## Introduction

Health in All Policies (HiAP) is an approach to tackle social determinants of health by incorporating health equity into decision-making, systems and policies across multiple sectors. Health in All Policies (HiAP) initiatives have traditionally been championed and implemented by government agencies, public health or other mainstream institutions that may not recognize inequities embedded in policies, processes and systems. The Center for Prevention funded eight community-based organizations to design, lead and implement a HiAP approach with equity as a goal. This unique funding initiative put Minnesota communities, most impacted by health inequities, at the center of driving health equity in policy, systems and environmental change.

**We are deeply grateful to the eight organizations engaged in this work:**

- **Zeitgeist Center for Arts and Community**
  zeitgeistarts.com
- **Voices for Racial Justice**
  voicesforracialjustice.org
- **Nexus Community Partners**
  nexuscp.org
- **ISAIAH**
  isaiahmn.org
- **Hope Community**
  hope-community.org
- **Hmong American Farmers Association (HAFA)**
  hmongfarmers.com
- **The Alliance**
  thealliancetc.org
- **Asian Economic Development Association (AEDA)**
  aeda-mn.org

## Impact

Community-led Health in All Policies (HiAP) initiatives led to 20 documented policy and practice impacts in metro and rural Minnesota, directly addressing social determinants of health (SDOH) that contribute to chronic health conditions and high health care utilization. These included:

- New and increased access to housing for low-income people,
- More resources for parks serving people-of-color,
- Active city Human Rights Commissions that supported immigrants,
- City budgets addressing equity,
- Health systems and schools using equity criteria,
- Anchor institutions in low-income neighborhoods using community benefit criteria in procurement decisions,
- Health systems establishing food security questions in their medical records to create a culturally-relevant,
- Locally-based food prescription program, and
- Deep partnerships for food procurement and education between local Hmong farmers and early childhood care providers.

## Community Determined Priorities

Policy and practice changes would not have happened if the policy agenda had been set by the funder.

Allowing the community to determine the focus was a new practice for the funder. Communities determined their own priorities and then used grant funding to expand their agenda or increase momentum on already existing initiatives, bringing 20 new policies and practices on SDOH to Minnesota communities and fostering deep changes to build equitable decision-making "ecosystems."

These policy and practice changes fostered deep changes to build equitable decision-making "ecosystems" where communities determined their own priorities and then used grant funding to expand their agenda or increase momentum on already existing initiatives. These outcomes would not have happened if the policy agenda had been set by the funder; this was a new practice for the Center for Prevention at Blue Cross and Blue Shield of Minnesota (funder).

## Strategies

Funded communities used four key strategies that overlapped, interacted and synergized to achieve impact in HIAP that is community-led. These were:

**BUILDING DECISION-MAKER CAPACITY.** A core strategy that is often needed but rarely acknowledged is building decision-maker capacity. This work is often an "invisible" but essential component of effective, equity policy that is sustainable. Despite their position, decision-makers often lack knowledge of and experience addressing equity through SDOH policies. Funded communities worked with decision-makers by ***providing opportunities to act***, e.g., sharing a menu of concrete actionable ideas that could be "win-wins", pushing or pulling to move beyond easy initial wins to more impactful action and building a cohort of decision-makers who could share ideas and strategies for equity action. Funded communities worked with decision-makers to ***recognize the harms caused by racism*** by engaging them in challenging conversations to deepen understanding of structural racism, historic and ongoing. They also invited decision-makers to ***invest in healing from racism***, which meant making time for healing a priority, valuing and seeking cross-cultural leadership and bridging divides with art and creativity. They asked decision-makers to recognize the personal cost of the work to people of color. They also ***took the time and built skills*** through encouraging and nurturing decision-makers ability to listen. They asked them to slow down for the opportunity for authentic community input. Throughout, funded communities made it clear that they were a true partner to stick with the challenging learning process for the long haul.

**ACTIVATING COMMUNITY LEADERSHIP.** Activating leadership takes time, practice, resources, strategy and deep engagement. Funded communities unleashed the power of individual leadership using well-crafted and rigorous methods. They ***invited initial involvement*** and created multiple entry points for people to get involved. They ***kept people involved*** by creating an accountable organizational culture, countering barriers to participation (childcare, meals) and incorporating cultural/art/fun into events. They ***built skills*** by providing opportunities for real, authentic participation and by increasing critical awareness of issues through group experiences. They consciously and thoughtfully ***moved leaders into deeper leadership roles***. An essential element for working on racism and systemic issues was to ***prepare leaders for being in the public arena***, including building knowledge and specific skills needed to interface with power-brokers and deepening understanding of power and privilege.

## Core Strategies for Effective HiAP

Funded communities used four core strategies to create SDOH related policy and practice changes. These strategies are:

- Building Decision-Maker Capacity
- Activating Community Leadership
- Building Power Collectively
- Transformation for Racial Justice

**BUILDING POWER COLLECTIVELY.** Building community power is a core strategy embedded throughout all the work. Building power includes *connecting and convening community* into decision-making processes, *valuing cultural and local knowledge* that prioritizes placed-based solutions from the community, reclaims cultural tools/knowledge and uses collective, cohort models. They *built power together* through authentic relationships and investing in community groups led by people of color. They *equipped leaders for public action* by preparing them for the personal traumatic reaction that can happen due to racial prejudice and abuse of power so that leaders can support each other during challenging encounters with power brokers or the public. Funded communities provided tools for advocacy, including data, and knowledge of the timeline and bureaucracy of decision-making processes.

**TRANSFORMATION FOR RACIAL JUSTICE.** Minnesota suffers from one of the highest rates of disparities between its people of color and white citizens. Addressing racism is a core strategy that is necessary to make inroads into long-standing and historical inequities. The HiAP funded communities *spoke boldly on racial injustice*, in which they used personal storytelling, held space for brave conversations on race, educated on historical origins of inequities, and named white supremacy and structural racism. They *built healing justice* by developing deep relational ties with community, prioritizing time and space to explore healing, creating space for dialogue and building intersectional teams. They *transformed decision making* by slowing down timelines to allow authentic engagement, building transparency on how resources could be used differently, prioritizing community ideas/solutions and treating people with respect even when pushing hard for change. Funded communities also transformed institutions through changing institutional practice, holding training directly addressing racism that used

a healing framework, developing an "ecosystem" approach by building deeper knowledge of how the system works and institutionalizing the use of a racial equity lens.

## Transformative Change Includes Funders

Transformative policy change in communities also required a transformation in the funder that allowed for a more complex HiAP process to unfold. The Center for Prevention learned many lessons from partnering with community and a few are highlighted here. Besides the need to *prioritize community leadership* discussed above, key findings included the need to *change funding structures*, e.g., flexibility to allow funded communities to pivot to take advantage of opportunities that arise. It's important to consider long-term funding for processes to unfold at the speed of true policy making, with it fits and starts depending on the political context and to provide funding that will allow for groups to continue working on implementation beyond policy wins. Funders need to build in proper time and resources that will allow for equitable decision-making, including slowing down to allow up-front, authentic engagement of community leaders. This can also include a new way of doing evaluation, which lifts up community voices and brings them as key actors in the evaluation of the projects. *Capacity building is required for all parties*, including funder staff to do their own racial healing as well as to reset institutional policies to support community-based funding. Funders should provide resources for the "invisible work", including building capacity of decision makers and working on racial issues in environments that can exact a costly emotional toll on leaders of color. Capacity for funders also means recognizing different levels of readiness among projects, and reorienting work toward being a partner who wants the community project to succeed. *Being a leader among your peers* involves being a role model

for doing things differently, trying and testing out new approaches including building transparency in processes and transforming narratives through brave conversation that name white supremacy and structural racism. Funders in true partnership with community will boldly ask for community input on how to best support the transformative work of healing justice and how to work in concert with decision-makers to recognize ways to work together that will avoid trauma-inducing and unproductive interactions.

The work toward equity through HiAP is not an easy or straightforward task. Supporting such work can also bring challenges. The HiAP initiative provided the Center for Prevention and public health practitioners with lessons on working with communities in ways that will move beyond business as usual and toward transformative change.

## Funders Supporting Transformative Change

Funders have their own key role to play in creating policy and practice changes that directly address SDOH. Because they address systemic poverty and racism, these changes can not only reduce human suffering, morbidity and mortality, they can save health care costs for society at large.

Funders can:
- Prioritize community leadership
- Change funding structures
- Build capacity for all parties
- Be a leader among peers and colleagues