Community-led Health in All Policies

FINAL REPORT



Center for Prevention



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Section 1: Impacting equity through Health in All Policies

To achieve outcomes for health in all policies with equity as a goal, community leadership is essential. Eight community organizations, funded through Center for Prevention at Blue Cross and Blue Shield of Minnesota used four core strategies that brought community members with strong voices and power, into the decision-making process and yielded equitable policies and practices in housing, food access, policing, city parks, comprehensive city planning, health systems and resource allocation.

The equitable policies and practices addressing social determinants of health are important to health since 80 percent of health is influenced by the physical environment, health behaviors and other social and economic factors. Studies show low socio-economic status has been linked to higher risk of hospitalization and longer stays, frequent emergencies visits and higher rates of chronic disease. Social factors such as poverty, economic instability and food insecurity cause health behaviors that lead to morbidity and mortality and these issues must be addressed to make significant progress on health equity and health care costs. In fact, a large scale study of Canadian health care users by health service researchers found that "high-cost health care users" are associated with multiple dimensions of socioeconomic status, particularly housing, food security and neighborhood marginalization which require "collaborative, intersectorial approaches".(1)

The Center for Prevention at Blue Cross and Blue Shield of Minnesota tackles the leading causes of preventable disease with a focus on a policy and environmental approach, providing funding that has helped transform communities into healthier places throughout Minnesota. However, staff at the Center for Prevention recognized that new approaches would be required to make inroads into the ongoing disparities still plaguing Minnesota communities.(2, 3)

Leadership from Janelle Waldock and Vayong Moua, with support from a team of diverse, experienced and committed staff, led the Center to embark on an innovative initiative to address disparities. They decided to support community groups to determine their own focus for community-based projects focused on Health in All Policies (HiAP) approach to address the social determinants of health (SDOH) that would ultimately lead to reductions in poor nutrition, inactivity and use of commercial tobacco products. This support included not just funding, but robust evaluation and communications technical assistance along with engaged Project Managers who created partnerships with funded communities, connecting them with additional resources, troubleshooting issues and encouraging innovative work.

CONNECTING THE DOTS: SOCIAL DETERMINANTS OF HEALTH, HEALTH IN ALL POLICIES AND HEALTH EQUITY

Why do we need to focus on HiAP and SDOH to make an impact on health equity? How can this improve healthy eating, physical activity and reduce commercial tobacco use and addiction? The World Health Organization (WHO) defines the <u>social determinants of health</u> as "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems." Evidence abounds that addressing social determinants <u>has reduced disparities</u> in populations throughout the world.

Healthy People 2020, the ambitious United States federal health and advocacy initiative, has adopted and built on this approach.(4) They use a "place-based" organizing framework that reflects five key areas of social determinants of health (SDOH), including:

1) Economic Stability

- Employment
- Food Insecurity
- Housing Instability
- Poverty



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2) Education

- Early Childhood
- Higher Education
- High School Graduation
- Language and Literacy

3) Social and Community Context

- Civic Participation
- Discrimination (including immigration)
- Incarceration
- Social Cohesion

4) Access to Health and Health Care System

- Access to Health Care
- Primary Care Addressing Equity
- Health Literacy

5) Neighborhood and Built Environment

- Access to Foods that Support Healthy Eating Patterns
- Crime and Violence
- Environmental Conditions
- Quality of Housing

Working in any on these five areas (e.g., to increase economic opportunities, to reduce social isolation, to increase resources in low-income communities, to reduce ongoing stressors, to improve access to parks, transportation, housing and healthy foods) will improve community conditions and facilitate health behaviors through food security, access to healthy foods, quality housing, safe neighborhoods for work and play, and reduced stress.

And yet, work on these areas is a formidable task. The HiAP approach has been used successfully to address these challenging areas. HiAP is defined as "a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas." (5) Using HiAP as a framework for action is built on the evidence from numerous major health groups, including the World Health Organization (WHO), the CDC and foundations such as the Robert Wood Johnson Foundation.

Health in All Policies (HiAP) is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health and well-being. [Eighth Global Conference on Health promotion, Helsinki (Finland), 2013]

Leaders in the HiAP movement, including the National Association of County and City Health Officials and the Government Alliance on Race and Equity have pushed for health and racial equity to be a focal point for HiAP development. They have not just moved the conversation toward racial equity, but provided tools and workshops for government policy makers and staff throughout the country.

THE IMPERATIVE OF COMMUNITY LEADERSHIP

Despite a focus on government policy makers as the central actor in HiAP (6), recent consensus is that successful HiAP projects have included one core component: community leadership. Researchers reviewing HiAP approaches across countries found that successful initiatives engaged non-government actors at the local level in collaborative processes. (7)

The National Academy Press publications, including the consensus report, *Communities in Action, Pathways to Health Equity* and the workshop findings Exploring equity in multisector community health partnerships shared that deep community engagement and leadership is critical for not only finding equitable solutions but also for ensuring accountability and implementation fidelity to the mission of equity.(8, 9)

The community-based solutions that the committee highlights as promising are characterized by 1) having a shared vision and values regarding what was needed in their community—whether or not health equity was explicitly acknowledged in that vision—and on how



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to move forward to address those needs; 2) enhancing community capacity by harnessing the power of communities; and 3) embracing and building on cross-sector collaboration. (Communities in Action, p. 505)

In 2016, the Center for Prevention launched a community-led *Health in All Policies (HiAP) initiative*. They committed approximately \$1 million to support community organizations outside the health sector to advocate for policies and systems changes that would move decision-makers toward equity. These projects would allow communities to seek their own priority policy focus and place community actors in the central role of creating equitable policy goals that would improve the health of their community.

Eight funded communities implemented a diverse set of community-led HiAP projects in housing, parks, city governments, health systems, place-based institutions, city departments and regional planning commissions. They focused on lifting up community voices, activating leadership and bringing the people most affected by the decisions to the table to create solutions and monitor progress. The eight funded communities included:

- 1. Voices for Racial Justice (Voices)
- 2. The Alliance Alliance
- 3. Asian Economic Development Association (AEDA)
- 4. Hmong American Farmers Association (HAFA)
- 5. Hope Community (Hope)
- 6. Isaiah
- 7. Nexus Community Partners (Nexus)
- 8. Zeitgeist Center for Arts and Community/CHUM (Zeitgeist)

From 2016 to 2018, the HiAP initiative yielded 20 policy, practice and place-based outcomes, and had major impacts on decision-making processes, which will be detailed in Section 2. Some of the work toward those changes began years ago and gained momentum from the Center funding. Other changes emerged as communities recognized and acted on new opportunities.

This project also yielded important lessons for the Center on community-led strategies (Section 3), how best to work with communities to unleash their power, to create effective policy solutions and the need for an expansive view on HiAP that can be transformative toward equity (Section 4).

Evaluation Note

Given the innovative nature of the HiAP initiative, the Center for Prevention recognized the importance of a new approach to evaluation that also lifted up community voices within the process. They used a developmental framework, with a strong participatory, collaborative team approach led by an experienced external evaluator, Sheryl Scott of Scott Consulting Partners along with associate Gifty Amarteifio and internal evaluators Olivia Jefferson and Ana Isabel Gabilondo-Scholz. The evaluation team first worked with HiAP funded communities to develop community-based evaluation questions and methods that allowed for equity stories to unfold. The evaluation focused on a "co-learning" approach with real-time reporting on progress along with annual discussions (listening sessions) as a participatory method to better understand how policy advocacy took shape (e.g., activity, strategy, focus) and what successes and obstacles funded communities encountered. In order to deepen the Center for Prevention's understanding of community-led HiAP work, the evaluators used mixed methods with a strong qualitative component, drawing on best practices in advocacy evaluation and culturally relevant methods such as storytelling and personal interviews with community leaders and decision-makers.

Section 2: HiAP projects and connection to social determinants

HEALTH IN ALL POLICIES ADDRESSED BY FUNDED COMMUNITIES

The HiAP initiative funded eight community-based organizations which chose different targets to address equitable policy development.

- Economic stability (7 projects from AEDA, Alliance, Zeitgeist, HAFA)
 - How large institution/government money is used and allocated:
 - City budgets; city housing budget; regional budgets (transportation); Major institution budgets¬ (schools, health systems)
 - City policy and practice addressing housing discrimination and incorporating inclusionary housing (percent low-income units) for development and along transportation corridors
 - Major health system clinics added food insecurity question to their electronic health record
- Social and Community Context (4 projects from Isaiah, Voices, Hope)
 - Reducing social isolation and stressors (municipal ID benefiting immigrants and transgender)
 - Creating official welcoming resolutions and cultural shifts for treatment of immigrants
 - Community-based policing agreement
 - Incorporated racial healing/healing justice into work with decision-maker and community
- Neighborhood and Built Environment (4 projects from Nexus, Hope and HAFA)
 - Long-term environmentally-exposed poor neighborhoods targeted for growth and renewal
 - Practice change to increase programming at neglected parks in neighborhoods of color
 - Access to local, healthy foods for Head Start and early childhood programs
 - Access to local, healthy foods for low income patients

- Education (2 projects from Zeitgeist and HAFA)
 - Equitable assessment of policy for school districts
 - Equitable institutional procurement policies that include community benefits
- Health (1 project from Zeitgeist)
 - Health care systems decisions incorporate health equity/addressing disparities

As noted before, work on these community-led HiAP projects yielded policy changes which impacts the social determinants of health, which in turn, can change conditions necessary to improve health and reduce disparities. The impacts are sometimes direct, e.g.,

- The HAFA project provided a community supported agriculture (CSA) box of locally grown, healthy produce from Hmong farmers to clinic patients. Use of the CSA boxes was promoted by physicians and nurse alike, and a pilot project sponsored by HAFA's health system partner collected data which showed promising results, including a decrease in diabetic markers (A1c) among those using the CSA program.
- Nexus advocated for Green Zone projects which limit or ameliorate the environmental stressors and neighborhood poverty conditions that causes increased asthma rates among people of color. (10)
- Zeitgeist worked with two major health systems in Duluth to create a collaborative that meets best practice recommendations for their required community health needs assessment with an equity lens, including a health data dashboard that monitors major disparities to address in future programming. (11)

And impacts are often connected through mediators such as stress and health behaviors, e.g.,

- New facilities for recreation and youth programming advocated by Hope in neglected neighborhood parks will increase physical activity. (12)
- The Alliance in coalition with advocates improved policies on housing conditions, which has recommended as policy action to reduce disparities





because poor quality housing is strongly associated with pediatric asthma. (13)

- Food insecurity, which HAFA successfully advocated to include as an assessment question in community clinics' EHR, is strongly associated with obesity, which is a mediator for major chronic diseases including diabetes, heart disease and cancer. (14)
- Providing a community context supportive of immigrants through welcoming resolutions such as passed by Isaiah leaders in Wilmar and Northfield ameliorate the stressors that can lead directly to low birth weight in both immigrant and nonimmigrant Latinx communities (15) as well as to underutilization of prenatal care. (16)

And sometimes through multiple mediators, e.g.,

 Increased resources for low-income neglected neighborhoods, by adding equity guidelines to city planning and budgeting as passed by Zeitgeist and by conducting pilot programs as passed by Nexus, can be used to improve community conditions and in the case of AEDA in St Paul, alleyways that pose safety risks from crime as well as accidents. Better conditions can also reduce the physical effects of cumulative stress (allostatic load) that have been directly associated with overall poor health and chronic diseases. (17, 18)

- Housing insecurity and food insecurity in childhood, both policy issues addressed by the Alliance and HAFA, are two of the major stressors that can create biological and behavioral risks that lead to obesity in adulthood. (19, 20)
- Researchers have measured high biological stress loads in African Americans compared to Whites and consider this "weathering", or a consistent stress that creates a biological weakness and leads to higher levels of chronic disease and earlier death.(21, 22)
 Voices for Racial Justice and Hope embedded racial healing concepts and strategies into their projects which provides a context for healing the trauma of ongoing stress, which is a forward thinking strategy recently reviewed by research psychologists. (23)

The relationships of policy changes to impacts to SDOH and health outcomes are mapped in the table below, which illustrates linkages between the specific policies and shifts created by the eight funded communities to social determinants which are critical mediators of health outcomes.



Mapping Relationships of Health Outcomes to Funded Community-Led Projects

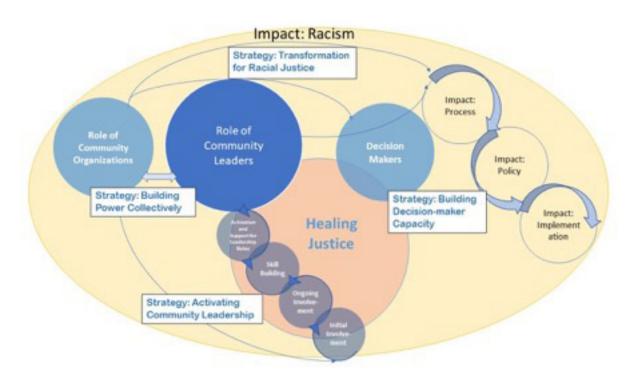
Policy	HiAP Outcomes	Impact	SDOH		
Target	Passed new policy on zoning to eliminate barrier to	A income to reione outremone one in less income	Facularia		
City planning	economic activity in low-income St Paul neighborhoods	↑ income to micro entrepreneurs in low-income cultural communities	Economic stability		
City Planning	Changed city budget allocation protocol to shift resources to "zip code" neighborhoods with high mortality/morbidity	↑ job opportunity and economic development in poor neighborhoods			
Institution policy	Changed anchor institution protocol remove barriers and procurement protocol to 20% buy local	↑ income to small, local low-income farmers		Mediators	
City policy	Passed city policy to ban discrimination in housing Passed inclusionary housing policies in 3 cities	◆ evictions ↑ affordable housing and available family income		Chronic Stress	
Health system	Change protocol in EHR to include assessment of food insecurity	♦ hunger and ↑ health care attention to providing access to resources for food security		Allostatic	Health
City	Created 1st municipal ID in Minnesota in a rural community	↑ social integration and ↓stressors		Load	outcome
City	Passed welcoming resolutions (2) and created cultural shifts in treating immigrant community members	↑ social integration and ↓stressors	Social &	Loud	Infant mortalit
Police Parks	Passed community policing agreement	♥ racial profiling and trauma	Community Context	Nutrition	Diabetes
raiks	Changed park protocol to include somatic and racial justice experiential training for staff and leadership	↑ community engagement and Ψ racial discrimination		Physical	Heart
City	Passed funding resolution for Green Zone planning & Passed funding resolution for 2 pilot Green Zone projects	environmental stressors community cohesion for safe, walkable neighborhood		activity	disease
Parks	Passed equity-focused budgeting and resource allocation metrics	↑ resources and built new facilities in poor and minority serving neighborhoods	Neighbrhood &	Com-	Accident
Early childhood	Incorporated education on local Hmong farmers and procurement of food into Head Start	↑ access to healthy foods	Built Environment	mercial tobacco	
Clinic patients	Institutionalized prescription food program into clinics serving low-income, culturally diverse community	↑ access to healthy foods ↓ hunger		addiction	
Schools	School board passed protocol to use health equity tool	↑ graduation rates for disparities population			
Higher ed	Anchor educational institution passes procurement policy that includes community benefit requirement	↑ resources to local community businesses and service organization	Education		
Health system	Health care systems collaborate on community needs assessment and incorporate an equity lens	↑ resources to address high rates of chronic disease among minority citizens	Health Care		



Section 3: Effective Strategies across HiAP projects

Funded communities used a mix of four core strategies to achieve their policy, practice and cultural shift outcomes (Figure 1). They activated community leadership by building skills, providing opportunities for involvement and supporting growth through leadership roles within and outside of their organizations. These community leaders were an essential component of **building** power collectively, which involved creating a strong core of community push for policy action, by individuals as well as by community organizations working together on systems solutions. As one decision maker noted in an interview:

"... those times where you reach back out into the community and say, 'I'm really trying to move this. I need your help to... get this done' ... if you know you have that support with you... if you have people in the community to support you and support what you're trying to do, and they can move some other people to help support you, that's always what you need to have."



Besides community power, funded communities recognize that decision-makers lack the understanding of and capacity for working on equity. They focus on *building decision-maker capacity* to understand the historical roots of racism and social injustice as well as the impact that current policies have and the need for new policy and system-change solutions. *Transformation for racial justice* must occur across all parameters of the HiAP work, including within and between individuals for dialogue, relationship building and healing justice, and within systems to address structural racism and systemic injustice.

Each of these strategies will be reviewed in more detail below.



Capacity building for decision-makers

Building decision-maker capacity for equity is essential. This core strategy acknowledges and seeks to directly address the lack of experience and knowledge that most decision-makers have on structural racism, social injustice, community experiences and community solutions. While efforts such as the Government Alliance on Race and Equity (GARE) have influenced and educated many government-based decision-makers, the majority of people working in decision-making positions have neither knowledge

BUILDING DECISION-MAKER CAPACITY

PROVIDE OPPORTUNITIES TO ACT

- · Share a menu of ideas on how to get started
- · Provide concrete ideas for actions that will be a "win-win" for decision-makers
- Push gently, or sometimes pull harder, to move beyond "easy" initial wins-shift away from non-impactful "feel good" work
- Build a cohort of decision-makers who can share ideas for equity action





RECOGNIZE THE HARMS OF RACISM

- · Deepen understanding of structural racism, historical and ongoing
- Engage in challenging conversations
- · White people hold white people accountable
- Build long-term relationships from the start that work to act against racism



INVEST IN HEALING FROM RACISM

- Recognize the personal cost of the work
- · Make time for healing
- · Foster meaningful interactions
- · Apply somatic training and experiences.
- · Value and seek cross-cultural knowledge
- · Bridge divides with art and creativity



TAKE TIME AND BUILD SKILLS

- Build relationships to increase capacity for authentic engagement
- · Encourage and nurture ability to listen
- Slow down for opportunities to pivot
- Be a true partner and stick with the challenging learning process for the long haul

nor experience in how to address equity in policy work. Funded communities recognized that decision-makers include many individuals outside of government -managers and CEOs of multiple sectors such as business, health care, social services and education.

The Building Decision Maker Capacity strategy encompasses four main components, with action ideas provided in the Figure to the left:

- 1. Providing opportunities to act
- 2. Recognizing the harms of racism
- 3. Invest in healing from racism
- 4. Take time and build skills

For examples, see the Appendix for Equity Stories from Hope Community, Nexus Community Partners, HAFA and AEDA





Activating community leadership

To be effective, the National Academy of Sciences finds solutions to long-standing, seemingly intractable inequities must come from the community (8). But community leadership that is sustainable and powerful does not emerge overnight. HiAP funded communities shared a sophisticated, tried and tested approach that involved multiple opportunities to draw on community strengths and build skills and experience.

- Finding solutions



Five steps shown with action ideas in the Figure to the left:

- Inviting initial involvement by meeting people where they are at and providing many avenues to participate.
- Keeping people involved by building relationships, paying attention and getting to know individuals, listening to their ideas and making participation possible by reducing barriers such as providing meals or childcare.
- Build skills by providing opportunities for growth and increasing critical consciousness through dialogue and colearning.
- Move leaders into deeper roles by having intentionality and creating opportunities to allow new leaders to test their skills.
- 5. Preparing leaders for public action is a critical step when racial injustice is an underlying tension. Helping new leaders understand their own trauma and reactions to abuse of power and racial slurs so that they will be prepared when they encounter these working in public spaces.

For examples, see the Appendix for Equity Stories from Voices for Racial Justice, Isaiah, and Zeitgeist

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For examples, see the Appendix for Equity Stories from Hope Communities and Voices for Racial Justice

Building power collectively

Power is the ability to direct the course of events. Funded communities shared the importance of building power as collective work. While individuals gain power as new leaders, sustainable and deeply influential power comes from people and organizations coming together sharing their diverse stories, yet with unified values and voice. Building power collectively is not an easy task--it's not just calling on large numbers of people to show up for a rally or specific vote. It takes much time, effort and

patience to create a sustainable power base.

BUILDING POWER COLLECTIVELY

CONNECT AND CONVENE

- · Welcome people of color and community organizations into collaborations
- · Plan events so community voices are dominant
- Ensure community has agency at decision-maker events
- · Integrate arts and culture into all convenings
- Connect community leaders into advisory boards and long-standing committees





VALUE CULTURE AND LOCAL KNOWLEDGE

- Open up to transformational thinking
- · Prioritize solutions grounded in community and place
- Reclaim cultural and locally-informed tools and practices
- Use collective model of cohorts over individualistic cultural framework
- · Draw on the power of story

BUILD POWER TOGETHER

- · Recognize actions that build power, such as convening and breaking bread together
- · Take time to invest in other CBOs, especially those led by people of color
- · Share resources to build up community power





EQUIP LEADERS FOR PUBLIC ACTION

- Prepare for personal traumatic reactions to racial prejudice and abuse of power
- Educate community leaders on the process, timeline and bureaucracy of decision-making
- Help CBOs collect, interpret and use data
- · Provide tools for working with decision-maker

Funded communities identified four core components of building power. The Figure to the left includes action ideas for each component.

- 1. Connect and convene by bringing community members into decision-making processes and groups together in such a way that community voices, not decision-makers, are dominant.
- 2. Value culture and local knowledge by including artist's vision and the power of story. Prioritize local knowledge and support cohorts rather than individuals.
- 3. Build power together by sharing resources, especially with groups of color that are often left out of funding initiative that favor larger or white groups.
- 4. Equip leaders for public action by providing education and tools for understanding the process of decision-making and helping communities collect and use their own data.

For examples, see the Appendix for Equity Stories from The Alliance for Metro Stability and Nexus Community Partners

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Transformation for racial justice

Racial injustice lies at the deepest roots of inequity, and until this is addressed, the problems and disparities we face will continue. The funded communities used a variety of strategies, some with more focus than others. But all looked for transformative strategies and applied them at multiple intervention points throughout their projects.

TRANSFORMATION FOR RACIAL JUSTICE

SPEAK BOLDLY ON RACIAL INJUSTICE

- Use power of storytelling from diverse perspectives
- · Name white supremacy and structural racism
- · White people hold white people accountable
- · Educate on historical origins and transgressions
- Hold space for brave conversations on race





BUILD HEALING JUSTICE

- Develop deep relational and caring ties with community to build base.
- Prioritize time and space to explore and apply healing justice
- Create space for dialogue so that people can hear with compassion
- · Build intersectional teams

TRANSFORM DECISION-MAKING

- Create a timeline that allows authentic engagement, not false urgency
- Don't move forward without community at the table
- Transparency for the process to use time and resources differently
- Center on community solutions for effective equitable policy
- Respect people's humanity even as you push forward toward your goals



TRANSFORM INSTITUTIONS

- · Change institutional practices and protocols
- Apply body-based somatic approach to support racial dialogue and healing throughout institutions
- Use an "ecosystems" approach- deeper knowledge of the whole system and how to support and reinforce new ways of doing
- Develop progressive candidates to be elected
- Hold to equity and parity
 at the table
- Institutionalize racial equity lens



The Figure at the left shows the four core components of transformation, with action ideas for each.

- Speak boldly on racial injustice by naming white supremacy and not shying away from challenging conversations on race
- Build healing justice through prioritizing resources for healing to happen and building deeper relationships among colleagues and with decision-makers that transcend simple transactional interactions.
- Transform decision-making by committing to a timeline and engagement process that allows for authentic communitydriven problem identification and solutions. Engage in in respectful, yet dialogue.
- 4. Transform institutions by changing practice and protocols. Engage all levels of staff in equity work to build an ecosystem that will not just support but also be inspired by the positive changes possible with an equity focus.

For examples, see the Appendix for Equity Stories from Hope Communities and Voices for Racial Justice

Section 4: Lessons Learned - Getting to Transformative HiAP

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.

The Center for Prevention, departing from their usual call for proposals on a specific goal such as healthy eating, asked community partners to create their own policy goal and plan to achieve it using their own strategies. During the three years of funding, the Center for Prevention HiAP team worked in closer partnership with the funded communities and evaluator than usual, and were able to reflect on how their own work could be part of the change they wished to build. The Center for Prevention held discussions with community partners to cull lessons for funders that will inform their own work and will be distributed through their HiAP website as well as their funder and public health colleagues. The lessons learned have been compiled and summarized in the table below:

LESSONS ON FUNDING TRANSFORMATIVE HIAP

	IDING I KANSFORMATIVE HIAP
Prioritize community leadership	 Community-based organizations & communities identify, define, lead & prioritize the policies that are most important to them Recognize the power and resiliency of communities who've been experiencing health inequities, they know what is best for them Support community organizations as the leader & foundational partner in working toward equity Use collaborate-developmental approach to evaluation that lifts up community voices and allows community to determine their success measures
Change funding structures	 Create proper time & resources to allow for an equitable policy-making process Let go of internal timelines & slow the process to allow adequate engagement & inclusion of community members as decision-makers Develop long-term funding opportunities to invest in work that is creative, broad and builds trust to allow communities to build their own agenda Allow & adapt funding to be flexible for communities to pivot in ever changing environments
Capacity building for all parties	 Recognize varied levels of readiness among projects, have realistic expectations & provide proper resources for organizations to succeed Recognize varied levels of understanding/skill among your own staff & create learning opportunities to enhance capacity & reset institutional practices Fund communities' role in working with decision-makers to build their capacity to address racial/social justice & institutionalize equity Recognize & provide resources for the "invisible" work that sustains progress on equity – this includes the emotional toll of educating on institutional racism, space & time for deep listening, learning, reflection & team-building Support and lift up people of color-led organizations leading racial justice work
Be a leader among your peers	 Follow through & build transparency in promises & processes Transform the narrative on what & how things are talked about – such as conversations on race between whites & cross cultures and whose voices you are lifting up Create awareness within the system, name white supremacy & structural racism, recognize personal implicit biases, understand historical origins and be aware of unintended consequences Support & use community engagement that goes beyond listening & builds power Serve as liaison between community & government when government is unresponsive or unable to work with community Consider & ask communities how to best support the transformative work of healing racial justice to prepare both community leaders & decision-makers to work together in effective ways that avoid trauma-inducing & unproductive interactions with the potential for long-term sustainable change

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REFERENCES

- Fitzpatrick T, Rosella LC, Calzavara A, Petch J, Pinto AD, Manson H, et al. Looking Beyond Income and Education: Socioeconomic Status Gradients Among Future High-Cost Users of Health Care. American Journal of Preventive Medicine. 2015;49(2):161-71. doi: 10.1016/j.amepre.2015.02.018.
- 2. Minnesota Department of Health. Advancing Health Equity in Minnesota: Report to the Legislature. St Paul, Minnesota: 2014.
- Satcher D. Include a Social Determinants of Health Approach to Reduce Health Inequities. Public Health Rep. 2010;125(Suppl 4):6-7. PubMed PMID: 20629251; PubMed Central PMCID: PMCPmc2882968.
- 4. Koh HK, Piotrowski JJ, Kumanyika S, Fielding JE. Healthy people: a 2020 vision for the social determinants approach. Health Educ Behav. 2011;38(6):551-7. Epub 2011/11/22. doi: 10.1177/1090198111428646. PubMed PMID: 22102542.
- Rudolph L, Caplan J. Health in all policies: a guide for state and local governments. Washington DC: American Public Health Association and Public Health Institute; 2013.
- 6. Gase LN, Pennotti R, Smith KD. "Health in All Policies": taking stock of emerging practices to incorporate health in decision making in the United States. Journal of Public Health Management and Practice. 2013;19(6):529-40.
- Carey G, Crammond B, Keast R. Creating change in government to address the social determinants of health: how can efforts be improved? BMC public health. 2014;14(1):1087.
- 8. National Academies of Sciences Engineering and Medicine. Communities in Action: Pathways to Health Equity. Weinstein JN, Geller A, Negussie Y, Baciu A, editors. Washington, DC: The National Academies Press; 2017. 582 p.
- National Academies of Sciences Engineering and Medicine.
 Exploring equity in multisector community health partnerships: Proceddings of a workshop.; Washington, DC: The National Academies Press; 2018.
- 10. Keet CA, McCormack MC, Pollack CE, Peng RD, McGowan E, Matsui EC. Neighborhood poverty, urban residence, race/ethnicity, and asthma: Rethinking the inner-city asthma epidemic. The Journal of allergy and clinical immunology. 2015;135(3):655-62. Epub 01/20. doi: 10.1016/j.jaci.2014.11.022. PubMed PMID: 25617226.
- Pennel CL, McLeroy KR, Burdine JN, Matarrita-Cascante D, Wang J. Community Health Needs Assessment: Potential for Population Health Improvement. Population health management. 2016;19(3):178-86. Epub 2015/10/07. doi: 10.1089/pop.2015.0075. PubMed PMID: 26440370.
- 12. Gordon-Larsen P, Nelson MC, Page P, Popkin BM. Inequality in the built environment underlies key health disparities in physical activity and obesity. Pediatrics. 2006;117(2):417-24.
- Hughes HK, Matsui EC, Tschudy MM, Pollack CE, Keet CA. Pediatric Asthma Health Disparities: Race, Hardship, Housing, and Asthma in a National Survey. Academic pediatrics. 2017;17(2):127-34. Epub 11/19. doi: 10.1016/j.acap.2016.11.011. PubMed PMID: 27876585.

- 14. Pan L, Sherry B, Njai R, Blanck HM. Food insecurity is associated with obesity among US adults in 12 states. Journal of the Academy of Nutrition and Dietetics. 2012;112(9):1403-9. Epub 2012/09/04. doi: 10.1016/j.jand.2012.06.011. PubMed PMID: 22939441; PubMed Central PMCID: PMCPMC4584410.
- Novak NL, Geronimus AT, Martinez-Cardoso AM. Change in birth outcomes among infants born to Latina mothers after a major immigration raid. International journal of epidemiology. 2017;46(3):839-49. Epub 2017/01/25. doi: 10.1093/ije/ dyw346. PubMed PMID: 28115577; PubMed Central PMCID: PMCPMC5837605.
- 16. Rhodes SD, Mann L, Simán FM, Song E, Alonzo J, Downs M, et al. The impact of local immigration enforcement policies on the health of immigrant hispanics/latinos in the United States. American journal of public health. 2015;105(2):329-37. Epub 02/. doi: 10.2105/AJPH.2014.302218. PubMed PMID: 25521886.
- Ribeiro AI, Amaro J, Lisi C, Fraga S. Neighborhood Socioeconomic Deprivation and Allostatic Load: A Scoping Review. International journal of environmental research and public health. 2018;15(6):1092. doi: 10.3390/ijerph15061092. PubMed PMID: 29843403.
- 18. Barber S, Hickson DA, Kawachi I, Subramanian SV, Earls F. Double-jeopardy: The joint impact of neighborhood disadvantage and low social cohesion on cumulative risk of disease among African American men and women in the Jackson Heart Study. Social science & medicine (1982). 2016;153:107-15. Epub 02/03. doi: 10.1016/j.socscimed.2016.02.001. PubMed PMID: 26894941.
- Suglia SF, Duarte CS, Chambers EC, Boynton-Jarrett R. Cumulative social risk and obesity in early childhood. Pediatrics. 2012;129(5):e1173-e9. doi: 10.1542/peds.2011-2456. PubMed PMID: 22508921.
- 20. Wells NM, Evans GW, Beavis A, Ong AD. Early childhood poverty, cumulative risk exposure, and body mass index trajectories through young adulthood. American journal of public health. 2010;100(12):2507-12. doi: 10.2105/AJPH.2009.184291. PubMed PMID: 20966374.
- 21. Geronimus AT, Hicken M, Keene D, Bound J. "Weathering" and age patterns of allostatic load scores among blacks and whites in the United States. American journal of public health. 2006;96(5):826-33. Epub 2005/12/29. doi: 10.2105/ajph.2004.060749. PubMed PMID: 16380565; PubMed Central PMCID: PMCPMC1470581.
- 22. Thorpe RJ, Jr., Fesahazion RG, Parker L, Wilder T, Rooks RN, Bowie JV, et al. Accelerated Health Declines among African Americans in the USA. Journal of urban health: bulletin of the New York Academy of Medicine. 2016;93(5):808-19. Epub 2016/09/23. doi: 10.1007/s11524-016-0075-4. PubMed PMID: 27653384; PubMed Central PMCID: PMCPMC5052148.
- 23. Comas-Diaz L, Hall GN, Neville HA. Racial trauma: Theory, research, and healing: Introduction to the special issue. The American psychologist. 2019;74(1):1-5. Epub 2019/01/18. doi: 10.1037/amp0000442. PubMed PMID: 30652895.

BlueCross BlueShield Minnesota Center for Prevention

Asian Economic Development Association

What strategies did we use to influence decision-makers?

HiAP Action: In 2015, the Center for Prevention at Blue Cross and Blue Shield (BCBS) of Minnesota funded eight local community-based organizations to design, lead and implement a Health in All Policies approach with equity as a goal. This approach aimed to formally insert health equity criteria into the decision-making processes that precede policy or physical changes and to put communities most impacted by health inequities at the center of driving health equity in all policies change.

The community-based organizations, called funded communities, were each asked to create a campaign to address a community-identified issue that has health implications for its residents. The Asian Economic Development Association (AEDA) partnered with community groups to develop culturally-based strategies to improve conditions for their communities.

EVALUATION OUESTION

This publication highlights a single story within the larger HiAP-funded campaign that helps us to answer the question: What strategies did we use to influence decision-makers?

EQUITY OUTCOME

In 2017, AEDA organized a community forum that brought together a diverse cross-section of community residents, including youth, elders and local business owners, to share their ideas with city officials for the St. Paul Comprehensive Plan.

THE NEED

Frogtown, near the Minnesota State Capitol in St. Paul, has a long history of growth, destruction and transformation. The area has always been a haven for immigrants. In the 19th century, newcomers of German, Irish and Scandinavian descent moved in. By the late 20th century, new waves of Hmong, Latino and Somali immigrants arrived. Frogtown



is now one of the most diverse neighborhoods in St. Paul. Census data put nearly 40 percent of Frogtown residents as Asian descent, along with black (28%), white (21%) and American Indian (2%).

The building of Interstate 94 in the 1960s tore apart a thriving African American neighborhood in Rondo, the neighborhood just south of Frogtown. rondoavenueinc.org/reconciliation/ This was one of numerous highway building projects that displaced and disempowered strong African American neighborhoods. In the 2000s, concerns again emerged about displacement of minority communities during the construction of the Green Line light rail along University Avenue, the main corridor through Frogtown. Residents, including leadership from AEDA, fought for community benefits such as more stops and assistance to disrupted businesses.

According to a 2010 BCBS Foundation report, Frogtown has one of the highest mortality rates in the Twin Cities. The neighborhood has been neglected when it comes to city resources, yet, neighborhood groups have continued to draw on and develop assets from this vibrant community. For example, in 2012, AEDA launched the Little Mekong Asian Business & Cultural District (littlemekong.com) as an assetbased place-making and economic development strategy to turn a two block strip of University Avenue into a world-class destination on the Green Line. With the HiAP funding, AEDA worked to bring together a cross-section of community voices to influence the city planning process.

BlueCross BlueShield Minnesota Center for Prevention

Asian Economic Development Association



REACHING DECISION-MAKERS.

Building on one-on-ones. Mhonpaj Lee, AEDA's lead staff for the HiAP project, has amazing energy and infectious enthusiasm for positive

change. Drawing on her Hmong heritage, she is a familycentered entrepreneur, and brought the combination of culture and business experience to the HiAP work with AEDA.

To develop a HiAP policy perspective, Mhonpaj worked with Executive Director Va-Megn Thoj and used a tried and true strategy – one-on-ones. During 2017, she completed seven one-on-one visits with key decision-makers, including legislative aids of St Paul city council members, city planners, policy staff of the St Paul mayor and city department representatives. These conversations were critical for both garnering information and for relationship-building. They provided essential information on the process of decision-making and on resources available for initiatives such as alley improvements that AEDA wanted to make.



Bringing in the public sector. The relationships built with city decision-makers led AEDA to host a community forum to bring community voices to the city planning process. In planning the forum, Mhonpaj met with City Planner, Tony Johnson to discuss strategies for the Frogtown district. Mr. Johnson agreed to speak at the forum and served as a great resource to AEDA. Tony believed that this public sector participation from the mayor's office, city planners and the police was a unique and effective aspect of the forum,

providing "different perspectives from the public sector – police talked about prevention through environmental design, planner in mayor's office, [it] gave everyone chance to ask questions of the public sector and get answers".

CREATING POSITIVE COMMUNITY/DECISION-MAKER CONNECTIONS

Inviting diverse voices. AEDA invited a range of community members to the forum, including business owners, residents and youth. The idea was to have as many community perspectives as possible represented in the room with decision-makers. City Planner Tony Johnson and Mhonpaj both agreed it was a highlight to have plenty of discussion time to ask questions and share ideas. Tony also noted that the forum was "opened up to general public. One older African American gentleman commented that he didn't know if he was going to feel ok in that space and he made it a point that they made him feel welcome, feel part of the process."

Creating a positive atmosphere for discussion. Another key component offered by the AEDA forum was the opportunity for community input before city plans were made. Community members invited by trusted community organizations help decision-makers do their job of garnering input. "Engagement is hard without an issue to come out against" says Tony Johnson, the forum had a positive atmosphere, "people weren't showing up angry...[it was] good vibes". The event included a series of presentations from multiple stakeholders and lifted up voices that are not often included in city planning meetings.

Finding community solutions. Planner Tony Johnson described a creative policy solution that establishes mixed use zoning for small businesses, arts and residents to establish "cultural corridors". He explained that working with AEDA was necessary to develop this district-wide place-making because collaborating with AEDA allowed the city to hear diverse voices such as small Asian businesses, community members and artists who can help "figure out what it means" to create a thriving Little Mekong destination.



Asian Economic Development Association

SO... "WHAT STRATEGIES DID WE USE TO INFLUENCE DECISION-MAKERS?"

EFFECTIVE STRATEGIES

- Create positive community/decision-maker connections.
- Find avenues for diverse voices to safely express their concerns and ideas.
- Create an atmosphere for decision-makers to hear authentic community solutions and concerns.
- Don't forget the small business owners and artists who are important voices in the community.

IMPLICATIONS FOR HEALTH EQUITY

City planning that incorporates a broader view of community concerns public safety can bring disparities into sharper focus and expand ideas on how to build policies and systems that will move to equity. http://designforhealth.net/

The Alliance for Metro Stability



How do community groups build leaders and get connected into this work?

HIAP ACTION

In 2015, the Center for Prevention at Blue Cross and Blue Shield of Minnesota funded eight local community-based organizations to design, lead and implement a Health in All Policies approach with equity as a goal. This approach aimed to formally insert health equity criteria into the decision-making processes that precede policy or physical changes and to put communities most impacted by health inequities at the center of driving health equity in all policies change.

The community-based organizations, called funded communities, were each asked to create a campaign to address a community-identified issue that has health implications for its residents. The Alliance for Metro Stability (the Alliance) developed a campaign to influence policy action on equitable transportation and housing along the Southwest Light Rail corridor in the Twin Cities.

EVALUATION OUESTION

This publication highlights a single story within the larger HiAP-funded Alliance campaign that helps us to answer the question: How do we help community groups build leaders and get connected into this equity work?

EQUITY OUTCOME

In July 2017, a housing coalition led by Asad Aliweyd, founder of the New American Development Center (NADC), presented the City of Eden Prairie with a list of recommendations for equitable housing development for low-income and Somali community members. https://tinyurl.com/ya3cbvv5

The next month, in a reversal of their usual practice, city staff invited Asad to a meeting to hear his concerns, discuss recommendations and move forward in a more equitable manner as they look at the housing component of the City Comprehensive Plan due in 2018.



THE NEED

Eden Prairie is an affluent suburb in the western metro section of the Twin Cities, considered a "second ring" suburb of Minneapolis. Eden Prairie, like many other areas in the Twin Cities, is experiencing a boom in demand for housing, and with it, an increase in housing costs which incentivizes developers to turn low-income units into higher paying rentals and condos. Eden Prairie's low-income residents are also experiencing more direct and distressing ways of being pushed out of their homes – including rental companies harassing residents over parking and excluding Section 8 vouchers that help them pay for housing. "This is a crisis that the region and Hennepin County is experiencing ... and a growing trend among rental companies not taking Section 8." said Russ Adams, executive director of the Alliance for Metropolitan Stability.

Eden Prairie is growing and encouraging development near the proposed route for the Southwest light-rail line from Minneapolis. Without community engagement and oversight, the light-rail line and subsequent developments in the corridor will occur at the expense many of whom have made Eden Prairie their home. The push for market rates and higher profits creates an environment that allows landlords to mistreat and harass people as a means to move them out. While city officials state that they are committed to keeping safe, affordable housing in their city, they have not taken action on this commitment. Community voices, including members of the Somali community, along with advocates who have joined them from faith and community groups, have pushed the city to consider policy changes, including an inclusionary housing policy that sets goals for affordable units such as that adopted by St. Louis Park and Edina.

The Alliance for Metro Stability



BUILDING COMMUNITY POWER

Brokering connections between racial justice and housing.

Asad and the NADC have been working on housing for 7 years, collaborating with social service agencies to advocate with decision-makers. But it was when the Alliance linked them to housing advocacy organizations that their efforts took off, primarily because community organizers, faith-based groups and legal advocates gave them the support to push harder with decision makers. Having a host of groups in a housing coalition behind them and lifting their voices broke through the isolation that the Somali community was under when working independently with landlords.

How the system works. In addition, the Alliance helped the NADC understand the ins and outs of city decision-making. They supported NADC in pushing harder to get their voices heard by city officials, who were unresponsive to NADC concerns because they felt that the city were doing what they could for affordable housing. "We actually do a lot," said Molly Koivumaki, Eden Prairie housing and community services manager. "Rental control is something we legally don't have a tool for." (http://www.startribune.com/eden-prairie-confronts-affordable-housing-shortage-after-somali-families-face-evictions/419911433/)

Creating a show of strength. In April 2017, Asad and the housing coalition organized a community forum to educate city officials on housing concerns and show that indeed more could be done to develop and preserve affordable housing. The room was set up for 250 but filled up quickly to overflow capacity – which provided a show of power that housing is a major concern in the city. While most attendees were from the Somali community, there was also a strong showing of white allies, supportive citizens and elected officials. This successful event assured the Somali community that they were not alone –an important outcome to have such support so visible and strong for the community.



"The Somali community itself
that was pushing, pushing, pushing,
and didn't give up to start on this
made a real difference."

— Joan Howe-Pullis

Lifting up voices for racial equity. The community forum included a panel of tenants who'd been impacted by housing issues. Having panelists share their stories was a powerful way to educate wealthier, white Eden Prairie residents who were unaware of how some members of their community were being treated. One group shared how they were being harassed by landlords using tactics to tow away their cars. In their large complex, an original 24 visitor spaces (already an extremely small number) had been reduced to six. Residents and guests were towed and given large fines in order to obtain their vehicle. Joan Howe-Pullis, Human Rights and Diversity Commission commissioner (HRDC) and Justice Ministry Coordinator at Pax Christi Catholic Community became an active ally to Asad after hearing stories of poor treatment and harassment of Somali residents by Eden Prairie landlords. "I think that the Somali community itself that was pushing, pushing, and didn't give up to start on this made a real difference."

The HRDC has taken on the language of the Eden Prairie Manifesto as a guiding principle to remind local leaders of what they are striving towards. Specifically, Joan has taken multiple opportunities to educate herself on white privilege and how to act in support of those voices calling out for equity. She knows that many of her fellow Eden Prairie residents are unaware of constraints for low-income and racial minorities in their wealthy city. Her work on the HRDC and Justice Ministry at Pax Christi provides her an opportunity to respond to these conditions. She explains "The HRDC hears from the community... it is the place where people can come and say, 'this is awful' or 'this is what's going on'..." and we can respond.

The Alliance for Metro Stability



MAKING THE ASKS

Strategize to strike while the iron is hot. The Alliance worked closely with the NADC as part of the housing coalition to strategize about how to push-pull public officials. During the community forum, they restricted comments by public officials until the end, putting the residents in the forefront, and at the final segment of the evening, asked all officials to respond and share what they planned to do next. After this successful event, the group was able to bring a list of strong, specific requests to the city in July.

Build people power and plug groups into the process.

The Alliance works with community groups to build their understanding of power and the importance of their voices. They connect these groups with allies they have cultivated within city government to build champions for community concerns. For example, in September 2017, the Alliance heard from a contact on the Eden Prairie planning commission that the city council was holding a hearing on the "Elevate" project, a 220-unit apartment building being proposed at the Southwest Light Rail Transfer Station. Developers had proposed 20% of the units to be affordable at 50% of the median income and to include 2 bedroom units. At the meeting, the Alliance director encouraged residents to voice their concerns to counteract negative comments being made by people unwilling to support affordable housing. These comments provided strong messages which helped move city officials to greenlight the proposal.

Support and Champion Community Voices. The Alliance also supported the NADC and housing coalition during four strategy meetings with Eden Prairie housing coalition allies, including a sit-down meeting with city council member Ron Case for a deep dive conversation about affordable housing issues facing the city.

Asad was asked by Eden Prairie to participate in discussions on housing for the Comprehensive Plan. He used his power to work side by side with housing advocates, including the Alliance, to speak in support of immigrant and low-income



communities along the Southwest Light Rail Train corridor. They plan to tie in affordable housing opportunities with the Comprehensive Housing plans being developed by cities across Hennepin County. They will work to build a metro-wide

strategy to bring affordable housing policies and practices into these plans.

SUCCESSES BUT CHALLENGES AHEAD...

One of the biggest ongoing strategy issues is when a table of community activists encounter resistance from city staff. Questions of when to be patient and when to push harder are a challenging part of this work, and differing perspectives (service providers versus organizers) create tensions within the group. Asad and Joan recognize that they will have to continue to work hard to build a trusting relationship with decision-makers, and each other, over the next couple of years. But the important thing now is that this movement of community residents and allies with a focus on policy is ready to take on the work of advocating for housing conditions with the city over the long term.

SO... HOW DO WE HELP COMMUNITY GROUPS BUILD LEADERS AND GET CONNECTED INTO THIS WORK?

Joan puts it "The work would have no integrity without the voice of the community." The Somali and other immigrant communities have brought a rich diversity to Eden Prairie, and Joan shares the example of how brightly this diversity shines in the schools, with celebrations of culture that enrich everyone.

The Alliance for Metro Stability



EFFECTIVE STRATEGIES

- Connect racial equity issues and groups into existing advocacy work – when the Alliance made connections for NADC it amplified their voice.
- Co-learn with community about their struggles, issues and ideas for solutions to build on strengths and assets.
- Help community realize that their voice can matter –
 share knowledge of the decision-making process to help
 create authentic opportunities for input and voice.



- Build relationships but then share them bring other groups into the conversation or as summarized by the Alliance "Step back so that others can step forward".
- Share knowledge to build power strategies for working with decision-makers including when to push and when to back off to create winnable asks.

IMPLICATIONS FOR HEALTH

Social factors such as poverty, poor housing, economic instability and food insecurity are known as "upstream" factors because they are causes of the health behaviors that lead to morbidity and mortality. Evidence is growing that these factors must be addressed to make any significant progress on health equity and health care costs. For example, low socio-economic status has been linked to higher risk of hospitalizations and longer stays, frequent emergencies and higher rates of chronic diseases. A prospective study in Canada found that future high-cost health care use was most strongly associated with food insecurity, personal income and non-homeownership. http://www.ajpmonline.org/article/S0749-3797(15)00082-3/fulltext

Given such evidence, finding ways for all community members to find or keep affordable and safe housing is paramount to not only addressing prevention and health equity but also to keeping down costs.

HRDC Commissioner/Justice Minister Joan also points out that mixed used housing will bring community members together in new ways to build an understanding of how a strong infrastructure helps build prosperity for all members of the community. The workforce that provides services in Eden Prairie will be strengthened. With more affordable housing, "our workforce in Eden Prairie will be able to live here. [A real health benefit is] so much less stress if you do work in the space that you live."

BlueCross BlueShield Minnesota

Hmong American Farmers Association

What strategies influence decisionmakers? What best moves them forward from words to action?

HIAP ACTION

In 2015, the Center for Prevention at Blue Cross and Blue Shield of Minnesota funded eight local community-based organizations to design, lead and implement a Health in All Policies approach with equity as a goal. This approach aimed to formally insert health equity criteria into the decision-making processes that precede policy or physical changes and to put communities most impacted by health inequities at the center of driving health equity in all policies change.

The community-based organizations, called funded communities, were each asked to create a campaign to address a community-identified issue that has health implications for its residents. Hmong American Farmers Association (HAFA) developed a campaign to partner with major institutions in their culturally diverse, lowincome East Side St. Paul neighborhood to create policies and systems changes toward a healthy, sustainable food system. These institutions included Metropolitan State University (Metro State), Health East health system, Head Start of Ramsey County and Merrick Community Services.

EVALUATION QUESTION

While Head Start https://tinyurl.com/h9janyc and Health East https://tinyurl.com/y7xj7787 have both made major strides in working with HAFA to create equitable procurement policies within their organizations, this publication highlights another story within the larger HAFA campaign about Metro State that helps us to answer the questions: What strategies influence decisionmakers? What best moves them forward from words to action?

EQUITY OUTCOME

Metro State, a public university just north of downtown St. Paul, incorporated equity-focused criteria into their



procurement process for selecting catering vendors. Applicants are now weighted on several new criteria, two in particular address equity: how vendors create community benefits and how they source locally. In addition, Metro State is raising funds for a new facility that will serve as a hub for knowledge exchange among scientists, growers, neighbors, advocates and students interested in urban agriculture, healthy food access and sustainability. www.lillienews.com/articles/2017/07/03/metrostate- greenhouse-receives-400000-state-funding

THE NEED

Pakou Hang, the lively and spirited founder of HAFA, has a deep understanding and analysis of the inequities of the food system in the United States. Growing up in a Hmong farming family, she describes how Hmong farmers played a



vital role in the local food movement in Minnesota. (TED talk: www.youtube.com/watch?v=AS6Vu837_F0) In the 1980's, Hmong farmers, many of whom brought their skills to this country as political refugees from Southeast Asia, revitalized the Twin Cities farmers markets and shared fresh produce (bok choy, Thai chilies) that inspired Minnesotans to embrace Asian cuisine.

BlueCross BlueShield Minnesota Center for Prevention

Hmong American Farmers Association

HAFA makes the connection between building stable incomes for their families while creating local agriculture that provides fresh, healthy foods for Minnesotans.

FIRST STEPS -- DEVELOPING PARTNERSHIPS

HAFA thinks carefully about each partner's mission to come up with practical ideas for how to create a win-win collaboration. They work with partners to increase farmers' economic wellbeing by purchasing fresh, local foods that enhance health while also achieving organizations' mission-driven goals.

HAFA used the HiAP opportunity to build a cohort of East Side institutions to deepen relationships with them. Their strategy was to share HiAP funding with partners for projects, which not only provided an incentive, but also demonstrated the commitment to partnering. Pakou brought the cohort together in quarterly meetings. "The work we have done to build a relationship ...has grown into a trust and acceptance of our ideas on cultural relevance for health and community ways of knowing. We are changing the way we do our coalition meetings, to try to bring in a different culture or way to build partnership, think of them as mini-trainings, e.g., we opened the March meeting with mindfulness."

METRO STATE

HAFA partnered with Metro State because of their history of innovation in nontraditional education for working adults and recent exploration of their role as an anchor institution for their surrounding low-resourced, East Side neighborhood. In 2012 Metro State joined the Central Corridor Anchor Partnership, whose members are made up of colleges, hospitals, and health care organizations located in proximity to the Green Line light rail running from downtown Minneapolis to downtown St. Paul. Known as "Eds and Meds," these are important institutions for the community – they provide jobs and have had significant investments in their physical infrastructure. As such, they are anchor institutions, rooted in a specific place, and able to be a rich resource for the health, vitality, and growth of their surrounding neighborhoods.

Pakou had ideas for how Metro State, as an anchor institution, could play a role in supporting an equitable local food system. She found an internal champion in Jodi Bantley, Community Engagement Coordinator: Civic and Community-Based Learning at Metro State, who eagerly accepted the invitation to work with Pakou as a partner on the HiAP project.

EXPANDING THE MISSION OF THE ANCHOR INSTITUTION

Ms. Bantley explains "...
this notion of anchor
institutions, what
responsibilities [they] have
toward the communities
in which they are located.
There's a growing body
of research around that
practice, and thinking about
how these strategies and



connections can be stronger. You'll often hear of the 3-Ps--personnel, procurement and place making-- [as] the 3Ps in anchor institution thinking. Personnel is about making your institution's hiring processes accessible for people in the community; procurement, as the word implies, buying locally where possible. And then the place-making is more about the physical space - how we interact around physical space, community building, shared resources."

Engaging in discussions around equity with HAFA have helped Jodi to crystallize her thinking about working on equity within anchor institutions. In her words, "we are trying to create a leap, a critical mass of champions so that it isn't just... one individual, or even one department, but to really start to inculcate this line of thinking in institutional decision-making."

FINDING A PATH INTO ACTION

Pick the low hanging fruit. Pakou and her partners recognized that one of the most important strategies was a way to get started. They found that one simple entrée "ask" for anchor institutions was to look for more ways to promote the purchase of Community Supported Agriculture (CSA)

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Hmong American Farmers Association

shares from HAFA farmers. Jodi shared, "Pakou and I had discussions about how we could move toward purchasing more with HAFA, [but] our attempts to increase CSA shares didn't pan out." It did however "lead to a question given [HAFA's] commercial production of food about how they could get connected to the vendors that are approved to cater at our campus." Jodi provided the list of vendors to Pakou, and together they continued to dig deeper into systems of decision-making at Metro State.

MORE IDEAS, A LITTLE PUSH AND SOME LEARNING

Push for change. Jodi recognized that she could use her position as staff and as a union member to go further. "I got myself on the committee ... and found out I could influence this vendor selection process." Jodi brought equity issues to the selection discussion, which led to an enhanced catering vendor selection process that increased the weight placed on equity issues in the RFP, including procuring food from local sources and providing broader community benefits. "I felt that we made some progress in getting people inside the institution to think about the decisions we are making in terms of how they affect the community we are in." Jodi continued to stay involved by bringing equity issues into the discussion of criteria for selecting other service vendors on campus.

A learning. One of the things that Jodi learned during this process was that smaller community based vendors—who are often people of color, indigenous people or immigrants—have not been provided information on complex state RFP processes and don't have the experience needed to submit competitive applications. She realized that information sessions would have helped: "This is the learning. What does it take to build these bridges? What are the steps in between opening doors and making change successful?"

EMBEDDING EQUITY INTO THE MISSION

Jodi and Pakou have found that systems and bureaucracies take time to change. Even with great ideas and enthusiasm, things move slowly, so understanding the importance of steps

"It's not just people in the real world who are struggling given the legacy of racism...who need to change or who need some support to change or grow, but it's institutions that need to change how we think about our responsibility in making that happen."

— Jodi Bantley, Metro State

toward change is critical. Jodi worked within her institution to build champions, through continued discussion and training at national meetings on deep community engagement. Her department brought top administrators into deeper conversations and, as a result, community engagement is now one of Metro State's eight strategic priorities, including a goal to increase procurement by a specific amount. Jodi explains "community engagement is a process, not a product; it's an ongoing process. Instead of being mad at people in the institution for not doing intuitively what seems is the right thing to do when you sit in the world of community all day, [we can] think about how we can help them fulfil their self-interest. When it's in the institution's strategic plan, others share that accountability, they have an interest in seeing it happen – we can help them do it."

SO... WHAT STRATEGIES DID WE USE TO INFLUENCE DECISION-MAKERS? WHAT BEST MOVES THEM FORWARD FROM WORDS TO ACTION?

EFFECTIVE STRATEGIES

- Engage not just decision-makers, but people at all levels of the institutions to consider how their decisions/behavior affect or could positively affect local communities
- Take time and effort to build a critical mass of champions that shifts institutional culture
- Look for and provide concrete actions for decision-makers to move toward equity
- Start with an easy action but continue with a gentle push--use successes to move toward deeper, more equitable systems change

BlueCross BlueShield Minnesota

Hmong American Farmers Association

- Find a leverage point a person in a position of influence who can push for deeper action on equity
- Leverage built relationships and successes to move into new departments or institutions

As Pakou summarizes, "We have seen the fruits of our long-term strategy of working to identify initial steps and then pushing for a deeper change and movement towards equity. We build a relationship and keep our eyes open for leverage points that these relationships provide, including education and push on the issues of equity. We found this worked at Head Start, where we did the 'easy' step of field trips with children to show off HAFA farms and teach them about local foods. This moved to some initial and easy procurement such as carrots, which we built on to increase the procurement. This strong relationship provided us leverage to have procurement discussions with St Paul school system. Now –HAFA sells provides fresh, local food to one of the largest purchases in St. Paul started with field trips of Head Start children!"

IMPLICATIONS FOR HEALTH EQUITY

A direct line from lack of access to quality food, which is common in impoverished communities, can be drawn to a host of chronic conditions, including diabetes, cancer, obesity and heart disease http://designforhealth.net/ food-access/. Some health systems are stepping up to address this by employing health provider interventions on poverty- http://ocfp.on.ca/cpd/povertytool. The HAFA campaign is an example of the synergy of outcomes that can occur when community organizations are put in the driver's seat to address equity. HAFA created impacts for their farmer members (wealth building) while also for partnering institutions (access to healthy local and culturally-relevant foods). Both farmers and institutions are parts to the whole of building wealth. The synergy of the two is what brings two health equity impacts: sales of healthy foods is an outcome toward the wealth building goal. These system changes are far-reaching as the partnering institutions impact thousands of clients, students and employees.

The work of HAFA is also a commitment to strategies that build wealth and a sustainable food system for all Minnesotans. As Pakou herself says "we can lift others up as well." In 2017, the Bush Foundation recognized this by awarding HAFA the community innovation prize. https://tinyurl.com/ybf4427s.



How do we work effectively with decisionmakers? What are strategies to reduce racism?

HIAP ACTION

In 2015, the Center for Prevention at Blue Cross and Blue Shield of Minnesota funded eight local community-based organizations to design, lead and implement a Health in All Policies approach with equity as a goal. This approach aimed to formally insert health equity criteria into the decision-making processes that precede policy or physical changes and to put communities most impacted by health inequities at the center of driving health equity in all policies change.

The community-based organizations, called funded communities, were each asked to create a campaign to address a community-identified issue that has health implications for its residents. Hope Community (Hope) chose to focus on working with the Minneapolis Park and Recreation Board (MPRB) to build a sustainable cultural environment and infrastructure for advancing racial equity and implementing the Racial Equity Action Plan for Minneapolis parks. Before Hope's involvement, MPRB worked with Government Alliance on Race and Equity (GARE), but the HiAP funding in 2015 allowed Hope to step up their activity level and create a well-staffed Parks and Power campaign that uses an "inside/ outside" approach to achieve their goal. With the infusion of funding from HiAP, Chaka Mkali, a thoughtful and savvy Director of Organizing and Community Building at Hope, has been able to focus on the inside strategy of the campaign.

This publication highlights a specific element, the "inside strategy," within the broader HiAP-funded Parks and Power campaign that helps us to answer the questions: "How do we work effectively with decision-makers? What are strategies to reduce racism?"



EQUITY OUTCOME

At the beginning of the campaign, Chaka convinced the MPRB leadership to slow things down and take time to introduce the MPRB's new Racial Equity Action Plan to staff and community in order to develop an authentic engagement process that would move the plan from merely "operational," (i.e., "just another thing they're telling us we have to do"), to "inspirational" ("let's do this –it will truly enhance our work and community relationships"). www.minneapolisparks.org/about_us/racial_equity/ In the fall of 2017, 60 staff members of the MPRB participated in a training that engaged them in the issues of race and equity in a profound, more meaningful way. As a result of the training, a strong foundation of enthusiasm rather than trepidation was developed for implementing the Racial Equity Action Plan.

In addition, the campaign helped to achieve significant changes, including MPRB successfully passing two ordinances to reduce disparities across Minneapolis neighborhood parks. The first ordinance focused on improving funding for the parks (NPP20). The second ordinance required the funding allocation in the NPP20 to be dispersed through a racial equity lens. Using seven metrics based on neighborhood demographics, conditions of the park and past spending, the ordinance is intended to ensure that funding is directed towards the parks that are in most need. Internal MPRB staff created the criteria, and Hope was asked to review the metrics



and provide feedback. Hope campaigned to urge board members to support and pass the ordinances, implemented in 2017. www.minneapolisparks.org/news/2017/10/24/2656/npp20_year_one_capital_investment_highlights/

THE NEED

By measures like per capita spending, median park size, the number of dog parks per resident, number of residents living within half-mile of a park, and the number of basketball courts and playgrounds, Minneapolis has ranked #1 for best parks by Trust of Land Parks for five consecutive years. However, if measures of racial and economic equity were considered, Minneapolis parks would reveal a long history of social power dynamics that have historically invested in some communities at the expense of others; typically, low-wealth communities or communities of color.

A TALE OF TWO STORIES

The MPRB's attempts to address issues of racial equity is a classic example of how data and personal experiences can often tell very different stories. For more than a decade, the MPRB has been working to improve the institutional practices that have resulted in unfavorable impacts on specific communities. However, many of those same communities are not yet feeling effects of those changes, thus resulting in two narratives that are in opposition to one another.



One example of this comes from a 2016 decision to cut funding to youth programming in a low-wealth minority neighborhood and redirect it to facilities

in a wealthier neighborhood which at the time had recently been updated with a mini-golf course and renovated baseball diamond, but had lost its recreation center when Minneapolis Public Schools sold the facility to a charter school association. Many community residents perceived this action as a continuation of being ignored by the programs and policies of the MPRB.

While the MPRB Deputy Superintendent Jennifer Ringold explained that the decision to reallocate funding to serve the wealthier communities was based on physical space and local facilities, as well as the fact that some of the funding came from donations and not Park Board capital, the nonfunded community was left feeling unheard, dismissed, and frustrated, which served to exacerbate feelings of the systemic inequities related to funding and the Board's discriminatory behavior. This clearly illustrates the disconnect between the MPRB's intentions and impact, and the feeling and perceptions of the community. (www.tcdailyplanet.net/years-of-inequities-lead-to-extremely-rare-racial-lens-applied-to-minneapolis-parks-planning/)

However, it is these unheard and dismissed voices from community members that have been combined with the views of community organizations like Hope to compel the MPRB to conduct an internal assessment with a racial equity and class lens, and use that same lens to influence future planning and development.

MPRB Racial Equity Story. What often gets lost in the dueling narratives is the internal work the MPRB has done and is doing to review their history and address issues of equity in their work. Historically, city parks were funded by the property taxes of home-owners within the community. Such funding structure for neighborhood park improvements through the 1960s led to funding disparities that left poor neighborhoods behind. In 2006 when the MPRB completed its Comprehensive Plan, they compared demographic data from 1960 to 2006 and realized that much had changed and that it made no sense to continue using the programming and facilities structure of yesteryear. In response, the latest 2007-2020 Comprehensive Plan sets the foundation for tailoring programs and services to the needs of communities, including adding features to North and Northeast Minneapolis. The Board has made a conscious decision to move away from the one size fits all model, to reflect, engage with, and respond to the individual needs of the multiple communities in the city, including but not limited to racial and ethnic communities, as well as persons with disabilities. This is a significant shift in process, as Jennifer Ringold indicated that previously racial



equity language would have focused on terms like "all people" or "diversity and inclusion" rather than explicitly saying "racial equity."

The MPRB is an organizational mammoth, and previous knowledge has taught us that change for an organization of this size will be slow. So, while the organization is on the right path, and much has been done, it will take time for those who were most impacted by the inequities to feel the effects of the internal work that is taking place.

In recent years, MPRB has reached the point of understanding the need to lift up racial equity explicitly. This comes as a result of their work with GARE and learning that if racial equity is not called out in the work they do, it gets conflated with other work and becomes watered-down. It was this explicit intention and focus on racial equity that Jennifer believes created the fertile ground for Hope to step in and help support the MPRB's initiatives for change.

Parks and Power Equity Story.

The Parks and Power campaign officially launched in December 2015. MPRB staff was engaged in racial equity work in the community but knew they needed support. They were absorbing criticisms, and the MPRB leadership was afraid they would lose good people who felt attacked and didn't know how to hear the deeper



concerns underlying the public protests. At the start of their relationship with Parks and Power, MPRB staff members were guarded, and tensions were visible; they felt the need to hold back and vulnerable about what their engagement would require and what the long-term effects would be.

Jennifer became a champion for this work and knew they needed to build rapport. Chaka and Jennifer worked together on a guidance team of MPRB leadership that was created to guide the racial equity work. Through this team, Chaka

and the Parks and Power team engaged in conversations to help MPRB frame a narrative for how its racial equity work, including the Racial Equity Action Plan, would move forward. Chaka consistently showed up as a member of the guidance team and took on the major challenge of both being supportive and yet pulling back when needed. Chaka had a vision for where they could move to but has been taking the time to gently bring people in, meeting them where they were at and "walking side by side with them." Over time, trust was built, and vulnerabilities and anxieties dissipated. Once this happened, doors opened.

Strategies and Components of Parks and Power

Slowing Down the Timeline. As part of the effort to shift the process from operational to inspirational, there needed to be a pause in the process to build the foundation for the training and foster a more compassionate and human-centered approach. Chaka focused on ensuring the MPRB staff could cognitively understand the Equity Plan, but also understand the feelings and emotional need for it. Staff were open to the use of trainings but exhibited concern about the pace of the process and hesitancy based on ineffective trainings they had experienced in the past. Despite some back and forth regarding whether to keep moving forward or slow down, there was a collective decision within the guidance team to step back and engage both staff and community in one-on-one conversations. The intent was to get a sense of their understanding of racial equity in the organization and awareness of the Racial Equity Action plan, and then address any concerns they held and meet their needs for specific training to address them.

During early 2017, the guidance team worked collaboratively to carefully consider and choose 60+ staff members of the parks board who could serve as "internal influencers" to promote the Racial Equity Action Plan. Chaka and a racial justice consultant, Resmaa Menakem, conducted one-on-one interviews with the selected staff. These conversations led to a deep understanding of the current environment at the MPRB and the racially charged issues that staff faced. They also provided Hope with insights that would influence their choice of strategies and approach to the training being planned for



later in 2017, including real-life examples for how to more sensitively and appropriately deal with racial issues.

Training in Cultural Somatic Healing. Based on what they learned and gathered from the numerous one-on-ones they conducted, Chaka and Resmaa recognized that the environment at the MPRB, as reflected in the responses they gathered from staff, could best be described as toxic. There was a reluctance to talk about or even think about racism even though it was one of the most public and contentious issues facing the MPRB. With this recognition, the Hope team realized that they needed to break through this resistance to create an environment where the adopted Racial Equity Action Plan would be welcomed rather than ignored or perhaps even sabotaged. With a number of the MPRB staff having already participated in the GARE trainings, which are traditionally more cerebral, there existed a need for a more in-depth, more emotive and thoughtful process. From that need, Hope partnered with Resmaa and incorporated Cultural Somatic Healing training as a strategy.

Resmaa is a nationally-known and highly respected facilitator in Cultural Somatic Healing training (https://www.resmaa.com/). As Chaka describes, the training "gives people awareness and skills for understanding how your personal racial lens affects how you think, what triggers an emotional response, the effect of trauma into a somatic response and how you work with others." It opens the space for authentic conversation and allows people to develop an internal awareness for why they may become closed off to discussions regarding race.

The training took place in the fall of 2017. Jennifer does not believe they would have been able to host this type of training a few years ago. In her opinion what made it successful was that "enough of the key leadership in the organization as a whole had gotten to the point of having basic racial equity language, and basic understanding and had gotten to the point of saying 'okay we need more.' This came at the perfect time." In addition to having a fertile ground, Jennifer believes Chaka's approach was critical, including

how he strategically presented this idea and asked for staff to make incremental shifts with him rather than a monumental overhaul. Reflecting on whether all the effort that has gone into working with Parks and Power over the past three years has been worth it, Jennifer responds, "Parks have this amazing way of letting people see what change looks like quickly, especially in our city where parks are so prevalent. It actually can create ripple effects beyond the parks. I would hope the work we are doing internally goes beyond the parks, and becomes very visible to the communities that we serve across the city."

Building a Cadre of Internal + External Influencers. An additional strategy Hope brought into the equity capacity building process is using internal and external influencers. The 60 internal influencers, comprised of 10% of the MPRB's appointed staff from across the organization, participated in the somatic healing trainings. They will serve as internal amplifiers of the Equity Plan to embed a more significant racial and economic lens into the MPRB and help achieve ongoing sustainability of the work. The strategy also includes training a group of influential community members, or external influencers. These influencers will be tasked to host house parties to introduce the Racial Equity Action Plan to others in their neighborhood. House parties are a critical aspect of the strategy for rolling out the plan to the public by trusted members of the community. These individuals can then serve as champions of the Plan, creating a ripple impact. The training of external influencers has not yet begun. The guidance team made an intentional decision to wait and keep the momentum going with internal influencers to ensure a secure base before growing externally.

Creating an Ecosystem that Celebrates, Supports and Sustains Racial Equity. Chaka speaks about the campaign as creating an "ecosystem" to support and sustain the seeds that have been planted for racial equity now and into the future. The ground was readied for planting through the patient work of building trusting relationships so that community voices, concerns, and criticisms can be heard. Seeds planted during the cultural somatic healing blossomed



into a transformative experience for MPRB staff that allowed a deeper understanding of the emotional and healing aspects of the Racial Equity Action Plan. Working with leadership, the campaign is using the strategy of internal and external champions to carry on and sustain the changes.

SO...HOW DO WE WORK EFFECTIVELY WITH DECISION MAKERS? WHAT ARE STRATEGIES TO REDUCE RACISM?

EFFECTIVE STRATEGIES

- Build multi-year, long-term relationships that foster trust.
- Provide healing justice training as a transformative opportunity to achieve equity.
- Maintain a partnership where both sides are learning from one-another in a way that benefits and advances their respective work.
- Identify a common purpose or vision for the moving forward as a team.
- Be patient, yet push to dig deeper for change.
- Build a cadre of individuals inside and outside who will champion and push for healing.
- Think big -create an ecosystem or structure that supports and sustain change actions.

IMPLICATIONS FOR HEALTH

Physical activity prevents significant health conditions including diabetes, heart disease, and cancer. Historical racism has created structural disparities that preclude minority and low-income communities from opportunities to be active through parks and recreation centers. (https://tinyurl.com/ybvgkvw) Additionally, racial tensions, such as that experienced in parks, can lead to weathering, a health condition that is caused by repeated stressful or traumatic situations, limiting the ability of the body to heal. (https://tinyurl.com/y7g9ewgp)

Due to work of the MPRB and Hope, Minneapolis is now a leader among urban parks in building equity. This includes reducing structural barriers by applying equity criteria for funding that brings resources to low income and communities of color, as wells as the deeper racial justice lens from Hope that has created a more welcoming environment for all to enjoy the beauty of a #1 park system.



Isaiah



How can we effectively move community members into deeper leadership for advocacy?

HIAP ACTION

In 2015, the Center for Prevention at Blue Cross and Blue Shield of Minnesota funded eight local community-based organizations to design, lead and implement a Health in All Policies approach with equity as a goal. This approach aimed to formally insert health equity criteria into the decision-making processes that precede policy or physical changes and to put communities most impacted by health inequities at the center of driving health equity in all policies change.

The community-based organizations, called funded communities, were each asked to create a campaign to address a community-identified issue that has health implications for its residents. Isaiah, an organization of church-based members, developed a campaign to influence the development of leaders within church teams located outside urban areas of Minnesota to address racism within their community.

EVALUATION QUESTION

This publication highlights a single story within the larger HiAP-funded Isaiah campaign that helps us to answer the question: How can we effectively move community members into deeper leadership for advocacy?

EQUITY OUTCOME

In the wake of anti-immigrant proposals after the 2016 elections, the city of Northfield, Minnesota made a statement about being a welcoming community and included language in personnel policies about how city staff would and would not cooperate with ICE agents. ISAIAH leaders were involved in bringing the resolution into being. At the same time, the United Church of Christ (UCC) membership voted to become a sanctuary church to show the immigrant community that support was there. Church leaders then followed the lead of

the immigrant community when they proposed the idea of a municipal ID for Northfield. In Dec 2017, the City Council voted in favor of the Municipal ID initiative, making it the first city in Minnesota to do so (https://tinyurl.com/y9kn6oot). Isaiah church leader Pastor Todd Smith Lippert played a leadership role in these outcomes, and is our featured example of moving community into leadership.

THE NEED

Home to Carleton College and St. Olaf University, Northfield is a small town in Southern Minnesota. The city, built around the Cannon River, holds pride in its long-standing production of essential crops such as wheat and corn. The smell of this history is still in the air -- a 15-acre processing plant produces the iconic Malt-O-Meal cereal. Employers at the plant, and the fields of grain it uses, have relied on immigrants to sustain production. According to the 2010 census, Latinx made up 8.4% of the Northfield population, up from 5.7% in 2000. In nearby Faribault, there is a newer African immigrant community (7.6%) that has been attracted to the area for employment opportunities. The increase in numbers have brought along a powerful voice expressing a need for acceptance and equity into a community that hasn't always been welcoming.

ISAIAH'S CAMPAIGN FOR CHURCH LEADERSHIP

As a core strategy in its HiAP campaign, Isaiah offers its member congregations leadership training to help identify individuals who are eager to play a role in the action towards change and prepare them for leadership. The training is focused on how to conduct one-on-ones with elected officials, build allies and develop social agendas with actionable tasks. The training is followed by actively encouraging and supporting leaders to take on more and deeper opportunities to engage and advocate for equity and social justice.

Isaiah



PASTOR TODD'S STORY

Todd is an inviting presence who exudes a spirited calm and a determined nature. He is lifetime Midwesterner with an interest in smalltown practice. Todd's commitment to justice was fueled by his own personal experience with bullying, and "feeling left out and alone" as a kid. "When I see injustice



happening, I see people being cast out... I see people being fundamentally unkind. I see policies that are fundamentally unkind, and it's just wrong." This experience, coupled with the trainings and support provided by Isaiah, propelled him to take a leadership role to organize his congregation to advocate for equitable solutions.

STEPPING UP INTO LEADERSHIP AND ADVOCACY

Laying the foundation. Todd's start in advocacy in Northfield began with working with the Latino community on securing an option for driver's licenses for undocumented immigrants. This engagement in advocacy work continued when Isaiah invited churches from around the state to learn more about becoming a sanctuary church. Todd and the Northfield UCC took up the opportunity to support immigrants and became a sanctuary church on December 11, 2016. https://isaiahmn.org/2016/12/faithcommunities- across-minnesota-declare-theirplace- of-worship-sanctuary-for-immigrantsseeking-refuge/ This action helped to build momentum for further work and awareness of the need to address core issues of inequity in the treatment of some segments of the community.

Confidence. Confidence is one of the capacity building skills Isaiah teaches through its trainings. From his work with the organization, Todd spoke of the confidence he has gained over the past few years and the skills he has learned by engaging in more community work. His engagement with Isaiah has given him opportunities to learn by doing,

especially the one-on-ones with elected officials, which not only built understanding of their positions, but also became the basis for ongoing relationships. Over the years, Isaiah supported this growth and skill building by encouraging Todd to step into new responsibilities and providing him support along the way.

Expanding Vision. As time has passed, Todd has begun to see shifts in his work with Isaiah. With a previous focus on the Northfield community, his scope has now expanded to include what is happening in greater Minnesota, and how to improve Isaiah's advocacy efforts. This expansion provides opportunities to determine a broader array of issues that are important to the community, and to identify new community leaders who are interested in playing a role in advocacy.

BRINGING OTHERS INTO THE LEADERSHIP

Personal encouragement for positive action. Bringing others into the work of advocacy is an important element of the training from Isaiah. Todd sees his efforts to engage members of the community as directly aligned with Isaiah. From his perspective, the goal is to use caucuses and other strategies to engage community members in a way that hasn't been done before. One of these strategies is to tap into individuals who are complaining or expressing dissatisfaction and work to build their trust in the system's capacity to



Isaiah



deliver equitable solutions to issues by engaging them in the process. In his own words, he believes, "if we're going to complain about it, then we have to be willing to engage to try and make change." By being a member of Isaiah, Todd is aptly positioned to direct those he meets towards an opportunity to engage in this work. When people talk about issues that are effecting their life, he can tell them about the advocacy work that is being done. When interacting with people who he has a relationship with, he suggests deeper engagements they can aim for and trainings they can attend to increase their knowledge and skills. Todd recognizes that what allows him to do this is the relationships he has been able to form with people and the trust he has built with them. In his opinion, more people will come on board once they are able to see churches doing the right thing in the public areas, rather than what has been so offensive to many people.

Drawing on faith-based passion. Todd believes his congregation moving into advocacy for social justice is a shift he could not avoid. This is because "there is a base of people in Churches in Northfield who care deeply about justice and encourage us to care about that type of advocacy." He was able to redirect his attention to other work and let others lead in the passage of the municipal ID legislation. The backbone of a large coalition of individuals and churches in Northfield helped to conduct background research on municipal IDs and worked with the Human Rights Commission (which includes another Isaiah leader) to bring the idea to the City Council.

After months of educating the community, advocating for passage and promoting the benefits for a broad array of community members (e.g., students, elderly, transgender people, etc.), the city's vote affirmed the value of all citizens within their community.



DEEPENING THE CONVERSATION WITH HOUSE PARTIES.

In the fall of 2017, Isaiah began providing trainings to prepare people to host community conversations to increase the engagement of new community members. The format of these conversations involves inviting 5-8 people into one's home to engaged in a conversation around issues and values the group identifies as most important, and then connecting those topics to the larger system of public decision making.

GROWING POWER AND INFLUENCE

Todd has had success with the organizing work that has been done through Isaiah; primarily the work of building a base of leaders in Northfield, and building relationships with churches and elected officials. While some relationships are easier than others to build, he has come to recognize that partnerships with city government (Mayor), the Chief of Police, City Council Members and City Administrator have been very important and beneficial to his advocacy work. Additionally, he's learned that a lot of organizing work can happen in smaller contexts, "where we can pretty easily get a conversation with leaders in the city, so things can move quickly when those relationships are built."

Faith Delegate. To encourage deeper and more sustainable engagement, Todd has begun conversations with some in the community about running for elected positions. He sees this as another strategy to invite and engage interested community members into advocacy work. He has begun putting together a spreadsheet of county and local seats that are up for re-election and working to identify a core team of people to recruit and nominate candidates for two or three races. As Todd explains, "I see elected officials making decision that I think are completely contradictory to all that I hold sacred."

Isaiah



SO... HOW CAN WE EFFECTIVELY MOVE COMMUNITY MEMBERS INTO DEEPER LEADERSHIP FOR ADVOCACY?

EFFECTIVE STRATEGIES

- Provide meaningful training to build the capacity of those who are new to this work.
- Co-learn with community members to help identify equity issues that are relevant to rural communities.
- Build trust and find ways to support those affected by racism and anti-immigration.
- Form an active network which supports the leadership and direction of people of color.
- Draw on the strengths of your members, in this case the faith-based call to social justice.
- Seize openings and opportunities to engage disaffected community members.
- Encourage interaction with public officials so that community leaders build relationships.
- Support increasing levels of advocacy action.
- Publicize the positive deeds of the church to change the narrative for those who have been offended by religious institutions.
- Cultivate trust in the system's ability to deliver equitable solutions.

IMPLICATIONS FOR HEALTH

The work to provide a safe environment for immigrant community members can directly reduce health inequities because stress caused by fear of deportation causes adverse health conditions. In 2017, researchers published findings from their study of the infant outcome of low birth weight (LBW) in Postville Iowa after what was then the largest federal immigration raid in the United States. Using rigorous methods, they examined ethnicity-specific patterns in birth outcomes before and after the Postville raid. Infants born to Latina mothers had a 24% greater risk of LBW after the raid when compared with the same period 1 year earlier, while nothing similar was observed among infants born to non-Latina White mothers. Researchers concluded that "Our findings highlight the implications of racialized stressors not only for the health of Latino immigrants, but also for USA-born coethnics."

https://doi.org/10.1093/ije/dyw346

Nexus Community Partners



What are effective ways to work with decision makers for health equity?

HiAP Action: In 2015, the Center for Prevention at Blue Cross and Blue Shield of Minnesota funded eight local community-based organizations to design, lead and implement a Health in All Policies approach with equity as a goal. This approach aimed to formally insert health equity criteria into the decision-making processes that precede policy or physical changes and to put communities most impacted by health inequities at the center of driving health equity in all policies change.

The community-based organization, informally called Funded Communities, were each asked to create a campaign to address a community-identified issue that has health implications for its residents. Nexus Community Partners developed a campaign to urge the city of Minneapolis to utilize best practices in community engagement and research towards the creation of the Green Zone project aimed at ameliorating health disparities for its citizens.

EVALUATION QUESTION

This publication highlights a single story within the larger HiAP-funded Nexus campaign that helps us to answer the question: What are effective ways to work with decision makers for health equity?

EQUITY OUTCOME

On April 17, 2017, the City Council's Health, Environment and Community Engagement Committee received the Green Zones Workgroup's recommendations (PDF) and unanimously passed a Resolution Establishing Green Zones in the City of Minneapolis (PDF). The resolution establishes a North Side and a South Side Green Zone, with initial pilots in both sectors. On April 28, 2017 the resolution was unanimously approved by the full City Council, with an amendment by Council Member Reich. The amendment adds environmental education as a goal for the Green Zone implementation and includes coordination with the Minneapolis Park and Recreation Board on the RiverFirst initiative in the North Side Green Zone.



THE NEED

Minneapolis is the largest and most racially diverse city in Minnesota. Despite receiving national praise for its high ranking on many indicators of success, racial disparities exist within many of them. A headline in The Atlantic reads "The Miracle of Minneapolis: No other place mixes affordability, opportunity, and wealth so well. What's its secret?" A subsequent article in Politico provides a cogent answer: "The secret is you have to be white." In 2017, the research group 24/7 Wall St ranked Minnesota 2nd worst in racial inequality. The Minneapolis city government itself recognizes that Indigenous and communities of color "experience unequal health, wealth, employment, and education outcomes, and are also overburdened by environmental conditions such as traffic and stationary pollution sources, brownfield sites, blight and substandard housing."

This context led community groups to advocate for over 9 months in 2012 to add a Green Zone initiative in the Minneapolis Climate Action plan. A Green Zone is described by the city as "a place-based policy initiative aimed at improving health and supporting economic development using environmentally conscious efforts in communities that face the cumulative effects of environmental pollution, as well as social, political and economic vulnerability."

Nexus Community Partners



But community groups define Green Zones with another lens (ceed.org/section/green-zones/). Based on the principle that community voices should be integral to defining and planning their future, their goals for a Green Zone are to:

- Reduce environmental pollution, and improve land-use decision making.
- Invest in sustainable, community-based development.
- Increase community capacity and power for positive change.

THE GENESIS OF COMMUNITY ENGAGED RESEARCH

In 2015, Nexus Community Partners joined the Center for Energy and Democracy (CEED), Hope Community, Isuroon, Waite House and the Land Stewardship Project in a Steering Committee to guide a Health Impact Assessment (HIA) on Green Zones in conjunction with the Minnesota Department of Health (MDH). Dr. Cecilia Martinez, an environmental community scientist who has been at the forefront of the Green Zone advocacy for the Southside Phillips neighborhood brought much needed expertise in both indigenous and academic science to the HIA. But the process was challenged by a timeline and attitudes that restricted authentic community input and engagement.

Changing the Frame of "Research". After seeing a version of the HIA which did not reflect the reality of the community and which left out key data points, the Green Zone Steering Committee held meetings with MDH staff to share their concerns. They encountered resistance to the idea of community-centered research (e.g., community input on data collection and interpretation) even though these are core aspects of an effective Green Zone HIA plan. The Steering Committee challenged the MDH staff, but continued to work with them and educate them on the necessity of a community perspective. This effort led to MDH giving control of the final report to the Steering Committee. The committee is in the process of exploring creative methods and employing artists to disseminate the results to the community, in the language of community members.

PREPARING THE CITY FOR COMMUNITY INFLUENCE

In early 2016, the city of Minneapolis moved forward to create a Green Zones Workgroup to be led by the City Coordinator's office. Kelly



Muellman is one of three Sustainability Coordinators for the City of Minneapolis. In her position, she is tasked with policy creation aimed at advancing environmental work across the city. Specifically, within the scope of her work is the development and sustainability of the Green Zone initiatives.

Coming to understanding. Recognizing that community-based environmental justice organizations had spent many years building toward this project, Kelly hoped to tap into this network and use results from the Green Zone HIA. However, based on a history of toxic relationships and a lack of government support, many of the organizations expressed limited trust that their ideas would be heard or incorporated. The city pushed to get the HIA done so they could "use" the results rather than keep to a community-oriented process. This became an issue and led to meetings that were tension filled and absent of trust, particularly towards Kelly.

BUILDING CITY DECISION-MAKER CAPACITY

As community organizers who have been working for years to bring these issues to the city's attention, the Green Zone Steering Committee played a critical role in addressing the tension and paving the way for community voices to be heard. A major component was working with Kelly to help her understand the deeper issues. Danielle Mkali, Program Officer for Nexus, became the liaison between Kelly and the Steering Committee. Danielle helped Kelly unpack the relationship dynamics between the city and specific organizations. Kelly recounted that she would often share potential ideas and actions with Danielle, who would then provide insights on how Kelly's ideas and action may be perceived by other community organizations based on past

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histories. The two worked together informally and have since developed communication and fostered a mutual sense of trust. Kelly has appreciated the respect Danielle showed her, and the education on how she would have to work hard and think strategically to build inroads with community groups to ensure their engagement and influence in the work. Kelly remains open to learning and taking criticism, accepting the fact that she will likely have missteps along the way. Kelly publicly acknowledged this in the Green Zone report (https://tinyurl.com/y9f5kyhk):

"This year of facilitating the Green Zone Workgroup was an incredibly humbling experience that forced me to confront my white privilege on a daily basis. I want to profoundly thank the Workgroup members who came to the table and stuck with me over the past year, many of whom plan to continue working on next stages of this work."

The toll on community organizers. During this process, Danielle had to take the time and effort to work with city personnel. She had to educate them on authentic community engagement and point out the incidents where white privilege showed up in the work with the City and MDH. She became a point person after initial meetings between the city and the Steering Committee felt unproductive with too much time spent on discussing elementary issues of bureaucratic barriers, in particular unwillingness to slow the process down to adequately engage community. Addressing these challenging and emotionally draining issues took special skill and wasn't without cost to Danielle. However, the effort paid off in terms of helping to develop authentic engagement and communication between the Green Zone Steering Committee and the cityled Green Zone Workgroup. This cost and new capacity was publicly acknowledged in the quote highlighted above.

ACTIONABLE SHIFTS RESULTING FROM ENGAGEMENT AND INFLUENCE

Recognizing community partner expertise.

Through her education with the Green Zone Steering Committee, Kelly has learned that community members and community organizations possess more expertise and knowledge than they are given credit for. She has shifted from seeing her role as coming to communities with solutions and a plan, to learning what solutions and plans communities

The community members and staff on the Green Zone Workgroup courageously stepped up to the challenge and wrestled through some very difficult, emotional and raw conversations to create the recommendations presented in this report. Community members shared personal stories of trauma and injustice that they have or currently face and identified the solutions to overcome barriers. This was incredibly powerful for all in the room, but particularly for staff that do not often get the opportunity to see firsthand how the decisions they make impact individual people and communities. ... Excerpt from Green Zone Final Report, http://www.ci.minneapolis.mn.us/sustainability/reports/WCMSP-201323

are working on, and working to dismantle structural barriers that inhibit the engagement and influence of community members.

Reframing "difficult" into "need to hear" voices. Kelly admitted that sometimes staff may avoid the voices and perspectives of community members who are deemed as difficult or challenging, and many do not have the support or capacity to appropriately and effectively engage with community. From the trainings she has participated in, she is now learning how best to handle situations with community members who hold grievances against the city.

Nexus Community Partners

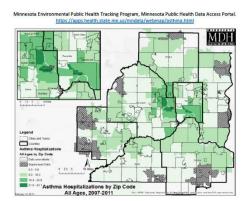


One example of this shift was how Kelly presented the work of the task force to the City Council. Rather than presenting facts and figures to gain their support, Kelly began her presentation by sharing "this was an incredibly challenging process, let me tell you about it." She then brought two community members, one of whom had personally challenged her, to speak directly to the City Council. She recognized that she could not effectively convey their story and that it would be more effective for the individuals themselves to share their stories.

Recognizing processes need to change. In the Green Zone Final Report, city staff acknowledged the shifts that need to occur:

The [Green Zone] experience identified opportunities for growth and improvement in city processes. The following list includes many, but is not exhaustive:

- Training for staff leading and participating in stakeholder bodies to acknowledge and appropriately handle the stress and trauma from community members. Racial bias and dismantling racism trainings for staff is a must.
- Time and space for storytelling, healing, and trust-building early on in any process.
- Strong facilitator that can respectfully but firmly keep participants on track and outcome-driven.
- Capacity building for stakeholders to understand the delegation of regulatory authority and opportunities for influencing policy.



SO... WHAT ARE EFFECTIVE WAYS TO WORK WITH DECISION MAKERS TO IMPLEMENT COMMUNITY SOLUTIONS FOR HEALTH EQUITY?

EFFECTIVE STRATEGIES.

- Slow the timeline to allow for engagement.
- Find supportive individuals within the government structure and be willing to see them through the "unlearning" process.
- Plug in community members who can speak from experience and share their stories.
- Commit time/effort to foster mutual trust.
- Provide knowledge and skills-based training to allow staff to better understand the communities they will be working with.
- Help decision-makers understand how to shift their role from that of expert to one whose job it is to dismantle barriers.
- Implementation of policy wins is where the work becomes real. Fund implementation.

IMPLICATIONS FOR HEALTH

The Phillips neighborhood in Minneapolis has long been plagued by high morbidity (such as the asthma rates mapped below) because of exorbitant pollutants levels, limited access to healthy food and lack of safe recreational areas. The Green Zone working group is now in the implementation phase of reducing this disparity by transforming the Phillips "brown zone" into a "green zone", where community members can thrive with access to clean air, green parks where their children can play and community gardens which grow fresh, healthy vegetables without the toxic pollutants that previously poisoned their soil.

MINNESOTA EQUITY STORY Voices for Racial Justice



What is the impact of our training? What are strategies to reduce racism?

HIAP ACTION

In 2015, the Center for Prevention at Blue Cross and Blue Shield of Minnesota funded eight local community-based organizations to design, lead and implement a Health in All Policies (HiAP) approach with equity as a goal. This approach aimed to formally insert health equity criteria into the decision-making processes that precede policy or physical changes and to put communities most impacted by health inequities at the center of driving health equity in all policies change.

The community-based organizations, informally called funded communities, were each asked to create a campaign to address a community identified issue that has health implications for its residents. Voices for Racial Juice (VRJ) chose a campaign to mentor and provide trainings with organizers in five communities outside the metro area to support their work and create community driven racial equity agendas with community generated solutions. After much reflection and co-learning with these communities, they changed their original strategy of hiring one organizer as core staff to a strategy of creating a cohort of organizers to reduce isolation and draw on local leadership and cultural knowledge that already exists in rural communities. With a co-learning approach and openness to other ideas for action rather than an equity agenda, VRJ hoped to build local capacity for equity work by supporting people of color coming together to explore healing, define their own priorities and build power for change.

EVALUATION QUESTION

This publication highlights a single story within the larger HiAP-funded VRJ campaign that helps us to answer the question: What is the impact of our training? What are strategies to reduce racism?



EQUITY OUTCOME

During 2017 and early 2018, VRJ successfully completed multiple training immersions with the Worthington cohort. As part of the training, cohort members organized actions they identified as important to their community.

The first effort was a rally to support the Deferred Action for Childhood Arrivals (DACA). This rally was successful beyond expectation, with hundreds of supporters from Worthington and beyond, plus major positive media coverage. Another success of the Cohort came in partnership with the ACLU-Minnesota. Together they created the Worthington Immigrant Task Force - "a group of community leaders that have brought their focus toward bridging the gap between the Worthington Police Department and the city's many minority communities." The group successfully hosted a community policing forum on July 9th, 2017 and proposed nine recommendations to the Worthington Police Department.

https://action.aclu.org/petition/communityrecommendations-changes-police-practices More on these events will be described below.

THE NEED

Located three hours southwest of the Twin Cities, Worthington is in many ways like other rural communities in Minnesota. But one unique distinction about Worthington is the diversity within the town's borders, where whites are a minority (40%). The city of 13,288 (2016) includes residents from Burma, Mexico, Somali, Eritrea, and many more. These recent immigrants have helped keep the small town growing and even thriving during very difficult times in

Voices for Racial Justice



rural communities. https://www.twincities.com/2011/09/17/worthington-minn-was-dying-then-enter-the-immigrants/But what is equally worth noting about Worthington is the disparity between "new" and "old" residents, which mainly fall along racial lines. Rapid shifts in demographics over the past two decades may have helped keep Worthington afloat, but have also led to issues of discrimination, prejudices and racism. New immigrants, primarily people of color, are often stuck in low-paying, physically challenging jobs at JBS hog processing plant, the city's largest employer.

Some long-term, white residents are unwilling to recognize the benefits of new community

members and integrate them into the city's institutions or decisionmaking structures. Systems of power are unreflective of the town's demographics leading to issues of profiling and lack of opportunity. On one side is this disheartening reality, but another side exists: Aida Simon, a dedicated community leader who had previously attended VRJ

sponsored trainings says, "We love our town and that is why we continue to stay."

VRJ RACIAL EQUITY STORY

Worthington is at a nexus point of opportunity, with a confluence of people who are interested in bringing positive change to their town. This makes VRJ well positioned to nurture and support a cohort of leaders, but at first, VRJ struggled to use their established organizing model. VRJ staff Gabriella Marquez and Fayise Abrahim spent many hours in Worthington, meeting with elders, doing one-on-ones and working closely with Aida. VRJ recognized that they needed to do things differently. They employed a model of local strengths, including supporting a team of leaders working together, rather than contracting with only one person, and co-creating the training curriculum to draw on the strengths, knowledge and cultural teachings already present in the community.

Building a Cohort Model. Three Worthington community leaders, Sarah Cham, Ivan Paraga along with Aida Simon, stepped up to the challenge of leading a cohort that would then bring others into the work in Worthington. What motivated the three leaders to engage in this work was their first-hand experience of witnessing community members struggle to achieve a better quality of life. Sarah Cham shared that watching her mother struggle compelled her to want to support others in understanding what was happening in

their community. For Ivan Paraga, a cohort member and young adult leader, it was his mother's rise

as a successful entrepreneur in Worthington that illustrated how the support she received through her trials was provided by other minority immigrants, not by those in power. Aida spoke of the barriers she saw parents face as they attempted to access services for their children. These experiences left cohort members aware of the gaps in the system.

They were inspired to be part of the change they wanted to see, and a core part of the VRJ collaboration was helping them develop concrete actions to realize their visions.

Community Vision Trainings. Cohort leaders Aida, Sara and Ivan served as core organizers who then mentored other community members to become leaders. The cohort collaborated with VRJ to develop a training curriculum that resonated with their local conditions. VRJ sponsored 1 program orientation, three 2-day interactive weekend trainings, ongoing coaching available to the cohort as they met monthly, during 2017 and a final celebration/visioning/evaluation meeting in 2018. The trainings focused on a range

- Racial Justice & Cultural Strategy 101
- Mapping Community Power
- Long term Community Visioning of Racial Justice & Solutions for Community Wellbeing
- Healing Justice

of topics:

Voices for Racial Justice



According to the cohort, the trainings were instrumental in helping them connect with the larger group of 12 Worthington leaders in meaningful ways that drew on community strengths and built community capacity.

VRJ SUPPORT TO STRENGTHEN THE COHORT

Breaking through isolation. An important aspect of the VRJ approach was providing encouragement and breaking through the isolation felt by members of the cohort. Prior to the working with VRJ, Aida described feeling like a "lunatic" for having such strong feelings and passion for being a voice for the voice-less. She was often told she was too angry, exaggerating problems and that she herself was racist for



consistently pointing out racial inequities. VRJ helped her recognize that her dissatisfaction with the status quo and passion to make change was not only normal, but necessary. Aida added that previously, she saw herself as "the crazy angry black woman in that white world. Always in their face, always wasting energy and time arguing...and not getting anywhere." What VRJ taught her was how to step back to understand what it means to organize for effective change-- how to do grassroots organizing by connecting with those in the community and redirecting her energy into building from the ground up.

Understanding systemic racism and channeling the passion. Cohort members believe that the VRJ trainings have been incomparable to other learning experiences. As Sarah explains "I've learned so much about systemic issues

and oppression. Things I didn't learn in school, thing that I wouldn't learn otherwise besides being in this cohort." She also noted that the trainings helped provide the cohort with direction and a way to move forward, together. "We wouldn't know where to start because there are so many issues that need to be tackled, we wouldn't know which one...how do we attain all of these goals? They really break it down for us and kind of give us a starting point, and different options and different ideas."

Healing Justice. Another major impact of the trainings has been creating a space for and emphasizing the importance of self-care and healing. According to the members of the cohort, the work with VRJ prompted them to find ways to re-charge their internal batteries to remain committed to this work. While each member draws on different sources of self-care, all of them mention the important of sharing story – hearing from others and well as telling their own and acknowledging the depth of struggles but also the joys of connections that build confidence, strength and power.

IMPACT OF THE COHORT MODEL

With training and support from VRJ, the cohort has organized to address racial and social equity through HiAP. They planned actions to help reduce experiences of racism, race-based discrimination and bias, including a march and rally and a community forum on racism in law enforcement.

March/Rally to support immigrants. In early 2017, the Trump administration made plans to end Deferred Action for Childhood Arrivals (DACA), the legislation protecting young undocumented immigrants from deportation. Recognizing the impact this decision would have on their community, the cohort wanted to demonstrate opposition to Trump's plan. In partnership with VRJ and community organizations in Worthington, the cohort planned a rally and march that traversed key community spaces, including the local union, high school and a local church.

MINNESOTA EQUITY STORY Voices for Racial Justice



The cohort expected 50-100 people, but were overwhelmed when they arrived to see hundreds of people present to demonstrate their support. http://www.dglobe.com/news/4340475-daca-rally-draws-huge-crowd-worthington

The cohort takes no credit for the outpouring of support at the rally, rather they believe, as Ivan explains "It was an unmet need. It wasn't us that were able to gather these people. These people wanted to gather, and we finally gave them something...the space, the opportunity to do it." At the rally the list of speakers included local advocates of immigrant reform, attorneys, and DACA recipients. The event allowed them to educate those in power, and school and district administrators regarding the details of the legislation, and the very real impacts it would have on the residents of Worthington.

Community Police Forum. In June of 2017, news broke of an incident caught on camera, involving a Worthington police officer and local minority resident where according to reports by the Minnesota Branch of the ACLU, the officer used unnecessary levels of "excessive force" during a routine traffic stop. In light of the nation's numerous incidences of police brutality, the video and story went viral on social media. Angered and upset by this incident, the pastor of St. Mary's church reached out to the cohort about partnering with the other unions and community groups, who then formed a Task Force to advocate for law enforcement to be held accountable for their actions, and for the racial/ethnic make-up of the department to reflect the Worthington population to be more responsive to immigrant and refugees.

In July 2017, the Task Force hosted a community policing forum at St. Mary's. The cohort was again happily surprised with the large turnout of over 300 people. Attendees included Police Chief Troy Appel, Patrol Sergeant Brett Wiltrout, Mayor Mike Kuhle, Congressperson Tim Waltz and State Representative Rod Hamilton. Additionally, racial minority groups attended to demonstrate support, as well white

church-going community members who attended as a demonstration of support for the local police. Despite what could have been a contentious conversation, cohort member Sarah reports that "it was good conversation...both sides were listening." As one of the speakers, Sarah expressed her fear that her teenage brother would meet a familiar fate to Trayvon Martin or Philando Castile –men who were unjustly murdered. www.ksfy.com/content/news/ACLU-hosts-community-policing-forum-in-Worthington-433525833.html Sarah believed it was imperative for her to have her voice heard in that space. She was comforted by experiences of the trainings, and did not feel alone. "The trainings and having the support around me. I felt like I was in a safe space. VRJ helped me to do that."

As a result of the forum, the cohort solidified relationships with local and state policy makers and the Task Force created a list of recommendations.

They will continue to meet to determine what their next steps will be, including, but not limited to:

- Implement more training for the Worthington Police on the use of force and de-escalation.
- Require additional cultural training that relates to the demographics of the community.



Voices for Racial Justice



SO...WHAT ARE STRATEGIES FOR IMPACTFUL TRAINING AND STRATEGIES TO REDUCE RACISM?

EFFECTIVE TRAINING STRATEGIES USED BY VRJ

- To address racial justice, focus on supporting the voice and power among people of color
- Trust local leadership and community vision
- Reduce isolation in rural communities build a placebased cohort (circle of leaders)
- Share resources and time for healing justice
- Use a co-learning, supportive approach that draws on and nourishes local talent, cultural knowledge and healing practice
- Storytelling & cultural strategy sharing story is a powerful tool – use it for organizing, community actions, healing justice and evaluation

IMPLICATIONS FOR HEALTH EQUITY

Repeated stressful or traumatic situations such as racial profiling experienced by people of color and new immigrants targeted by police, can cause a health condition known as weathering, which limits the ability of the body to heal and is a foundational reason for lower mortality found among people of color. https://tinyurl.com/y7g9ewgp

Community solutions to envision and create health equity is increasingly recognized as the necessary ingredient to reduce seemingly intractable social determinants such as racism. In 2017, the National Academy of Sciences published the results of a consensus committee research on addressing health equity, Communities in Action: Pathways to Health Equity. They concluded that "community-driven actions to promote health are essential components in promoting health equity." http://nap.edu/24624, which aligns with the work of VRJ to support community power and vision in rural Minnesota.

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How do we activate community members to participate in creating solutions?

HIAP ACTION

In 2015, the Center for Prevention at Blue Cross and Blue Shield of Minnesota funded eight local community-based organizations to design, lead and implement a Health in All Policies approach with equity as a goal. This approach aimed to formally insert health equity criteria into the decision-making processes that precede policy or physical changes and to put communities most impacted by health inequities at the center of driving health equity in all policies change.

The community-based organizations, called funded communities, were each asked to create a campaign to address a community-identified issue that has health implications for its residents. Zeitgeist, in partnership with CHUM, chose to develop a community-based HiAP Steering Committee that would co-learn about equity issues and determine priorities for campaigns that fit with current conditions in Duluth.

This publication highlights a specific element within the larger HiAP-funded Health in All Policies Duluth campaign that helps us to answer the questions: "How do we activate community members to participate in creating solutions?"

EQUITY OUTCOME

In 2017, the City of Duluth adopted health equity language into its 20-year vision document, the Comprehensive Plan. The HiAP Steering Committee was able to incorporate equity language into the city's comprehensive plan through an added guiding principle:

Principle #14 - Integrate fairness into the fabric of the community. All people will have equitable access to resources and opportunities that stabilize and enhance their lives. The City recognizes historical and current disparities and will actively promote inclusive and participatory decision-making that addresses systemic barriers to success. Investments and policies will advance and maximize equity in the City. http://www.imagineduluth.com/resources/



THE NEED

Duluth is a beautiful port city in northern Minnesota with steep hillsides offering striking views of Lake Superior. With a population of 279,771 in 2010, it is the second largest metropolitan area in Minnesota. The location on the major waterway of the Great Lake, with entrée to a world of ore and timber in the Northern Minnesota led to destruction for indigenous peoples but built great wealth for many of the immigrants that settled on its shores. Unfortunately, this wealth has remained in the hands of a few. Statistics from the 2010 census showed that Duluth suffers from higher racial disparities than the state as a whole. The white median household income was \$46,888 while \$13,986 for black households and \$21,354 for Native Americans.

Included in the racialized disparities that can be found within the city of Duluth are health related concerns. The 2016 St Louis County Health Status report found that the chronic stress experienced by people of color in Duluth has negatively impacted their projected life expectancy, lowering it by 4.32 years compared to the white population. http://www.stlouiscountymn.gov/portals/0/library/government/reports-n-publications/phhs/SLC-Health-Status-Report.pdf

The city is deeply segregated by zip code, meaning that where you live in Duluth has a significant impact on how long you will live:

- Projected life expectancy varies between zip codes in Duluth by 11.2 years.
- Zip codes with the lowest median household income (under \$25,000 in zip code 55805) have the lowest projected life expectancy at 74.47 as compared to those

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with the highest median household income (over \$50,000 in zip code 55803) who have the highest projected life expectancy at 81.43.

For decades, health care providers and public health programs have attempted to reduce these disparities, but they seem intractable and have become known as "wicked problems". Community organizers already know that those most affected by these problems need to be at the table for creating solutions. The HiAP funded project has focused on bringing these voices to the forefront.

A COMMUNITY VOICE SPEAKS OUT, SPEAKS UP

JOHN'S STORY

John Williams has a soft voice with a warm, generous smile, and is a wonderful role model of an activated community member. Despite or maybe because of rough times, including addiction and a stint in prison, he is dedicated to working toward a better future, "especially for a younger generation that's out here now. Because there's a lack of



leadership, especially around black men being positive roles around the neighborhood. So, by me just being able to step up and speak out, I can show them that it can be done. And no matter what obstacle are in your way, you can fight past it."

MOTIVATION

Desire for Better Future. John has a deep motivation to continue this work. "Everything that I'm fighting for now, I've lived it. I've experienced it. I knew it could be better. And it's not just for the older people, it's for the younger generation that's about to go into this experience. When you're at home, you're sheltered to a point. But when they actually come out into the world itself -- I want the younger generation to be aware of what's going on. And not just have them be aware, but also have a solution on how to combat the war that's

going on right now; it's not with guns. it's with a pen and paper. And what gives me the confidence to do [this work] - I know I'm on the right side. And knowing that gives me the confidence to step out boldly, and not be afraid of what might happen, or what might not happen. But I know that if I don't speak up, there's nothing going to happen anyway. And that gives me the confidence to move on."

Perseverance. John has learned many lessons the hard way. "While [in prison], they had all these different programs that they said, 'If you go through these programs, and you do this, and you do that, you'll be able to easily integrate back into society.' I literally took every program that they had, and completed them. But when I got out, I realized that what they told me was a total lie, because the powers that be are the ones that hold you back. And felons are having a hard time finding places to live, finding jobs. Me, already being in the mindset that I was going to better myself, I refused to give up. So, I continued to fight, and that fight led into me finding other people with like minds."

OPPORTUNITIES

Creating space for co-learning. John found some of those like minds on the HiAP project. To develop the campaign, Zeitgeist and CHUM brought together a HiAP Steering Committee with community leaders who would bring their understanding of community problems and share creative ideas to address them. The plan was for Steering Committee members to co-learn together and determine action steps to move Duluth toward equity. John was offered the opportunity to join as a community consultant.

The HiAP Steering Committee worked to create a deeper, co-learning environment by having Committee members (not just a few paid staff) participate in intensive training opportunities such as the Midwest Organizing Academy in Chicago, Il and Facing Race in Altanta, GA. This brought the group together in important ways. They learned a common language of community organizing and explored issues though a racial justice lens, and also had the opportunity to share experiences and get to know one another. As a result of these opportunities to learn together and about each other,

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John stated, "I can see the bond, and the bond comes from being able to talk to each other without that wall being there, you know? It was more, not just a friendship of economy, it was a friendship of somebody that I know, somebody that I respect their values. ... if we can get that going up here, you can bring everybody into one circle. Because unity is the key."

Asked what it meant to be part of the committee, John shared, "Zeitgeist has really helped, 'cause it's put me in a position where I have a voice, and that voice is being heard." https://www.facebook.com/DuluthHealthInAllPolicies/

IMPACTING THE HIAP STEERING COMMITTEE.

Although John speaks highly of the HiAP Steering Committee, it experienced some growing pains as the group grappled with elements of power and privilege. Brooke Wetmore, a full-time staff member at Zeitgeist noted "We realized that we needed our budget to reflect our values." To do this, they reorganized and invited two community members to become part-time paid staff for the HiAP project. This opportunity allowed for John and other community leaders to be compensated for the time and expertise they bring to the project.

ACTIVATING COMMUNITY VOICES TO INFORM THE DULUTH VISION 2035

The HiAP Steering Committee focused its first policy efforts on bringing voices for equity into the Duluth Comprehensive Community Planning Process, Duluth Vision 2035. They launched the Speak Up Speak Out campaign which put community leaders, including John, in the driver's seat to engage with community members and gather their feedback and perspective from neighborhoods which had previously been left out of the process.

http://radiousa.com/news/articles/2017/mar/01/speak-up-and-speak-out-regarding-duluth-future/

Bringing in new voices. One of John's important roles, as he explains, is bringing in more community voices. "Because



[the city of Duluth] did their own survey, but what they did was, when they did this survey, they left a whole part of the community out. So, what we're doing, is we're reaching that side of the community, and we're taking our own survey. So, we're bringing people in to inform them, once again, what the city is actually thinking about doing, and what is your perspective on this. ... What does open area mean to you? What does building a community mean to you? ... And then how does it all tie into health in all policies, such as transportation."

Gentle encouragement to engage. John's way of reaching people who are distrustful and disengaged is to go to the people, build rapport and make a genuine connection. "I'm an observer. I look over and say 'aren't you concerned about that? Well, this survey will help you to have a voice, so that can get fixed or have better snow removal. That's how so many things get passed and you wonder how did that happen? It's because people as valuable as you don't speak up and speak out." He also believes that "people are willing to step up, if they know what they're stepping up for...if you arm them with the right materials, they will go into battle with you".

BUILDING DECISION-MAKER CAPACITY

Activating community won't be effective without decision-makers who will listen. Therefore, a critical strategy of the HiAP Steering Committee was working in partnership with city officials, developing relationships so that they understood the imperative of community input.



Zeitgeist Center for Arts and Community

Bring decision-makers to the community. John and community consultants led events in neighborhoods for the Speak Up Speak Out campaign – by the third event, word had spread and there was an increased attendance by community members. John described the event as, "City officials and the city planner came and we had a roundabout table. We ate, we sat down and we just talked about what the city comp plan was going to do, how it was going to help this neighborhood. Opened up communication – leave your tag outside – [and tell us] what can you do to help us."



Share your expertise with decision-makers. Recognizing their own limitation, city planners welcomed the assistance of the HiAP Steering Committee to help them enter into specific neighborhoods and connect with its residents. As John stated, "There are certain areas they can't go in, they are really disconnected and wouldn't be able to get any real information."

SO...HOW DO WE ACTIVATE COMMUNITY MEMBERS TO PARTICIPATE IN CREATING SOLUTIONS?

EFFECTIVE STRATEGIES

- Make sure that decision-makers are part of the process.
- Help community realize that their voice can matter.
- Compensate community leaders for their efforts and contributions.
- Build relationships so that listening is possible –with both affected communities and decision-makers.
- Prepare people to be heard need to do background research and understand the audience, the way decisionmakers work and think.
- Go into people homes, or other settings of openness and trust to talk about their real concerns.
- Avoid talking to and engaging with the same people. It is important to be present in the community and be seen by its members.

IMPLICATIONS FOR HEALTH

For decades, health care providers and public health programs have attempted to reduce these disparities, but they seem intractable and have become known as "wicked problems". Solutions will not come from continuing the same approaches; The Institute of Medicine Roundtable on Health Disparities (www.ncbi.nlm.nih.gov/books/NBK215366/) recognized that community input is essential for developing innovative and new ideas required for equity. The Imagine Duluth 2035 incorporated community ideas and now includes a process for community input that can build on innovation and equitable ideas.