Minnesota Integrated Care for Early Childhood Initiative (MN-ICECI)

A Model of Effective Community Engagement

About MN-ICECI

The Minnesota Integrated Care for Early Childhood Initiative (MN-ICECI) is an African American community-centered partnership funded by a federal Health Resources & Services Administration (HRSA) grant, through the Minnesota Department of Health (MDH). MN-ICECI is focused on creating more accessible, connected, responsive, and equitable early childhood systems in Minnesota for families who are pregnant or parenting African American children 0-3. This project ran from August 2021 to July 2026.

MN-ICECI leverages the power of community voice. A core driver of MN-ICECI's work is the Community Advisory Council (CAC), made up of 13 community members including African American parents with young children and African American health and early childhood professionals representing 10 community organizations. In designing the work, the CAC prioritized the family health advisor model. This model relies on 11 African American parents to provide relevant development resources and support to other parents raising young children.

Lessons to Remember

The following are key lessons learned that CAC members, health ambassadors, and support staff identified. Support staff refers to both the 2 MDH staff members and the 2 GrayHall community facilitators.

Trust is built when space is made for communities and state agencies to both lead and learn from each other.

CAC members and MDH staff both identified the mistrust of institutions as a key barrier to community engagement.

> "Trust has started to be built; people on the ground are working to build trust. It started with this group. Continuing this kind of work will help us get to our end goal…. these are the connections to building that trust." – CAC member.

As one participant explained, African American community mistrust of institutions has been sustained by repeated cycles of institutions coming in, conducting studies and programs, and leaving without ensuring lasting change. Further, in the diverse state of Minnesota, Black Minnesotans have been lumped together as a single group for understanding outcomes and disparities. This initiative focused on distinguishing between African American experience and culture from that of other Black immigrant communities, like Somali Americans, to recognize relationships and experiences that would better support early childhood. To address this challenge and work towards rebuilding trust, MDH staff made intentional efforts to center relationship building with the African American community through practices like:

- **Prioritizing community engagement**. MDH support staff made time to be present with and engage the African American community and created channels for open dialogue.
- **Stepping back from implementation to share leadership**. MDH support staff partnered with GrayHall, a trusted African American community facilitator to lead implementation and took on the role of advisor rather than leader.
- **Creating spaces for communities to take the lead**. MDH support staff used models that supported community led engagement such as the CAC and the family health advisor model. They also ensured that community members in these roles were **compensated for their time and expertise.**

These relationship-centered practices helped to acknowledge and respect the power African American communities have, support them as they lead their own changes, improve MDH support staff capacity in serving African American communities, and build trust between the two.

Effective community engagement happens when community members, community organizations, state agencies, and federal agencies are all seated at the table.

The CAC and health ambassadors facilitated high levels of African American community engagement and commitment throughout the project by emphasizing the need for African American community members to have "a seat at the table." This focus helped to reinforce African American community members roles as equal partners in decision-making rather than being limited to implementation roles.

The issue of siloing across systems and programs as a barrier to supporting and engaging the community was often talked about in CAC meetings. Many stated that those serving the same community within the same agency are often unaware of each other's work. In response, an MDH support staff began facilitating collaborations between the MDH-supported projects in which she was engaged. This led to the creation of the Community Connections gatherings. These were established with the goal of bringing

together multiple MDH-supported projects focused on families with young children to share insights, learn from one another, and build connections. The first gathering in 2025 had 67 participants with representatives from 40 different entities, including community organizations, state agencies, and federal agencies. Since its inception, there have been 5 gatherings held over two years.

> "I learned how valuable it is to build intentional relationships across different organizations. Hearing how others engage in their communities gave me new ideas for outreach and collaboration. This was meaningful because it reminded me that community impact grows stronger when we share resources and learn from each other." – Community Connections Gathering participant

Responsiveness and alignment to community needs is best driven by community members with lived experience.

The creation and decision to establish family health advisors was driven by the CAC who recognized strengths already present within African American parents in their communities. They felt that intentionally designing a model that built upon the existing relationships, lived experience, and leadership of these parents would improve engagement and response within their community. It also helped to better align MDH's expectations with the realities and needs of the community.

> "Bring the families into the solutions that we create, because the solutions shouldn't be system created, they should be co-created and driven by the communities that are meant to get those resources. Have them involved throughout the whole process from implementation to evaluation to dissemination. They should be at the core and center of it." – Family health advisor.

Since its establishment, the family health advisors have been able to:

- Inform systems, influence practice, and help state partners better understand African American community strengths and priorities.
- Reach a broader range of individuals from the community through established trust.
- Represent and communicate African American community voices, realities, and needs at meetings and conferences with both community and state stakeholders.
- Support families across counties and cities using the collective knowledge of resources.

Outcomes and Changes

The following were the key outcomes of the MN-ICECI evaluation.

MN-ICECI positively impacted community members, program participants, and program support staff.

The community members that family health advisors engaged with are more aware of existing child and maternal health resources and how to interact and communicate with the health system. This includes: 66 African American families and children who were supported through 374 home visits and health resources.

MDH support staff described shifts in how they understand authentic community engagement, build relationships, share leadership, and partner alongside communities. These shifts have helped support staff initiate more conversations within MDH on how to make community engagement easier.

MN-ICECI navigated unexpected political and social changes.

The Community Connections gatherings helped to meet the need for more community support due to a massive reduction in federal funding of public health efforts starting in early 2025 and immigration enforcement operations in MN. The relational spaces built by the gatherings provided a needed infrastructure for community organizations and state agencies to strengthen partnerships, coordinate support, share knowledge, and navigate uncertainty together.

Due to funding cuts to social programing at the state and federal level, MN-ICECI shifted its focus towards alternative and diverse funding streams in an attempt to sustain the initiative beyond the grant.

MN-ICECI made progress in addressing a condition of systems change through relationship building.

Access to people through relationships in order to affect change is a known condition of the Water of Systems Change (by John Kania, Mark Kramer, Peter Senge). MN-ICECI focused on expanding authentic relationships between African American community members and staff within MDH. As previously described, several elements of this relationship building were conducted with deep intention. The final project celebration including CAC members and MDH staff affirmed that these efforts have set more individuals up for sustained connection in the future.

> MN-ICECI demonstrated that sustainable systems change is strengthened when community members are recognized as leaders, relationships are treated as infrastructure, and shared stewardship guides both engagement and decision making.
> – MDH Support Staff

Beyond the deep relationship building within MN-ICECI actors, MDH staff who attended the Community Connections gathering increased their engagement —i.e., relationship building—with community organizations and fellow MDH staff. And, half of the surveyed MDH staff provided reflections on how to

apply new community engagement strategies within their own work based on ideas from Community Connections gatherings.

Evaluation Summary

The Improve Group was hired to conduct the grant evaluation from May 2023 to July 2026. Evaluation phases were conducted in three rounds with findings meetings with CAC members concluding each round to ensure transparency and validity. Evaluation data came from a combination of 27 surveys, 1 strategic plan, 1 MDH strategic plan slide deck, 30 meeting notes, 3 community gathering notes, 21 interviews, and 1 CAC focus group. Evaluation participants included 9 MDH staff (2 support staff, 1 leadership staff, 6 other staff), 2 GrayHall Staff, 13 CAC members, and 11 family health advisors.