated into the framework building process and the number of categories was limited to only those deemed necessary by interview participants and the client. Through data input testing we found that the time commitment needed to fill out the framework will be about 15 minutes per initiative within each program. Furthermore, interviewees and the client agree that it will only need to be updated every six months, so it won’t be something that staff have to remember to do every few weeks.

To remedy this, interviewees felt leadership needs to put a strong show of support behind the framework and hold staff accountable for updating it. By doing this, leadership will make sure that the framework becomes ingrained as a part of the job so that it’s not rendered useless because it is incomplete. When asked about how the framework could be used to its fullest extent, one staff member said, “the message [to update and complete the framework] needs to come from our Public Health Director, she needs to be very prominent in that.” (Interviewee 2, Program A).

Most interviewees said that the framework was a good start to improving knowledge sharing, but that ultimately, a bigger organizational culture shift would be necessary to make a long-term change towards greater collaboration and reducing overlaps in the community. One staff member stated, “[the] complexity of the programs will mean that the framework will be helpful, but there is a serious need to work on organizational culture.” (Interviewee 3, Program D). In other words, the framework will only capture the basic information for each initiative, so in order for it to be utilized, it is incumbent on staff to reach out to one another to understand the nuances of each other’s programs.

### ***What the Literature Says***

#### ***Role of Leadership in Organizational Change***

The literature supports our second interview based finding that there is a need for leadership at HCPH to strongly support the implementation and use of the Community Engagement framework for it to be successful. Interviewees also expressed that the organizational culture of HCPH needed to change to move away from ‘my work’ toward ‘our work’ where information is shared, and collaboration is second nature.

“The importance of the organization’s leader cannot be understated. Chief executive officers have qualities and activities that can be especially relevant to the management of

change” (Galambos, Dulmus & Wodarski, 2005 p. 65).

“the example(s) set by leaders within an organization can have a profound impact on the willingness of employees to support or resist cultural change” (Schraeder, Tears & Jordan, 2005 p. 501).

There is research that has shown that leadership can help employees overcome resistance to change. In the article, *Overcoming Resistance to Change and Enhancing Creative Performance*, the authors first looked at several studies before conducting their own study to test their hypothesis that leaders can have a significant impact on their employees during times of organizational change. The authors wanted to confirm that strong leadership in an organization can help reduce resistance to change, increase levels of trust and encourage decision making. They hypothesized that leaders who lead by example, show their employees that using creativity is encouraged during times of organizational change are the most successful (Hon, Bloom & Crant, 2011 p. 926).

After conducting a study using data from several large industries, the authors concluded that their hypothesis was correct, leadership does have a strong positive impact on their employees resistance to change, building trust and encouraging creativity and autonomy (Hon, Bloom & Crant, 2011 p. 937). As for HCPH, this is important to take into account when building a communications and outreach plan for the framework and how it will be used by employees going forward.

### ***Recommendations***

Our interviews and literature review suggest the following recommendations are intended to provide guidance for the use of the framework with the understanding that it will only be useful if it is taken seriously by the entire department.

- Require all departments to fill out the framework, once completed, analyze it to identify gaps and overlaps to find opportunities to improve collaboration
  - Keep the information relevant and up to date, update it every six months, create calendar reminders to prompt an update.
- Embed the framework in the organizational culture
- Consider additional uses for the tool; including for grant applications and as a reference for future initiatives looking to learn from past initiative’s missteps or successes
- Keep activities that have ended in the framework for a certain period of time because the information will still be relevant for someone who may be searching to understand similar engagements or communities. For example, evaluation tools shared in the framework could be a good way for staff who have done less evaluation to learn from their colleagues.

### ***Finding III***

*Trust is necessary for building relationships and for effective collaboration at HCPH. A key component of trust is having all programs use a common definition of community engagement to ensure shared language and cultural competency.*

Our final finding is that trust is necessary for effective collaboration at HCPH. A common thread throughout the interviews was that because staff don't know other program staff on a personal level, there is a general lack of trust among them. One staff member said, "[there are] aspects of my engagement responsibility that I don't trust other people in the county to do." (Interviewee 2, Program D). Another interviewee expressed they would not readily share their long-standing community contacts with another HCPH colleague if they did not know them well enough.

The data indicated that because relationships and trust are not easily being built, it is difficult to get a sense of each other's cultural competency level. The U.S. Department of Health & Human Services defines cultural competence as "a set of attitudes, perspectives, behaviors, and policies – both individually and organizationally – that promote positive and effective interactions with diverse cultures" which they tie to their ability to work on Social Determinants of Health ("Cultural Competence", 2017). This ties into knowledge sharing, and in particular, community contact sharing. Building relationships with community members can be highly personal and therefore staff can be very protective of those contacts, especially when they are members of marginalized groups. Our literature review results support these interview findings and state that trust is essential and directly tied to information sharing.

A key component to developing trust among staff is having all programs use a common definition of community engagement. We gleaned from our interviews that some programs were not working with the same definition of community engagement as is outlined in the PHAB application and used by the community engagement steering committee. One staff member stressed this point, "How do people define community engagement, and how do people define successful community engagement?" (Interviewee 1, Program D). We know the department is working to have this be the shared definition among all, and we wanted to reinforce that goal here. Our analysis of the data collected through interviews is that having a consistent definition of community engagement that is understood by the entire Public Health Department will allow everyone to:

1. See that much of the work they do falls under community engagement, when they may not have seen it before
2. Allow everyone to take greater ownership of the framework and of their role in community engagement in general
3. And most importantly it would allow staff to rest assured that everyone is grounding their work in the same place.

## ***What the literature says***

### *Trust is necessary for effective collaboration*

In the article, *Need to Know to Need to Share Tangled Problems, Information Boundaries, and the Building of Public Sector Knowledge Networks*. *Public Administration Review*, the authors find in a study that trust is essential, especially with teams who do not see each other as much in person, to ensure cooperation. If there is not trust, team members are less likely to share information. This was a finding from the data that is supported by the literature (Dawes, Cresswell, Pardo, 2009). The Community Engagement Framework will allow people to search for who has contacts in communities that another program may want to use for their own program and trust will be needed for staff to choose to share theirs.

Trust, or lack of trust, is cited as a major barrier to knowledge transfer and data sharing in the article mentioned above. The authors call out ‘identity-based trust’ as trust that, “emerges from joint membership in a profession, a team, a work-group, or a social group” (Dawes, Cresswell & Pardo, 2009 p. 397). It is this type of trust that is the most relevant to HCPH and the type of trust that is needed in order to share knowledge. According to the authors, it is this trust that can only be done through time and relationship building (Dawes, Cresswell & Pardo, 2009).

## ***Recommendations***

After analysis of the interviews and literature, we provide the following recommendations to increase trust among staff, with the ultimate goal of building a more efficient department that is better able to serve the community.

- Have a consistent definition of Community Engagement
- Managers and supervisors should create opportunities for face to face activities and team-building exercises, as referenced in our previous findings, in order to help build trust between staff.
- Include time in staff meeting for community-building activities
- Work to make continuous and intentional efforts toward building cultural competency for HCPH staff. This will help to build trust and create opportunities for authentic conversations.

## **Limitations**

### ***Longitudinal Effects***

When we took on this project there were a number of directions our team thought we could take however, we had to quickly narrow our scope. This study began in June with an end date of August 2nd giving us exactly two months to complete and present our research.

Our time restrictions did however, provide us with an opportunity to think critically about our problem statement and add depth to our study by laying out a well thought out research design. In addition, by bounding our study to only identifying whether there were knowledge sharing issues, barriers to knowledge sharing, and assessing the effectiveness of a framework tool we were able to be very intentional in the selection of topics and sources for our literature review.

### ***Sampling & Recruiting Limitations***

In a typical study the inclusion criteria, exclusion criteria, sampling pool, and recruitment are all selected by the researchers. However, in this study, this was all led by our client. This presented an ethical issue for us since the client would then know the names of all participants. We mitigated risk by anonymizing the data and not reporting findings until all interviews were completed. Although there were clear and varied themes that emerged from our data collected there is a possibility that the data could be skewed due to the fact that the four community engagement programs and interview participants were selected by the client.

## **Areas for Future Research**

### ***Organizational Culture Study***

As we conducted our study we identified two areas for future research. First, we would recommend that the Hennepin County Public Health Department commission an organizational culture study. Our data suggested that knowledge sharing barriers are deeply rooted in behavior, and organizational structures both tangible and intangible that are unique to Hennepin County Public Health Department. A study of this nature would identify areas of strength, and weaknesses to improve overall organizational effectiveness including creating a culture of collaboration.

### ***Use of Technology Analysis***

Throughout our study, we found that there is a large reliance on technology to bridge location gaps among staff due to the hoteling workspace model employed by Hennepin County Public Health Department. With that said we would also recommend an assessment of the effectiveness of technological tools being used. Technology has revolutionized the modern workplace however it is important to know why it is being used and what type of tech is the best for the unique needs of each organization. For Hennepin County Public Health Department as a



government entity, there will be limitations on the type of tech available and allowed due to security issue, however, new vendors can be vetted if needed for the sake of organizational efficiency.

## **Conclusion**

Our analysis of our literature review, organizational research, and interview data suggest that the Hennepin County Public Health Department's lack of a cohesive internal knowledge base is likely leading to gaps and overlaps in community health engagement programs. To address the lack of a cohesive knowledge base we asked participants questions to determine the feasibility of a community engagement framework tool as a way to share knowledge internally. Our participants all said it would be a great start to move toward a more collaborative department. In addition, our data suggests that the hoteling workplace model decreases knowledge sharing. Since staff have little facetime it is difficult for them to get to know each other and hence build trust which is detrimentally affecting knowledge sharing and collaboration in general. To add to that, the lack of a common definition may impact trust levels among staff since they are not all grounding their work in the same place. To address these issues we recommend that staff participate in more employee face-to-face activities, include taking time in staff meetings for community-building activities, and that all programs use a consistent definition of Community Engagement.

Our findings are all grounded in data and research that suggest if Hennepin County Public Health Department follows our recommendations it can lead to a stronger culture of collaboration, a better sense of trust between themselves and more teamwork between programs that will lead to a more cohesive internal knowledge base, less gaps and overlaps in community health engagement programs.

## References

- Bowden, T., & Russo, R. (2017). A Roadmap for Achieving Real Culture Change in Your Organization. *Armed Forces Comptroller*, 62(4), 35-38.
- Community health improvement partnership. (2019). Hennepin County, Minnesota. Retrieved from <https://www.hennepin.us/your-government/projects-initiatives/community-health-improvement-partnership>
- Cultural Competence. (2017). HHS.gov. Retrieved from <https://www.hhs.gov/ash/oah/resources-and-training/tpp-and-paf-resources/cultural-competence/ndex.html>
- Dawes, S., Cresswell, A., & Pardo, T. (2009). From “Need to Know” to “Need to Share”: Tangled Problems, Information Boundaries, and the Building of Public Sector Knowledge Networks. *Public Administration Review*, 69(3), 392-402.
- Fay, M., & Kline, S. (2011). Coworker Relationships and Informal Communication in High-Intensity Telecommuting. *Journal of Applied Communication Research*, 39(2), 144-163.
- Freeman, R., Hanft, M., & Tran, T. (2019). Ryan White Newsletter. *Ryan White Quarterly*. Retrieved from <https://content.govdelivery.com/accounts/MNHENNE/bulletins/2349def>
- Gajendran, R. S., & Harrison, D. A. (2007). The good, the bad, and the unknown about telecommuting: Meta-analysis of psychological mediators and individual consequences. *Journal of Applied Psychology*, 92(6), 1524-1541.
- Galambos, C., Dulmus, C., & Wodarski, J. (2005). Principles for Organizational Change in Human Service Agencies. *Journal of Human Behavior in the Social Environment*, 11(1), 63-78.
- Hennepin County Public Health Department. (2018). *Hennepin County Public Health Department 2018 Annual Health Bulletin* (Report No. 2). Minneapolis, MN: Hennepin County Public Health Department
- Herold, D., Fedor, D., Caldwell, S., & Liu, Y. (2008). The Effects of Transformational and Change Leadership on Employees' Commitment to Change: A Multilevel Study. *Journal of Applied Psychology*, 93(2), 346-357.
- Hon, A. H. Y., Bloom, M., & Crant, J. M. (2014). Overcoming Resistance to Change and Enhancing Creative Performance. *Journal of Management*, 40(3), 919-941.
- Hughes, Lee, Tian, Newman, & Legood. (2018). Leadership, creativity, and innovation: A

critical review and practical recommendations. *The Leadership Quarterly*, 29(5), 549-569.

McCloskey, Aguilar-Gaxiola, Davis & Michener, (2011). Principles of Community Engagement: Second Edition. *NIH Publication* No. 11-7782

Ryan White HIV Services. (2019). Hennepin County, Minnesota. Retrieved from <https://www.hennepin.us/business/work-with-henn-co/ryan-white-hiv-services>

Schraeder, M., Tears, R., & Jordan, M. (2005). Organizational culture in public sector organizations. *Leadership & Organization Development Journal*, 26(6), 492-502.

Understanding and Developing Organizational Culture. (2018). SHRM. Retrieved from <https://www.shrm.org/resourcesandtools/tools-and-samples/toolkits/pages/understanding-and-developing-organizational-culture.aspx>

## Appendices

### *Appendix A: Interview Guide*

#### *Part A*

1. How long have you been with HCPH? Can you tell us a little about your roles with Ryan White?
  - How does community engagement fit within your work responsibilities?
2. Can you tell us about Ryan White?
  - What is the purpose and scope of work?
  - Which affiliated group or population are you trying to reach? (i.e. region, special interest)
  - What are the internal goals of your community engagement work? What mutual goals do you share with the communities that you engage? And how do county goals diverge from community goals in your engagement work?
3. How well would you say your team knows the work being done by *other* CE activities across the Public Health department, county and community?
4. Are you currently aware of any gaps, overlaps or areas of collaboration with other CE activities within the PH department, county or community?
5. Are there any limitations to collaboration with other CE activities?
  - a. Grant guidelines etc...
6. What are the challenges to sharing knowledge of community engagement activities among various staff involved in CE activities?
  - What ways have you worked to overcome these challenges?
  - How have your attempts to resolve these challenges worked out?

#### *Part B*

7. What essential knowledge about your community-engagement work would you like to share with other county staff who also engage communities?
8. What kinds of information would you like to know about other community-engagement work that happens across the department?
9. How well do you think this CE framework would impact the ability of CE staff to share knowledge and collaborate across CE activity?
  - a. Would this be useful to you?
10. What would you add and/or remove any column headers to/from the CE Framework?
11. Is the information for your CE activity correct?
12. Is there anyone else we should talk to?

**Appendix B: Framework Categories & Definitions**

This table was shown to interview participants when we introduced the framework concept. The left column is the general category and the right column represents characteristics/factors that will appear in a drop down menu.

<b>Category</b>	<b>Definition</b>
<b>Community (Population) Engaged With</b>	Targeted population
<b>Age</b>	<ul style="list-style-type: none"> <li>● Baby (0-12 months)</li> <li>● Toddlers (1-3 years)</li> <li>● Pre-school (3-5 years)</li> <li>● Children (6-12 years)</li> <li>● Teens (13-17 years)</li> <li>● Young Adult (18-21 years)</li> <li>● Adults (21-65 years) Senior</li> <li>● (65 and Older)</li> </ul>
<b>Race/Ethnicity</b>	<ul style="list-style-type: none"> <li>● All Races</li> <li>● African American</li> <li>● Latino/Hispanic</li> <li>● Asian American</li> <li>● Native American</li> <li>● White</li> <li>● Other</li> </ul>
<b>Geographic area</b>	<ul style="list-style-type: none"> <li>● All of Hennepin County</li> <li>● Bloomington</li> <li>● Brooklyn Center</li> <li>● Brooklyn Park</li> <li>● Champlin</li> <li>● Chanhassen</li> <li>● Corcoran</li> <li>● Crystal</li> <li>● Dayton</li> <li>● Deephaven</li> <li>● Eden Prairie ...ETC</li> </ul>
<b>Locations</b>	<ul style="list-style-type: none"> <li>● Clinics</li> <li>● Hospitals</li> <li>● Schools</li> <li>● Farmer Markets</li> <li>● Apartment Complexes</li> <li>● Community Centers</li> <li>● Libraries</li> <li>● Retail Establishments</li> <li>● Senior Communities</li> <li>● Community Health Organizations</li> </ul>

	<ul style="list-style-type: none"> <li>● Housing Organization</li> <li>● Government Facilities</li> <li>● Communities of Faith</li> <li>● Parks and Rec County Districts</li> </ul>
<b>Area within HCPH</b>	i.e. PH Protection and Promotion, or Family Health, etc
<b>HCPH Point of Contact and preferred method</b>	Name(s), email, phone, in-person
<b>Health Topic</b>	Disease prevention, healthy living, etc
<b>CE Continuum</b>	<ul style="list-style-type: none"> <li>● Outreach</li> <li>● Consult</li> <li>● Involved</li> <li>● Collaborate</li> <li>● Shared Leadership</li> <li>● Community Led</li> </ul>
<b>Objective/Aim/Purpose to the community engagement activity</b>	Main goal
<b>Community Engagement Methods</b>	<ul style="list-style-type: none"> <li>● Key Informative Interviews</li> <li>● Community Assessment Need Surveys</li> <li>● focus groups</li> <li>● Stakeholder Meetings</li> <li>● Resident Focus groups</li> <li>● Dot Exercise Asset mapping</li> <li>● 1on1 meetings</li> <li>● GIS Mapping Surveys</li> <li>● Roundtable Discussions</li> <li>● Community Events</li> <li>● Other: Explain</li> </ul>
<b>Lifespan or Timeframe</b>	
<b>Periodic, One-time, Just Beginning, Starting Outreach, Pilot, Action Phase, Closing Down, On-going</b>	
<b>Outcomes</b>	Results
<b>Metrics</b>	What is being measured?
<b>Tools</b>	How is it being measured?
<b>Resources- FTE</b>	
<b>Resources: dedicated \$, non FTE, contracts, etc</b>	
<b>Resource Source (federal or state grant, county funding, other funding? Source?)</b>	
<b>Resource constraints</b>	i.e. grant requirements
<b>Resource requirements related to community engagement</b>	
<b>Partners involved in CE</b>	other organizations, cities, etc
<b>Notes</b>	
<b>Last Updated</b>	

# My Work Our Work

Humphrey School of Public Affairs Summer 2019 Capstone  
July 30th, 2019  
Research by: Jacqueline Corral, Sara Barrow, Anna Lavanger



## Creating a Culture of Collaboration through Knowledge Sharing

### Problem Statement:

The Hennepin County Department of Public Health lacks a cohesive internal knowledge base, which is potentially leading to gaps and overlaps in community health engagement programs.

### Research Questions Pursued in This Study:

- What are the community health engagement activities being done by the HCPH?
- What are the challenges to sharing knowledge of community engagement activities at HCPH?
- What are the gaps, and overlaps?

### Project Deliverables are Designed to:

- Assist the Hennepin County Public Health Department's goal of achieving their mission, vision, and strategic goals.
- Help identify areas/demographics that need additional/have excess community health engagement activities.
- Provide a clearer framework of community engagement activities done by HCPH.

### BIG FINDINGS FROM LIT REVIEW & INTERVIEWS:

Staff members see the Community Engagement Framework we developed as a useful tool to improve collaboration. But will only work if you make it work

Knowledge gaps exist among staff, however staff are eager to share their accomplishments and learn about others

Trust is necessary for effective collaboration at HCPH. A key component is having all programs use a common definition of community engagement

# The Community Engagement Framework

## Advantages:

- Allows for continuous knowledge sharing
- Helps to identify areas of collaboration
- Makes connections among staff members
- Minimizes the effects of “hoteling” on office siloing
- Can be useful in training of new staff members
- Allows for sharing resources across programs



## RECOMMENDATIONS:

### Community Engagement Framework

- Use framework to identify gaps and overlaps to find opportunities to improve collaboration
  - Update every six months, as recommended by staff
  - Upkeep of this framework is essential to its success
  - ~1hr commitment
- Incorporate framework into staff training and onboarding

### Knowledge Gaps Among Staff

- Continue Lunch & Learns
- Community Engagement Steering Committee members to find ways to disseminate information
- Community building activities both within and between programs to help build relationships and to promote knowledge sharing

### Necessary Components for Collaboration

- Have a consistent definition of Community Engagement
- Encourage and support staff to participate in employee face-to-face activities
- Include time in staff meeting for community building activities
- Leadership could make concerted efforts to provide continuous education needed for cultural competency.
  - No one is an expert, this is a lifelong journey.



***Appendix D: Post Presentation Small Group Discussion Questions***

1. Does the framework capture all the essential aspects of the community engagement framework that you do?
2. How does the community engagement framework reflect the ways that your program evaluates engagement activities?
3. How do you envision the framework to ensure community engagement is successful and overcome barriers?
4. What recommendations do you have regarding updating and maintaining the framework?
  - a. Frequency of the updates? Other recommendations?

# My Work Our Work

## *Creating a Culture of Collaboration through Knowledge Sharing*

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University of Minnesota Twin Cities | Humphrey School of Public Affairs

**Research Team:**

Sara Barrow

Jackie Corral

Anna Lavanger

For Hennepin County Public Health Department

### **Problem/Opportunity Statement**

The Hennepin County Department of Public Health lacks a cohesive internal knowledge base, which is potentially leading to gaps and overlaps in community health engagement programs.

## Research Design

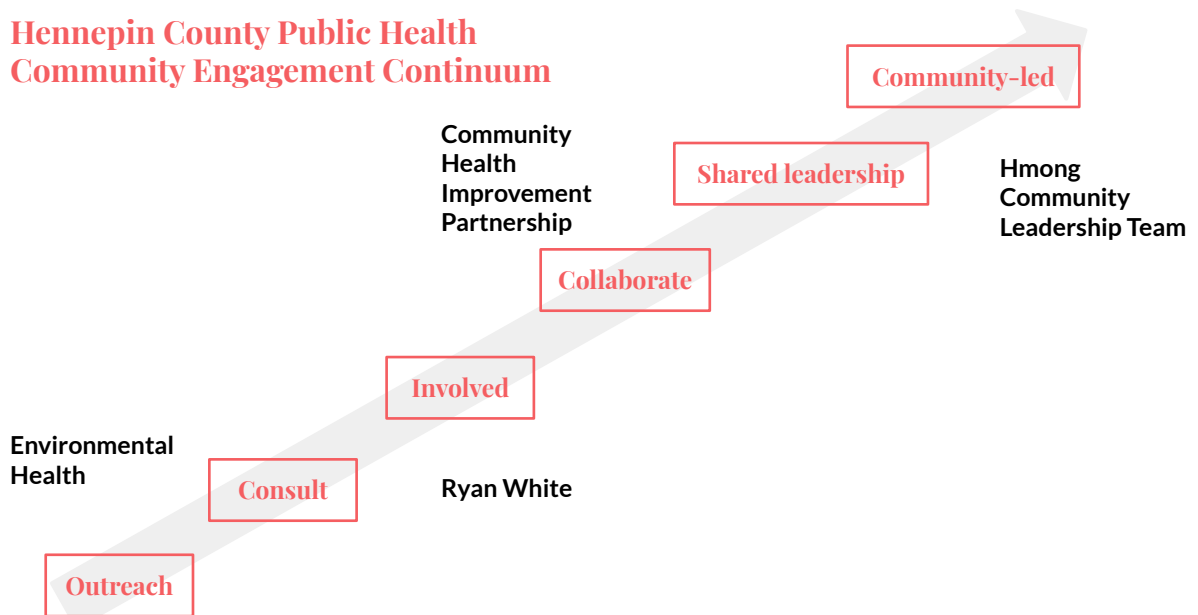
Our literature review and organizational knowledge helped us choose our approach

### Participants:

Staff Members from:

- Environmental Health
- Community Health Improvement Partnership (CHIP)
- Ryan White Program
- Health Promotion
  - Hmong Community Leadership Team (HCLT)

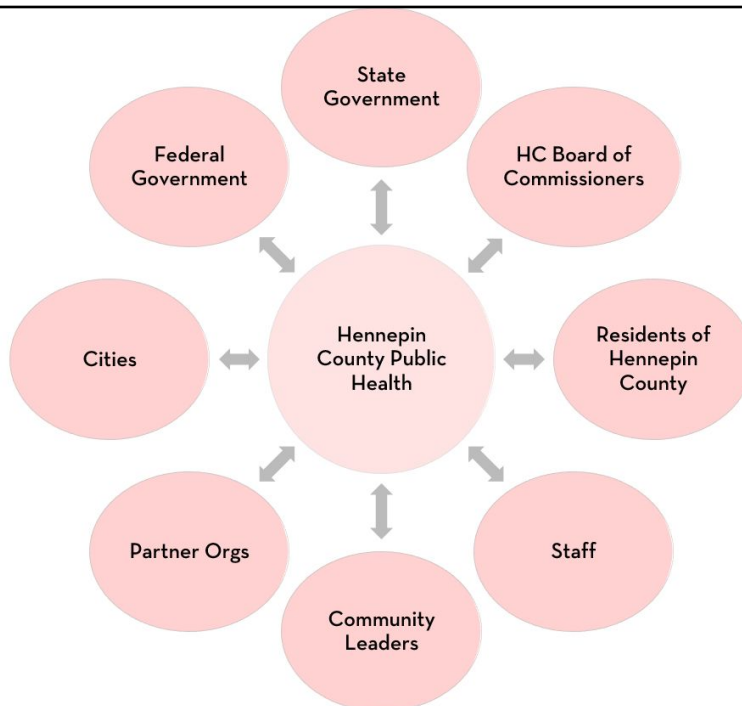
## Hennepin County Public Health Community Engagement Continuum



## Research Questions

- What are the community health engagement activities being done at HCPH ?
- What are the challenges to sharing knowledge?
- What are the gaps and overlaps?

## Partners



# Introducing the Community Engagement Framework

## Community Engagement Framework

### Advantages:

- Allows for continuous knowledge sharing
- Helps to identify areas of collaboration
- Makes connections among staff member
- Minimizes the effects of “hoteling” on office siloing
- Useful in training of new staff members
- Allows for sharing resources across programs



The Community Engagement Framework will give management a larger picture and staff the ability to easily work across programs

**There are MANY opportunities for collaboration!**



## **Successes**

**There are already some great collaboration efforts happening!**

- Reducing Drowning Deaths
- “No Wrong Door”
- Decreasing Youth Tobacco Use
- Healthy Eating in Schools

# Our Findings & Recommendations

## Finding I: Community Engagement Framework

### Interviews:

- The framework will be a useful tool, but only one part of necessary changes to move toward a collaborative environment
- Will only work if you make it work
- Leadership must be committed to success of project.
  - Strong correlation on this point between interviewees and literature

### Literature:

Leaders who are both committed to change and lead by example will see the greatest success.

## Recommendations

- Use framework to identify gaps and overlaps to find opportunities to improve collaboration
  - Update every six months, per staff interviews
  - Upkeep of this framework is essential to its success
    - ~1hr commitment
- Incorporate framework into staff training and onboarding

## Finding II: Knowledge Gaps Among Staff

### Interviews:

- 100% said knowledge sharing is key to success and also the most difficult challenge.
- Lunch & Learns are helping address knowledge sharing issues, but there are information dams
- Staff are eager to share their accomplishments and learn about others
- Barriers include time and resources'

### Literature:

- Suggests knowledge sharing and collaboration comes from intentional organizational culture shift



## Finding II Knowledge Gaps Among Staff (Cont'd)

### Interviews:

- Staff need more opportunities to connect with colleagues

### Literature:

- Use of telecommuting and hoteled workspaces is good for employees only when there are ways to get to know their colleagues, share ideas and feel like a team like:
  - regular all department meetings,
  - small group conference calls
  - social meet ups (virtual or in person) knowledge sharing events (think lunch and learn)

## Recommendations

- Continue Lunch & Learns
- Community Engagement Steering Committee members to find ways to share information
- Community building activities both within and between programs to help build relationships and to promote knowledge sharing.

## Finding III: Necessary Components for Collaboration

### Interviews

- Trust is necessary for effective collaboration
  - Cultural competency
- Community Engagement definition varies program to program

### Literature

Trust is essential, especially with teams who do not see each other as much in person, to ensure cooperation. If there is not trust, team members are less likely to share information.

## Recommendations

- Have a consistent definition of Community Engagement
- Encourage and support staff to participate in a set number of employee face-to-face activities
- Include time in staff meeting for community building activities
- Leadership make concerted efforts to provide continuous education needed for cultural competency.
  - No one is an expert, this is a lifelong journey.

**My Work**  **Our Work**

*Creating a Culture of Collaboration through  
Knowledge Sharing*

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**Questions?**