

THE YEAR IN FOCUS

CENTER FOR PREVENTION **2021** REPORT



**BlueCross
BlueShield**
Minnesota

Center for
Prevention





3 INTRODUCTION
9 COMMUNITY IMPACT
30 LOOKING FORWARD



INTRODUCTION



Introduction

The Center for Prevention has a vision for a healthier Minnesota, where all people, regardless of race, income, ZIP code or other social determinants of health can live the healthiest lives possible. Such a healthy future for Minnesota begins with addressing barriers to health that exist in communities most impacted by racial and health inequities.

Minnesota may be known as one of the healthiest states, yet we are home to some of the greatest health inequities in the nation. And these inequities disproportionately impact Black, Indigenous, Latine, Asian Pacific Islanders, other communities of color (BIPOC), those who identify as LGBTQ, those with lower incomes and those who reside in our state’s rural areas.

Health inequities are not simply a byproduct of individual choices. They are the result of systemic racism, historical and contemporary trauma, and decades of inequality. Health care is more than just preventing and treating illness – it is addressing the root causes that are truly undermining the health of our communities.

We believe that communities hold the solutions to the challenges they face. By investing in community-led solutions, we create a healthier future for the next generation.

We also recognize that we have work to do inside our organization. Blue Cross and Blue Shield of Minnesota has declared racism as a public health crisis and has named racial and health equity as an enterprise wide imperative. This past year we welcomed Bukata Hayes as our Vice President of Racial and Health Equity and have continued our journey to becoming an antiracist organization. This work is informed by our community partnerships and strengthened by our mutual commitment to building a more just Minnesota.





By the numbers



37 community initiatives funded



68 culturally based wellness activities



73,000 views of 16 anti-racist videos created by the Center for Prevention



3,671 community members engaged in activities like gardening programs, classes, trainings, and community forums



3,235 pounds of food produced in community gardens, beehives, and urban agriculture



305 million total views and media reach 6,100 Twitter impressions 17,000 Facebook followers





By the numbers



162 policy, systems and environmental changes as part of the Health Power Initiative



419 contacts made to policymakers through testimonies, meetings, letters and calls, engaging 148 new decision-makers



226 partners engaged through coalitions, advisory groups, cohorts, one-on-one partnerships, and other collaborative efforts



200 people (including 155 youth) engaged as leaders in their communities



20 members joined the newly formed Healthy, Hunger-Free Schools Coalition to advocate for universal meals



364,490 pounds of food distributed or donated to individuals, children and families facing food insecurity



Overview

The Center has been actively engaging with people throughout Minnesota since 2006, building relationships, supporting leadership development, leading advocacy efforts and funding community-led initiatives to improve health outcomes throughout the state.

In 2021, we invested \$6 million in communities to advance racial and health equity, through increasing access to healthy food and physical activity and reducing commercial tobacco use.

What we do

We advance racial and health equity to transform communities and create a healthier Minnesota.

We do this work through collaboration with community partners to reduce commercial tobacco use and increase access to affordable, healthy foods.

In 2021, we invested \$6 million in communities across Minnesota





Our approach

Policy, systems and environmental (PSE) change

What are PSE changes?

The health of a community can be shaped by social norms (how we act), the physical landscape (the things around us), availability of resources (our access to things like quality education, employment, healthy foods), and the economic vitality of neighborhoods. Policy, systems, and environmental (PSE) change strategies support healthy behaviors by making healthy choices more accessible and available in the community.



Policies such as laws, ordinances, regulations, or rules influence the choices that people make in their daily lives. Policy change can be formal, such as a state law banning smoking in buildings, or informal, such as an organizational policy to provide healthy snacks at meetings.



Systems, such as organizations, institutions, school districts, or transportation systems, have a powerful effect on our health. System change involves adapting and changing the rules and norms within systems to encourage healthier choices. This change takes time, and it is a continual process designed to meet the needs of those impacted by these systems. An example of a system change is providing free, healthy lunch to all students in a district.



Environmental changes are changes to the physical, economic, or social environment. Environmental changes increase opportunities for healthy behavior within a community. Examples include building new bike trails, crosswalks, community gardens, or placing fresh fruits and vegetables near the front of local corner stores.

A photograph of three people riding bicycles on a dirt trail. The person in the foreground is wearing a grey shirt and black shorts. The person in the middle is wearing a white shirt and black shorts. The person in the background is wearing a blue shirt and black shorts. They are all wearing helmets and riding mountain bikes. The background is a lush green forest.

COMMUNITY IMPACT



HEALTH POWER

People Organizing and
Working for Equitable Results



Health POWER

The Health POWER initiative funds 15 organizations for four years, supporting them in enhancing the capacity of communities to create policy, systems, and environmental (PSE) change, leading to long-term, sustained health improvements. These changes can impact the health of a community by influencing the physical landscape, availability of resources, and how decisions about community design are made.

Health POWER funds five projects on healthy eating, three projects on active living, three projects on reducing commercial tobacco use, and four projects that address multiple issues. As part of this work, we fund three tribal programs that use Indigenous wisdom to heal, connect, and promote well-being in Native communities.



Health POWER funds 15 organizations for four years



Leech Lake FamilySpirit EmPOWERment program

Rooted in Anishinaabe cultural traditions, the **Leech Lake FamilySpirit EmPOWERment program** works with Leech Lake tribal members to promote physically active lifestyles, encourage healthy eating habits, promote breastfeeding, and reduce commercial tobacco use and secondhand smoke exposure. This year, the EmPOWERment program secured two beehives to use with tribal members and hosted 73 cultural gatherings rooted in Anishinaabe traditions. The FamilySpirit program also began a partnership with the Leech Lake Band of Ojibwe (LLBO) Division of Land Management and Minnesota DNR to develop a high tunnel to extend the growing season.



FamilyWise

The **FamilyWise** project partners with Indigenous communities in Minnesota to promote greater understanding and awareness of the impact of colonization and historical trauma, Adverse Childhood Experiences (ACEs), and cultural resiliency in Indigenous communities. In 2021, FamilyWise **engaged 249 individuals in their 11 Self-Healing Communities educational workshops** created on topics of historical trauma, NEAR science, emotional intelligence, and parent engagement. FamilyWise developed the “Remembering Resilience” podcast series that included stories highlighting Native American resilience through and beyond trauma.





REDUCING COMMERCIAL TOBACCO USE



Reducing commercial tobacco use

Goal

Reduce commercial tobacco use in Minnesota communities most impacted by tobacco-related health inequities.

Overview

While the overall smoking rate in Minnesota has dramatically decreased, marginalized communities have been disproportionately targeted by Big Tobacco and have higher rates of commercial tobacco use and exposure to secondhand smoke. Smoking rates are higher among Black, Indigenous, communities of color, and LGBTQ+ communities, as well as people experiencing mental illness and substance use disorders. This has led to significant inequities in smoking-related disease and death.

Our funding aims to reduce commercial tobacco use in communities by supporting community-driven, culturally specific efforts that raise awareness, shift cultural and social norms, and influence organizational and local public policy.



Tobacco in this document refers specifically to the use of manufactured, commercial tobacco products, and not to the sacred, medicinal and traditional use of tobacco by Native Americans and other groups.



The Center for Prevention funded five local community organizations to advance policies that reduce the availability of commercial tobacco.

- The **Association for Nonsmokers –Minnesota (ANSR)**, **North Point** and **Lincoln Park Children and Families Collaborative** advocated for local commercial tobacco policies in the cities of St. Paul, **Roseville**, Lauderdale, Duluth, Shoreview, Bloomington, Dilworth, Clay County, and Columbia Heights. This resulted in 12 local policy successes in 2021, including many that prohibit sales of flavored/menthol products.
- **Twin Cities Medical Society** engaged Minnesota physicians, medical students and other healthcare professionals by providing educational resources and preparing those who are interested in serving as advocates for commercial tobacco policies.
- ANSR researched online sales regulation of e-cigarette retailers by the FDA's Center for Tobacco Products. This is part of an ongoing surveillance project that allows the field to stay abreast of an ever-evolving industry and is essential to creating effective tobacco control policies.



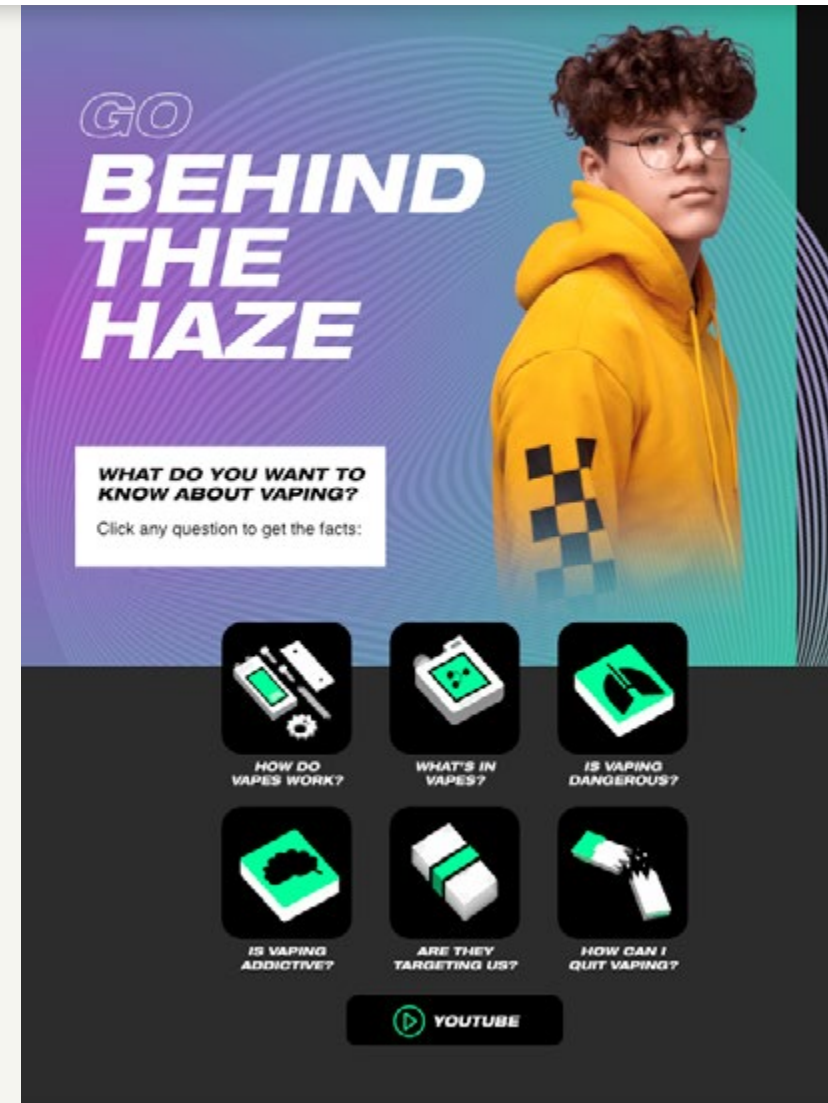
12 local policy successes in 2021, including many that prohibit sales of flavored/menthol products



DON'T DISCOUNT MY LIFE

The Center for Prevention offered additional support to the following projects and coalitions:

- Supported the American Lung Association to fund supply needs related to commercial tobacco treatment for mental health and substance use treatment providers. Providers received funds for nicotine replacement therapy (FDA approved products) and carbon monoxide (CO) monitors.
- Implemented *Behind the Haze* and *Quit the Hit*, two behavioral change communications campaigns designed to increase knowledge and decrease tobacco use among communities most impacted by commercial tobacco including teens and LGBTQ young adults. Over 53,000 Minnesotans engaged in these campaigns.
- **Minnesotans for a Smoke-free Generation** coalition is co-chaired by Blue Cross and made up of more than 60 organizations that share a common goal of saving Minnesota youth from a lifetime of addiction to commercial tobacco. This coalition played a significant role advocating for the legislature to dedicate **funding to commercial tobacco prevention, which resulted in a \$4 million per year allocation to the Minnesota Department of Health.**
- ALA led the **Lung Mind Alliance**, a statewide coalition committed to reducing commercial tobacco disparities among people experiencing mental illness and/or substance use disorders. In 2021, the Lung Mind Alliance Statewide Policy Design team **developed eight policy recommendations**, which were included in the MSFG 2022 legislative agenda. They also **trained 535 behavioral health professionals on tobacco use and recovery among individuals with mental illness or addiction.**



Quit the Hit

Rescue Agency launched the **Quit the Hit** program an innovative 30-day behavior change campaign that provides young adults a socially connected platform on Instagram. It is designed to engage and empower participants to learn how to quit vaping. A tailored online program was created to directly reach LGBTQ young adults and other young adults who are at a disproportionate risk for vape use within the state. In 2021, there were 12 active groups with 206 participants.



ANSR

ANSR led advocacy efforts resulting in the successful adoption of St. Paul's price discounting policy. On November 3, 2021, the **Saint Paul City Council voted unanimously** to prohibit the use of coupons and price promotions for commercial tobacco and vaping products. The measure is part of a commercial tobacco ordinance that also sets a \$10 minimum price for cigarette packs and standard-size cans of smokeless tobacco, increases penalties for retailers who sell commercial tobacco to people under age 21 and extends its restriction on the sale of menthol and other flavored tobacco products to include liquor stores. The policy is one of the most comprehensive in the nation.



HEALTHY EATING



Healthy eating

Goal

Increase food security and the consumption of healthy foods in communities experiencing health inequities.

Overview

Everyone should have the option to eat healthy foods, and we're working to make that a reality for all Minnesotans.

Some of the biggest challenges to healthy eating:

- In many communities, the foods and drinks that are most affordable and available are also the ones that are the least nutritious.
- Too often, healthy foods cost more money and are harder to find, or in many communities simply not available.
- A lack of full-service grocery stores or a high prevalence of convenience foods creates an environment that results in higher rates of chronic diseases.

Low-income communities and people living in remote areas are far more likely to experience these barriers. Therefore, addressing health inequities and food insecurity in Minnesota has been a fundamental part of our work, and it will remain at the forefront of our efforts. Food insecurity is defined as a lack of consistent access to enough food for every person

in a household to live an active, healthy life. This can be a temporary situation for a household or can last a long time.

Before the onset of the COVID-19 pandemic, 8.3% of Minnesota households were food insecure, meaning they had limited access to healthy, affordable food.

This number has grown since the pandemic, and disproportionately impacted BIPOC Minnesotans.

- **One in three Native American new mothers report being food insecure.**
- Black and Latine Minnesotans report food insecurity at more than double the rate of white residents (**83% of Black residents and 70% of Latino residents, compared to 32% of white residents.**)

We understand that multiple approaches are needed to help support opportunities for healthy eating. By collaborating with communities, engaging health and food experts, and promoting better policies, we believe we can help to create a healthier Minnesota, where all residents have the opportunity and access to choose healthy options.

We funded 11 community organizations across the state to lead community-identified solutions that increase access to healthy, affordable and culturally appropriate food.

- The Community Voice Funding Initiative is designed to support BIPOC leaders and communities in creating equitable food systems and advancing food justice. In 2021 we began funding four Black, Indigenous, East African, and multiracial-led organizations as part of the Community Voice Funding Initiative, which will continue into 2022. BIPOC voices have historically been marginalized or omitted when it comes to decision-making about food systems, public policy or coalition building. Community Voice funding amplifies community voices and supports greater participation of BIPOC leaders in decision making on policies related to healthy food access.
- East Side Table was able to extend their **Community Cooks Meal Box program** for an additional 16 weeks (resulting in a total of 30 weeks) for 50 participating households from the East Side of Saint Paul.
- **Hunger Solutions** supported 40 different food shelves and other programs that address food insecurity in Minnesota.
- **The Food Group** added more than 40 new partnerships to distribute essential food to people experiencing food insecurity in 2020-21. They focused on partnering with food shelves that have deep relationships in key demographics such as Hmong, Somali, Oromo, Latino, Cambodian, and the West African community, serving more than 1,000 clients per week.
- Successfully advocated to maintain state funding for the **Market Bucks program**, after a serious threat to eliminate it was made by the Senate’s Agriculture Committee chair.



Hmong American Farmers Association

The **Hmong American Farmers Association (HAFA)** engaged 14 Hmong in-home childcare providers to increase their use and consumption of culturally appropriate produce and increase their enrollment in federal assistance programs. Additionally, they worked with 38 farmers to adopt food safety plans to ensure safe handling and storage of foods.

American Indian Community Housing

American Indian Community Housing (AICHO) successfully expanded their Indigenous food garden and are in the process of acquiring more land to expand food access for indigenous community members in Northern Minnesota.

Comunidades Latinas Unidas en Servicio

Comunidades Latinas Unidas en Servicio (CLUES) increased SNAP outreach, education, and participation of immigrant Latine families in the Twin Cities and Austin, Minnesota. Through social media efforts they reached 30,611 potential clients per quarter and enrolled 61. They leveraged communities' engagement in the food shelf as a strategy to address SNAP barriers and myths. In addition, CLUES had 23 community garden plots and worked with 27 Latine families to produce over 1,000 pounds of food. CLUES supported families to grow their own food in the garden and held eight workshops focused on the food system and Latine contributions to it. The gardeners and community leaders from this project identified four policies to increase land access and access to healthy foods in 2022.



We funded three projects to build partnerships and increase the capacity of community-led coalitions and organizations engaged in the Minnesota food movement.

Indigenous Food Network

The Indigenous Food Network (IFN) is led by Dream of Wild Health, in partnership with multiple Indigenous community organizations in the Phillips neighborhood of Minneapolis. The IFN is a collective effort designed to increase access to Indigenous foods and rebuild a sovereign food system for members of the Twin Cities urban Indian community. The work of the IFN builds on the cultural knowledge of community members and uses an intertribal and multigenerational approach.



Metro Food Justice Network

The Metro Food Justice Network (MFJN), led by Appetite for Change, is a collaborative network of organizations, community leaders, and businesses that seek to build a more equitable and inclusive Twin Cities Metro Area food system.

Hunger-Free Schools

Blue Cross co-leads the **Hunger-Free Schools campaign** to advocate for universal meals in Minnesota schools. In 2021, the coalition created a comprehensive campaign plan, educated legislators on the issue of universal meals, and recruited over 20 members to join the coalition from a wide range of stakeholders. As part of his 2022 budget proposal, Governor Walz and his administration is proposing to fully fund breakfast and lunch for all kids in any Minnesota school that participates in the national breakfast and lunch program. This universal meals proposal would invest \$183 million into the program in the first year, with 4% increases for every additional year.



PHYSICAL ACTIVITY



Physical activity

Goal

Increase opportunities for physical activity among communities most impacted by health inequities.

Overview

We believe people are happier and more active in communities that are welcoming and offer convenient opportunities for them to walk, bike and play. People are more active when their communities have:

- A sense of belonging and safety for all people
- Access to housing, schools, jobs, grocery stores, and other services located near each other
- A connected network of sidewalks, trails, bike lanes, and parks

Our work supports community-level change that makes it possible for people to have what they need in their communities to be active and well including access to secure and livable housing. We work with a variety of community partners to provide people of all ages and abilities with opportunities for physical activity.



The Center for Prevention funded these active living projects through the Health POWER initiative.

- **The Alliance** focused on keeping renters in place during the pandemic’s public health and economic crisis. They worked with partner organizations to advocate for the extension of the statewide eviction moratorium, increased financial assistance to address housing instability, and worked with local elected officials on policies and advocacy efforts.
- **Trust for Public Land** developed the Healthy Schoolyard Prioritization map to identify gaps in access to healthy school yards. This will help guide resource allocation decisions and is a tool that can be replicated in other states.

We also supported coalitions that aim to increase active living opportunities for people of all abilities.

- The **Safe Routes to School Network** supports practitioners to plan and implement equitable safe routes initiatives at the state, regional, and local level.



Our Streets Minneapolis

Our Streets Minneapolis focuses on changing systems in the transportation planning process from the current “top-down” approach to one that centers and highlights the needs of those most marginalized in the community. They successfully led a campaign for Hennepin County commissioners to approve the Lyndale Avenue 4 to 3 lane conversion, which will significantly improve pedestrian safety in the area.

The Blue Line Coalition

The **Blue Line Coalition** includes eight organizations and is working to ensure government leaders center community and leadership in the Metro Blue Line light rail extension project. The coalition organized small and BIPOC-led businesses to support and advocate for equitable development along the new proposed Blue Line route.





CHANGING THE NARRATIVE



ThreeSixty Journalism

The Center supported **ThreeSixty Journalism's** 2021 TV Broadcast Camp and News Reporter Academy. The ThreeSixty camps aim to empower the next generation of diverse storytellers and change the dominate narrative on health. Students reported on the topic of racism as a public health crisis.



Minneapolis Institute of Arts Partnership

Blue Cross partnered with the Minneapolis Institute of Arts (MIA) to launch a multi-generational project that addresses racism and health through the power of art. The collaborative program used art to visualize the concept of racism as a health crisis. High school students from North High School, Como High School and Minnesota Transitions Charter School were mentored by local Twin Cities BIPOC artists to create their own artwork focused on how racism impacts their lives and the health of their families and communities. Artwork created by students and their mentors were displayed at the MIA in an exhibition titled "Racism as a Public Health Crisis."



Sharing our work

We gathered the lessons learned from policy work to restrict menthol tobacco products. These results were published so they can be shared with the tobacco control community and other localities considering implementing these policies.



June 2018

Guide for Complying with Falcon Heights Tobacco Ordinance Chapter 14

Information about the ordinance, menthol and flavored tobacco products

As of July 8, 2018, Falcon Heights prohibits the sale of flavored tobacco products, including menthol, mint or wintergreen products, in stores with a tobacco license where minors can enter such as gas stations, corner stores, and grocery stores. Tobacco products shops (shops which make at least 90 percent of their revenue from tobacco and do not allow access to anyone under the age of 21) are exempted from the flavor restriction. Below are examples of flavored products that can only be sold in tobacco products shops, and similar non-flavored tobacco products that are allowed to be sold by all licensed tobacco vendors. Falcon Heights also prohibits the sale of tobacco products to anyone under the age of 21 years.

	Unflavored Tobacco Products	Flavored Tobacco Products
Adult-Only Tobacco Product Shops	✓ ALLOWED	✓ ALLOWED
Other Licensed Tobacco Vendors	✓ ALLOWED	✗ NOT ALLOWED

Cigarettes

NOT ALLOWED ✗	ALLOWED ✓
<p>Examples of menthol cigarettes: Newport, Marlboro menthol, KOOL true menthol, and Camel Crush</p> <p>Menthol cigarettes can only be sold in adult-only tobacco product shops.</p>	<p>Examples of unflavored cigarettes: Marlboro, American Spirit, Pall Mall, and Camel unflavored</p> <p>Cigarettes that are not flavored are allowed to be sold in all licensed tobacco vendors.</p>

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A photograph of two young women kneeling in a garden bed, smiling as they plant small green seedlings into the soil. The woman on the left is wearing a blue and white striped shirt and glasses. The woman on the right is wearing a light blue t-shirt. A green watering can and a shovel are visible in the background.

LOOKING FORWARD

Looking forward

From Sarah Senseman, Director

In 2022, the Center team is working to create our next four-year strategic plan. As we enter this planning phase, we are taking time to reflect upon the past, including lessons from the COVID-19 pandemic, the murders of George Floyd, Daunte Wright, Amir Locke, and others and envisioning a future where we dismantle the systems that do not work for everyone.

Central to this process is listening to our community partners and seeking to understand the best role that we can play in supporting racial and health equity in our state. This past year we worked with the Center for Effective Philanthropy to hear from our partners about how we are doing as a funder. And while we are incredibly proud of those results – including that we rated in the top 5% of funders for our impact on organizations led by Black, Indigenous and People of Color – we recognize that there is still work to do. We need to influence and address systemic barriers within our own organization that impede racial and health equity. We need to lean into our journey to become an antiracist organization. And we need to remain flexible and nimble to be able to respond to emerging priorities and needs.

Blue Cross has long supported the health equity and vitality of our state, but we are far from perfect. One by one, we are addressing the gaps and blind spots within our organization that have contributed to inequitable structures and systems. We are making race and health equity our business.



At Blue Cross we're on a journey to listen and learn and then play our part in the solutions. We know that we can do better, as Blue Cross, but also as a state and a nation, when it comes to addressing racial and health inequities. Communities hold the answers to the challenges they face. And as an organization we're investing in community-led solutions and working to build trust and partner with those community organizations leading the work.

As we look back at 2021, we have to view our work and achievements as part of a process and a journey—not an endpoint. An even more equitable future is possible in 2022. As an organization we're deeply committed to listening, learning, and actively working to center equity, respect, and justice in our efforts to create a healthier future for all Minnesotans.

– **Bukata Hayes**
Vice President, Racial and Health Equity