

African American Health State Advisory Council

2025 ANNUAL LEGISLATIVE REPORT

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Executive Summary

This report summarizes the African American Health State Advisory Council's (Council) activities carried out in 2025. The report outlines the foundational structures, initiatives, and partnerships established to advance the Council's statutory mission. Council accomplishments during the 2024 to 2026 term included the development of a charter, implementation of a governance structure that includes three sub-committees, outreach and engagement with African American communities in Minnesota, development of procedures to support the Council in fulfilling its statutory responsibilities and identification of recommendations to the Minnesota Department of Health (MDH).

To operationalize their work, the Council collaborated with the Office of African American Health (OAAH) to establish processes for analyzing policies and administrative practices, engaging African American communities to identify needs and priorities, and mapping stakeholders and partners to support on-going outreach initiatives.

The Council maintained a monthly meeting schedule, holding eleven Council meetings over the course of 2025, including in-person convenings with the Commissioner of Health and Pathways to Black Health grantees. The Council also participated in several community events and cultural gatherings throughout their term.

Council activities in 2025 supported MDH's health equity goals and the mission of the Office of African American Health. Identification of recommendations to MDH can support the department in taking a strategic approach to centering the lived experiences and priorities of African American Minnesotans, which further advances health equity in MDH programs, policies and services.

2025 Engagement Metrics

- **11** Council meetings
- **150+** community members engaged through events and outreach
- **6** community-facing events co-hosted or attended
- **4** process and procedural documents drafted and adopted to strengthen governance and implementation of the Council's work
- **4** additional member seats were added for the 2026 – 2028 term to expand Council capacity and representation

Background

Statutory Purpose and Authority

The African American Health State Advisory Council was established in 2023, under Minnesota Statutes section 144.0755, to advise the Commissioner of Health on identified health disparities and contributing factors, in African American communities in Minnesota. The Council is responsible for recommending policies and strategies to the Commissioner of Health to address

disparities affecting African American health, and recommending for review any statutes, rules, or administrative policies or practices that would address African American health disparities.

The Council is convened by and closely collaborates with the Minnesota Department of Health through the Office of African American Health. The Council's work during the 2023 – 2025 term reflects its statutory purpose to elevate community needs and perspectives, strengthen culturally informed public health strategies, and support statewide efforts to advance equity within Minnesota's public health system.

Council Structure and Governance

Membership

The African American Health State Advisory Council is statutorily required to include no fewer than 12 or more than 20 members from any of the following groups:

1. Representatives of community-based organizations serving or advocating for African American citizens;
2. At-large community leaders or elders, as nominated by other Council members;
3. African American individuals who provide and receive health care services;
4. African American secondary or college students;
5. Health or human service professionals serving African American communities or clients;
6. Representatives with research or academic expertise in racial equity; and
7. Other members that the commissioner deems appropriate to facilitate the goals and duties of the Council.

The commissioner shall make recommendations for Council membership and, after considering recommendations from the Council, shall appoint a chair or chairs of the Council. Council members shall be appointed by the governor.

Duties of the Office of African American Health

1. Maintain and actively engage with the Council;
2. Based on recommendations of the Council, review identified department or other related policies or practices that maintain health inequities and disparities that particularly affect African Americans in Minnesota;
3. In partnership with the Council, recommend or implement action plans and resources necessary to address identified disparities and advance African American health equity;
4. Support interagency collaboration to advance African American health equity; and
5. Support member participation in the Council, including participation in educational and community engagement events across Minnesota that specifically address African American health equity.

Duties of the Council

1. Identify and examine health disparities and contributing factors affecting African American Minnesotans.
2. Provide guidance and recommendations to the Commissioner of Health on policies, programs, and strategies that promote health equity.
3. Engage with community members, organizations, and stakeholders to ensure lived experiences and community priorities inform statewide health planning.
4. Meet regularly to conduct advisory activities, review committee work, and collaborate with MDH staff and partners.
5. Submit an annual report to the Commissioner of Health that summarizes the activities of the Council, identifies disparities specifically affecting the health of African American Minnesotans and makes recommendations to address identified disparities.

Charter

The Council's operational framework was formalized through the development and adoption of a charter in February 2025. The charter describes the roles, responsibilities, relationships, goals, objectives and decision-making practices of the Council. Notably, the Council identified seven core values that inform their approach: equity and justice; community engagement and empowerment; accountability and transparency; cultural congruence; data informed advocacy; innovation and continuous improvement; and open access. These core values are intended to provide an ethical foundation for advancing the Council's work, while centering the priorities and needs of African American communities in Minnesota.

Sub-Committees and Focus Areas

The Council has structured their work around three focus areas and standing sub-committees: Health and Wellness, Community Outreach and Engagement, and Policy and Legislative Advocacy.

Health and Wellness Sub-Committee

- Focus: Clinical disparities, preventative care, and chronic disease management, with an emphasis on accessible digital resources.
- Members: Ronda Chakolis, Andrea Lawson, Pleasant Radford Jr.

Community Outreach and Engagement Sub-Committee

- Focus: Building relationships with community, non-profit and faith-based organizations, gathering public input, and disseminating information related to Council activities through targeted events.
- Members: Cindy Devonish, Charles Dixon, Abdou Manjang, Paul May-Kramer

Policy and Legislative Advocacy Sub-Committee

- Focus: Reviewing and advocating for state legislation that promotes African American health and well-being, developing policy recommendations, and engaging with elected officials.
- Members: Patrick Ingram, Dr. Carolyn Livingston, Chris Smith

Council Members

The Council was comprised of 12 appointed members, however that number decreased to 10 in 2025, due to extenuating member circumstances. Council members were selected based on their professional backgrounds, lived experiences, and diverse professional expertise across public health, health care, community engagement, academia, and policy. Council members provided statewide representation and are based in the Twin Cities Metropolitan area and Greater Minnesota.

- Abdou Manjang
- Andrea Lawson (Council Co-Chair)
- Charles Dixon
- Christopher Smith
- Cindy Devonish
- Dr. Carolyn Livingston
- Patrick Ingram (Council Co-Chair)
- Paul May-Kramer
- Pleasant Radford, Jr.
- Ronda Chakolis-Hassan

Short Term Goals

1. Use data and community informed decision to de-silo divisions; create grantor and grantee accountability; improve processes; identify and address inter departmental/division gaps; and identify and address data reporting gaps and opportunities.
2. Research and identify legislative priorities during upcoming legislative sessions.
3. Utilize committees and workgroups to identify strengths, weaknesses, opportunities, and threats.
4. Create visibility and understanding around the mission and vision of the AAHSAC.

Long Term Goal

Improve health outcomes for African American communities through the identification of process and system improvements, data transparency and use improvement, elimination of

disparities, solutions for social drivers of health, accountability practices and sustainable solutions.

Key Accomplishments

Key accomplishments in the Council's first term included collaboration with the Office of African American Health, establishing a governance structure, adopting processes to support planning and implementation of the Council's work across sub-committees, and developing recommendations to MDH.

Partnership with the Office of African American Health and Health Equity Bureau

The Council maintained a collaborative working relationship with the Office of African American Health and MDH senior leadership. OAAH appointed a staff liaison to provide technical and administrative support to the Council, and OAAH staff attended Council meetings to provide coordination on programmatic functions. The OAAH Director collaborated with the Council to provide strategic direction and align Council priorities with statutory responsibilities. The Commissioner of Health engaged with Council members annually through in-person convenings to affirm continued support for and departmental commitments to advancing the Council's work.

Sub-Committee Initiatives

Each sub-committee advanced initiatives to support their individual work as well as the collective work of the Council. Key initiatives included:

- The Health and Wellness Sub-Committee:
 - Adopted a process for conducting outreach and engagement in African American communities to identify priorities and needs.
 - Developed a recommendation for a digital health toolkit and related resource materials.
- The Policy and Legislative Advocacy Sub-Committee:
 - Adopted a process for completing policy analysis to support OAAH and MDH in advancing community driven policy solutions that address identified health disparities in African American communities.
 - Developed a recommendation for a community health needs assessment to inform Council recommendations, strategic priorities, and legislative advocacy efforts.
- The Outreach and Engagement Sub-Committee:
 - Adopted a process for carrying out stakeholder mapping to support the Council and OAAH in targeted outreach and engagement with African American communities.
 - Coordinated community engagement opportunities, including participation in cultural events and public gatherings.

Community Engagement Activities

Council members engaged with African American communities through hosting and participating in various community events throughout their term. Key events included the inaugural Joint Council Event in August 2025, which brought together members of the African American Health State Advisory Council, Health Equity Advisory and Leadership Council and the Community Solutions Advisory Council.

In September 2025, the Council partnered with members of the Minnesota Legislature's People of Color and Indigenous Caucus, to host the Mind, Body and Spirit Townhall Forum. The event featured a presentation from OAAH Director, a panel discussion comprised of members of the POCI Caucus, and group discussion with health directors from faith-based organizations and community members in the Twin Cities.

Council members were also represented at the 2025 African American Babies Coalition Black and Brown Birthing Summit, Rondo Days, Juneteenth and other cultural gatherings.

Participation in these events increased awareness of the Council and the Office of African American Health and provided opportunities to build relationships with community members. These engagements also allowed the Council to maintain a feedback loop between community-based organizations, community leaders and MDH.

Themes from Community Engagement

- A need for trusted relationships with faith leaders and local congregations, as faith-based organizations often serve as key sources of support, information, and connection for African American communities.
- Desire for more culturally congruent, community-led health strategies, particularly in faith-based settings.
- Mental health and emotional wellbeing as a growing community concerns, with a need for culturally grounded resources and support.
- Chronic disease prevention and wellness resources that are centered in accessible, trusted community spaces.
- Digital access and health literacy gaps, highlighting the need for practical, user-friendly tools like a digital health toolkit.
- Ongoing trust and transparency concerns, underscoring the importance of visible, consistent engagement between MDH and the Council.
- Lack of information, leading to persistent and multi-generational health disparities.

Training and Interagency Collaboration

Legislative Relations Training

The Office of African American Health (OAAH) in collaboration with the Minnesota Department of Health's Office of Legislative Relations (OLR), provided a legislative relations training to the Council in December 2025. The training was designed to strengthen the Council's understanding of how to effectively engage with legislators. The session emphasized the importance of Council members using their roles to educate legislatures about the identified health disparities in African American communities, and strategies to address them, by sharing

information from a subject matter expert perspective. The OLR Director also provided guidance to Council members on strategies for outreach to legislators, including requesting meetings, sharing updates on OAAH's accomplishments during their term, and coordinating engagement between legislative health chairs and Council co-chairs to strengthen awareness and partnership. Training topics included:

- How to highlight the state's investment in OAAH and its impact on reducing health disparities in African American communities.
- How to build the case for the ongoing need for both the Council and OAAH.
- How to frame messages that resonate best when voiced by community members.

MN Story Collective Sense Making Session

The Minnesota StoryCollective, part of the Results Management Division at Minnesota Management and Budget, facilitated a data analysis (sensemaking) session with Council members and OAAH in November 2025. The purpose of the session was to support the development of the recommendation for a community needs assessment. During this interactive session, Council members reviewed and discussed stories and data shared by Minnesotans about their lived experiences and priorities for state leaders and policy makers. Council members collaboratively identified emerging themes and key areas of concern within African American communities and refined a set of recommended questions for inclusion in the community needs assessment survey. This process supported the Council in ensuring that the recommendation reflects authentic community voices, captures the issues most relevant to addressing community needs and advances health equity in African American communities across Minnesota.

2026 Priorities

The Council will be comprised of 15 appointed members for the 2026-2028 term, adding seats to support increased capacity and expanded committee representation. Newly appointed Council members will be responsible for advancing the goals and recommendations identified during the 2023-2025 term.

The Health and Wellness Sub-Committee will focus on implementation of the outreach and engagement process to identify, refine and prioritize community-centered recommendations for addressing health disparities in African American communities in Minnesota. Additionally, the sub-committee will continue to work with MDH to explore opportunities to develop a digital health toolkit.

The Policy and Legislative Advocacy Sub-Committee will focus on implementation of the policy analysis process. The sub-committee will work with OAAH to identify community-driven policy solutions and engage with Minnesota Legislatures to promote the goals and priorities of the Council.

The Community Outreach and Engagement Sub-Committee will focus on development of a stakeholder map to enhance outreach and engagement efforts. The sub-committee will work

closely with the Office of African American Health to ensure alignment with the OAAH Outreach and Engagement Plan.

Recommendations to MDH

In 2025, the African American Health State Advisory Council identified four areas of opportunity for targeted action by MDH, in order to meaningfully address health disparities in and advance health equity for African American communities in Minnesota. Recommendations reflect priorities and needs identified through Council discussions, community engagement activities, and committee work. These recommendations align with MDH's health equity goals, including reducing avoidable health disparities, strengthening community partnerships, and improving access to culturally responsive health resources. Recommendations include:

1. Strengthen institutional practices at MDH aimed at addressing the impacts of systemic discrimination on African American health outcomes. This includes efforts to recognize and reduce structural barriers within public health programs, promote organizational practices grounded in equity and accountability, and take specific steps to affirm the agency's commitment to the health and wellbeing of African American communities through consistent engagement, communication, and collaboration.
2. Develop and implement a community-informed needs assessment that promotes restorative practices and ensures meaningful participation from residents, organizations, and community leaders. This work should be rooted in shared decision-making, support long-term planning efforts within MDH and facilitate coordination across partner organizations.
3. Improve access to health information and resources through the development of an interactive digital health toolkit that provides accessible, culturally informed resources on wellness, prevention, and chronic disease management. This toolkit would serve as a resource for individuals, families, and community organizations, and support MDH's efforts to improve access to reliable health information.
4. Expand culturally relevant health education resources and develop a public messaging campaign that supports self-advocacy, patient rights, and effective navigation of medical settings. These efforts could also help address information gaps that contribute to preventable health challenges and barriers to individuals accessing timely and appropriate care.

Challenges and Opportunities

Throughout 2025, the Council identified operational and capacity-related challenges as it progressed through its first full year of convening. With ten active appointed members and three standing sub-committees, member capacity was a concern given the scope of the Council's work. The need for additional capacity was voiced as committees began operationalizing their work and carrying out their statutorily mandated responsibilities. The distribution of responsibilities across a smaller number of members occasionally constrained the progress of Council initiatives.

To address this capacity gap, the Office of African American Health recommended an increase in Council seats to 15 beginning in 2026. OAAH worked in partnership with the Governor’s Office and the Office of the Secretary of State to increase the diversity of expertise and representation across key sectors that impact public health through the appointment of additional Council members.

The Council also identified opportunities to strengthen member collaboration. Council members discussed the value of individual assessments to better understand working styles, communication preferences and to encourage open collaboration within the Council. These conversations led to an interest in developing tools such as a work plan and project management framework to support continuity and coordination.

The Council used these insights on challenges and opportunities to set 2026 priorities, improve internal collaboration, and finalize core processes and procedures.

Conclusion

In 2025, the African American Health State Advisory Council focused on establishing the foundational structures necessary to operationalize its statutory role, identifying and advancing Council priorities, and strengthening its partnership with the Office of African American Health and the Minnesota Department of Health. The Council adopted a formal governance framework, implemented core planning and advisory processes, and engaged consistently with African American communities across Minnesota to elevate lived experiences, identify priority health concerns, and inform recommendations to the Commissioner of Health.

As the Council transitions into the 2026–2028 term, emphasis will shift from foundational development to implementation and sustained impact. Key priorities include expanded membership to strengthen capacity and representation, refinement and application of sub-committee planning processes, community and legislative engagement, and continued collaboration with the Office of African American Health and MDH leadership.

Looking ahead, the Council’s work will continue to align with community solutions, the Office of African American Health’s strategic priorities and MDH’s health equity goals. As Council processes and procedures mature and membership expands, members will be well positioned to provide informed, community-informed guidance that supports MDH’s ongoing efforts to advance health equity, accountability, and trust across Minnesota’s public health system.

Appendix A

AAHSAC Policy Analysis Process

Purpose

The purpose of this document is to outline a process to support the African American Health State Advisory Council in the identification, analysis, planning and implementation of policies that support the Office of African American Health in addressing health disparities in the African American community in Minnesota.

Background

Policy analysis is the process of identifying potential policy options that could address a problem and comparing those options to choose the most effective, efficient, and feasible one. The African American Health State Advisory Council is responsible for recommending to the Commissioner of Health for review any statutes, rules, or administrative policies or practices that would address African American health disparities.

Adapted CDC POLARIS Process

- Process Used: CDC Policy Process (POLARIS)
- Core domains:
 - Problem Identification
 - Policy Analysis
 - Strategy & Policy Development
 - Policy Enactment
 - Policy Implementation
 - Cross-cutting: Stakeholder Engagement & Education
 - Evaluation

Deliverables and Outputs

Problem Identification

- OAAH drafts a 1-page problem brief (MN context, populations, SDOH drivers, baseline data).
- AAHSAC validates framing and equity priorities.
- Output: Problem Brief approved for analysis.

Policy Analysis

- OAAH shortlists 2–3 options + status quo; compares health impact, feasibility, and economic/budget effects.
- AAHSAC weighs community benefits, potential harms and implementation realities.
- Output: 1-page Options Matrix with preliminary rank.

Strategy & Policy Development

- OAAH converts preferred option into a concise concept (legislative/administrative) and outlines engagement and budget path.
- AAHSAC co-shapes equity mitigations and messaging.
- Output: Concept Memo (≤1 page) + engagement plan bullets.

Policy Enactment (if legislative)

- OAAH prepares testimony materials and amendment guardrails; maintains a bill tracker.
- AAHSAC provides community-grounded testimony/letters as appropriate.
- Output: Hearing/Testimony packet + tracker updates.

Policy Implementation (if adopted)

- OAAH assigns owner, sets KPIs, and schedules 90-day/1-year reviews.
- AAHSAC receives progress updates and advises on course-corrections.
- Output: 1-page Implementation Brief.

Cross-Cutting: Stakeholder Engagement & Evaluation

- Engage partners at every step; define success metrics early; capture lessons and update decisions.

Appendix B

AAHSAC Engagement Process

Purpose

The purpose of this document is to provide a structured engagement process through which the African American Health State Advisory Council (AAHSAC) Health and Wellness Subcommittee, Outreach and Engagement Subcommittee, and Policy and Legislative Advocacy Subcommittee collaborate to identify, assess, and advance recommendations to the Minnesota Department of Health (MDH). This ensures that recommendations are community-driven, transparent, evidence-based, and aligned with statutory requirements.

Process Framework (Six Stages)

1. Issue Identification (Community-Driven Input)

Lead: Outreach and Engagement Subcommittee

- Collect input from African American communities through listening sessions, town halls, surveys, and/or grantee reports.
- Document lived experiences and emerging needs in areas such as health access, chronic disease, mental health, and social determinants of health.
- Review MDH data, local health department reports, and research on health disparities.

Output: Community Health Priorities Inventory

2. Prioritization and Agenda Setting

Lead: Health and Wellness Subcommittee

- Review issues identified through community engagement and data.
- Apply criteria: statutory relevance, urgency, feasibility, equity impact, and alignment with MDH priorities.
- Council narrows the list to 3–5 priority issues annually, ensuring alignment across subcommittees.

Output: Council Priority Issues List

3. Evidence and Policy Analysis

Lead: Policy and Legislative Advocacy Subcommittee (with support from Health & Wellness)

- Conduct analysis of peer-reviewed research, policy scans, and best practices from other states.
- Assess policy options, feasibility, and equity impacts through the AAHSAC policy analysis process.
- OAAH staff provide technical support, research synthesis, and data analysis.

Output: Policy Briefs for each priority issue

4. Recommendation Development

Joint Role: Health and Wellness + Policy and Legislative Advocacy Subcommittees

- Draft recommendations that include: A problem statement and root causes; Proposed action; Implementation considerations; Equity impact analysis.
- Use consensus-building methods (e.g., structured deliberation or Delphi approach).

Output: Draft Recommendation Package

5. Council Deliberation and Approval

Lead: Full Council

- Subcommittees present draft recommendations to the full Council and Office of African American Health.
- Council deliberates using evidence summaries and community testimony.
- Council votes to formally adopt recommendations.

Output: Approved AAHSAC Recommendations Report

6. Submission, Policy Dialogue and Follow-Up

Lead: Policy and Legislative Advocacy Subcommittee

- Submit recommendations to the Commissioner of Health and MDH Senior Management Team through the Office of African American Health.
- Develop a presentation to MDH leadership, Council members, and community partners to support dialogue on recommendations.
- Establish a tracking mechanism to monitor MDH's response, actions, or barriers.
- Outreach and Engagement Subcommittee communicates progress and outcomes back to community stakeholders.

Output: MDH Response and Action Tracker

Roles & Responsibilities

Role	Responsibilities
Outreach & Engagement Subcommittee	Leads community engagement; gathers input and ensures transparency and accountability to African American communities.
Health & Wellness Subcommittee	Leads prioritization of issues; ensures recommendations are equity-focused, actionable, and grounded in community health needs.
Policy & Legislative Advocacy Subcommittee	Leads evidence and policy analysis; develops policy briefs; facilitates communication with MDH leadership on recommendations.
AAHSAC Full Council	Validates priorities, deliberates draft recommendations, and approves final recommendations.
OAAH Staff	Provide technical assistance, research, facilitation, and administrative support.
Community Stakeholders	Share lived experiences, validate findings, and provide accountability feedback.
MDH Leadership	Reviews, responds to, and integrates recommendations into agency strategies.

Success Indicators

- Recommendations informed by community voice and evidence.
- Transparent and equitable prioritization process.
- Recommendations structured with equity analysis and implementation considerations.
- MDH demonstrates uptake or formal response within a defined timeframe.
- Communities report increased trust in MDH’s responsiveness to AAHSAC recommendations.

Appendix C

AAHSAC Stakeholder Mapping Process

Purpose

The purpose of the stakeholder map is to serve as a strategic tool for the African American Health State Advisory Council to support the Office of African American Health (OAAH) in identifying, categorizing, and prioritizing key partners, organizations, and individuals who influence or are impacted by African American health outcomes. The stakeholder map can ensure that outreach and engagement activities are inclusive, intentional, and equity driven. By visually mapping stakeholders based on their influence, interest, and alignment with OAAH's mission, the tool will guide OAAH in building meaningful relationships, strengthening collaboration, and effectively advancing statutory priorities to improve health equity across Minnesota.

Objectives

1. Develop a comprehensive inventory of stakeholders across state, local, and community levels.
2. Assess stakeholder influence, interest, and alignment with OAAH's mission and statutory areas.
3. Prioritize stakeholders into categories for tailored outreach and engagement.
4. Produce a stakeholder map and matrix to guide OAAH's engagement strategy.
5. Integrate findings into the OAAH Outreach and Engagement Plan.

Scope

In Scope: State agencies, local health departments, African American-led community-based organizations, advocacy groups, health systems, academic partners, faith institutions, community leaders, and private/public sector collaborators.

Out of Scope: Stakeholder engagement execution (this plan covers mapping, analysis, and recommendations only).

Key Activities

Phase	Activities	Deliverables
Phase 1: Planning	Define goals, mapping framework (influence/interest matrix), criteria for inclusion	Stakeholder mapping framework finalized
Phase 2: Data Collection	Research, review OAAH statutory partners, interview MDH/OAAH staff, compile stakeholder list	Stakeholder inventory database
Phase 3: Stakeholder Analysis	Score stakeholders on influence, interest, and equity alignment; categorize into tiers	Draft stakeholder matrix
Phase 4: Visualization	Develop stakeholder map (graphic visualization + tiered tables)	Stakeholder map and matrix
Phase 5: Integration	Identify engagement strategies by tier (inform, consult, collaborate, empower)	Draft outreach and engagement alignment memo
Phase 6: Review & Finalization	Share with OAAH leadership and advisory Council; revise based on feedback	Final stakeholder map and engagement/integration recommendations

Roles and Responsibilities

Role	Responsibilities
AAHSAC Outreach & Engagement Subcommittee	Provides primary leadership and ownership of the stakeholder mapping project; guides overall direction; ensures alignment with community priorities; validates stakeholder list and categories; provides recommendations for engagement strategies and integration; identifies mapping and visualization design tools
OAAH Director	Serves as project sponsor; ensures statutory alignment; provides guidance and approves final deliverables.
Grant Managers	Provide insight on community-based organizations and grantees; contribute to stakeholder inventory and classification; Supports the subcommittee with technical expertise on policy and equity frameworks; ensures consistency with OAAH priorities.

Deliverables

- Stakeholder Inventory (Excel or SharePoint database with contact info, role, focus area)
- Stakeholder Matrix (influence vs. interest)
- Stakeholder Map (visual diagram + categorization)
- Engagement Strategy Recommendations (by stakeholder tier)
- Recommendations for integration into the OAAH Outreach & Engagement Plan

Risks and Mitigation

Risk	Mitigation
Incomplete stakeholder identification	Use multiple data sources; consult advisory Council networks
Stakeholder resistance to classification	Use transparent criteria; emphasize inclusivity
Limited staff time	Assign clear roles; consider short-term and long-term goals
Data becoming outdated quickly	Develop a recommendation for bi-annual stakeholder map updates

Success Indicators

- Comprehensive stakeholder list validated by the full African American Health State Advisory Council
- Stakeholder map integrated into OAAH Outreach and Engagement Plan
- Engagement tiers clearly defined and actionable
- Recommendations endorsed by OAAH/MDH leadership and stakeholders