

Worked Example — Communication and Outreach Decision Walk-Through

IMPORTANT — Scope of this resource: This is an anonymized hypothetical example demonstrating the methodology of the DHS Equity Analysis Toolkit. It does not perform equity analyses on real DSD programs, real communities, or real data. All names, figures, and scenarios are illustrative. Actual equity analyses are conducted by the appropriate authorities — your Equity Champion, the One DSD Equity Team, or the DHS Equity Director for your work area.

Content

Worked Example — Communication and Outreach Decision Walk-Through

Resource type: Tier 1 Flagship — EAT Walk-Through (Methodology Education, Not Analysis)

Adapted from: DHS Equity Analysis Toolkit Guide (Minnesota DHS) — all six steps, applied to a hypothetical communication and outreach scenario

Library home: L01 EAT Walk-Through Library

Companion to: T02_01 through T02_10 (all EAT walk-throughs), T02_11, T02_13 (other worked examples)

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What this step is for

This worked example applies all six steps of the EAT to a second hypothetical scenario: an information campaign reaching diverse communities, including communities with disabilities and communities defined by cultural intersections. It demonstrates how equity analysis applies to communication and outreach decisions — not just service design — and how disability and cultural identities intersect in ways that communication strategies must account for.

Plain-language overview

Hypothetical scenario: Benefits Enrollment Awareness Campaign — Reaching Underserved Eligible Populations

[Note: All details in this scenario are hypothetical and constructed for methodology illustration only. They do not represent any real DSD program, real data, or real community conditions.]

A DSD program area responsible for a benefits enrollment program identifies a persistent gap: significant numbers of eligible individuals are not enrolled. Preliminary data suggests that the gap is concentrated in specific communities — people with certain types of disability, recent immigrants, and communities with lower English proficiency. The program area is developing a new outreach and communication campaign to increase enrollment among these underserved eligible populations.

Walk-through (the methodology)

Before Step 1: Equity Lens Needs Assessment

Questions asked:

- What is the proposal? A new outreach campaign targeting underserved eligible populations for a benefits enrollment program.
- Is this new or a modification? New targeted campaign, not previously analyzed.
- Who is affected? Eligible individuals who are not currently enrolled — concentrated in communities with disabilities, limited English proficiency, and recent immigrant/refugee backgrounds.
- CLAS, workforce, contracting? Yes — CLAS standards are central: the campaign must be culturally and linguistically appropriate to reach its target populations.
- Timeline? Campaign is planned to launch in three months. Timeline negotiated to four months to allow for meaningful community input before finalization.

Needs Assessment conclusion: Equity Analysis Track. Full six-step process.

Step 1: Frame the Decision/Issue

Proposal: Design and implement a targeted outreach and communication campaign to enroll eligible individuals from underserved communities in [anonymized benefits program].

Internal impact: Affects program outreach staff; communication team; interpreter and translation service coordination; potential caseload increase if campaign succeeds.

External impact: Affects eligible individuals not currently enrolled, concentrated in disability communities, immigrant/refugee communities, and communities with limited English proficiency. Families and caregivers are also affected.

Intended community result: Eligible individuals who are currently not accessing benefits they are entitled to become enrolled. The enrollment gap between currently served and underserved eligible populations narrows.

Intended organizational outcome: Program enrollment increases; documented enrollment gap by race and disability status narrows; campaign reach metrics show engagement with previously unreached communities.

Disparity domains: Income (benefits access), health (if program is health-adjacent), disability-specific

service access, language access.

Key questions surfaced at Step 1:

- What are the barriers keeping eligible individuals from enrolling — and do those barriers differ by community?
- Is the campaign designed to address barriers, or only to increase awareness? (Awareness alone may not address barriers to enrollment.)
- How does disability intersect with cultural and linguistic identity in this population? (A Deaf Somali-origin person faces access barriers that are not captured by disability data alone, or by language access data alone.)

Stakeholders identified for Step 3: Disability advocacy organizations (including Deaf-specific, intellectual/developmental disability, and physical disability organizations); immigrant and refugee serving organizations; CECLC; interpreter services staff; community health workers.

Step 2: Gather Data and Engage Community (Data component)

Quantitative data gathered (hypothetical figures for illustration):

- Current enrollment demographics: 34% of enrolled individuals are people of color; the eligible population in the region is estimated at 51% people of color. (Hypothetical enrollment gap for illustration.)
- By disability type: cognitive and developmental disabilities are underrepresented in enrollment relative to physical disabilities (hypothetical).
- By language: Somali-primary-language and Karen-primary-language households are enrolled at significantly lower rates than Spanish-primary-language and English-primary-language households (hypothetical).
- By immigration status: Recent arrivals (within 5 years) are enrolled at one-third the rate of long-term residents (hypothetical).

Data gaps identified:

- Enrollment data does not capture intersection of disability type and racial/ethnic identity — making it impossible to see whether the underrepresentation of cognitive/developmental disability populations is concentrated in communities of color.
- No data exists on why individuals are not enrolled — no application-abandonment tracking, no "never applied" survey data.
- Previous outreach campaigns did not track reach by community, making it impossible to know whether prior campaigns reached or missed these communities.

Plan for gaps: Community listening sessions will fill the "why not enrolled" gap. Add campaign reach tracking by language and community in the new campaign design.

Step 3: Community Engagement

[Community engagement is the responsibility of DSD program areas and the CECLC. This section illustrates the methodology only.]

Engagement conducted (hypothetical methodology illustration):

Working with the CECLC and disability advocacy partners, the Equity Champion organizes four listening sessions:

- Session 1: Somali-origin community members, including individuals with disabilities; held in Somali, with a trained disability-services interpreter.
- Session 2: Deaf community members; conducted in American Sign Language with a certified interpreter.
- Session 3: Cognitive and intellectual disability advocacy partners, including self-advocate participants.
- Session 4: Karen-origin community health workers, who serve as trusted intermediaries.

Key findings from engagement (hypothetical):

- Somali-origin participants: Primary barriers are distrust of government data sharing, concerns about immigration-related consequences of registration, and cultural stigma around disability identity that affects willingness to self-identify as eligible.
- Deaf community: Previous communications about this program were not in ASL — they were in written English, which is inaccessible to Deaf community members for whom English is a second language. Deaf community members had simply not encountered accessible information about eligibility.
- Cognitive and developmental disability self-advocates: Application process requires reading and writing at a level that is inaccessible without significant support; caregiver-assisted application creates privacy and autonomy concerns.
- Karen-origin community health workers: Trust in the program exists among their client communities — the gap is awareness, not distrust. Community health workers could serve as outreach ambassadors if properly trained and compensated.

Step 4: Identify Burdens, Benefits, and Disparities

Benefits of proposed campaign:

- Increased awareness of the program among communities currently unaware of it (particularly for Karen-origin communities where awareness, not trust, is the barrier).
- Increased enrollment among all targeted communities if barriers are addressed.

Burdens and disparate impacts identified:

1. Communication accessibility gap (Deaf community): A campaign that does not include ASL video content will fail to reach Deaf community members who are not strong English readers. This is not a minor oversight — it is a complete access failure for this community.
2. Trust and immigration-related fear (Somali-origin community): A campaign that does not explicitly address data sharing and immigration-related concerns may increase awareness but will not increase enrollment. Fear is the primary barrier, not information.
3. Cognitive accessibility gap (cognitive/developmental disability community): A campaign designed for

general audiences will not be accessible to individuals with cognitive and intellectual disabilities. Easy-read materials and person-centered application support are not a nice-to-have; they are a prerequisite for this community.

4. Disability-cultural intersection gap: The intersection of disability identity with Somali-origin cultural context creates a specific barrier (stigma around disability identification) not captured in either disability data or cultural competency data alone. The campaign must be designed for this intersection explicitly.

Modifications recommended:

- Campaign materials must include ASL video versions (not just captions — ASL is a distinct language from English).
- Campaign materials must include explicit, plain-language statements about data use limitations and what the program does and does not share with other government agencies.
- Easy-read versions of all campaign materials required, co-designed with cognitive and intellectual disability self-advocates.
- Campaign for Somali-origin communities designed in partnership with trusted Somali-origin community leaders, not by DSD communications staff alone.

Complementary strategies:

- Karen community health worker outreach ambassador program: train and compensate community health workers to conduct peer outreach; provide application support for their client networks.
- Application support navigator service: individuals who initiate an application can request a trained navigator to assist them through the process.

Step 5: Implementation Planning

Strategy — Action/Task — Person Responsible — Deadline — Resources

ASL video campaign materials — Hire Deaf-owned production company; cast Deaf presenters; finalize script in ASL — Communications Lead + CECLC — 8 weeks before launch — Budget: [amount for production]; CECLC coordination

Immigration and data-sharing communication — Draft plain-language statements with OGC review; have translated by bilingual community partners — Communications Lead + OGC — 6 weeks before launch — OGC review time; translation honoraria

Easy-read materials — Co-design with self-advocate advisory group; print and distribute — Training Coordinator + self-advocate partners — 8 weeks before launch — Design budget; self-advocate compensation

Karen community health worker program — Train 4 CHWs; provide program materials in Karen; establish referral protocol — CECLC Lead — 4 weeks before launch — CHW compensation; materials translation

Application navigator service — Designate 2 staff as navigators; train on application process and cultural context — Program Lead — 2 weeks before launch — Existing staff time; 8-hour training

Feasibility test: Realistic: Yes, with timeline extension achieved. Adequately funded: Partially — ASL video production requires new budget approval. Personnel: CECLC capacity is at limit; may need to prioritize CHW program and delay some activities. Data collection and community engagement: Yes — tracking plan designed below.

Step 6: Monitor, Evaluate, Adjust

Quantity: Campaign reach by community (tracked through language of first contact, community partner referrals, CHW outreach logs); applications initiated by community.

Quality: Completion rate of applications by community; navigator service utilization by community; ASL video view counts; easy-read material request counts.

Is anyone better off? Enrollment by community 6 months post-campaign; enrollment gap compared to pre-campaign baseline; disaggregated by disability type and race.

Pre-specified adjustment trigger: If Somali-origin enrollment has not increased by 15% at 90-day review, convene trust and data-sharing communication review with Somali-origin advocacy partners.

Feedback loop: CHW ambassador monthly report; advocacy partner check-ins at 60 days; client application experience survey at 30 days (in Somali, Karen, ASL video, easy-read, and English).

IS / IS NOT (for this worked example)

This worked example IS — This worked example IS NOT

A methodology illustration for a communication and outreach decision — Analysis of any real DSD outreach campaign or real community data

A demonstration of disability-cultural intersectionality in practice — A characterization of any real community's actual barriers or experiences

A teaching tool for how to apply the EAT to outreach decisions — A template that can be used without a real equity analysis

Common questions

Does every outreach campaign require a full Equity Analysis?

The Equity Lens Needs Assessment determines this. A minor update to an existing communication (changing a deadline, updating a phone number) likely does not. A new campaign targeting underserved communities, as in this example, is more likely to warrant the Analysis Track. Consult your Equity Director.

The disability-cultural intersection seems very specific. How do we address it without expertise in both areas?

This is exactly why the EAT requires genuine community engagement rather than staff-designed analysis. The intersection of disability identity with Somali-origin cultural context cannot be understood from the

outside by staff who do not share those identities. It must be learned through engagement with Somali-origin community members who have disabilities, or with community advocates who support them. The methodology does not require you to have the expertise — it requires you to engage the people who do.

Connection to DSD goals

Communication and outreach are not separate from equity work — they are equity work. A campaign that reaches only some eligible communities while missing others reproduces the enrollment disparities that the program exists to address. The EAT applied to outreach decisions ensures that communication strategy advances DSD's equity goals rather than inadvertently deepening existing gaps.

Sources

- DHS Equity Analysis Toolkit Guide — Minnesota DHS (<https://mn.gov/dhs/>) (primary source)
- Racial Equity Impact Assessment Guide — Race Forward (https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf)
- King County Equity Impact Review (https://blog.homelessinfo.org/wp-content/uploads/King-County-Equity-Impact-Review-checklist_Mar2017.pdf)
- DHS Equity Policy — Minnesota DHS (https://mn.gov/dhs/assets/equity-policy_tcm1053-646921.pdf) (CLAS standards requirements)
- One DSD Program Charter v1.1 (one-dsd-program-charter)

Always defer to the person in front of you.

Ask: What are the barriers keeping eligible individuals from enrolling — and do those barriers differ by community?

Plan for gaps: Community listening sessions will fill the "why not enrolled" gap. Add campaign reach tracking by language and community in the new campaign design.

Identify Burdens, Benefits, and Disparities

Ask: Does every outreach campaign require a full Equity Analysis?

Draft, structure, test, and distribute communication in usable formats using Worked Example — Communication and Outreach Decision Walk-Through.

Define the decision, compare evidence and impacts, document limits, and name the owner using Worked Example — Communication and Outreach Decision Walk-Through.

Verify current authority, preserve rights and exceptions, and route interpretation questions using Worked Example — Communication and Outreach Decision Walk-Through.

For all staff, use Worked Example — Communication and Outreach Decision Walk-Through to draft, structure, test, and distribute communication in usable formats; use the guidance in the immediate task, check impact and access, and ask for help when authority is unclear. Start by ask: What are the barriers keeping eligible individuals from enrolling — and do those barriers differ by community?

Do not replace official legal, policy, clinical, supervisory, program, or Tribal authority.

Do not infer an individual's identity, preferences, needs, or experience from group-level information.

State uncertainty, use current authoritative sources, and escalate when the decision exceeds the user's role.

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